

Harmonised Family Medicine Training Curriculum for the Postgraduate Medical Colleges in the West-African Sub-Region

- Adopted by both Faculties on 29th January, 2021

A. Introduction

Globally, the undergraduate medical training as well as the Houseman-ship year, serve as the primordium for postgraduate training. In the West African subregion, most Medical Schools did not have undergraduate training programmes for Family Medicine. This challenge therefore accounted for the slow take-off of the postgraduate training in the Specialty. The unveiling of the gains of well-articulated and properly implemented Primary care in some nations, concerning which the World Health Organization (WHO) acknowledges Family medicine as the anchor discipline that ignited the success, came to support the fore-sight of the founding fathers of the Specialty in the subregion. The continued very rewarding and result-oriented high performances of the trained practitioners of this Specialty, has also added credence to the recently popular, rapid and continued growth of the Specialty of Family Medicine in the subregion.

Having received a solid foundation in basic medical education, the trainee in family medicine is accorded the appropriate grounds to acquire knowledge and skills in the major clinical disciplines with the right attitude essential to the practice of the specialty. This curriculum is therefore designed to guide the training of resident doctors in Family Medicine to meet the current health challenges of the West African subregion in the fulfilment of the Vision and Mission of the West African Health Organization.

AIM: To provide doctors who desire to follow a career in Family Medicine with an effective, comprehensive high quality postgraduate training, using the framework for academic and professional advancement, service delivery, clinical research, health management, medical education and systemic quality improvement that in turn supports quality patient care.

LEARNING OBJECTIVES (Competency-based):

At the end of training programmes, to produce Members and Fellows who:

- i. Can carry out comprehensive patient assessment and diagnosis of common medical and surgical problems irrespective of age, gender, disease or organ systems.
- ii. Demonstrate competence in the conduct of diagnostic and therapeutic techniques relevant in family practice.
- iii. Demonstrate effective counselling and prescription of personalised, continuing and comprehensive care to the individual in the context of his family, work and community.

- iv. Use evidence-based approach and relevant modern diagnostic and therapeutic aids in analyzing and managing health problems and training to undertake research in medical practice.
- v. Demonstrate proficiency in patient-doctor communication; medical report writing and referrals.
- vi. Acquire leadership and managerial skills and apply that to leading the primary health care team and cooperation with other specialists.
- vii. Demonstrate the ability to teach and effectively communicate medical knowledge and skills to colleagues.
- viii. Demonstrate additional expertise in an area of special interest in family medicine in one of the areas here listed (Generational Medicine, Lifestyle Medicine, Palliative Medicine, Travel Medicine or Rural and Remote Medicine, Social and interpersonal relationship /domestic violence)

ENTRY REQUIREMENTS:

- i. Fully registered with the Medical and Dental Council in any of the countries of the West African sub-region.
- ii. Passed the entry examination (Primary) and a selection interview related to sciences basic to Family Medicine.
- iii. To be exempted from the entry examination in any of the Colleges candidate should possess equivalent degree acceptable to the Colleges or passed the entry examination in any of the other Colleges.
- iv. Any candidate who has passed the Primary examination must apply to the College for registration.

COURSE STRUCTURE:

Membership (Part 1): Minimum 24 months

Twenty-four (24) months inclusive of course work, postings/rotations and annual leave. Experiential Rotation to obtain a thorough understanding of the role of a Family Physician in Primary, Secondary, and Tertiary Care. Practical training takes place in approved Training Hospitals, supplemented by approved training posts in certain specialties, when necessary. Candidates should achieve competence in the diagnosis

and management of the wide range of conditions presenting with emphasis in the following areas:

- Family Practice,
- Adult Medicine (including dermatology),
- Maternal/Women's Health,
- Mental Health,
- Laboratory Medicine,
- Community Health,
- General Surgery,
- Child Health,
- Anaesthesia,
- Accident & Emergencies,
- Ear, Nose & Throat (ENT),
- Ophthalmology
- Oral Health,
- Imaging,
- District Rotation for Family Practice,

The candidate will maintain a clinical practice record book (e.g., portfolio of learning Logbook) among others.

– Completion of experiential rotation and entry for Membership (or Part 1) examination. The examinations shall consist of screening section in the form of Computer Based Test. Successful candidates in the screening test will proceed to clinical examinations which will consist of 1) Objective Structured Clinical Examination (OSCE) 1) Defence of Patient Management Report Book (Case Book) and 3) Viva Voce (Orals and Log Book)

clinical practice recording (e.g., portfolio of learning, Patient Management Report Book/ Casebook

Owing to the importance of patient-centred care (patient management) in Family Medicine the candidate will be required to present a detailed written report of at least ten patients he/she managed during his/her residency program which should include a completed follow-up of a family (Family Case Study). The write up should reflect the family-oriented continuing care unique to the discipline. The cases should be well documented (with illustration/photographs where appropriate) and include case reports in the various disciplines as specified by the various colleges

Fellowship (Part II): Minimum 30 months

Continuation of the training at MD/PhD/Fellowship level) is designed to consolidate the candidate's ability to assume independent responsibility while still being adequately supervised. Candidates undertake another round of postings in specified specialities geared towards consolidating knowledge and skills in the family medicine speciality. Furthermore, the candidate will complete course work (modules and practicum) which will include the chosen area of special interest and carry out research in the chosen field required for writing the dissertation.

Dissertation

During the Fellowship level training, the trainee should choose a topic or subject for dissertation within the first three months in consultation with the trainer. The subject should be directly related to a matter of importance in developing the discipline of Family Medicine and should fall within one of the approved areas of special interest highlighted in bracket above. An application for approval of the topic of dissertation should be forwarded to the College Secretariat after obtaining appropriate ethical approval

Family Physician candidates are encouraged to choose an area of interest relevant to the discipline for his/her dissertation. (These may include Generational Medicine, Lifestyle Medicine, Palliative Medicine, Travel Medicine or Rural and Remote Medicine, social and interpersonal relationship/domestic violence.

Clinical practice recording (e.g. portfolio of learning, Patient Management Report Book/ Casebook

Owing to the importance of patient management in Family Medicine, the candidate will continue to document patients managed and office practice/hospitalisation skills exhibited through the formative assessment tools, while striving to acquire additional professional development through conferences, short courses etc. This compilation of learning will be presented at the MD/PhD/Fellowship examinations for defence

Tutelage

Fellowship Training will include a tutelage in a well-organized hospital practice (or other suitable centres) offering a comprehensive service under a qualified Medical Director to assist residents to acquire skills in practice management.

COURSE CONTENT:

PRIMARY:

The curriculum for the Primary examination in Family Medicine comprises the basic sciences related to the specialty with emphasis on those areas basic to the common conditions found in Family Practice. The subjects that must be covered include relevant areas of Anatomy, Physiology, Biochemistry, Parasitology, Microbiology, Pathology (including forensic pathology), Pharmacology, Genetics, Clinical chemistry, Biostatistics, Epidemiology, Immunology, Human behaviour and development, Primary Health Care and Oral Health. The candidates will also be introduced to the basic principles of Family Medicine, medical education and health management.

➤ ***Anatomy:***

- Normal body structure.
- Surface anatomy.
- Gross Anatomy of the skeletal, muscular, nervous, cardio-vascular, respiratory, genitourinary and gastrointestinal systems.
- Microscopic anatomy of the basic tissue elements – epithelium, connective tissue.

➤ ***Physiology and Nutrition:***

- Normal constituents of blood.
- Cardiac function.
- Pulmonary physiology.
- Renal function.
- Fluid and electrolyte physiology.
- Liver function.
- Endocrine and exocrine organs, and control of endocrine function.
- Normal nutritional value of common foods including human breast milk.
- Nutritional and immunological properties of human breast milk. Comparison of the composition of human breast milk and that of cow's milk.
- Infant feeding, including complementary diet.
- Understanding of common tools used in nutritional assessment (under- nutrition e.g. Wellcome/Glasgow classifications, obesity e.g, WHR, WC, BMI etc)

➤ **Biochemistry:**

- Protein, carbohydrate and fat metabolism.
- Haemoglobin metabolism.

➤ **Foetal development (embryology):**

- The process of development, including gametogenesis, fertilization, foetal development, and growth.
- Factors that affect normal embryogenesis e.g. nutritional, endocrine, pharmacologic, infectious, occupational, climatic, and intrinsic factors.

➤ **Genetics:**

- Mendelian genetics.
- Molecular, physical and biochemical basis of inheritance.
- Chromosomal aberrations.
- Common genetic problems (e.g. Haemoglobinopathies, Down's and Turner's Syndrome) and their modes of inheritance.
- Basic genetic counselling (e.g. Premarital counselling of sickle cell disease, counselling of elderly parents).

➤ **Human Development:**

- Physical development.
- Intellectual development.
- Emotional (Psychological) development.
- Personality formation and personality types.
- Maladaptation of defence mechanisms in making up for abnormalities in personality development.
- Normal sleep and sleep problems.
- Grief
- Sexuality, including male and female responses, ageing and sexuality, sexual problems and sexual dysfunction.

➤ ***Pharmacology:***

- Basic pharmacokinetics – transport, metabolism, excretion of drugs.
- Basic mechanisms of drug action.
- Indications for use of various drug formulations.
- Drug dosages, side effects, drug interactions.
- Principles of essential drugs.
- Classification of antibiotics, analgesics, antimalarial drugs and drugs used in psychiatry (depression, anxiety disorders etc)

➤ **Pathology (Morbid, Chemical pathology, Microbiology, Immunology, Parasitology, Haematology).**

- The pathological basis for the common problems seen in Family Medicine.
- Selective performance of key tests (investigations).
- Interpretation of test of body functions, normal values.
- Blood grouping and cross-matching.
- Blood storage/banking, coagulation profiles/pathways and DIC

➤ ***Medicine and the Law:***

- Ethics.
- Assault, including sexual offenses.
- Consent.
- Confidentiality.

➤ ***Sociology:***

- Communication – Signals, Problems.
- Population structure, growth, policy.
- Family dynamics.

➤ ***Statistics and Basic Statistical Methods:***

- Data collection: records, surveys, etc.
- Methods of computation and analysis of numerical data.

- Presentation and interpretation of data.
- Measurement of central tendencies
- -Measurement of dispersion
- Classification of variables (qualitative, quantitative, dependent, independent etc)
- -Sampling methods

➤ **Oral Health:**

The anatomy and physiology of the following: Human dentition, salivary gland, tongue, maxilla, mandible and temporomandibular joint.

- The physiology of mastication, salivation, digestion and swallowing.

➤ **Introduction to Family medicine**

- Definition of Family Medicine/Family Physician
- Principles of Family Medicine
- Family Medicine tools
- The six-star attributes of a Family Physician

Medical Education

- Domains of Learning,
- Learning styles,
- Communication skill

Health Administration and Management

- Leadership and management theory
- Leadership styles
- Principles of Management

MEMBERSHIP/PART 1

1. Course Work: The Course work shall be in credit units (including modules as required.)

(a) Introduction to Family Medicine:

The place of the Family Physician in the National Health System.

History of vocational training for General Practice and Family Medicine in African and Overseas.

The range of the normal.

- The patterns of illness. Early diagnosis.
- Interrelation of curative and preventive care.
- Patient-centered approach.
- Referrals for other specialist care.
- Sports Medicine, Adolescent Health, and Occupational Health.

(b) Sociological and Psychological aspects of health and illness:

- Health and illness.
- Attitude to diseases in the community.
- Factors affecting the morale of the Community.
- Patterns of illness and behaviour presenting to the Family Physician.
- Human sexuality and marriage.
- The family and its dynamics in health and disease.
- Urbanization and economic factors.
- Lifestyle Medicine
- Spirituality and medical care.
- Management of grief and care of the dying.

- Complementary, alternative and integrative medicine
- Communication skills. Doctor-patient relationship.

(c) HEALTH MANAGEMENT AND ADMINISTRATION:

- The structure of public medical services, voluntary agencies, private organisations and their inter-related nature.
- Medical Administration in hospitals and other health services. (Principles of Leadership and Management, Systems thinking, Project Management, Strategic planning, Initiating change and change management)
- Private practice management.
- Budgeting, accounting, and health financing (Finance System and accountability, Tools for financial management, managed care)
- Personnel management - The “health team”. (Active listening, Negotiation, building strong team, Managing conflict)
- Medical records, health information systems. (Medical Informatics)
- Hospital maintenance. (Developing essential medicine list, Advocacy and persuasive communication, Networking and Collaboration)
- Medico-legal matters and Ethics (Diversity. Equity and Inclusivity, Cultural variation in decision making,

D) Basic expectations of research in Family Medicine (Research Question, Aim and Objectives, Background and Significance, Rationale/Justification, Research hypothesis, Literature Search, Data, variables and measure, Informed Consent and Assent, Observational Study design, Sample size determination in observational studies, Sampling technique, Introduction to basic statistics, Inferential statistics and test of significance, presentation of data, Legal Issues in research, Developing a Standard Operating Procedure in Research, Participant attrition and retention strategy, Reference Management)

E) Basic components of Medical Education

(Personal Development Plan using family medicine training framework, Career Development, Taxonomy of Learning, Time management matrix, Giving effective feedback, communication skill, presentation skill).

F. Medicine:

Competence (attitude, knowledge, skills) should be achieved in the management of the following:

- Pneumonia, bronchitis, bronchiectasis, lung abscess, asthma; Pulmonary and extra pulmonary tuberculosis.
- Congestive cardiac failure, hypertension, acute pulmonary oedema, ECG readings.
- Anaemia and haemoglobinopathies.
- Malaria, pyrexia of undetermined origin, haemoglobinuria and splenomegaly syndromes,
- Meningitis, Encephalitis.
- Amoebiasis, liver abscess, Infective hepatitis.
- Onchocerciasis, Loasis, Dracontiasis and Helminthic infestations.
- Acute gastro-enteritis, Cholera, Typhoid fever.
- Diabetes mellitus.
- Skin conditions e.g. scabies, impetigo, tinea, eczema, vitiligo.
- Early leprosy recognition and management in conjunction with local leprosy units.
- Urinary infections and schistosomiasis.
- Upper respiratory tract infections, sinusitis,
- Headaches.
- Backache syndromes, arthritis, fibromyalgia (fibrosis).
- Tetanus.
- Snake-bite, Dog-bite and clinical rabies.
- Sexually transmitted infections including HIV/AIDS, Herpes Zoster, peripheral neuritis.
- Principles and practice of geriatrics.

G) Mental Health:

- Recognition of the healthy patient who needs just to be reassured.
- Hysteria, anxiety states and psycho-somatic conditions.

- Endogenous depression and acute manic states.
- Recognition of schizophrenia and conditions requiring referral.

H). Surgery:

Competence should be achieved in the surgical management of the following conditions:

- Hernias, strangulated hernia and resection of gut.
- Hydrocoelelectomy.
- Appendicectomy.
- Acute urinary retention, cystostomy, urethral stricture (dilation).
- Circumcision.
- Excision of lipoma, ganglion, sebaceous cyst.
- Excision of ainhum, avulsion of toe-nail, curette removal of plantar warts.
- Foreign body in tissue (broken needle, bullets, etc).
- Incision and drainage of superficial and deep-muscle abscesses, deep iliac abscess.
- Lacerations, excision, suturing, strapping repair.
- Simple skin-grafting, Tropical ulcers, Abrasions.
- Burns - use of exposure or tulle/gauze dressings.
- Dislocation of jaw, shoulder, hip joints.
- Common fractures of the clavicle, humerus, radius and ulnar, femur, tibia and fibula.
- P. O. P and Thomas' splint application.
- Diagnosis and initial management of head injury and the unconscious patient.
- "Medical operations": Cut-down for intra-venous infusions, Aspiration of pleural or pericardial fluid; abdominal tap for blood/pus, Liver biopsy with Menghini needle, Lymph-node biopsy.
- Principles and practice of sports medicine and trauma.

I). ENT:

- Acute and chronic otitis media, otitis externa, otomycosis, tracheostomy.
- Syringing of ear for wax, or foreign body.
- Foreign bodies in the ear, nose and throat.
- Epistaxis.
- Evaluation of deafness.

J) .Oral Health

- Common oral conditions: dental caries (tooth decay), extraction of loose teeth, periodontal diseases (gingivitis and periodontitis), dental abscess; tooth sensitivity, discolored teeth; oral neoplasm, cyst of oral region; injuries to the facial skeleton; malocclusion, malformations such as cleft lip, cleft palate or cleft lip and palate.

- Other oral diseases and conditions: necrotizing ulcerative gingivitis and cancrum oris; temporomandibular diseases; oral HIV/AIDS conditions; sialolithiasis, halitosis (bad breath) sores and ulcers in the oral cavity.
- Common dental procedures: extraction of loose and wisdom teeth; cavity filling, removal of plaques; orthodontics and braces; brushing and tooth paste; maxillofacial emergencies; knowledge in dental equipment and instruments.
- Preventive dentistry: preventive community health programmes on oral health; diet and dental caries; effect of smoking on oral health; WHO oral health resolutions.

K). Anaesthesia:

- Pre-operative assessment and preparation of patients.
- Cardiopulmonary resuscitation.
- Airway management, Oxygen therapy.
- Principles of general anaesthetic techniques.
- Local and regional anaesthetic techniques.
- Monitored sedation; Pain management.

L). Ophthalmology:

- Recognition of major refractive errors by visual acuity tests.
- Treatment of common inflammatory, parasitic and allergic conditions of the eye.
- Treatment of trauma-contusion of the eye, corneal abrasion; first aid for perforating injuries.
- Removal of foreign body from the eye.
- Recognition of cataracts and the correct time of referral.
- Chalazion, sub-conjunctival Loa-Loa, entropion.
- Early recognition of glaucoma.

M).Radiology:

- Familiarity with the use of radiological equipment.
- Hands on experience with Ultrasonography (abdomen, pelvis, breast, obstetrics).
- Familiarity with Mammography (indications, side effects, staging of malignancies)
- Radiotherapy and Chemotherapy

- Radiological interpretation, particularly of films of skull, chest, abdomen, spine, pelvis, and limbs.
- Special Investigations (IVUs, HSG, Barium meal and enemas, Myelogram, CT-scan and MRI)

N). Child Health:

Competence should be achieved in the management of the following:

- Feeding problems, failure to thrive and malnutrition.
- Gastro-enteritis: mild, moderate and severe.
- Measles and its complications, including post-measles debility.
- Pneumonia, pertussis, asthma.
- Chicken-pox, Mumps, Poliomyelitis and other viral fevers.
- Complicated and uncomplicated malaria, febrile convulsion.
- Meningitis and encephalitis.
- Skin sepsis, and abscesses.
- Tetanus neonatorum.
- Twins, Neonatal care.
- Child survival strategies.
- Child abuse and problems of child labour.
- Adolescent health.

O). Maternal Health:

Competence should be achieved in the management of all aspects of reproductive and maternal health, including:

- Abortion: all types; Dilation and Curettage, Manual Vacuum Aspiration.
- Recognition of chorio-carcinoma and referral.
- Ectopic pregnancy.
- Cervicitis and cervical erosion; Technique of Pap. smear.

- Normal labour, use of the partograph, management of labour dystocia.
- Antepartum and Postpartum haemorrhage
- Episiotomy and repair of perineal tears.
- Caesarean section, Vacuum extraction, Forceps delivery.
- Delivery of the dead foetus.
- Infertility, pelvic inflammatory disease.
- Menstrual problems, menopause.
- Family planning methods and family planning counselling.
- Counselling for sexual problems.
- Management of HIV in pregnancy, including PMTCT
- Medical complications e.g. Diabetes mellitus, Sickle cell disease, Anaemia in pregnancy.
- Hypertensive disorders in pregnancy (P.I.H., Pre-eclampsia, Eclampsia)
- Other special skills (marsupialisation of Bartholin's cyst, insertion of IUCD, etc)

P). Laboratory Medicine:

Familiarity with Laboratory techniques useful in Family Practice.

- Haematology and blood bank services.
- Parasitology,
- Bacteriology.
- Immunology and Clinical Chemistry.
- Histopathology, Anatomic pathology, Basic forensic pathology.

Q). Community Health:

Appreciation of the importance of:

- Community Obstetrics: Points for referral for secondary care, cooperation with traditional birth-attendants.
- Family Planning: Population growth, Demography, Methods of contraception.
- Under-five Clinics: The Growth Charts as a Clinical and educational tool; a home-based record providing continuity of care; the role of nurses and assistants.

- Nutrition: Breast feeding, supplementation and weaning; adult dietary requirements; the place of fibre, sugar, and refined-foods in relation to health and disease.
- Immunization: For the under-five child, school-age boosters; anti-tetanus for all; International travel requirements.
- Notifiable infectious diseases: The official list in the individual countries in the sub-region; Role of the relevant government health authority; Role of Leprosy/TB Units; Co-operation in contact tracing e.g. for cases of tuberculosis or cholera.
- Health Education: Through individual patient counselling, through groups, in wards, antenatal clinics, or under-fives clinics; outreach into the community; and use of the media.
- Basic principles of occupational health, Biostatistics and Epidemiology.
- Preventive and social medicine: visits to laprasorium, school for the deaf and dumb, school for the blind, traditional medical Centres.
- Environmental health, water and sanitation

R) Emergency Medicine

- a) **Basic life support including cardio-pulmonary resuscitation**
- b) **Advanced cardiac life support including use of defibrillator**
- c) **Advanced Trauma Life Support**
- d) **And any other emergency life support**

MD/PhD/FELLOWSHIP/PART II.

Course work will be in credit units (as well as modules).

The course work will include:

HEALTH RESOURCE MANAGEMENT AND ADMINISTRATION: (Work-Life Balance, Emotional and Social Intelligence, Data driven decision making, Budgeting, Delegation and Supervision, Monitoring and Evaluation, setting up a private hospital, setting up a residency training in family medicine)

MEDICAL EDUCATION (Personal Development Plan using family medicine training framework, counselling skill, Coaching and Mentorship, Patient Education, Professionalism, Teaching Methods, Assessment and Evaluation Methods)

ASSESSMENT AND EXAMINATION METHODS

RESEARCH IN FAMILY MEDICINE (Research Governance and Regulation, Literature Review and Critical Appraisal, Study framework in clinical research, Study Setup, Community Engagement and ICH-GCP, Writing the Introduction of a proposal and dissertation, Population in clinical research, Qualitative, Experimental and Mixed Design, Sample Size in Qualitative, Experimental and Mixed Design, Study Instrument, Research Ethics, Inclusion, Exclusion and Vulnerable participants, Randomization, Minimization, Blocking, Allocation, Blinding, Concealment and stopping rules, Outcome measures in clinical research, Data, Safety Monitoring and Pharmacovigilance, Implementation Research, Data Analysis, Statistical Software, Writing the methods section of a proposal and dissertation, Writing the conclusion, recommendation, Implication Limitation and further study section, Defending dissertation, Dissemination of research findings, Poster and Oral presentation in scientific meetings, Plagiarism and Responsible conduct of research, Manuscript Review Instruments, Writing a grant application, Translating Research Findings into Practice and Policy.

AREAS OF INTEREST (Generational Medicine, Lifestyle Medicine, Palliative Medicine, Travel Medicine, Rural and Remote Medicine, Social and interpersonal relationship/ domestic violence)

EXAMINATIONS:

- a. Dissertation defence
- b. Defence of clinical practice recording (Portfolio of learning, case report, logbook etc)
- c. Viva Voce/General Orals

TEACHING AND LEARNING METHODS: Self-directed learning, On-line courses, Face-to-Face presentations, Journal clubs, Critical appraisal of article, Tutorials, Case presentations, Morbidity and mortality conferences/Audit (Meetings) , Seminars and lectures, Bedside teaching (Admission/Discharge Register), Clinic sessions, Workshops, Conferences, Mentoring. Practical and Procedural Demonstrations.

ASSESSMENT METHODS

Formative assessment - Institutions: Directly Observed Procedures (DOPs), Minimal Clinical Examination (Mini-CEX)

Summative assessment - Colleges: PRIMARY: Multiple choice questions (MCQs),

Membership/Part 1 – MCQ, MEQ + TEQ + OSCE + PACES + ORALS {Clinical practice record - patient management record book/casebook, (Logbook), General Orals }

PART II (Fellowship): Oral A: Defence of Dissertation, Oral B: Defence of Portfolio of learning /case report, Oral C: General orals.

CERTIFICATION:

Membership/ Part 1 (MWACP – Fam Med), (MGCPS – Fam Med), MD/Fellowship (FWACP – Fam Med, F.M.C.F.M), Doctor of Medicine (MD), Doctor of Philosophy PhD, FGCPs – Fam Med)

FACULTY OF FAMILY MEDICINE ACCREDITATION CHECKLIST

Note for Assessors:-

Accreditation report should include:

- i. Family Medicine Accreditation Checklist*
- ii. Fully-completed Accreditation Reporting Form*

NAME OF INSTITUTION: _____

ADDRESS: _____

Date of Visit: _____

TYPE OF INSTITUTION (Please Tick): **Public** (a) Secondary

(b) Teaching/Tertiary Hospitals

Private

Institutional Hospitals (like Mines,

Mission Hospitals, etc.)

Public Private Partnership (PPP)

Please Grade 0 – 5; (M = Mandatory; D = Desirable)

Key(except where otherwise indicated): 0=Not available; 1=Available but not functional;3=Available and Functional; 4=Above average; 5=Exceptional

	GRADING					
	0	1	2	3	4	5
Health and Safety - Procedures for health and safety of staff and patients e.g. PEP protocol, fire extinguishers, muster point, emergency exits, emergency drills, infection prevention and control protocols, documentation of health and safety activities (M)						
Well equipped with good catchments population and easy accessibility (M)						

Departments						
i. Family Medicine (M)						
a. General Outpatient Clinic (Adult and Children: including Care of the Elderly, Adolescent clinic, Wellness Clinic, Lifestyle medicine clinic, Travel medicine clinic) (M)						
b. NHIS Clinic (M)						
c. Staff Clinic (M)						
d. Outpatient Theatre (M)						
e. Outreach/Rural hospital with Integrated Family Practice have comprehensive medical and surgical facilities. (M)						
f. Observation/Admission facility for Fam. Med (M)						
ii. General Outpatient (M)						
iii. Internal Medicine (M)						
iv. General Surgery (M)						
v. Paediatrics (M)						
vi. Obstetrics and Gynaecology (M)						
vii. Community Health (M)						

viii. Psychiatry (D)						
ix. Inpatient facility for all departments (M)						
x. Observation Unit and Admission Facility for Family Medicine (M)						
xi. Accident and Emergency						
SUPPORTING DEPARTMENTS MANNED BY QUALIFIED PERSONNEL						
i. Laboratory for Routine Tests (M)						
ii. Access to Radiology Services (M)						
iii. Blood Transfusion Facilities (M)						
iv. Well-equipped Pharmacy with well stocked and preserved drug (M)						
v. Medical Records Department (M)						
vi. Library and Journal Services (M)						
vii. Accessible Referral Centre (M)						
viii. Provision for care and removal of corpses (D)						
ix. Facilities for continuing medical education lectures, clinical meetings, etc. (M)						
ORGANISED TRAINING (SHOW EVIDENCE OF ORGANISED TRAINING)	<1ce/mo	2x/mo	3x/mo	4x/mo	5x/mo	>5x/mo
Lectures/Presentations (e.g.using modules) (M)	Rarely	Someti mes	Most times	Almost always	Always	Outstan ding
Clearly stated learning outcomes (M)	Rarely	Someti mes	Most times	Almost always	Always	Outstan ding
Seminars (M)	<1ce/mo	2x/mo	3x/mo	4x/mo	5x/mo	>5x/mo
Journal Reviews (M)	<1ce/mo	2x/mo	3x/mo	4x/mo	5x/mo	>5x/mo
Teaching rounds (M)	<1ce/mo	2x/mo	3x/mo	4x/mo	5x/mo	>5x/mo
Professional/Scientific meetings (M)	<1ce/mo	2x/mo	3x/mo	4x/mo	5x/mo	>5x/mo
Percentage of Residents with ACLS/BLS/ALSO/ATLS/PALS certification (M)	0-20	21-40	41-60	61-80	81-90	>90
Pre, Mid and End of posting Assessments (M)	Rarely	Someti mes	Most times	Almost always	Always	Outstan ding
Formative Assessment Sessions (DoPS, Mini-CEX,MSF) (M)						
Personal Development Plan (M)						
Documented evidence of training structure and process						
• Rotation schedules, call duty roster, consultation register (M)						
• Records of lecture, seminar, bedside teaching (M)						
• Records of journal club (M)						
• Logbooks (M)						
• Procedure registers (M)						
• Theatre list/registers (M)						

<ul style="list-style-type: none"> • Admission register (M) • Departmental Resident handbooks (M) • Residents training files (M) • Attendance of Update courses, TOT etc (M) • Online Training Modular Courses (M) • Portfolio of learning (M) • Records of Mentorship programme (M) 						
LEARNING RESOURCES						
Skill Acquisition Laboratory (D) a. Resuscitation Training Manikins (Adult/Infant types) b. CPR Training Manikins c. ALS Manikins d. Tracheostomy Training Manikin e. Obstetric Training Manikins – normal delivery, vacuum extraction & forceps delivery f. IUCD insertion trainer g. Heimlich Maneuver Training Manikin h. Tension Pneumothorax Trainer i. Cricothyrotomy Training Manikin j. Chest Drain Insertion Trainer k. Intravenous Cannulation Trainer (hand and arm) l. Urethral Catherization Trainer m. Lumbar Puncture Trainer n. Cutdown Trainer o. Episiotomy Suturing Simulator p. Manikins for Suturing Techniques						
Well-equipped Library with relevant Books and Journals (M)						
Access to online resources for service and research e.g. Hinari, etc. (M)						
Continuing Medical Education, Lectures, Clinical meetings, Seminar, Conference Room (M)						
Multimedia Projector (M)						
Public Address System (D)						
Projecting Screen (D)						
Computer (M)						
White Board (M)						

STAFF						
(a) Medical Doctors						
Consultant Family Physician as HOD						
Co-ordinator of Training - Family Physician FWACP of at least 5 years in the Specialty (M)						
Other FWACP (FM) Consultants (D)						
Other Family Medicine Consultants (D)						
Percentage of Trainers with valid ACLS/BLS//ATLS certification (D)	0-20	21-40	41-60	61-80	81-90	>90
Percentage of full time Trainers with visiting appointments in more than 1 institution (M)	0-20	21-40	41-60	61-80	81-90	>90
Percentage of Visiting Trainers with visiting appointments in other institutions	0-20	21-40	41-60	61-80	81-90	>90
Other Consultants working Full time or Part time (D)						
(b) Nursing						
SRN or BSc Nursing - Head of Institution Nursing Services (M)						
One Registered Nurse per Five (5) Beds (D)						
One Registered Nurse per Ten (10) Beds (M)						
BEDS						
Family Medicine Beds - Minimum of Five (5) (M)						
Others Adult Beds - Minimum of Twenty (20) (D)						

Other Paediatric Beds and/or Cots - Minimum of Ten (10) D)						
ACCOMMODATION						
Office for Head of Department (M)						
Office for Training Coordinator (M)						
Offices for other Consultant Family Physicians (M)						
Good Common Room for Residents (M)						
Living quarters for Trainees (D)						
Sleeping in Facilities for Resident on Call (M)						
Provision of Consulting Room for the Trainees (M)						
THEATRE						
Reasonably well-equipped for common surgical and						
obstetrical operations						
(M)						
AMBULANCE						
Adequate facility for moving of staff and patients. (M)						
OTHERS						

Available Electricity (M)
 Available Running Water (M)
 Satisfactory Waste disposal Facility (M)

QUALITY IMPROVEMENT MEASURES					
Evidence of biannual Family Medicine and Service Audit (M) using the faculty's assessment tool as applicable					
Institutional Training Assessment (using the faculty's assessment tool as applicable) (M)					
Total	Mandatory			%	
	Desirable			%	

List Junior residents' rotations with adequate in-house facilities (with durations):.....

General Recommendation based on Observations:

Final Grading (0 – 5): _____

Number of Residents on ground

Junior _____

Senior _____

Number of Family Physicians on ground

i. Full Time: _____

ii. Part Time: _____

List Primary Stations _____

iii. Number with < 3 (Three) Years' Experience as Fellows _____

iv. Number with 3 – 5 Years' Experience as Fellows: _____

v. Number with > 5 (Five) Years' Experience as Fellows _____

Recommendations for Training (Complete A or B)

(A) Recommended for Accreditation/Re-Accreditation:

Accreditation	Type	Period/Duration
	Full	
	Temporary (initial or fresh accreditation)	
	Partial	
Number of Residents for Training	Junior	
	Senior	

(B) Not Recommended for Accreditation/Re-accreditation

Reason(s) for denial of Accreditation

Accreditation Team:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Coordinator of Training of Institution: Signature _____

Name: _____

Hospital Director: Signature _____

Name: _____

Date received at College Secretariat _____

Signature of recipient: _____

Faculty Board Recommendations:

Faculty Chairman: _____
