

REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS

AND DENTISTS BOARD
MP & DB HOUSE
WOODLANDS RD, OFF LENANA RD,
P.O. Box 44839 - 00100
NAIROBI

When replying please quote

MEDICAL INTERNSHIP TRAINING FACILITY **INSPECTION /DATA FORM**

1. DATA

Name of Institution.....

Postal Address

Physical Address.....

Telephone No.....Fax.....

E-Mail

Province.....County.....Town.....

Medical Director/Medical Superintendent

Health Administrator (*where applicable*).....

Nursing Officer In-charge.....

Category of Institution-----number of interns to be trained-----

Brief History of the institution

.....

.....

.....

.....

Patient attendance (daily average)

2. Human Resource:

Recognized Specialists	Names	Reg.No.
General Medicine	(1) -----	-----
	(2)-----	-----
Paediatrics	(1) -----	-----
	(2)-----	-----
Obstetrics/Gynaecology	(1) -----	-----
	(2)-----	-----
Surgery	(1) -----	-----
	(2)-----	-----
Radiology	(1) -----	-----
	(2)-----	-----
Pathology	(1) -----	-----
	(2)-----	-----
Psychiatry	(1) -----	-----
	(2)-----	-----
Anaesthesia	(1) -----	-----
	(2)-----	-----
Other Specialists (specify)	(1) -----	-----
	(2)-----	-----

Total Number of Specialists: _____

Medical Officers

- (1) -----
- (2)-----
- (3) -----
- (4) -----
- (5) -----
- (6) -----
- (7) -----
- (8) -----

Total Number of Medical Officers _____

Other Health Cadres

- 1. Pharmacists
- 2. Clinical Officers
- 3. Nurses
- 4. Pharmaceutical Technologists
- 5. Radiographers
- 6. Sonographer
- 7. Clinical Officer anaesthetist
- 8. Laboratory technologists/technicians
- 9. Physiotherapists
- 10. Occupational Therapists
- 11. Plaster Technicians
- 12. Public Health Officers
- 13. Social Workers
- 14. Nutritionists
- 15. Others(*specify*)-----

3. Physical Facilities

(i) Wards	Beds	Occupancy(%)
Medical	-----	-----
Surgical	-----	-----
Obstetrics/Gynaecology	-----	-----
Paediatrics	-----	-----

Total Bed Capacity/Wards.....

(ii) Theaters	Total No.
-Surgical	-----
-Obstetric	-----
(iii) ICU/HDU	-----
(iv) Pharmacies	-----
(v) Laboratories	
Main Lab	-----
Site Lab	-----
(vi) Imaging Facilities	
-Xrays	-----
-Ultrasounds	-----
-CT scan	-----
-MRI	-----
(vii) Outpatients Clinic (specify)	-----
(viii) Physical amenities	-----
(ix) Electricity and Energy back-up	-----

(x) Serviceable ambulances

(xi) Mortuary/Morgue

(xii) Resource Centre/medical library

Seating Capacity

Current Journals/ reference books_____ Internet connection

Yes	No
-----	----

(xiii) Internal Accommodation for interns

(a) Number of flats/houses-----

(b) Night-call rooms-----

(xiv) Registry and stores-----

(v) Waste management

-Incinerator _____

-Placenta Pit _____

-sluice room _____

-sharps container_____

-Other (specify) _____

4. Registered and running CPD Programs?

Yes	No
-----	----

CPD Coordinator Name:-----Reg. No.-----

5. Availability of Standard Operating Procedures (SOPs)

Yes	No
-----	----

6. Availability of a Strategic Plan?

Yes	No
-----	----

7. Presence of a Maintenance Unit

Yes	No
-----	----

8. Presence of Registry and Stores

Yes	No
-----	----

9. Remarks:

Names: - _____ Date: _____ Signature:

Medical Director/Medical Superintendent

OFFICIAL USE ONLY BY BOARD

Comments by Interns

Comments by intern supervisors, Specialists, MOs

FINDINGS

RECOMMENDATIONS

Inspection Team

Name

Designation

1.

2.

3.

4.

Dated: _____