



NATIONAL TRAINING & QUALITY ASSURANCE STANDARDS FOR DENTAL SCHOOLS & TEACHING HOSPITALS IN KENYA





KENYA MEDICAL PRACTITIONERS & DENTISTS BOARD

NATIONAL TRAINING & QUALITY ASSURANCE STANDARDS FOR DENTAL SCHOOLS & TEACHING HOSPITALS IN KENYA

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FOREWORD

Quality health care service, universal health coverage, gender equality and health related human rights are some of the key and outstanding aspirations and concerns of the public and nations. The need to strengthen governance, leadership and accountability in training institutions will result in building a robust human resource for health that is a key pillar in establishment and maintenance of a strengthened health system.

The main goal of dental education is improved health to the public. Epidemiologic trends, social and demographic changes, scientific innovations and advancement have impacted dental practice and it is for this reason the Board undertook to develop training standards to ensure the training programmes and institutions are responsive to emerging and expanding health care needs of the populations.

Quality assurance in the training programs for the doctors and dentists has the benefits of ensuring that registered practitioners receive reciprocal recognition in the region and the globe where standards in curriculum and its implementation are uniform and are harmonised. The Board has found it necessary to develop the training and quality assurance standards as a means to having the graduate dentists ready and competitive in a dynamic healthcare environment. It is readily recognised that dental practitioners must possess vast knowledge of conditions that are prevalent all over the world along with the requisite management approaches in order to ensure effective service delivery to citizens. The dissemination of these guidelines and use in assessment and accreditation of dental schools and teaching hospitals in the country will provide for standardized training of dentists.

These standards will ensure the development of a robust human resource for health necessary to meet national and international health obligations that include Millennium Development Goals (MDG) and universal health coverage. The implementation of these guidelines will no doubt contribute to achievement of the right to the highest attainable health as outlined in the constitution of Kenya 2010 as well as Vision 2030.

It is anticipated that compliance with the standards will enable dental schools run and sustain their training programs thereby equipping dentists with the necessary skills and competencies to provide health care services in diverse settings.

The investment in dental education by all dental schools and teaching hospitals, public and private stakeholders is imperative and a prerequisite to improving health outcomes of the population.



PROF. GEORGE MAGOHA, EBS.MBS
CHAIRMAN
KENYA MEDICAL PRACTITIONERS AND DENTISTS BOARD

PREFACE

The Medical Practitioners and Dentists Board (MPDB) is established under Cap 253 laws of Kenya. The core mandate of the Board is to regulate the training and practice of medicine and dentistry as well as setting healthcare standards in the institutions registered under this Act. The Act gives the Board the responsibility of ensuring that students undertaking dental training acquire the desired knowledge and skills that are necessary for the delivery of clinical and other healthcare services.

The increased demand for dental services in Kenya has resulted in the need for standardized guidelines for inspection of dental schools and teaching hospitals in order to ensure these training institutions meet the minimum requirements needed to successfully train competent dental practitioners and to ensure provision of quality healthcare services.

These guidelines have therefore, been developed as a yardstick to ensure dental schools and teaching hospitals put in place a quality assurance system in their training that guarantees the acquisition of a set of competencies for aspiring dentists who undergo training in the accredited dental schools in the country.

This document is an outline of a wide area of medical education standards that include governance and management, academic programmes, physical infrastructure, human resource, student affairs, programme monitoring and evaluation, research and innovation and are benchmarked on standards by competent regulatory authorities that include World Federation of Medical Education (WFME) as well as Commission for University Education, Kenya.

All dental training institutions and other key actors are called upon to adhere to these standards and guidelines and ensure their training programmes and institutions are accredited to provide holistic training of dentists with requisite skills, competencies and professionalism that guarantees the public of their right to highest attainable standards of health.



DR. NICHOLAS M. MURAGURI, OGW
DIRECTOR OF MEDICAL SERVICES
REGISTRAR, KENYA MEDICAL PRACTITIONERS AND DENTISTS BOARD

ACKNOWLEDGEMENT

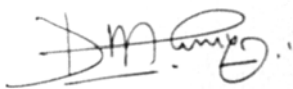
The Medical Practitioners and Dentists Board (MPDB) gratefully acknowledges the parties who have been involved in developing the National Training and Quality Assurance Standards for Medical Schools and Teaching Hospitals in Kenya.

Appreciations goes to Prof. George Magoha, Chairman MPDB, Dr. Elly Nyaim Opot, Training Assessment and Registration Committee (TARC) Chairman, Prof. Alice Mutungi, Vice Chair TARC, Prof Frederick Were, Dr. Nelly Bosire, Prof. Okello Agina, Dr. Claudio Owino, Dr. Pamela Tsimbiri, Dr. Caroline Kibosia, Dr. Tonnie Mulli, Dr. Tom Ocholla among others for providing leadership and technical support in this process and the Board Members for their ideas and contributions.

We thank the following key stakeholders among others for their valuable contribution and inputs: Deans of medical and dental schools who include Prof. Frederick Were (University of Nairobi, College of Health Sciences), Dr. Pamela Tsimbiri (Egerton University, Faculty of Health Sciences), Prof. Lukoye Atwoli (Moi University, School of Medicine), Prof. Kimathi Kigatiira (Mount Kenya University), Prof. Barasa Otsyula (Kenya Methodist University), Prof. Wilson Odero (Maseno University), Prof. James Jowi (Uzima University), and Dr. Reuben Thuo (Jomo Kenyatta University of Agriculture and Technology). Besides, we extend our appreciation to Mr. James Kiarie (Commission for University Education), Mr. Samuel Wafula, (Ministry of Education Science and Technology), Dr. Pacificah Onyancha (Ministry of Health) and other Health Regulatory Bodies.

The Board gratefully acknowledges our key strategic partner, Intrahealth International team led by Country Director, Meshack Ndolo, Chief of Party USAID|FUNZOKenya Project, Dr. James Mwanzia, Technical Director and Deputy Chief of Party, Josephine Mbiyu, David Maingi, Irene Chami, and Salome Mwangi for their unwavering technical and logistical support through the financial aid provided by United States Agency for International Development (USAID).

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DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
KENYA MEDICAL PRACTITIONERS AND DENTISTS BOARD



LIST OF ABBREVIATIONS

BDS	-	Bachelor of Dental Surgery
CAP 253	-	Chapter 253, Laws of Kenya
CUE	-	Commission for University of Education
CPD	-	Continuing Professional Development
DHSQAR	-	Directorate of Health Standards, Quality Assurance and Regulations
ENT	-	Ear, Nose and Throat
ICT	-	Information Communication Technology
KMPDB	-	Kenya Medical Practitioners and Dentists Board
MBCbB	-	Bachelor of Medicine and Bachelor of Dental Surgery
PEPFAR	-	Presidents Emergency Plan for AIDS Relief
TARC	-	Training, Assessment and Registration Committee
USAID	-	United States Agency for International Development
WFME	-	World Federation of Medical Education
WHO	-	World Health Organization

DEFINITION OF TERMS

Accreditation: The process by which the Board formally recognizes an institution's capacity to undertake the education and training of dentists.

Commission for University Education: The Universities Act, 2012 gives mandate to the Commission for University Education to among others promote the objectives of University education, set standards and relevance of university education and monitor and evaluate the state of university education systems in relation to the national development goals.

Curriculum: The planned interaction of learners with instructional content, materials, resources and processes for evaluating the attainment of educational objectives.

Dean: The academic and administrative leader of a dental school.

Degree: The University award in recognition of the recipient having either satisfactorily completed the prescribed course of study or having conducted a scholarly endeavour deemed worthy of his or her admission to the degree.

Dental School: A tertiary educational institution or part of such an institution that teaches dental surgery to prospective doctors. Upon successful completion, the graduate receives a degree in dentistry.

Faculty: Academic staff of a university

Full Accreditation: Full accreditation is granted to an institution that has met all the stipulated standards by the Board.


Minimum Requirements: A set minimum standard that a defined dental school should hold in order to achieve its mandate. If a school does not meet these standards, it will be required to achieve the minimum levels within a given time scale.

Provisional Accreditation: Provisional accreditation is the accreditation classification granted to any dental education programme which is in the planning and early stages of development or at its intermediate stage of programme implementation. This accreditation classification provides evidence that, at the time of initial evaluation(s), the developing education programme has the potential to meet the standards set forth for the specific dental programme. Provisional accreditation is granted based upon one or more site evaluation visit(s) and until the programme is fully operational.

Review of Accreditation: This is the process of evaluating the status of compliance to the accreditation standards.

Specialty: A specialty in dentistry is a branch of dental science. After completing basic dental education, dentists usually further their education in a specific specialty of dentistry.

Stakeholder: Groups, organizations, members or systems who affect or can be affected by the organization's actions.



The Board: Refers to Medical Practitioners and Dentists Board, mandated to regulate the education and practice of medicine and dentistry.

University Education: Education and training courses offered in post-secondary school institutions for purposes of attaining higher academic and, or professional qualifications and competencies.



PART ONE: MANDATE OF THE BOARD

MANDATE OF THE BOARD

The mandate of the Medical Practitioners and Dentists Board is stated in CAP 253, Section 11A as follows “The Board shall satisfy itself that courses of study to be followed by students for a degree in medicine or dentistry, including the standard of proficiency required for admission thereto and the standards of examinations leading to the award of a degree are sufficient to guarantee that the holder thereof has acquired minimum knowledge and skill necessary for the efficient practice of medicine or dentistry”.

Vision

To be an efficient, effective and accessible world-class health regulatory body.

Mission

To ensure provision of quality and ethical health care through appropriate regulation of training, registration, licensing, inspection, and professional practice.

Core Values

1. Integrity and professionalism
2. Respect for quality of human life and dignity
3. Ethical practice
4. Accountability
5. Timeliness
6. Justice and fairness
7. Honesty
8. Good governance
9. Total commitment to service delivery
10. Practice of knowledge-led and evidence-based medicine
11. Effective communication, and
12. Non-discrimination

In exercise of this mandate and in conjunction with the Commission for University Education (CUE) the Board shall:

1. Establish standards of dental education and practice
2. Establish a criteria and checklist for accreditation of training institutions and teaching hospitals
3. Approve all dental programmes and any modifications thereof for purposes of accreditation upon meeting the requisite standards
4. Undertake periodic evaluation of continuing programmes
5. Monitor the implementation of accredited programmes
6. Establish in its database an accreditation calendar
7. Post on its website all the institutions and their accreditation status



PART TWO: STANDARDS

STANDARDS

Introduction

Any institution offering a degree in dentistry shall do so under the auspices of a chartered University in Kenya. There shall be a clear and legally binding relationship between the said institution and the host university. The training leading to the award of a Bachelor of Dental Surgery (BDS) degree shall be designed in a way to meet the oral health care needs of the public as well as professional needs of practitioners. The institution offering the training shall declare the programme's rationale and justification which shall be evidence-based and responsive to identified needs.

All dental schools shall be accredited after meeting the following minimum standards set out by the Board:

Standard 1: Governance and Management

Standard 2: Academic Programme

Standard 3: Physical Infrastructure

Standard 4: Human Resource

Standard 5: Student Affairs

Standard 6: Programme Monitoring & Evaluation

Standard 7: Research and Innovation

Role of Dental School in meeting and maintaining these standards

The dental schools on their part shall be required to adhere to these standards and constantly report to the board on the progress in meeting these standards. The board will provide a certificate attesting to the accreditation status of the dental school and teaching hospital.

The new dental schools on their part are required to invest to have these standards in place before full accreditation is granted and are required to use these standards and checklist for purposes of self-assessment before formal accreditation visits.

STANDARD 1: GOVERNANCE AND MANAGEMENT

The training institution shall have a written statement of vision, Mission and Philosophy for the dental education programme. These must be made known to their constituents.

1.1 Vision

The vision shall be relevant to the training of dentists and should agree to the values of the dental degree awarding institution.

1.2 Mission

The mission must address the quality of education with respect to acquisition of professional competence.

1.3 Philosophy

The institution should have values guiding achievement of goals and include among others:

- 1.3.1 Social responsibility and community involvement
- 1.3.2 Relevance of education with respect to service needs
- 1.3.3 Lifelong learning
- 1.3.4 Ethics, integrity, respect for human rights, and team work spirit
- 1.3.5 Specialist training programmes to enhance quality patient care and leadership skills

1.4 Strategic Plan

The institution shall have a strategic plan that charts the programme road map.

1.5 Legislation

Institutions training dentists shall be registered by CUE in compliance with Universities Act of 2012, in addition to being accredited by the Board. The institution shall also abide by other legal and legislative requirement governing the running of a training institution.

1.6 Leadership Structure

Institutions training dentists shall have in place a governance and management structure that is harmonised with the parent degree awarding body and must clearly define the following:

- 1.6.1 A well-defined organizational structure (organogram)
- 1.6.2 A management team that includes:
 - i. Academic dean who must:
 - a) Have complied with Chapter 6 of the Constitution of Kenya 2010 on matters of integrity.
 - b) Be registered and retained in the register of dentists by the Board
 - c) Be a full-time faculty at the level of senior lecturer or above
 - d) Have a minimum of five (5) years teaching experience in a university
 - e) Show evidence of leadership or training experience.
 - f) Be an academic and administrative leader
 - ii. Minimum of four (4) core departments that cover all the thematic disciplines in dentistry.
 - iii. Heads of departments for each of the four (4) core departments who must be full time faculty at the level of a lecturer or above

- iv. Relevant standing committees that shall include and not limited to the following:
 - a) Curriculum committee
 - b) Examinations committee
 - c) Timetabling committee
- v. School Board comprising of the entire faculty
- vi. Administration team comprising of the administrators and relevant support staff

1.7 Student Representation

There shall be student representation at the management levels in compliance with CUE regulations.

1.8 Financial Resources and Management

The institution shall provide evidence of financial commitment to run and sustain the training programme for an entire programme cycle (minimum five (5) years). The evidence shall be in the form of financial plans, investment plans, development plan, budget and audited accounts.

STANDARD 2: ACADEMIC PROGRAMME

All institutions training dentists shall have a curriculum approved by the Board. The degree shall be referred to as Bachelor of Dental Surgery (BDS).

2.1 Curriculum

The programme for the training dentists shall meet the minimum requirements stipulated in the BDS core curriculum set by the Board.

2.2 Admission Policy and Selection

The school shall show evidence of compliance with the admission and selection requirements stipulated by the Board.

2.3 Student Indexing

All students admitted to the dental training programme shall be indexed by the Board in the first year of training. The school shall also update the Board on levels of student attrition and programme completion.

2.4 Programme Management

The school shall demonstrate ongoing planning for assessment and improvement of educational programme with a focus on its quality and effectiveness. This process must be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to programme effectiveness, student achievement, patient care, research and service.

STANDARD 3: PHYSICAL INFRASTRUCTURE

The institution shall provide appropriate and adequate physical and teaching facilities accessible to all (including persons with disabilities) that cater for the number of staff, students and patients. The institution shall have a dental hospital whose physical facilities meet the stipulated statutory occupational health and safety standards. The institution shall have a schedule for maintenance and repair and have adequate sanitary facilities.

3.1 Teaching/Tutorial Rooms

- 3.1.1 Minimum space of 2 M² per student
- 3.1.2 Audio visual facilities per teaching room
- 3.1.3 Appropriate and adequate chairs and tables
- 3.1.4 Adequate lighting and ventilation

3.2 Staff Offices

The school shall have offices located within the school that are accessible to all stakeholders.

- 3.2.1 Dean's office (a minimum area of 24 M²)
- 3.2.2 Departmental offices comprising the following minimum number of offices:
 - i. One departmental office (a minimum area of 18 M²)
 - ii. One head of department office (a minimum area of 18 M²)
 - iii. One secretary's office (a minimum area of 7 M²)
 - iv. Each faculty shall have (a minimum area of 7 M²)
 - v. Non-academic members' staff offices shall have the following minimum floor areas (a minimum area of 7 M²)

3.3 Learning Resource Facilities

- 3.3.1 Library facilities shall be in line with the CUE regulations
- 3.3.2 The library shall provide for the dental programme varied authoritative and up to date information resources covering all thematic areas to facilitate teaching, learning, research, and community service for all categories of its users
- 3.3.3 Well-maintained and staffed ICT facilities with the appropriate hardware, software, and internet bandwidth sufficient for teaching, learning, and research
- 3.3.4 Computer to Student ratio of 1:5
- 3.3.5 Accessible printing, photocopying, and binding facilities

3.4 Teaching Clinics

The institution shall provide adequate clinical infrastructure for the training of dentists and provision of oral health care, which shall include:

- 3.4.1 Dental unit with a student-unit ratio of 2:1
- 3.4.2 Access to sufficient number of patients with variety of oral and maxillofacial conditions to enable learning in diagnosis and management of diverse conditions and acquisition of desired competencies
- 3.4.3 Equipment, instruments, and supplies
- 3.4.4 Access to a sterilisation facility
- 3.4.5 Equipment and supplies bay with proper cross infection control protocol
- 3.4.6 Timetabling and scheduling shall be designed to facilitate ease and prompt access to the learning facilities
- 3.4.7 Standard infection control and occupational safety mechanisms in place
- 3.4.8 Functional protocol and facility for waste handling and disposal

3.5 Skills Laboratories

This shall include the following resources:

- 3.5.1 Basic life support kit and evidence to show capacity for 8-hour student contact
- 3.5.2 Dental phantom head equipment able to maintain a phantom head student ratio of 1:2 per teaching session. A teaching schedule shall be availed

3.6 Radiography

- 3.6.1 Certified radiographic rooms
- 3.6.2 Intraoral x-ray equipment
- 3.6.3 Access to dental panoramic x-ray equipment
- 3.6.4 Access to cephalometric x-ray equipment
- 3.6.5 Radiographic image processors
- 3.6.6 Radiograph viewers
- 3.6.7 Standard radiographic safety equipment and protocols

3.7 Dental Laboratory

The institution shall provide a functional dental laboratory with:

- 3.7.1 Minimum capacity of 2 M² per student
- 3.7.2 Adequate equipment to ensure teaching and learning in the core thematic areas

3.8 Oral Pathology Laboratory

- 3.8.1 Minimum capacity of 2 M² per student
- 3.8.2 Adequate equipment to ensure teaching and learning in the core thematic areas

3.9 Oral Biology Laboratory

- 3.9.1 Minimum capacity of 2 M² per student
- 3.9.2 Adequate equipment to ensure teaching and learning in the core thematic areas

3.10 Foundational Sciences

- 3.10.1 Foundational sciences and courses in this case shall refer to the basic sciences, pathological sciences, general surgery, and internal medicine
- 3.10.2 The Institution shall demonstrate access to a registered facility with the capacity to provide instructions in basic and medical sciences and courses.

STANDARD 4: HUMAN RESOURCE

4.1 Faculty

All institutions training dentists shall have in place a staff establishment including staff development plans. The establishment shall have a sufficient cohort of faculty members with the qualifications and time required to deliver the dental curriculum and fulfil the needs and mission of the institution. The following aspects of staff establishment shall be addressed:

- 4.1.1 A policy on recruitment addressing qualifications, specialization, and academic progression shall be in place.

- 4.1.2 Academic Staff numbers:

Recommended ratios of staff to students in different disciplines shall meet the minimum set of:

- i. Basic sciences staff/student ratio of 1:12
 - ii. Clinical departments staff/student ratio of 1:4
- 4.1.3 Full time academic staff qualification:
 - i. Non-clinical departments - 50% should be holders of MDS, its equivalent or above with appropriate mix of dental and non-dental staff
 - ii. Clinical departments - 90% should be holders of MDS or its equivalent and above and shall be in the retention register of the Board
 - iii. Part-time staff should not be more than 20% of teaching staff
 - iv. There shall be an appropriate mix of specialists
 - v. A policy on staff promotion, retention and development shall be in place.

4.2 Faculty in Core Thematic Areas

The faculty shall be at the level of a lecturer and above. The institution shall have competent faculty to train in the following subject areas:

4.2.1 Foundational Sciences

- i. Biomedical science
- ii. Behavioural and social sciences
- iii. Law and ethics in dental sciences
- iv. General pathology
- v. Surgery and internal medicine
- vi. Population health and health systems management

4.2.2 Clinical Dentistry

- i. Oral and maxillofacial surgery
- ii. Periodontology
- iii. Implant dentistry
- iv. Conservative dentistry
- v. Paediatric dentistry
- vi. Prosthodontics
- vii. Orthodontics
- viii. Oral pathology
- ix. Oral Medicine
- x. Anaesthesia and pain management
- xi. Radiology
- xii. Dental biomaterials

4.3 Technical and Support Staff

The training institution shall have sufficient number of qualified technical and support staff that shall include:

- 4.3.1 Administrative & support staff
- 4.3.2 Dental technologists
- 4.3.4 Radiographers
- 4.3.5 Biomedical engineering technician
- 4.3.6 Laboratory technologists
- 4.3.7 Dental surgery assistant and or nurses

4.4 Staff Amenities and Support

The institution shall provide suitable basic amenities for the staff.

STANDARD 5: STUDENT AFFAIRS

All institutions training dentists shall cater for the students' welfare and comfort in order to facilitate learning.

5.1 Policy on Student Welfare

There shall be a policy on student welfare, which should address the following among others:

- 5.1.1 Support and counselling
- 5.1.2 Social welfare (e.g. sports, clubs etc.)
- 5.1.3 Academic support
- 5.1.4 Career guidance
- 5.1.5 Financial matters
- 5.1.6 Rules of conduct should be published

5.2 Accommodation

The institution shall ensure accessible, suitable, and secure accommodation facilities are available for the students.

5.3 Health Care Facility

There shall be an accessible and suitable health care facility that caters for students' healthcare needs.

5.4 Recreational Facilities

The institution shall provide accessible recreational facilities including outdoor and indoor facilities.

STANDARD 6: PROGRAMME MONITORING AND EVALUATION

The dental school shall have a policy on quality assurance and quality improvement, which should address continuous Monitoring and Evaluation (M&E) of the programme. The school shall prepare an annual M&E report for the programme. In addition, the Board shall review the annual M&E reports submitted by the schools and whenever necessary, the Board shall advise the school on necessary measures that shall be instituted to maintain standards. There shall also be a formal review at the end of every programme cycle and the Board shall inspect the school at least once every cycle to renew accreditation licence if the inspection is satisfactory. Lastly, student feedback shall be obtained and performance appraisal for the faculty shall be conducted in order to improve the dental programme.

STANDARD 7: RESEARCH AND INNOVATION

The school shall show evidence of promoting quality research and innovation. In addition, it shall demonstrate that the following are in place:

- 7.1 Identified thematic research areas in line with its institutional research policy that shall be aligned to the national research policy
- 7.2 Adequate funds for research allocated at the minimum rate of 2% of institutional operational budget as stipulated by the CUE
- 7.3 Suitable research environment
- 7.4 Mechanisms of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent
- 7.5 Mechanism for documentation and dissemination of its research outputs



PART THREE: GUIDELINES FOR NEW DENTAL SCHOOLS



GUIDELINES FOR NEW DENTAL SCHOOLS

The standards set out in **part two** apply to new schools with modification outlined in this section.

The new school shall be exempted from providing the following requirements:

- 3.1 Student questionnaire report for monitoring and evaluation at the end of programme cycle.
- 3.2 The school shall provide the necessary requirements to support the programme for the first three (3) years, depending on the curriculum structure adopted.



PART FOUR: GUIDELINES FOR TEACHING HOSPITALS

GUIDELINES FOR TEACHING HOSPITALS

Teaching hospitals are a key component in the training of dentists. The hospitals must ensure that they attain and maintain minimum requirements and comply with all relevant acts that govern the running of health facilities. The Board shall accredit and gazette all teaching hospitals before they can be utilised to train dentists. All teaching hospitals shall meet the following minimum requirements:

4.1 Physical infrastructure

The physical infrastructure shall cater for training in:

- 4.1.1 Internal Medicine
- 4.1.2 Surgery
- 4.1.3 Accident & Emergency
- 4.1.4 Pathology and Laboratory Medicine
- 4.1.5 Radiology and Imaging
- 4.1.6 Ear, Nose and Throat (ENT)
- 4.1.7 Ophthalmology
- 4.1.8 Orthopaedics
- 4.1.9 Anaesthesiology & and Critical Care Medicine
- 4.1.10 Public Health
- 4.1.11 Medical Information Systems

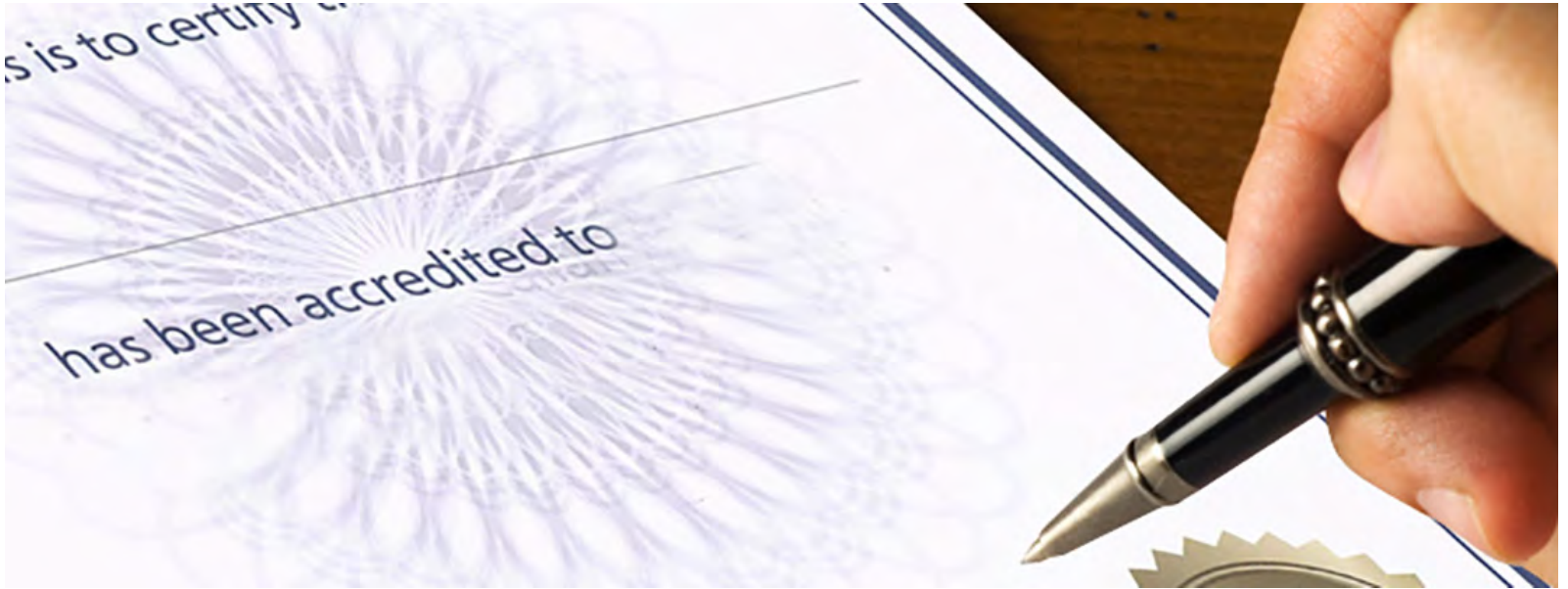
4.2 Relationship between Dental Schools and Hospitals

Each dental school must have a dedicated teaching hospital but this does not mean they should own the hospital. The school may use more than one teaching hospital, as long as the Board approves these hospitals. If the School does not own the hospital, there must be a clearly stipulated agreement, which must include the following:

- 4.2.1 Total number of staff required for service, research, and teaching based on infrastructure and facilities available
- 4.2.2 Distribution of staff between university and hospital and their role should be clearly stated in the areas of teaching, research, and patient care
- 4.2.3 Student to bed ratio of at least 1:4
- 4.2.4 Operating theatre to hospital bed ratio of 1:50
- 4.2.5 Resources sharing in areas of financial, human resource, consumables, and equipment which must meet the minimum requirement
- 4.2.6 Defined relationship between the hospital and the university departments
- 4.2.7 Conflict resolution mechanism
- 4.2.8 Outlined quality assurance and quality improvement in training and practice.

4.3 Minimum Requirements for a Teaching Hospital

- 4.3.1 Functional units as stipulated in 4.1 above
- 4.3.2 Dental unit capacity (Student to dental unit ratio of 1:2)
- 4.3.3 Dental unit engagement and workload at 80% and above.
- 4.3.4 Tutorial rooms and side labs in the units for the students
- 4.3.5 Policy on consumables
- 4.3.6 Adherence to policy on infection prevention and control
- 4.3.7 Adherence to policy on occupational health and safety
- 4.3.8 Adherence to policy on staffing norms
- 4.3.9 Adherence to standard operating procedures
- 4.3.10 Teaching hospitals shall be accredited as Continuing Professional Development (CPD) providers by the Board
- 4.3.11 The hospital must declare the number of institutions using it for teaching BDS programme to ensure the student to bed ratio of 1:4 is maintained



PART FIVE: ACCREDITATION

ACCREDITATION

5.1 Types of Accreditation

The Board shall offer two forms of accreditation based on whether the institution is seeking recognition as a new or continuing school namely:

- 5.1.1 Provisional accreditation
- 5.1.2 Full accreditation

5.1.1 Provisional Accreditation

Provisional accreditation is the accreditation classification granted to a dental school, which is in the developmental stages of programme implementation and the said programme is partially operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing dental programme has the potential of meeting the standards set forth in the requirements for an accredited dental programme. Provisional accreditation is granted based upon one or more site evaluation visit(s).

The provisional accreditation process shall involve the following:

- i. The parent institution shall apply to the Board for provisional accreditation using the approved application form provided by the Board
- ii. The Board shall thereafter issue the applicant with a copy of the National Training and Accreditation Standards for Dental Schools and Teaching Hospitals
- iii. The applicant shall provide a preliminary status report addressing the requirements highlighted in the dental accreditation checklist
- iv. The Board and the applicant shall schedule a preliminary visit within a period of three (3) months and certify if the standards outlined have been met. Provisional accreditation shall be granted for the period of training if prescribed standards have been met.
- v. The Board shall within one month issue a provisional accreditation where all the standards have been met. The initial student admission shall not delay for more than one (1) calendar year from the date of award of the provisional accreditation.
- vi. Where the standards have not been met, the Board shall issue a report indicating areas of improvement within a prescribed period.
- vii. Provisional accreditation shall be issued for a full programme cycle. Thereafter, the dental school shall be eligible for full accreditation. Where the school has not met the standards for full accreditation, the provisional accreditation shall be extended for a maximum period of three (3) years, in which period the school shall not be allowed to take in any more students.
- viii. Provisional accreditation shall be revoked where the school fails to meet the set standards within the prescribed period. The school shall be subjected to evaluation visits to assess compliance to standards.

5.1.2 Full accreditation

Full accreditation shall be granted to the institution that has met all the stipulated standards by the Board after the first programmed cycle. To achieve this, a questionnaire shall be administered to students and programme graduates to collect requisite data. The Board shall thus have an online programme assessment tool to collect student feedback annually; the tool shall provide information on strengths and weakness of the programme they train and it shall be analysed and feedback sent to the school within a period of three (3) months.

5.2 Full Accreditation Process

In order to attain full accreditation status, the following process shall be observed:

- 5.2.1 The dental school shall submit the duly filled application form for full accreditation
- 5.2.2 The Board shall upon receipt of the application initiate the process of accreditation
- 5.2.3 The Board shall issue the school with the National Training and Quality assurance Standards and Checklist three (3) months before the intended date of inspection
- 5.2.4 The school shall submit the duly filled checklist within a period of one (1) month
- 5.2.5 The Board shall review the checklist and prepare for inspection

5.3 Constitution and Role of Accreditation Team

The Board shall constitute a team that shall carry out the accreditation. This committee shall be constituted by the Training, Assessment and Registration Committee (TARC), a representative of the CUE and/or any other persons appointed by the Board on recommendation of the TARC committee. The school shall be informed in advance of the constitution of the assessment team and accreditation process before the accreditation visit.

5.4 The Assessment

The cost of assessment shall be borne by the training institution. In addition, the assessment team shall interview various groups including but not limited to university administration, the Dean, academic staff, school administration, students, representatives of clinical areas used for training and attachment. Also, the team shall inspect the dental school facilities and resources and at the end of the visit, the team will meet with the Dean for final discussion and clarification. Finally, preliminary report shall be presented at the end of the visit.

5.5 Preparation of the Accreditation Report

The assessment team will prepare and send the report to the school within fourteen (14) days of the visit and the school will be required to respond to the report within twenty one (21) days. Thereafter, the team will proceed to prepare its final report within one (1) week for presentation to the TARC. On its part, the TARC will present the report to the Board within one (1) week of its sitting, where a final decision on accreditation will be made. The Board will eventually communicate to the university within four weeks of completion of the assessment visit.

NB: Upon completion of the first cycle, including internship, new schools shall undergo review for purposes of full accreditation.

5.6 Re-accreditation of Existing Schools

All dental schools will be required to undergo re-accreditation upon completion of subsequent programme cycles. The Board will send questionnaires to graduating students who will complete them and return them at the time of application for internship license. The questionnaire should provide information on strengths and weakness of the training programme. Also, the questionnaire should be analysed and feedback sent to the school within a period of three (3) months.

5.7 Re-accreditation Process

The Board and the school shall agree on the date of accreditation visit. The Board shall then, issue the school with the National Training and Quality assurance Standards and Checklist to complete and return within one (1) month.

5.8 Constitution and role of Re-accreditation Team

The Board shall constitute a team that shall carry out the accreditation. The team shall constitute the Training, Assessment and Registration Committee (TARC), a representative of the CUE and/or any other persons appointed by the Board on recommendation by the TARC committee. The team shall review previous accreditation reports and recommendations thereof. The school will be informed in advance of the constitution of the assessment team and accreditation process. The TARC shall prepare the questionnaire for the outgoing dental students and make the programme for the visit jointly with the school. Thereafter, the TARC shall meet and/ or get information from supervisors of interns.

5.9 The Assessment Visit

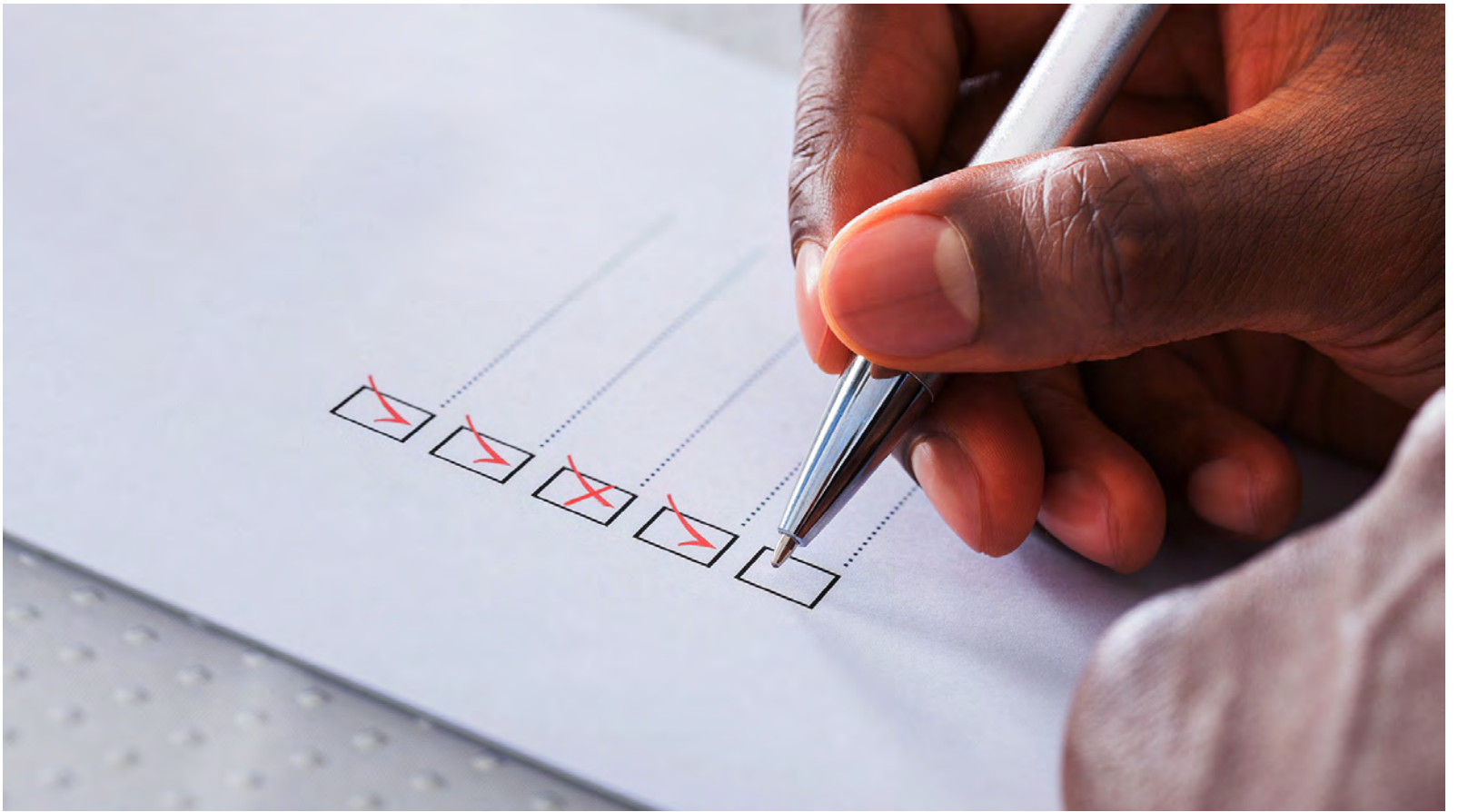
The assessment visit shall take 2-3 days and cost will be borne by the dental school. The assessment team shall interview various groups including but not limited to university administration, the Dean, academic staff, school administration, students, representatives of clinical areas used for training and attachment. The team shall inspect the dental school facilities including but not limited to the teaching hospital(s). At the end of the visit the team will meet with the university management for final discussion and clarification then, provide preliminary conclusions at the end of the visit.

5.10 Preparation of the Accreditation Report

The assessment team will debrief the school management immediately after the visit and will be allowed to respond to the debrief immediately. A final report will be prepared by TARC within two weeks of its sitting. The full Board will then make a decision and communicate to the school management within one (1) week of the next regular full board meeting.

5.11 Certification

The Board shall issue a certificate of accreditation that shall be displayed in a strategic area attesting to accreditation status of the dental school.



PART SIX: NON-COMPLIANCE

NON-COMPLIANCE

All training institutions shall seek at all times to meet these accreditation standards. Any institution that fails to meet the set regulations on minimum standards for dental schools shall provide the remedial plan and timelines to meet these requirements. Schools deemed not to have complied with the set regulations and have failed to meet the timelines agreed upon to improve the standards shall be denied accreditation OR renewal of existing accreditation, whether provisional or full. A school found to have deficiencies will be given a period of between three (3) to six (6) months within which to take corrective measures. Consequences for non-compliance include:

6.1 Suspension of accreditation license

6.2 Cancellation of accreditation license

6.3 Any other recommendation deemed fit regarding the dental school programme which has not met acceptable standards in line with CAP 253, Section 11C(4).

The dental school shall not be permitted to enrol new students for the duration that it has not met standards for accreditation. In the event that a dental school programme is suspended or cancelled, the Board shall make recommendations to CUE and other relevant regulatory bodies and the public to the effect that the degree awarded from the parent university of the suspended school shall not be recognised by the Board for purposes of graduate professional recognition. The Board shall publish annually a list of accredited dental schools on its website.

6.4. Appeal Process

A school denied accreditation or whose accreditation status has been withdrawn to undertake dentistry training, has the opportunity to appeal the decision. A request for an appeal must be received by the Board within thirty (30) days of receiving the decision from the Board. The Board appeal committee has the authority to hear appeals and determine whether or not the Board followed its described processes in denying or withdrawing accreditation. The appeal committee reviews the decision by the Board in relation to the accreditation requirements required to obtain initial accreditation or to maintain programme accreditation.

The Board appeal committee will have no authority to consider facts or information that was not previously presented to the Board or to comment on the reasonableness or necessity of existing board accreditation requirements.

REFERENCES

1. World Federation for Medical Education: WFME Global Standards for Quality Improvement, Denmark 2003.
2. General Medical Council. Tomorrows' Doctors Recommendation on undergraduate Medical Education. The Education Committee of the General Medical Council, London 1993.
3. Global Minimum essential requirement in Medical Education. Core Committee, Institute for International Medical Education. Copy 1999 – 2006.
4. Recognition guidelines for New and Developing Medical Schools. Caribbean Recognition Authority for Education in Medicine and other Health Professions.
5. Core curriculum in Psychiatry for Medical Students. World Psychiatric Association. World Federation for Medical Education. WHO 2005.
6. Recognition of medical education institutions. Report of a technical meeting Schaeffergarden, Copenhagen, Denmark, 2004.
7. Technical discussions. Accreditation of hospital and Medical educational institutions—challenges and future directions. B. Medical education institutions. ME/RC50/Tech.Disc.11
8. Iraqi National Guideline On Standards for Establishing and Accrediting Medical Schools Prepared by Deans of Colleges of Medicines, Faculty and MOH Technical Staff Endorsed by Ministry of Higher Education in collaboration with Ministry of Health and World Health Organization, January 2010.
9. Commission for University Education Guidelines, June 2014.





APPENDICES



APPENDIX ONE: DENTAL SCHOOL ACCREDITATION CHECKLIST

REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS
 AND DENTISTS BOARD
 MP & DB HOUSE
 WOODLANDS RD, OFF LENANA RD,
 NAIROBI

DENTAL SCHOOL ACCREDITATION CHECKLIST

ACCREDITATION CHECKLIST FOR EXISTING/NEW DENTAL SCHOOLS

Basic Information about the Institution:

Name of the Institution: _____

Postal Address: _____ Code: _____ Town: _____ Physical
 Address: _____ County: _____

Name of Registration Body: _____

Registration Status YES/NO: _____

Name and Designation of Contact Person: _____

Telephone/Mobile No: _____ Email Address: _____

Scoring System: Minimum standard met: Yes Minimum standard not met: No

Critical criteria (Must Score 100%)	Total	Total	Score	%
	Yes	No	$Y/(Y+N) \times 100$	
All other questions (Must score $\geq 75\%$)	Total	Total	Score	%
	Yes	No	$Y/(Y+N) \times 100$	
Recommendation for Accreditation	PASS	REASSESSMENT WITHIN	FAIL	
	MONTHS			

KEY

M – Mandatory standard

Standards Title	Indicator	Means of Verification	Mandatory Scores	Partial Scores	Comments
1.0.	GOVERNANCE AND MANAGEMENT				
1.1.	Vision, Mission, Philosophy				
1.1.1.	Vision	Written statement of the vision that is relevant to the training of dentists and aligns to the values of training institution awarding the degree			M
1.1.2.	Mission	Written statement of the mission that is relevant to the training of dentists and aligns to the values of training institution awarding the degree			M
1.1.3.	Philosophy	Written statements addressing: 1. Social responsibility and community involvement 2. Relevance of education with respect to service needs 3. Lifelong learning 4. Core values including ethics, integrity, respect for human rights, team work 5. Graduates prepared to undertake specialist training programs for quality patient care and leadership			M
1.1.4.	Strategic Plan	Presence of Strategic Plan for the training institution			M
1.2.	Legislation				
	Recognized and approved by CUE and MPDB Evidence of institutional charter or interim letter of authority	Certificate of Registration by CUE Accreditation certificate by MPDB Certificate of charter or interim letter of authority			M

1.3.	Leadership Structure						
1.3.1.	Management structure	Organogram		Defined and documented organizational structure			M
1.3.2.	Dean	Dean in office		The dean present in person, Appointment letters, academic certificates, and CVs			M
1.3.3.	Head of departments	4 heads of department in office		The HODs present in person, appointment letters, academic certificates, and CVs			M
1.3.4.	Relevant standing Committees	Total of 3 standing committees	S	tanding committees handling: 1. Curriculum 2. Examinations 3. Timetabling			M
1.3.5.	School Board	Dean, Heads of department and entire faculty		The School board members present in person Appointment letters and CVs			M
1.3.6.	At least one administrator and appropriate support staff	Roles and responsibilities of the administrator		List and letters of appointment and CVs			M
1.3.7.	Student Representation	Student representation at management levels		Documented evidence and presence of student representation in accordance to CUE regulations			M
1.4.	Financial Resources and Management						
1.4.1.	Financial resources	Evidence of financial commitment to run and sustain the training program for an entire program cycle (minimum 5 years)		Financial plans, investment plans, development plans, budget and audited accounts			M

	Financial plan	Realistic/implementable financial plan and projections for 5 years	Financial plan document			M
1.4.2.	Financial plan		Financial plan document			M
1.4.3.	Budget for 5 year training cycle	Budget for 5 year training cycle	Annual budget plan		M	
1.4.4.	Audited accounts	Audited accounts	Annual audited accounts			M
2.0.	ACADEMIC PROGRAM					
2.1.	Curriculum	Training curriculum	Approved curricula; approved by the senate, Board, and CUE			M
2.2.	Admission Policy and Selection	Admission and selection criteria	Evidence of compliance with the admission and selection requirements stipulated by the MPDB A list of admitted students and their qualifications			M
2.3.	Student Indexing	All students undertaking dentistry indexed	Evidence of submission of student list of students to be indexed to the Board			M (FOR NEW - N/A)
2.4.	Program Management	Planning meeting and assessment activities	Evidence of ongoing planning, assessment of and improvement of educational quality and program effectiveness at the dental school			M
2.5	Academic Support	Academic support programs	Document(s) addressing academic support programs			
3.0.	PHYSICAL INFRASTRUCTURE					
3.1.	Teaching/Tutorial Rooms	Teaching/ tutorial rooms as per CUE regulation	Availability of teaching/ tutorial rooms with the following facilities: Space (2 square metres) Audio-visual equipment Chair and table per student Lighting and ventilation Certified Fire and safety equipment			

3.2.	Staff Offices	Staff offices as per CUE regulation	Dean's office HOD's offices Departmental offices Secretarial offices Faculty offices Non-academic member's staff room		
3.3.	Learning Resource Centre	Library meeting the CUE standards	Available library Computer lab with computer to student ratio of 1:5 Internet accessibility Accessible printing, photocopying and binding facilities.		
3.4.	Teaching Clinics*	Functional teaching clinics Availability of suitable patients Equipment, Instruments and supplies Sterilisation facility Equipment and supplies bay Clinical schedules Infection control & occupational safety mechanisms and protocols	Dental units with a student to unit ratio of 2:1 Patient to student ratio of 2:1 Equipment, instruments and supplies according to (appendix 1) Accessibility to a sterilisation facility Equipment and supplies bay with proper cross infection protocol Timetables Quality assurance on infection control (appendix 2)		
3.5.	Skills Laboratories				
3.5.1.	Basic life support kit	Basic life support training equipment	Access to the basic life support training equipment (Appendix 3)		

3.5.2.	Phantom Head	Phantom head equipment	<ul style="list-style-type: none"> • Access to phantom head equipment (Appendix 4) 			
3.6.	Radiography					
3.6.1.	Radiography rooms	Radiography rooms	<ul style="list-style-type: none"> • Certified radiography rooms 			
3.6.2.	Radiography equipment & supplies	Radiography equipment & supplies	<ul style="list-style-type: none"> • Access to Radiography equipment & supplies (Appendix 5) 			
3.7.	Dental Laboratory					
3.7.1	Dental lab space	Dental laboratory space	<ul style="list-style-type: none"> • 2 square metres per student 			
3.7.2	Dental laboratory equipment and supplies	Equipment and supplies	<ul style="list-style-type: none"> • Availability of dental laboratory equipment and supplies (Appendix 6) 			
3.8.	Oral Pathology Laboratory					
3.8.1	Space	Oral Pathology Laboratory space	<ul style="list-style-type: none"> • 2 square metres per student 			
3.8.2	Oral Pathology Laboratory equipment	Oral Pathology Laboratory equipment and supplies	<ul style="list-style-type: none"> • Accessibility to oral Pathology Laboratory equipment and supplies (Appendix 7) 			
3.9	Oral Biology Laboratory					
3.9.1	Space	Oral biology laboratory space	<ul style="list-style-type: none"> • 2 square metres per student 			
3.9.2	Oral biology laboratory equipment	Oral biology laboratory equipment & supplies	<ul style="list-style-type: none"> • Oral biology laboratory equipment & supplies (Appendix 8) 			
3.10	Foundational Sciences Facilities	Anatomy laboratory Histology laboratory Physiology laboratory Biochemistry laboratory Microbiology laboratory Haematology laboratory Clinical chemistry laboratory	<ul style="list-style-type: none"> • Access to an anatomy laboratory • Access to a Histology laboratory • Access to a physiology laboratory • Access to a biochemistry laboratory • Access to a microbiology laboratory • Access to an Haematology laboratory • Access to a clinical chemistry laboratory 			

4.0.	HUMAN RESOURCES						
4.1.	Faculty						
4.1.1.	Staff Policy (recruitment, retention & development)	Recruitment & Retention Policy which must address Staff establishment and recurrent estimates, details of qualifications Staff development policy that addresses staff training & promotion	Document				
4.1.2.	Academic Staff Numbers						
4.1.2.1	Basic Science Staff: Student ratio of 1:12	Calculated ratio	List and presence of all Faculty in dental school in the Basic Sciences and list of all dental students				
4.1.2.2	Clinical Staff : Student ratio of 1:4	Calculated ratio	List and presence of all Faculty in dental school in the Clinical Sciences and list of all dental students				
4.1.3.	Teaching Staff	Details of Requirements for the Positions of Teaching staff in the Thematic Areas	Letter of appointment, Academic certificates & CVs for teaching staff				
4.1.4.	Mix of Specialist	4 specialists	List of specialists covering each of the four thematic areas				
4.1.5.	Technical and Support Staff						
4.1.4.1	Technical Staff (Must include Laboratory technologists, Dental technologist, Radiographers) to Student ratio of 1:4	Calculated ratio	List and letters of appointment and CVs				

4.1.4.2	Dental surgery assistant to student ratio of 1:4	Calculated ratio	List and letters of appointment and CVs			
4.1.6	Staff welfare	Basic amenities	Accessible basic amenities			
5.0.	STUDENT AFFAIRS					
5.1.	Support and Counselling	Support and counselling policy	Counselling policy document Counsellors Counselling facilities			
52.	Social Welfare	Policy on social welfare	Policy document on social welfare provision Evidence of accessible social amenities Access to spaces for spiritual activities			
5.3.	Career Guidance	Career guidance and linkage to alumnus and labour market	Career guides and prospectus Linkages with alumnus and professional associations			
5.4.	Student Conduct	Guidelines on student conduct	Guidelines on student conduct & and disciplinary process			
5.5.	Accommodation	Accessible and secure accommodation for students	Adequate physical accommodation facility for students Features of security, safety, and accessibility			P
5.6.	Healthcare	Accessible healthcare services	Outpatient & inpatient facility			
5.7.	Recreational Facility	Accessibility to recreational facilities	Indoor recreation facilities Outdoor recreation facilities			
6.0.	PROGRAM MONITORING AND EVALUATION					
6.1	Policy on Quality Assurance	Policy	Document			M
6.2	M&E Framework	M&E Plan/Schedule	Annual M&E report for the program (including feedback from graduates for programs that have completed a full cycle)			

6.3.	Student Feedback	Student feedback reports	Student feedback report			
6.4.	Performance Appraisal for Faculty	Performance appraisal reports	Faculty performance appraisal report			
7.0.	RESEARCH AND INNOVATION					
7.1.	Research Policy	Policy in place	Research policy with identified thematic areas aligned to national research policy Incentives to encourage research			
7.2.	Research Funds	Funds allocated to research	Evidence of funds allocated to research activities in line with CUE regulations			
7.3.	Documentation and Dissemination of Research	Research reports	Dissemination forums and presence of research reports			

APPENDIX TWO:

EQUIPMENT AND TOOLS FOR DENTAL HEALTHCARE SERVICES:

- 1) Dental chair and unit in functional state
- 2) 3.2. Compressor
- 3) Suction machine
- 4) Autoclave
- 5) Amalgamator
- 6) Light cure machine
- 7) Intra-oral machine
- 8) Ultra-sonic scaler
- 9) High speed and low speed hand pieces
- 10) Examination light
- 11) Operators chair and assistant's chair
- 12) Sink with running water
- 13) Mouthwash
- 14) Lockable instruments cabins
- 15) Disposable bins with foot control (plastic/ metallic)
- 16) Amalgam filter
- 17) Sharps disposable bin
- 18) Working refrigerator
- 19) Emergency tray (disposable syringes, adrenaline, hydrocortisone, iv canulas, hydrocortisone)
- 20) Full set of extraction forceps and elevators
- 21) Dental syringes
- 22) Amalgam restoration tray; (amalgam carrier, amalgam condenser, curver, burnisher, matrix holder, and bands, wedges, calcium hydroxide applicator, caries excavator, and rotary burs)
- 23) Composite Restoration Tray i.e. (caries elevator, cement applicator, enamel/ dentine bonding agent, acid etch set, composite resin, mylar strips, composite polishing strips, plastic applicators, and rotary burs)
- 24) Endodontic tray-either rotary/ hand instruments i.e. (reamers and files, barbed broaches, gutter percha condenser, guttapercha, paper points, root canal disinfectant, root canal obturation cement, rubber dam kit, and canal irritants)
- 25) Diagnostic tray (mirror, probe, tweezers, periodontal probe, cotton rolls, and vitality test kit)
- 26) Assorted impression trays (upper edentulous, lower edentulous, lower dentate (no. 1-3), upper dentate (no. 1-3), paedo trays (upper and lower) and impression materials)
- 27) Surgery tray includes all the following:
 - Periosteal elevator
 - Blade holder and blades
 - Tissue forceps
 - Needle holder
 - Sutures
 - Surgical scissors
 - High speed evacuation tips
 - Lower molar forceps
 - Upper molar forceps (left and right)
 - Lower premolar forceps

- Lower anterior forceps
- Lower root forceps
- Upper anterior forceps
- Upper root forceps
- Crier's elevator (left and right)
- Straight elevators (no. 1, 2 and 3)
- Root tip elevator (left and right)
- Haemostatic pack
- Socket antiseptic pack

CONSUMABLE DENTAL BIOMATERIAL:

- 1) Local anaesthetic solution and needles
- 2) Sterilize gauze
- 3) Disposable gloves
- 4) Disposable face masks
- 5) Personal protection equipment
- 6) Surface barriers
- 7) Rubber dam kit
- 8) Cotton rolls
- 9) Zinc oxide eugenol cement
- 10) Calcium hydroxide based cement
- 11) Glass Ionomer cement
- 12) Amalgam capsules
- 13) Root canal irritants
- 14) Guttapercha and root canal filler
- 15) Impression material
- 16) Intra-canal medicaments
- 17) Prophylaxis paste/pumice
- 18) Disclosing tablets
- 19) Disposable saliva injectors
- 20) Medical glassed and compressors are provided for in a safe manner
- 21) Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labelling, installation, maintenance, administration and disposal of dental medication, materials, equipment and instruments in line with international standards and manufacturers guidelines
- 22) There are policies and procedures in place to govern the management of dental materials

APPENDIX THREE:

INFECTION PREVENTION AND CONTROL PROTOCOLS AND PRACTICES

- 1) Hygienic practices observed during dental procedures
- 2) The dental facility has an infection control committee/team, program, process that is documented and effective
- 3) There are written and followed policies and procedures in place for overall handling of infectious and hazardous material
- 4) A waste management program for collection, segregation, storage and disposal of bio-medical waste is available and done
- 5) Clinical waste is kept in designated areas in lockable containers while awaiting disposal
- 6) Availability of sharps disposal facilities/ safety boxes
- 7) Personal protective wear available and in use (Observe)
- 8) There is written safety program in place
- 9) Appropriate safety devices are in place and the dental staff is/are well oriented to safety procedures and practices
- 10) Evidence of continuous training on new procedures and newly acquired or recognized hazardous materials

APPENDIX FOUR:

SKILLS LAB

- 1) Mannequin (Paediatric and adult)
- 2) Appropriate accessories

APPENDIX FIVE:

PHANTOM HEAD LABORATORY (PRE-CLINICAL LABORATORY FOR 12 STUDENTS)

- 1) Phantom heads
- 2) Phantom Head Holders
- 3) Phantom Head Rubber Masks
- 4) Laboratory stools (with rollers)
- 5) Dust extraction system
- 6) 3 way water and air system
- 7) Compact dental unit (air turbine system)
- 8) High Speed Handpieces
- 9) Slow speed air-motors
- 10) Contra angle handpieces
- 11) Assorted burs
- 12) Halogen spot light for phantom head complete with transformer 230-12 v
- 13) Bushes for phantom head

- 14) Dental Laboratory motor for plastic, precious metals& ceramics
- 15) Simulator model upper jaw
- 16) Simulator model lower jaw
- 17) Teeth for the models (sets of 32 pieces)

APPENDIX SIX:

RADIOGRAPHY EQUIPMENT AND SUPPLIES

- 1) Digital Dental Panoramic X-ray Machine
- 2) Digital Intraoral X-RAY machine
- 3) Digital X-ray Processing Unit
- 4) Cephalometric Arm
- 5) Digital Sensors
- 6) Accessories for sensor positioning
- 7) Film Printer
- 8) Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labelling, installation, maintenance, administration and disposal of radiography materials, equipment and instruments in line with International Standards and Radiation Protection Board Guidelines

APPENDIX SEVEN:

DENTAL LABORATORY EQUIPMENT AND SUPPLIES

- 1) Work benches with water sinks
- 2) Lab stools
- 3) Shelves
- 4) Curing bathes
- 5) Articulators
- 6) Surveyors
- 7) Measuring beakers
- 8) Sand blasters
- 9) Die and Casting machines
- 10) Burn out ovens
- 11) Cleaning and lubrication units
- 12) Duplicating Units
- 13) Curing units
- 14) Cutting Lathes
- 15) Model Trimmers
- 16) Polishing Units
- 17) Porcelain ovens
- 18) Steam cleaners
- 19) Vibrators
- 20) Suspension motors/Laboratory Hand pieces
- 21) Wax heaters
- 22) Vacuum form Machines
- 23) Pinsetters and Routers
- 24) Welding machine and accessories

- 25) Soldering machine and accessories
- 26) Energy Source
- 27) Bunsen burners
- 28) Plaster traps
- 29) Disposal systems
- 30) Room with good lighting, ventilation, and air conditioning
- 31) Access to compressed air
- 32) Accessories
- 33) Wax knives and lecons
- 34) Rubber mixing bowls and spatulas
- 35) Dental plaster
- 36) Dental Stone
- 37) Wax
- 38) Porcelain
- 39) Other appropriate biomaterials

APPENDIX EIGHT:

CHECKLIST FOR ORAL PATHOLOGY

- 1) Laboratory Space with appropriate ventilation, lighting, and occupational safety facilities
- 2) Equipment to include but not limited to:
 - a. Blood cell counter
 - b. Clinical chemistry analyser
 - c. ELISA Plate reader
 - d. Centrifuge
 - e. Microscopes
 - f. Microtome
 - g. Water bath
 - h. Tissue embedding machine
 - i. Reagents and chemicals appropriate for microscopy, histopathology, haematology, biochemical testing

APPENDIX NINE:

ORAL BIOLOGY LABORATORY EQUIPMENT AND SUPPLIES

- 1) Work benches
- 2) Shelves
- 3) Lab stools
- 4) Microscopes
- 5) Assorted slides
- 6) Audio visual equipment
- 7) Room with good lighting, ventilation, and air conditioning
- 8) Accessories



APPENDIX TEN: DENTAL TEACHING HOSPITAL ACCREDITATION CHECKLIST

REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS
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NAIROBI

DENTAL TEACHING HOSPITAL ACCREDITATION CHECKLIST

SECTION 1: ADMINISTRATIVE INFORMATION

A. Facility Information

Name of Institution: _____

Name of CEO/Medical Director/Medical
Superintendent: _____

Facility Ownership: GOK/Faith Based/Private		License Number:	License Expiration Date:
---	--	-----------------	--------------------------

Registration Number:	Indemnity Cover Number:	Indemnity Expiration Date:
----------------------	----------------------------	-------------------------------

Physical Location Details

County:

Sub-County:

Town:

Address:

Building Plot No:

Email:

B. Facility Level and Details

Level of Facility Level 4 Level 5 Level 6

Total Bed Capacity

Bed Occupancy Rate

Daily Outpatient Clinics Patient Attendance

Daily Accident & Emergency Patient
Attendance

SECTION 2: FUNCTIONAL UNITS

UNIT	Y/N
a) Internal medicine	
b) Surgery and orthopaedics	
c) Paediatrics	
d) Emergency and Critical care medicine	
e) Outpatient clinics	
f) Pathology (including postmortem facilities) and Laboratory medicine	
g) Radiology and Imaging	
h) Ear Nose & Throat (ENT)	
i) Dental	
j) Ophthalmology	
k) Anaesthesiology	
l) Dermatology	
m) Operating theatres	
n) Pharmacy	
o) Medical information systems	
p) Rehabilitation	

SECTION 3: UNIT CHECKLIST

A. General Medicine		
UNIT	MEASURE	Y/N
1. Wards	No. of beds	
	No. of nurses per shift	
	Nurse:Bed Ratio	
	Tutorial room	
2. Medical Outpatient Clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Stethoscope	
	BP machine	
	Torch	
	Tongue depressors	
	Stationery	
	X-ray view box	
	Desk	
	Chairs	
	Examination couch	
	Examination tray	
Linen		
3. Specialists	No. of physicians	
B. Paediatrics		
1. Wards	No. of beds	
	No. of nurses per shift	
	Nurse:Bed ratio	
	Newborn unit	
	Tutorial room	
2. Paediatric Outpatient Clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Weighing scale	
	Stethoscope	
	BP machine	
	Torch	
	Tongue depressors	
	Stationery	
	X-ray view box	
	Desk	
	Chairs	
	Examination couch	
Examination tray		
Linen		
3. Specialists	No. of paediatricians	

C. General Surgery		
1. Wards	No. of beds	
	No. of nurses per shift	
	Nurse:Bed ratio	
	Tutorial room	
2. Surgical Outpatient Clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Stethoscope	
	BP machine	
	Torch	
	Stationery	
	X-ray view box	
	Desk	
	Chairs	
	Examination couch	
	Linen	
	Examination tray	
	Plaster room	
3. Specialists	No. of general surgeons	
	No. of orthopaedic surgeons	
D. Mental Health		
1. Wards	No. of beds	
	No. of nursing staff	
	Nurse:Bed ratio	
	Secure room	
2. Psychiatric Outpatient Clinic	No. of consultation rooms	
	Triage	
	Stethoscope	
	BP machine	
	Torch	
	Stationery	
	Desk	
	Chairs	
	Examination couch	
	Examination tray	
Linen		
E. Theatres		
1. Operating Room	No. of functional theatres	
	Nurses per theatre	
	No. of Anaesthesiologists	
	No. of CO anaesthetists	
	Anaesthetic machine	
	Monitor	
	Operating table	
	Suction machine	
	Fluid stands	
	Diathermy	
	Surgical packs	

1. Post-Anaesthesia Care Unit	No. of beds	
	Nurse:Bed ratio	
	Monitors	
	Suction machines	
	Resuscitation tray	
	Fluid stands	
A. Accident and Emergency		
1. Triage	No. of nurses	
	BP machine	
	Thermometer	
	Stethoscopes	
2. Bay Area	No. of wheelchairs	
	No. of stretchers	
	Fluid stands	
	Customer service centre	
	Intercom	
3. Examination Rooms	Resuscitation tray	
	Oxygen source and masks	
	Suction machine	
	Suture packs	
	Scissors	
	Torch, tongue depressors	
	Needles, cannulas, sample bottles	
	Catheters, NG tubes, infusion sets etc.	
	Resuscitation drugs	
	Swabs, strappings	
4. Minor Theatre/Procedure Room	Procedure table	
	Light source	
	Sterile packs and gowns	
	Consumables	
5. Consultation Rooms	No. of consultation rooms	
	Stethoscope	
	Torch	
	Stationery	
	X-ray view box	
	Desk	
	Chairs	
	Examination couch	
	Linen	
	Examination tray	
6. Specialists	No. of emergency care trained doctors	
7. Emergency Training Policy	Availability of training policy for emergency care (BLS,ATLS,ACLS,ALSO,ETAT+)	

A. Radiology Unit		
1. Equipment	No. X-ray machines	
	No. of ultrasound machines	
	No. of CT-Scan machines	
	No. of MRI machines	
	No. of fluoroscopy machines	
2. Safety Equipment	Anti-radiation shields	
	Well displayed signage on safety precautions	
3. Others	View boxes	
	Tutorial room	
4. Specialists	No. of radiologists	
B. Laboratory and Blood Transfusion Unit		
1. Haematology and Blood Transfusion	Full blood count machine	
	GXM technology	
	Cold storage	
2. Microbiology and Parasitology	Microscopy services	
	Culture and sensitivity technology	
3. Biochemistry	Biochemistry panel	
C. Pathology Services		
1. Cytology	Lab capacity to do cytology	
2. Histology	Lab capacity to do histology	
3. Mortuary	Post-mortem facility	
4. Specialists	No. of pathologists	
	No. of cytologists	

SECTION 4: INFECTION PREVENTION AND CONTROL

	THEATRE	THEATRE	LABOUR WARD	GENERAL WARDS
i) General				
1. Hygiene protocol				
Does the facility have a hygiene protocol?				
Does the hygiene protocol have a dedicated staff roster?				
2. Solid waste management				
Is there a standard operating procedure for hospital waste management?				
Is there an incinerator or contracted waste management company?				
Does the facility have a waste holding area?				
3. General facility cleanliness				
Is the facility odour-free?				
Is the paint work acceptable?				
Is the floor smooth?				
Is the ceiling free of cobwebs and dust?				
4. General compound cleanliness				
Is the grass well maintained?				
Are the bushes neatly kept?				
Is the site free of odour?				



ii) Sterilization Services				
1. Central Sterile Supply Unit				
Is there a separate area for cleaning with decontamination and sterilization processes?				
Are standard operating procedures available for sterilization?				
Is there storage available for sterile supplies?				
Are sterile supplies labelled and stored in a designated area?				

SECTION 5: OTHERS	
1. Is the facility a certified CPD provider?	
2. Is the facility using online data management systems?	
3. Does the facility have internet connectivity?	

FINDINGS

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RECOMMENDATIONS

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EDITORIAL TEAM

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