



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







**KENYA MEDICAL PRACTITIONERS & DENTISTS BOARD**

# **NATIONAL TRAINING & QUALITY ASSURANCE STANDARDS FOR MEDICAL 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 medical education is improved health to the public. Epidemiologic trends, social and demographic changes, scientific innovations and advancement have impacted medical 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 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 medical doctors ready and competitive in a dynamic healthcare environment. It is readily recognised that medical 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 medical schools and teaching hospitals in the country will provide for standardized training of doctors.

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 and universal health coverage. The implementation of these guidelines will no doubt contribute to achievement of the right to the highest attainable standard of health as outlined in the constitution of Kenya 2010 as well as achievement of Vision 2030.

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

The investment in medical education by all medical 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 medical training acquire the desired knowledge and skills that are necessary for the delivery of clinical and other healthcare services.

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

These guidelines have therefore, been developed as a yardstick to ensure medical 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 medical doctors who undergo training in the accredited medical 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 medical 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 medical doctors with requisite skills, competences 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

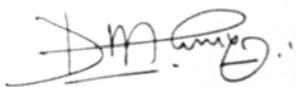
The Medical Practitioners and Dentists Board (MPDB) gratefully acknowledges the parties who have been involved in developing the National Training and Quality Assurance Standards for Medical Schools and Teaching Hospitals in Kenya.

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**DANIEL M. YUMBYA**  
**CHIEF EXECUTIVE OFFICER**  
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## LIST OF ABBREVIATIONS

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

**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.

**Medical School:** A tertiary educational institution or part of such an institution that teaches medicine to prospective doctors. Upon successful completion, the graduate receives a degree in medicine.

**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 medical 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 medical 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 medical 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 medicine is a branch of medical 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 Bachelor of Medicine and Bachelor of Surgery 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 degree in the Bachelor of Medicine and Bachelor of Surgery shall be designed in a way to meet the health needs of the people of Kenya as well as the professional needs of the 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 medical 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 Medical School in Meeting and Maintaining these standards

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

The new medical schools on their part are required to invest in ensuring these standards are in place before full accreditation is granted. They will be required to use these standards and checklists 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 medical training programme. These must be made known to their constituents.

### 1.1 Vision

Should be relevant to the training of doctors in line with the values of the degree awarding institution.

### 1.2 Mission

Should address 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
- 1.3.5 Specialist training programmes to enhance quality patient care and leadership skills

### 1.4 Legislation

- 1.4.1 The degree granting institution must be registered and duly recognized by Commission for University Education (CUE).
- 1.4.2 The medical training programme shall have the approval of the Kenya Medical Practitioners and Dentists Board (KMPDB)

### 1.5 Governance Structure

This shall be regulated by defined statutes, rules and regulations.

#### 1.5.1: Organizational Structure

The School shall have a well-defined leadership and management structure (organogram).

#### 1.5.2: Management Team

A management team comprising of:

- i. Academic Dean who shall fulfil the following criteria:
  - a) Be a holder of MBChB or equivalent, and a post-graduate degree
  - b) Be at least a senior lecturer, as stipulated by CUE.
  - c) Have a minimum of 5 years medical school teaching experience
  - d) Shall be the academic head of the programme
- ii. Heads of departments who shall fulfil the following criteria:
  - a) Be a holder of MBChB or equivalent degree in the relevant field, and a post-graduate degree
  - b) Be at least a senior lecturer, as stipulated by CUE.
  - c) Shall be a recognized specialist in that area of training
- iii. Heads of thematic units:
  - a) Be a holder of MBChB or equivalent or degree in the relevant field, and a post-graduate degree
  - b) Be at least a lecturer, as stipulated by commission for university education
  - c) Shall be a recognised specialist in that area of training

### 1.5.3 Core Departments/ Thematic Units

The core department shall include but not be limited to the following:

- i. Human anatomy
- ii. Medical Physiology
- iii. Medical Biochemistry
- iv. Pathology, to include haematology, immunology and chemical pathology/ clinical chemistry
- v. Microbiology and parasitology
- vi. Surgery
- vii. Medicine
- viii. Pharmacology
- ix. Paediatrics and child health
- x. Obstetrics and Gynaecology
- xi. Public and community health
- xii. Mental health
- xiii. Diagnostic imaging
- xiv. Critical care and anaesthesia

### 1.5.4: Standing Committees

There shall be standing committees that include but not limited to the following:

- i. Curriculum committee
- ii. Examination committee
- iii. Time-tabling committee

### 1.5.5: Membership of School Board

Membership of the school board shall comprise of the following:

- i. Faculty
- ii. Students

### 1.5.6: Administration

The administrative staff of the medical school must be appropriate to support the implementation of the school's educational programmes and ensure good management of its resources.

### 1.5.7: Academic Autonomy

The schools should have the autonomy to design the curriculum and allocate resources using bench marks recommended by the KMPBD and CUE.

### 1.5.8: Student Representation

Students shall be represented in the various governance organs of the school.

## **1.6 Financial Resources and Management:**

The School shall demonstrate evidence of:

- 1.6.1 Financial resources to support programme
- 1.6.2 Financial systems with clear policies and procedures
- 1.6.3 Budgeting procedures, expenditure and auditing

## STANDARD 2: ACADEMIC PROGRAMME

### 2.1 Degree Title

The medical school shall offer the degree of Bachelor of Medicine and Bachelor of Surgery (MBChB).

### 2.2 Curriculum

The curriculum shall be in line with the requirements of KMPDB.

### 2.3 Admission Policy and Selection

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

- 2.3.1 Admission criteria stating minimum entry requirement for the University, in line with the Board minimum requirements as stipulated in the Core curriculum
- 2.3.2 Student number in relation to physical facilities /infrastructure, human and financial resources
- 2.3.3 The school will ensure the teaching hospital has the capacity to support admitted students' clinical learning.

### 2.4 Student Indexing

All students admitted to the medical 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 rates.

### 2.5 Duration

The minimum duration of the programme shall be six (6) years. No student shall exceed twelve (12) academic years in the programme.

### 2.6 Curriculum Linkage with Medical Practice and the Health Care Systems

Students shall be placed in clinical areas and other relevant placements in the course of their training.

### 2.7 Programme Management

#### 2.7.1 Programme Outcomes

- i. Professional values, attitudes, behaviour and ethics
- ii. Scientific foundation of medicine
- iii. Communication skills
- iv. Clinical skills
- v. Population health
- vi. Health systems management
- vii. Information communication technology (ICT)
- viii. Critical thinking and research
- ix. Leadership and Management
- x. Entrepreneurship

#### 2.7.2 Programme Model, Structure and Instructional Methods

- i. Schools should state the model and structure of their curriculum as well as their methods of instruction. They are encouraged to adopt methods that support innovation, student-centred learning, mentorship, and use of evidence-based training methodologies.
- ii. There shall be assessment of students through established assessment systems compatible with the learning/teaching methods. Also, schools should publish their examination regulations and make them known to students.
- iii. The course title shall be reflected in the purpose of the course and the course's expected learning outcomes; and

- iv. The expected learning outcomes shall be reflected in the course content, which shall be linked to the mode of delivery, instructional materials and/or equipment, assessment and reference materials as indicated in the MBChB core curriculum.

### 2.7.3 Course Description:

All courses shall have a course title, prescribed units, purpose, outcome and content.

Compulsory subject areas indicated below are described in the core curriculum published by the Board.

- i. Basic biomedical sciences
- ii. Behavioural and social sciences
- iii. Law and medical sciences
- iv. Pathological basis of disease
- v. Clinical sciences
- vi. Critical thinking and research
- vii. Elective period
- viii. Entrepreneurship
- ix. Information Communication Technology
- x. Population health
- xi. Health systems management
- xii. Leadership and management
- xiii. Additional courses as prescribed by the school (including Nursing skills, and common university courses.)

## 2.8 Other Resources

The school shall take part in educational exchange programmes for staff and students through partnerships and collaboration with other universities.

## 2.9 Academic Support

The school shall, beyond the primary obligations, make provision for the following:

- 2.9.1 Needy and disadvantaged students
- 2.9.2 Students with disabilities
- 2.9.3 Students with medical/ social challenges

## STANDARD 3: PHYSICAL INFRASTRUCTURE

Medical schools shall have appropriate physical teaching facilities for the number of staff, students and programme as defined by CUE.

### 3.1 Physical Resources:

- 3.1.1 Administrative block
- 3.1.2 Staff offices
- 3.1.3 Lecture rooms and tutorial rooms
- 3.1.4 Appropriately equipped technical and skills laboratories
- 3.1.5 Library
- 3.1.6 Information technology services

### 3.2 Clinical Resources for Training:

- 3.2.1 There shall be dedicated university teaching hospital(s) approved by the Board.
- 3.2.2 Appropriate student/inpatient ratios of 1:4. This is important in order to give students maximum learning opportunity while protecting patient from exhaustion
- 3.2.3 Adequate ward and theatre space with approximately theatre space to bed ratio of not more than 1: 50 in general hospitals
- 3.2.4 Sustainable provision of clinical consumables to students
- 3.2.5 Provision of tutorial rooms within the clinical area for teaching
- 3.2.6 Provision of appropriate postmortem and pathology facilities within the hospital mortuary

## STANDARD 4: HUMAN RESOURCES

### 4.0 Faculty

The training institution shall have in its establishment the requisite faculty to deliver the MBChB requirement. The following areas relating to academic, technical and administrative staff shall be addressed:

### 4.1 Recruitment Policy

The institution shall have a policy on recruitment addressing qualifications, specialization and academic potential.

### 4.2 Academic Staff

The school shall have the recommended ratios of staff to students in different disciplines for

- 4.2.1 Basic sciences' staff/student ratio of 1:12
- 4.2.2 Clinical departments' staff/student ratio of 1:7

### 4.3 Full Time Academic Staff Qualification

The school shall comply with the following in relation to full time academic staff qualification:

- 4.3.1 Non clinical departments 50% should be holders of PhD or M.Med with appropriate mix of medical and non-medical staff
- 4.3.2 Clinical departments 90% should be holders of M.Med or equivalent
- 4.3.3 Appropriate mix of specialists
- 4.3.4 A clear policy on staff development, and career progression
- 4.3.5 Staff welfare: Support and counselling

### 4.4 Part-time Academic Staff

The school shall observe that part-time academic staff are not more than 20% of clinical and 40% for preclinical teaching staff.

## STANDARD 5: STUDENT AFFAIRS

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

- 5.1 Support and counselling
- 5.2 Mentoring
- 5.3 Academic support
- 5.4 Career guidance
- 5.5 Healthcare
- 5.6 Financial matters
- 5.7 Student organisations
- 5.8 Rules of conduct should be published
- 5.9 Suitable accommodation facilities should be availed particularly during clinical years
- 5.10 Dress code
- 5.11 Recreational, cultural, and spiritual support

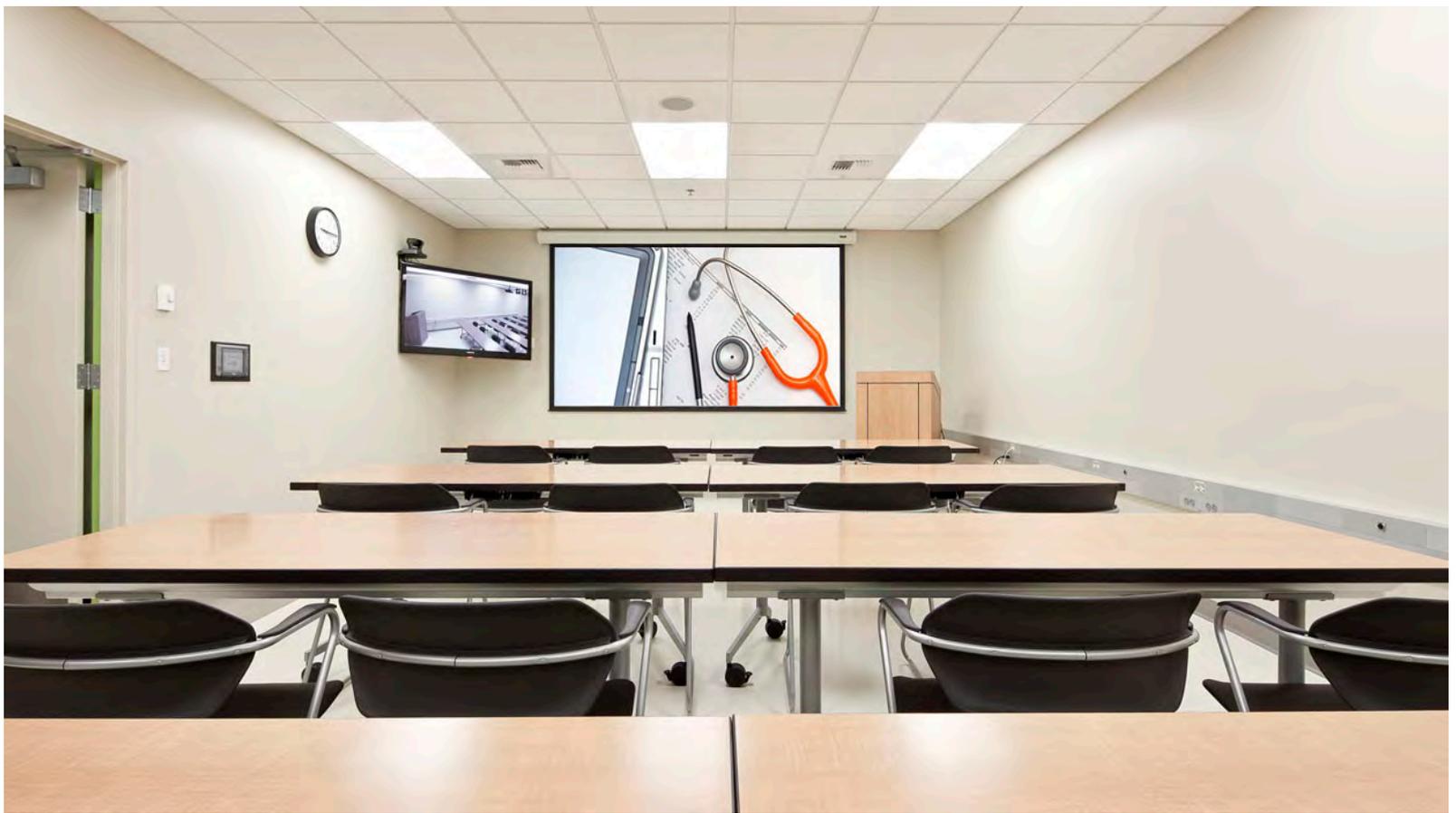
## STANDARD 6: PROGRAMME MONITORING & EVALUATION

There shall be a continuous process of monitoring and evaluation for the programme. The medical school shall have a policy on quality assurance and quality improvement, which should address monitoring and evaluation systems including student feedback mechanism. The Board shall review the annual M&E reports submitted by the schools. Where there is need, the Board shall advise the school on necessary measures that shall be instituted to maintain standards. Also, there shall be formal reviews at the end of every programme cycle. Thereafter, the Board shall inspect the school at least once every cycle, with renewal of the accreditation certificate if the report is satisfactory.

## STANDARD 7: RESEARCH AND INNOVATION

The university shall show evidence of promoting quality research and innovation through the following:

- 7.1 A university shall have thematic research areas in line with its institutional research policy and aligned to the national research policy
- 7.2 A university shall endeavour to have adequate funds for research by allocating a minimum of 2% of its operational budget to research
- 7.3 A university shall facilitate its staff to carry out research
- 7.4 A university shall have mechanism of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent
- 7.5 A university shall document and disseminate its research outputs



# PART THREE: GUIDELINES FOR NEW MEDICAL SCHOOLS

# GUIDELINES FOR NEW MEDICAL SCHOOLS

The standards set out in part two shall apply to new schools with modifications outlined in this section. Accreditation of New Medical Schools shall be upon fulfilment of the following requirements:

## 3.1 Legal Requirements

All legal requirements set out in Standard 1(1.3). At institutional level, the following should be in place before intake of the first group of students:

- 3.1.1 Approval (provisional accreditation) by KMPDB.
- 3.1.2 A definition of the relationship between the medical school and the degree granting institution. Such institution should have the requisite authority from CUE to offer degree programmes.
- 3.1.3 A defined relationship between the medical school and the teaching hospital(s)
- 3.1.4 A definition of the governance structure of the medical school and its relationship to the degree awarding institution
- 3.1.5 Appointment of the founding dean in accordance to the requirements in part two above
- 3.1.6 Appointment of chairs of the core departments, both pre-clinical and clinical
- 3.1.7 Appointment of administrative leadership
- 3.1.8 Establishment of the standing committees of the medical school

## 3.2 Programme Requirements

Before the admission of students to the programme, the following should be in place:

- 3.2.1 A curriculum approved by the Board
- 3.2.2 A comprehensive plan covering areas of financial resources, staff, curriculum implementation, and students' management for the first programme cycle:
  - i. Working plan for the curriculum as a whole, consistent with the educational objectives
  - ii. A detailed layout of the academic programme for the first three (3) years
  - iii. Written standards and procedures for the admission, evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to ensure due process is followed
  - iv. Specification of the teaching and student evaluation methods suitable for the achievement of stated educational objectives
  - v. Design of a system for curriculum implementation and review
  - vi. Design of a system for educational programme evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives
  - vii. Six (6) months prior to commencement of the clinical phase of training, the following requirements shall be attained:
    - a) The school shall have appointed appropriate complement of staff to support clinical teaching, of whom, 80% are full time
    - b) The school shall have set up appropriate physical infrastructure to facilitate clinical teaching as stipulated in Part Two above
    - c) The school shall have made provision for reasonable, adequate, safe, secure, and accessible accommodation for the students, in close proximity to the training hospital

## 3.3 Monitoring and Evaluation

The Board and medical school shall engage in the following:

- 3.3.1 The school shall submit annual reports to the KMPDB on the implementation process on a format provided by the Board.

- 
- 3.3.2 The Board shall carry out an inspection on the school prior to commencement of the clinical phase of training, after the school submits the necessary reports as provided in section three 3.2 (vii) above.
  - 3.3.3 The school shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to the Board, following which, the Board shall re-inspect the school and if satisfactory, grant full accreditation
  - 3.3.4 Once fully accredited, the school shall then be inspected for renewal of the accreditation certificate as stipulated in Part Two above
  - 3.3.5 If not satisfactory, the school and the Board shall agree on an appropriate time limit within which the school should have made appropriate corrections. Once satisfactory, full accreditation shall be granted. In the event of non-compliance, remedial or corrective action shall be taken as laid out in Part Six.
  - 3.3.6 Thereafter these reviews shall be conducted with every training cycle in accordance with the guidelines stipulated in Part Two above for pre-existing schools



# PART FOUR: GUIDELINES FOR TEACHING HOSPITALS

# GUIDELINES FOR TEACHING HOSPITALS

Teaching hospitals are key components in the training of doctors. The hospitals must attain and maintain minimum requirements stipulated in this section. The hospitals must be in compliance with all relevant acts that govern the running of health facilities. The Board shall accredit and gazette all medical teaching hospitals.

## 4.1 Facilities

Teaching Hospitals must have the following functional components:

- 4.1.1 Internal medicine
- 4.1.2 Surgery
- 4.1.3 Paediatrics
- 4.1.4 Obstetrics and Gynaecology
- 4.1.5 Mental health
- 4.1.6 Emergency and Critical care medicine
- 4.1.7 Rehabilitation
- 4.1.8 Pathology (including postmortem facilities), and Laboratory Medicine
- 4.1.9 Radiology and Imaging
- 4.1.10 Ear, Nose and Throat (ENT)
- 4.1.11 Dental
- 4.1.12 Ophthalmology
- 4.1.13 Orthopaedics
- 4.1.14 Anaesthesiology
- 4.1.15 Dermatology
- 4.1.16 Operating Theatres
- 4.1.17 Public Health
- 4.1.18 Outpatient Clinics
- 4.1.19 Department of Pharmacy
- 4.1.20 Medical Information Systems

## 4.2 Relationship between Medical Schools and Hospitals

Every medical school shall have a primary teaching hospital. The school may use more than one teaching hospital, as long as these hospitals are approved by the Board.

In the case where 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 in the areas of teaching, research and patient care should be stated clearly
- 4.2.3 Student to bed ratio of at least 1:4
- 4.2.4 Operating theatre to hospital bed ratio of not more than 1:50
- 4.2.5 Resources sharing in areas of financial, human resource, consumables and equipment which must meet the minimum requirements.
- 4.2.6 Quality assurance in the institution
- 4.2.7 Relationship between the hospital and the university departments
- 4.2.8 Conflict resolution mechanism

## 4.3 Minimum Requirements for a Teaching Hospital

The following minimum requirements for teaching hospitals shall be observed

- 4.3.1 Functional Units as stipulated in 4.1 above
- 4.3.2 Bed capacity (Student to bed ratio of 1:4)

- 
- 4.3.3 Bed occupancy of at least 80%
  - 4.3.4 Theatre to bed capacity of not more than 1:50
  - 4.3.5 Tutorial rooms and side labs in the units for the students
  - 4.3.6 Policy on consumables
  - 4.3.7 Adherence to policy on infection prevention and control
  - 4.3.8 Adherence to policy on occupational health and safety
  - 4.3.9 Adherence to staffing norms
  - 4.3.10 Adherence to policy on standard operating procedures
  - 4.3.11 Teaching hospitals shall be accredited as Continuing Professional Development (CPD) providers by the Board
  - 4.3.12 The primary teaching hospital shall declare the training institution using it for teaching MBChB programme to ensure the student to bed ratio of 1:4 is maintained
  - 4.3.13 ICT services and facility.



# PART FIVE: ACCREDITATION

# ACCREDITATION

## 5.1 Types of Accreditation

The Board shall offer two forms of accreditation based on whether the institution seeking recognition is 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 medical school, which is in the developmental stages of programme implementation. 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 medical programme has the potential of meeting the standards set forth in the requirements for an accredited medical programme. Provisional accreditation is granted based upon one or more site evaluation visit(s).

### 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 to collect requisite data. Thus, the Board shall 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 The Process of Accreditation

The parent institution shall apply to the Board for provisional accreditation using the provisional accreditation form. The Board shall thereafter provide the accreditation standards and the checklist to the applicant. The applicant shall provide a preliminary status report addressing the requirements highlighted in the checklist. The Board and the applicant shall schedule a preliminary visit within a period of three (3) months. The Board shall satisfy itself that the standards outlined have been met. In this case, provisional accreditation shall be granted for the period of training approved.

The Board shall within one (1) month issue provisional accreditation where all the standards have been met. The initial student admission shall not delay for more than one (1) calendar year since the grant of provisional accreditation. Where the standards have not been met, the Board shall issue a report indicating areas for improvement within a prescribed period.

Provisional accreditation shall be issued for a full programme cycle. Thereafter, the medical 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. Provisional accreditation shall be revoked where the school fails to meet the set standards within the prescribed period. The school is subject to the rules of Part Three above.

## 5.3 Full Accreditation

Full accreditation shall be granted to the institution that has met all the stipulated standards by the Board after the first programme cycle. In order to do so, a questionnaire shall be administered to the students. The following shall be observed in the administration of the questionnaire:

- 5.3.1 The Board shall have an online programme assessment tool to collect student feedback annually
- 5.3.2 The tool shall provide information on strengths and weakness of the programme they train

5.3.3 The information shall be analysed and feedback sent to the school within a period of three (3) months

#### **5.4 The Process of Full Accreditation**

The medical school shall submit the duly filled application form for full accreditation then, the Board shall upon receipt of the application initiate the process of accreditation. Thereafter, the Board shall send to the school the National Training and Quality Assurance Standards for Medical Schools and Teaching Hospital guidelines and checklist three (3) months before the intended date of inspection. The school shall thus submit the duly filled questionnaire within a period of one (1) month and the Board shall review the questionnaire and prepare for inspection.

#### **5.5 Constitution and Role of the Full Accreditation Team**

The Board shall constitute a team that shall carry out the accreditation. The membership 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 of the committee. The school will be informed of the membership of the assessment team, which shall send, to the medical school to be accredited, information on the process.

#### **5.6 The Assessment**

The assessment cost shall be borne by the institution seeking accreditation. 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 medical school facilities and resources and at the end of the visit, the team shall meet with the dean for final discussions and clarification. Thereafter, the team will give preliminary conclusions at the end of the visit.

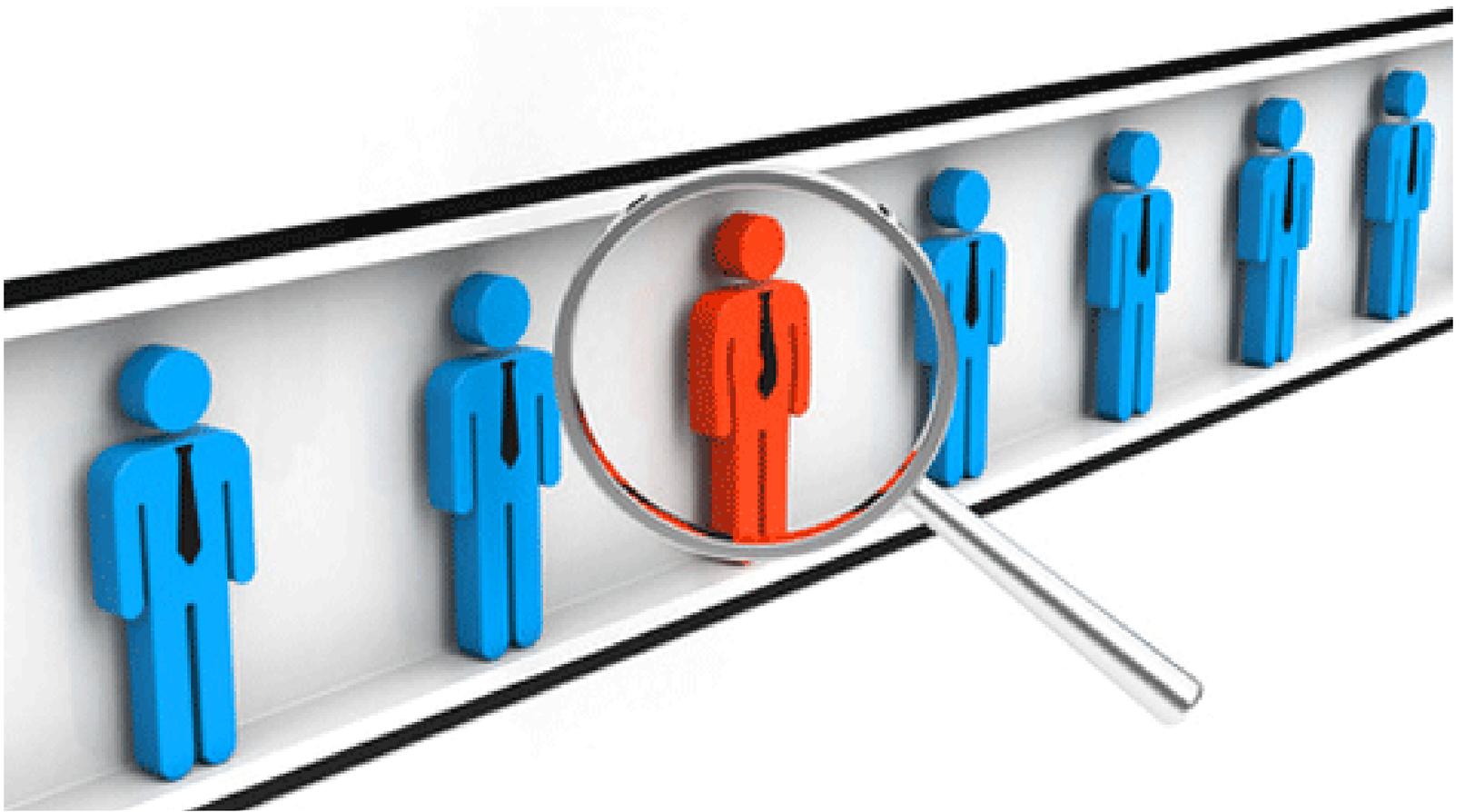
#### **5.7 Preparation of the Accreditation Report**

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. The team will prepare and send the report to the school within fourteen (14) days of the visit

**NB: Upon completion of the first cycle, the schools shall undergo review for purposes of full accreditation as stipulated in Part Three above.**

#### **5.8 Certification**

The Board shall issue a certificate of accreditation that shall be displayed in a strategic area attesting to accreditation status of the medical 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 medical schools shall provide the remedial plan and timelines to meet these requirements. Consequences for non-compliance include:

**6.1 Denial or failure to renew accreditation certificate:** Schools deemed not to have complied with the set regulations and have consistently failed to meet the timelines agreed upon to improve the standards shall be subject to denial of accreditation whether provisional or full.

**6.2 Program suspension:** The Board shall suspend the programme and intakes of schools which are unable to meet acceptable standards in line with CAP 253, Section 11C(4).

**6.3 Student transfer:** The students in the programme shall be transferred to other medical schools for completion of their programme at the cost of the suspended programme.

**6.4 Appeal Process:** A school denied accreditation or whose accreditation status has been withdrawn to undertake medical 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, 4 – 6 October 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 (CUE): Universities Standards and Guidelines June 2014.



# APPENDICES

## APPENDIX ONE: MEDICAL SCHOOL ACCREDITATION CHECKLIST

# REPUBLIC OF KENYA

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

## MEDICAL SCHOOL ACCREDITATION CHECKLIST

### ACCREDITATION CHECKLIST FOR EXISTING/NEW MEDICAL 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 MONTHS	REASSESSMENT WITHIN	FAIL	

Standards Title	Indicator	Means of Verification	Mandatory Scores	Partial Scores	Comments
<b>1.0.</b>	<b>GOVERNANCE AND MANAGEMENT</b>				
<b>1.1.</b>	<b>Preamble and Justification</b>				
<b>1.2.</b>	<b>Vision, Mission, Philosophy</b>				
1.2.1.	Vision	Written statement of the vision that is relevant to the training of medical doctors and aligns to the values of training institution awarding the degree			M
1.2.2.	Mission	Written statement of the mission that is relevant to the training of medical doctors and aligns to the values of training institution awarding the degree			M
1.2.3.	Philosophy	Written statements addressing:			M

1.2.4.	Strategic Plan	quality of education with respect to acquisition of professional competence in line with the national health needs and priorities	<ol style="list-style-type: none"> <li>1. Social responsibility and community involvement</li> <li>2. Relevance of education with respect to service needs</li> <li>3. Lifelong learning</li> <li>4. Core values including ethics, integrity, respect for human rights, team work spirit</li> <li>5. Graduates prepared to undertake specialist training programs for quality patient care and leadership</li> </ol>			M
1.3.	<b>Legislation</b>	<p>6 year Strategic plan linked to the parent institution and the national health needs and priorities</p> <p>Recognized and approved by CUE and MPDB</p> <p>Evidence of institutional charter or interim letter of</p>	<p>Presence of Strategic Plan for the training institution</p> <p>Certificate of Registration by CUE</p> <p>Accreditation certificate by MPDB</p> <p>Certificate of charter or</p>			M

		authority	interim letter of authority			
<b>1.4.</b>	<b>Governance Structure</b>					
1.4.1.	Management structure	Organogram	Defined and documented organizational structure		M	
1.4.2.1	Academic Dean	Dean in office	The dean present in person, Appointment letters, academic certificates and CVs		M	
1.4.2.1	Head of departments	Heads of department in office	The HODs present in person, appointment letters, academic certificates, and CVs		M	
1.4.2.2	Head of Thematic Areas	Heads of department in office	Appointment letter for the heads of the core/thematic areas			
1.4.3	<b>Core Depts/Thematic Areas</b>	Evidence of establishment of the key departments/Thematic Areas				

1.4.4.	<b>Standing Committees</b>					M
		a) Curriculum committee	List of Committee members			
		b) Examination committee	List of Committee members			
		c) Time-tabling committee	List of committee members			
1.4.5.	School Board	Dean, Heads of department and entire faculty, student representatives	The School board members present in person Appointment letters and CVs			M
1.4.6.	At least one administrator and appropriate support staff	Roles and responsibilities of the administrator	List and letters of appointment and CVs			M
1.4.7.	Student Representation	Student representation at management levels	Documented evidence and presence of student representation in accordance to CUE regulations			M
<b>1.5.</b>	<b>Financial Resources and Management</b>					
1.5.1.	Financial resources	Evidence of financial	Financial plans, investment			M

			commitment to run and sustain the training program for an entire program cycle (minimum 6 years)	plans, development plans, budget, and audited accounts			
1.5.2.	Financial plan	Realistic/implementable financial plan and projections for 6 years	Financial plan document			M	
1.5.3.	Budget for 6 year training cycle	Budget for 6 year training cycle	Annual budget plan			M	
1.5.4.	Audited accounts	Audited accounts	Annual audited accounts			M	
<b>2.0.</b>	<b>ACADEMIC PROGRAM</b>						
<b>2.1.</b>	<b>Curriculum</b>	Training curriculum	Approved curricula; approved by the senate, Board, and CUE			M	
<b>2.2.</b>	<b>Admission Policy and Selection</b>	Admission and selection criteria	Evidence of compliance with the admission and selection			M	

				requirements stipulated by the MPDB			
<b>2.3.</b>	<b>Student Indexing</b>	All students undertaking medicine indexed	Evidence of submission of student list of students to be indexed to The Board			M	
<b>2.4.</b>	<b>Program Management</b>	Planning meeting and assessment activities	Evidence of ongoing planning, assessment of and improvement of educational quality and program effectiveness at the medical school			M	
<b>2.5.</b>	<b>Academic Support</b>	Academic support programmes	Evidence of documents(s) addressing academic support programmes				
<b>3.0.</b>	<b>PHYSICAL INFRASTRUCTURE</b>						
<b>3.1</b>	<b>Physical Resources</b>						
<b>a)</b>	Administration Block	As per regulation					
<b>b)</b>	<b>Teaching/Tutorial Rooms</b>	Teaching/ tutorial rooms as per CUE regulation	Availability of teaching/ tutorial rooms with the following facilities: <ul style="list-style-type: none"> <li>• Space (2 square metres)</li> <li>• Audio-visual equipment</li> <li>• Chair and table per student</li> </ul>				

<b>c)</b>	<b>Staff Offices</b>	Staff offices as per CUE regulation	<ul style="list-style-type: none"> <li>• Lighting and ventilation</li> <li>• Certified Fire and safety equipment</li> </ul> Dean's office HOD's offices Departmental Offices Secretarial offices Faculty offices Non-academic member's staff room						
<b>d)</b>	<b>Learning Resource Centre</b>	Library meeting the CUE standards	<ul style="list-style-type: none"> <li>• Available library</li> <li>• Computer lab with computer to student ratio of 1:5</li> <li>• Internet accessibility</li> <li>• Accessible printing, photocopying and binding facilities</li> <li>• Availability of Hardcopy books</li> <li>• E-Learning materials</li> </ul>						
<b>e)</b>	<b>Technical and Skills Laboratories</b>	Equipped laboratories	<ul style="list-style-type: none"> <li>• Laboratories as per CUE standards</li> <li>• Skills laboratories as per CUE standards</li> </ul>						
<b>3.2</b>	<b>Clinical Resources for</b>	Memorandum of understanding between	<ul style="list-style-type: none"> <li>• Evidence of approval of the Teaching hospital by the</li> </ul>						

	<b>Training</b>	the training institution and teaching Hospital	Board			
<b>4.0.</b>	<b>HUMAN RESOURCES</b>					
<b>4.1.</b>	<b>Faculty</b>					
4.1.1.	Staff Policy (recruitment, retention & development)	<ul style="list-style-type: none"> <li>Recruitment &amp; Retention policy which must address Staff establishment and recurrent estimates, details of qualifications</li> <li>Staff development policy that addresses staff training &amp; promotion</li> </ul>	Document			
<b>4.1.2.</b>	<b>Academic Staff Numbers</b>					
4.1.2.1	Basic Science Staff: Student ratio of 1:12	Calculated ratio	List and presence of all Faculty in medical school in the Basic Sciences and list of all medical students			
4.1.2.2	Clinical Department Staff: Student ratio of 1:4	Calculated ratio	List and presence of all Faculty in medical school in the Clinical Sciences and list of all medical students			
<b>4.1.3.</b>	<b>Teaching Staff</b>	Details of Requirements	Letter of appointment,			

			for the Positions of Teaching staff in the Thematic Areas	Academic certificates & CVs for teaching staff			
<b>4.1.4.</b>	<b>Specialist</b>		14 specialists	List of specialists covering each of the four thematic areas			
<b>4.1.5.</b>	<b>Technical and Support Staff</b>						
<b>4.1.6</b>	<b>Staff Welfare</b>		Basic amenities	Accessible basic amenities			
<b>5.0.</b>	<b>STUDENT AFFAIRS</b>						
<b>5.1.</b>	<b>Support and Counselling</b>		Support and counselling policy	<ul style="list-style-type: none"> <li>• Counselling policy document</li> <li>• Counsellors</li> <li>• Counselling facilities</li> </ul>			
<b>5.2.</b>	<b>Social Welfare</b>		Policy on social welfare	<ul style="list-style-type: none"> <li>• Policy document on social welfare provision</li> <li>• Evidence of accessible social amenities</li> <li>• Access to spaces for spiritual activities</li> </ul>			
<b>5.3.</b>	<b>Career Guidance</b>		Career guidance and linkage to alumnus and labour market	<ul style="list-style-type: none"> <li>• Career guides and prospectus</li> <li>• Linkages with alumnus and professional associations</li> <li>• Linkage with areas where the</li> </ul>			

			students will be expected to work			
<b>5.4.</b>	<b>Student Conduct</b>	Guidelines on student conduct	<ul style="list-style-type: none"> <li>Guidelines on student conduct &amp; disciplinary process</li> </ul>			
<b>5.6.</b>	<b>Accommodation</b>	Accessible and secure accommodation for students	<ul style="list-style-type: none"> <li>Adequate physical accommodation facility for students</li> <li>Features of security, safety, and accessibility.</li> </ul>			P
<b>5.7.</b>	<b>Healthcare</b>	Accessible healthcare services	<ul style="list-style-type: none"> <li>Outpatient &amp; inpatient facilities</li> </ul>			
<b>5.8.</b>	<b>Recreational Facilities</b>	Accessibility to recreational facilities	<ul style="list-style-type: none"> <li>Indoor recreation facilities</li> <li>Outdoor recreation facilities</li> </ul>			
<b>6.0.</b>	<b>PROGRAM MONITORING AND EVALUATION</b>					
<b>6.1</b>	<b>Policy on Quality Assurance</b>	Policy	Document			M
<b>6.2</b>	<b>M&amp;E Framework</b>	M&E Plan/Schedule	Annual M&E report for the program (including feedback from graduates for programmes that have completed a full cycle) Inspection report from the Board			
<b>6.3.</b>	<b>Student Feedback</b>	Student feedback reports	Student feedback report			

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



# APPENDIX TWO: TEACHING HOSPITAL MEDICAL ACCREDITATION CHECKLIST

# REPUBLIC OF KENYA

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

## MEDICAL TEACHING HOSPITAL ACCREDITATION CHECKLIST

### SECTION 1: ADMINISTRATIVE INFORMATION

#### A. Facility Information

Name of institution:

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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>B. Facility Level and Details</b>	
Level of facility	<input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6
Total bed capacity	
Bed occupancy rate	
Daily outpatient clinics patient attendance	
Daily accident & emergency patient attendance	

<b>SECTION 2: FUNCTIONAL UNITS</b>	
UNIT	Y/N
a) Internal medicine	
b) Surgery and orthopaedics	
c) Paediatrics	
d) Obstetrics and gynaecology	
e) Mental health	
f) Emergency and Critical care medicine	
g) Outpatient clinics	
h) Pathology (including postmortem facilities) and laboratory medicine	
i) Radiology and imaging	
j) Ear, Nose & Throat (ENT)	

k) Dental	
l) Ophthalmology	
m) Anaesthesiology	
n) Dermatology	
o) Operating theatres	
p) Pharmacy	
q) Medical information systems	
r) Rehabilitation	

<b>SECTION 3: UNIT CHECKLIST</b>		
<b>A. GENERAL MEDICINE</b>		
<b>UNIT</b>	<b>MEASURE</b>	<b>Y/N</b>
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>B. PAEDIATRICS</b>		

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	
<b>C. GENERAL SURGERY</b>		
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	
<b>D. OBSTETRICS AND GYNAECOLOGY</b>		
1. Antenatal wards	No. of beds	
	No. of nurses per shift	
	Nurse:Bed ratio	
	Tutorial room	
2. Postnatal wards	No. of beds	
	No. of nurses per shift	
	Nurse:Bed ratio	
3. Labour ward	No. of beds	
	No. of nurses per shift	
	Nurse:Bed ratio	
	Displayed emergency SOPs	
4. Delivery suite	No. of beds	
	No. of resuscitaires	
	Baby resuscitation tray	
	Macerator	
5. Manual Vacuum Aspiration (MVA) room	Couch with stirrups	
	Linen	
	MVA Kits	
	MVA packs	
	Light source	
6. Gynaecological outpatient clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Stethoscope	
	BP machine	
	Torch	
	Stationery	
	Desk	
	Chairs	
	Examination couch	
	Linen	
	Examination tray, with speculums	
7. Antenatal clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Weighing scale	
	Stethoscope	
	BP machine	
	Torch	

	Stationery	
	Desk	
	Chairs	
	Examination couch	
	Linen	
	Examination tray with fetoscope	
8. Postnatal clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Stethoscope	
	BP machine	
	Torch	
	Stationery	
	Desk	
	Chairs	
	Examination couch	
	Linen	
	Examination tray	
9. Family planning clinic	No. of consultation rooms	
	Triage	
	No. of nurses	
	Stethoscope	
	BP machine	
	Procedure room	
	Desk	
	Chairs	
10. Specialists	No. of obstetrician/gynaecologists	
E. 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	
<b>F. THEATRES</b>		
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	
2. Post-Anaesthesia Care Unit	No. of beds	
	Nurse:Bed ratio	
	Monitors	
	Suction machines	
	Resuscitation tray	
	Fluid stands	
<b>G. ACCIDENT AND EMERGENCY</b>		
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, cannulars, sample bottles	
	Catheters, NG tubes, infusion sets etc.	
	Resuscitation drugs	
	Swabs, strappings	
4. Minor	Procedure table	

theatre/Procedure room	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+)	
<b>H. RADIOLOGY UNIT</b>		
1. Equipment	No. of 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>I. LABORATORY AND BLOOD TRANSFUSION UNIT</b>		
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	
<b>J. PATHOLOGY SERVICES</b>		
1. Cytology	Lab capacity to do cytology	
2. Histology	Lab capacity to do histology	
3. Mortuary	Postmortem facility	
4. Specialists	No. of pathologists	
	No. of cytologists	

## SECTION 4: INFECTION PREVENTION AND CONTROL

	THEATRE	THEATRE	LABOUR WARD	GENERAL WARDS
<b>i) General</b>				
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?				

<b>ii) Sterilization Services</b>				
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?				

<b>SECTION 5: OTHERS</b>	
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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