



KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

KMPDC Complex

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MEDICAL INTERNSHIP TRAINING CENTRE INSPECTION/ SELF-ASSESSMENT CHECKLIST

SECTION 1: ADMINISTRATIVE INFORMATION

A. FACILITY INFORMATION

Name of Institution			
Facility ownership	<input type="checkbox"/> GOK <input type="checkbox"/> County govt. <input type="checkbox"/> FBO <input type="checkbox"/> NGO <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
County			
Sub-County			
Town			
Building/Plot no.			
Postal address			
Official telephone no.			
Official e-mail address			
Facility Registration no.		Current Licence no.	
Facility level	<input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6		
Facility professional indemnity cover:			
Policy number			
Expiration date			

B. FACILITY LEADERSHIP

Institution Head (Name and Designation)	
Medical Superintendent/ Medical Director	
Hospital Administrator	
Nursing Director/ Nursing Officer In-Charge	

SECTION 1: ADMINISTRATIVE INFORMATION**C. MEDICAL INTERNSHIP COORDINATOR'S DETAILS:**

Name		
Designation/ Specialty		
KMPDC Registration no.		
Telephone (mobile)		
e-mail address		
Letter/ Memo appointing Internship Coordinator	Seen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

D. MEDICAL INTERNSHIP ESTABLISHMENT DETAILS

Internship Training Centre status	<input type="checkbox"/> New <input type="checkbox"/> Existing	Remarks:
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
Approved establishment for Medical Interns	Number =	Remarks:
Current in-post Medical Interns	Number =	Remarks:
Letter/Memo appointing Internship Supervisors	Seen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:

E. FACILITY WORKLOAD

Total bed capacity	
Bed occupancy rate	
Daily outpatient clinics attendance	
Daily Accident & Emergency patient attendance	
PRIVATE HOSPITALS ONLY: Ratio of hospital-based patients to private patients	

F. BRIEF DESCRIPTION OF THE INSTITUTION

G. THE INSTITUTION'S CORPORATE PHILOSOPHY

	Document seen?	Remarks
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mission	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Core values	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training philosophy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY**A. HUMAN RESOURCE CAPACITY***i.e. full-time employees at the Institution***1. MEDICAL SPECIALISTS**

<i>Specialty</i>	<i>Subspecialty</i>	<i>Name</i>	<i>KMPDC Reg. no.</i>
a. Internal Medicine			
b. Paediatrics			
c. Obstetrics & Gynaecology			
d. Surgery			
e. Psychiatry			
f. Family Medicine			
g. Anaesthesia & Critical Care			

SECTION 2: INSTITUTIONAL CAPACITY			
A. HUMAN RESOURCE CAPACITY <i>i.e. full-time employees at the Institution</i>			
1. MEDICAL SPECIALISTS			
<i>Specialty</i>	<i>Subspecialty</i>	<i>Name</i>	<i>KMPDC Reg. no.</i>
h. Radiology			
i. Pathology			
j. Public Health			
k. Other Medical Specialists			
<i>Specialty</i>	<i>Subspecialty</i>	<i>Name</i>	<i>KMPDC Reg. no.</i>

SECTION 2: INSTITUTIONAL CAPACITY	
A. HUMAN RESOURCE CAPACITY <i>i.e. full-time employees at the Institution</i>	
2. OTHER FACILITY STAFF	
Cadre	No. of staff
a. Medical Officers	
b. Dental Specialists	
c. Dentists	
d. Community Oral Health Officers	
e. Dental Technologists	
f. Pharmacy Specialists	
g. Pharmacists	
h. General Clinical Officers	
i. Specialised Clinical Officers	
j. Clinical Officer Anaesthetists	
k. Nurses	
l. Pharmaceutical Technologists/ Technicians	
m. Radiographers	
n. Sonographers	
o. Medical Laboratory Scientists/ Technologists	
p. Nutritionists/ Dieticians	

SECTION 2: INSTITUTIONAL CAPACITY			
A. HUMAN RESOURCE CAPACITY			
<i>i.e. full-time employees at the Institution</i>			
2. OTHER FACILITY STAFF			
Cadre	No. of staff		
q. Physiotherapists			
r. Occupational Therapists			
s. Ortho-Trauma (Plaster) Technicians			
t. Orthopaedic Technologists			
u. Psychologists/ Clinical Psychologists			
v. Medical Social Workers			
w. Public Health Officers/ Technicians			
x. Health Records Officers			
y. Biomedical Engineering Technologists/ Engineers			
z. Others (Specify):			
SECTION 2: INSTITUTIONAL CAPACITY			
B. INFRASTRUCTURE AND EQUIPMENT			
1. WARDS	No. of wards	Total no. of beds	Occupancy rate (%)
a. Medical			
b. Surgical			
c. Obstetrics			
d. Gynaecology			
e. Paediatrics			
f. New born unit			
g. Psychiatry			
h. ICU			
i. HDU			
j. Renal unit			
SECTION 2: INSTITUTIONAL CAPACITY			
B. INFRASTRUCTURE AND EQUIPMENT			
2. FUNCTIONAL THEATRES	Available no.	Remarks	
a. Minor			
b. Emergency/ Trauma			
c. General elective			
d. Maternity			
e. Ophthalmic			
f. Dental			
3. PHARMACY	Available? (Y/N)	Remarks	
a. Main	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Inpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Lockable DDA cabinets	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2: INSTITUTIONAL CAPACITY		
B. INFRASTRUCTURE AND EQUIPMENT		
4. LABORATORY	Available? (Y/N)	Remarks
a. KMLTTB Class E and above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Haematology & blood transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Microbiology and parasitology	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Biochemistry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Special chemistry e.g. tumour markers, hormone profile	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Pathology	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. IMAGING FACILITIES	Available? (Y/N)	Remarks
a. Functional x-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Functional ultrasound	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Functional CT Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No	? Slice =
d. Functional MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No	? Tesla =
e. Functional mammogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Functional image intensifier	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Others (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. REHABILITATIVE SERVICES	Available? (Y/N)	Remarks
a. Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Occupational therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Orthopaedic workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Club foot clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Speech therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Substance use rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. EMERGENCY	Available? (Y/N)	Remarks
a. The A&E is separate from the OPD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Referral network	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Functional ambulances	Total no. available	Type of ambulances BLS = ALS =
8. MORTUARY	Available? (Y/N)	Remarks
a. Functional mortuary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity?
b. Post mortem examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Evidence of knowledge and practice of Medical Certification of Cause of Death seen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY		
B. INFRASTRUCTURE AND EQUIPMENT		
9. UTILITIES	Available? (Y/N)	Capacity/ Output?
a. Electricity supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Power back up/ generator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Output (kVA) =
c. Running water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Water storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity =
e. Oxygen plant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Output (L/min) =
f. Utility vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. IPC and WASTE MANAGEMENT	Available? (Y/N)	Remarks
a. Infection prevention and control protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Waste segregation protocols/ job aids/ practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Waste disposal system	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY			
C. CASE MIX AND WORKLOAD			
1. SPECIALIST OUTPATIENT CLINICS	Available? (Y/N)	No. of clinic days per week	Average no. of patients per month
a. Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Surgical	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Paediatrics	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Gynaecology	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Obstetrics	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Psychiatry	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Other Specialist Outpatient Clinics (specify)			
2. INPATIENT WORKLOAD			
a. Internal Medicine	No. of patients admitted in the last 12 months	Remarks	
i. Cardiology			
ii. Endocrinology			
iii. Gastroenterology			
iv. Infectious diseases			
v. Haemato/Oncology			
vi. Nephrology			
vii. Neurology			
viii. Pulmonology			
ix. Rheumatology			
x. Dermatology			
xi. Others			

SECTION 2: INSTITUTIONAL CAPACITY

C. CASE MIX AND WORKLOAD

b. Paediatrics	No. of patients admitted in the last 12 months	Remarks		
i. Cardiology				
ii. Endocrinology				
iii. Gastroenterology				
iv. Infectious diseases				
v. Haemato/Oncology				
vi. Malnutrition				
vii. Neonatology				
viii. Nephrology				
ix. Neurology				
x. Pulmonology				
xi. Rheumatology				
xii. Dermatology				
xiii. Others				
c. Surgery	No. of patients admitted in the last 12 months	No. of theatre cases		
		Minor	Emergency	Elective
i. General Surgery				
ii. Cardiac, Thoracic & Vascular				
iii. Head, Neck & ENT				
iv. Maxillofacial				
v. Neurosurgery				
vi. Orthopaedic				
vii. Plastic & Reconstructive				
viii. Urology				
d. Ophthalmology				
e. Obstetrics	No. of patients admitted in the last 12 months	Remarks		
i. Normal deliveries				
ii. Caesarean section				Emergency = Elective =
iii. Obstetric emergencies				
iv. MVA/ D&C				
f. Gynaecology	No. of patients admitted in the last 12 months	No. of theatre cases		
		Minor	Emergency	Elective
Gynaecology procedures				
g. Psychiatry	No. of patients admitted in the last 12 months	Remarks		
i. Children/ adolescents				
ii. Adults				
iii. Substance use disorder				
iv. Psychiatric emergencies				

SECTION 2: INSTITUTIONAL CAPACITY		
C. CASE MIX AND WORKLOAD		
3. COMMUNITY HEALTH	Available? (Y/N)	Remarks (interns' participation)
a. Health education in wards or clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Home visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Interns involvement in Immunisation, Nutrition, ANC and CCC at hospital level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Outreach activities organised by hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Evidence of linkage with and regular visits to a level 2 or 3 facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. School health program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Participation in Hospital Management Team meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Participation in County/ Sub-County HMT-led preventive and promotive activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY		
D. LEARNING RESOURCES		
Resource	Available? (Y/N)	Remarks
1. Conference/Seminar room/hall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity =
2. Library/ Resource centre with reference books and journals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity =
3. Internet connectivity in Institution		
a. Type of internet connection	<input type="checkbox"/> WiFi <input type="checkbox"/> Mobile <input type="checkbox"/> Fibre <input type="checkbox"/> Dial-up <input type="checkbox"/> None	
b. Bandwidth 35MBps or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Continuous professional development (CPD) programme		
a. Accreditation by KMPDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Current CPD licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. CPD calendar		
i. Frequency of CPD sessions?		
ii. Relevance of activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. CPD Coordinator (Name, Designation, Reg. no.)		
5. Morbidity and mortality meetings/ grand rounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Frequency?		
b. Case mix?		

SECTION 2: INSTITUTIONAL CAPACITY		
D. LEARNING RESOURCES		
Resource	Available? (Y/N)	Remarks
6. Maternal and neonatal mortality audit (MPDSR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of MPDSR audit meetings	Maternal = Perinatal =	
7. Institutional involvement in research and innovation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Institutional research policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Budgetary allocation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Institutional policy on commitment to quality care and patient safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY		
E. INTERNS WELFARE AND SUPPORT		
Resource	Available? (Y/N)	Remarks
1. ACCOMMODATION		
a. On-site housing for medical interns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity? Condition?
b. Call rooms for medical interns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity? Condition?
c. Transport and security for interns to attend to night calls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. INTERNSHIP WELFARE AND SUPPORT POLICY with sections addressing:		
a. Induction/ orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Accommodation, transport and security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Code of conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Mentorship	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Psychosocial support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Working hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Safe working and learning environment including:		
i. Occupational safety and health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Workplace violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Sexual harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Interns' wellness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Medical insurance cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j. Support for special groups of interns including:		
i. Interns with chronic illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Interns with disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Interns who are pregnant or breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: INSTITUTIONAL CAPACITY**E. INTERNS WELFARE AND SUPPORT**

Resource	Available? (Y/N)	Remarks
k. Feedback mechanism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Complaints/ Dispute resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m. Support and corrective measures for interns with problems/ challenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. FUNCTIONAL INTERNSHIP WELFARE AND SUPPORT SYSTEMS		
a. Interns' orientation/ induction programme	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Regular meetings with Internship Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency? Minutes?
c. Regular evaluation by Internship Supervisors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency? Minutes?
d. Formal mentorship programme		
i. <i>Is each Intern assigned a Mentor from the available Medical Specialists or Senior Medical Officers?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. <i>Is there a feedback/ evaluation mechanism?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Safe learning and working environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Safe working hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Psychosocial support		
i. <i>Has the hospital designated counsellors or psychologists for the interns and other health professionals?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. <i>Are the interns required or prompted to take up the available services?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. <i>Is there Debriefing after adverse events?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Interns represented in the Hospital Management Team	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Mechanism for providing feedback to Institution and Supervisors on the interns' experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j. Safe complaint/ dispute resolution mechanism	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: INTERVIEW WITH INTERNS, SUPERVISORS AND HOSPITAL ADMINISTRATION

In this section, the Inspection Team will collect views from the Interns, Medical Officers, Medical Specialists, Internship Coordinator and the hospital administration on their experience with reference to the internship training programme, both in general and at this institution.

A. COMMENTS FROM INTERNS

During the interview, the Team should confirm details about the interns' welfare and support systems listed in Section 2D above, including:

- (i) Induction/orientation at start of Internship;*
- (ii) Assignment of Mentors;*
- (iii) Receipt of salaries;*
- (iv) Complaint/ dispute resolution mechanisms;*
- (v) The learning experience and amount of hands-on experience;*
- (vi) Accommodation, security and transport especially for night calls, etc*

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B. COMMENTS FROM SUPERVISORS/ MEDICAL SPECIALISTS/ MEDICAL OFFICERS

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C. COMMENTS FROM HOSPITAL AND COUNTY ADMINISTRATION

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SECTION 4: FINDINGS

In this section, the team will give their inference based on the observations above and will inform the recommendations below.

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SECTION 5: RECOMMENDATIONS

As guided by the purpose of the inspection and the key findings mentioned above

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SECTION 6: ADDITIONAL COMMENTS

Any observations, findings or issues considered that have not been mentioned above but may affect the Institution's suitability as an Internship Training Centre

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SECTION 7: SIGN OUT

Date of inspection _____ Time of completion _____

INSPECTION TEAM

Name	Designation & Organisation	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		

FACILITY IN-CHARGE/ REPRESENTATIVE

Name	Designation	Signature

Official stamp