REPUBLIC OF KENYA

KMPDC
Enhancing Quality Healthcare

NATIONAL GUIDELINES AND LOGBOOK FOR DENTAL INTERNS

3RD EDITION | OCTOBER 2024

Cover page inlay

The Hippocratic Oath

"I, ... , solemnly pledge myself to consecrate my life to the service of humanity.
I will give to my teachers the respect and gratitude which is their due.
I will practice my profession with conscience and dignity.
The health of my patient will be my first consideration.
I will respect the secrets which are confided in me, even after the patient has died.
I will maintain, by all the means in my power, the honour and the noble tradition of the medical profession.
My colleagues will be my brothers and sisters.
I will not permit considerations of religion, nationality, race, ethnicity, gender, sexual orientation, party politics or social standing to intervene between me and my patient.
I will maintain the utmost respect for life from its beginning, even under threat, and I will not use my medical knowledge contrary to the laws of humanity.
I make these promises solemnly, freely and upon my honour.
So, help me God."

Signature: . . . . . .

Date: . . . . . .

The Declaration of Geneva – The Physician's Pledge

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948 and as amended by the 68th WMA General Assembly, Chicago, United States, October 2017

The Physician's Pledge

As a member of the medical profession:
I solemnly pledge to dedicate my life to the service of humanity;
The health and well-being of my patient will be my first consideration;
I will respect the autonomy and dignity of my patient;
I will maintain the utmost respect for human life;
I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I will respect the secrets that are confided in me, even after the patient has died;
I will practise my profession with conscience and dignity and in accordance with good medical practice;
I will foster the honour and noble traditions of the medical profession;
I will give to my teachers, colleagues, and students the respect and gratitude that is their due;
I will share my medical knowledge for the benefit of the patient and the advancement of healthcare;
I will attend to my own health, well-being, and abilities in order to provide care of the highest standard;
I will not use my medical knowledge to violate human rights and civil liberties, even under threat;
I make these promises solemnly, freely, and upon my honour.

FOREWORD

The Kenya Medical Practitioners and Dentists Council is mandated under the Medical Practitioners and Dentists Act (Cap. 253 Laws of Kenya) to regulate the training and practice of medicine and dentistry in Kenya. In fulfilment of this mandate, the Council continually develops and reviews standards, policies and guidelines aimed at strengthening the quality, safety and integrity of healthcare training and practice within the country.

Internship training is a critical transitional phase in the development of medical and dental practitioners. It provides newly qualified graduates with an opportunity to consolidate their knowledge, develop practical competencies, strengthen professional ethics and acquire the confidence necessary for independent practice under appropriate supervision. The quality of internship training therefore directly influences the competence of practitioners entering the healthcare system and ultimately impacts the quality of healthcare services delivered to the public.

This third edition of *National Guidelines for Medical and Dental Internship Training* have been developed to provide a comprehensive framework for the implementation, supervision, assessment and continuous improvement of internship training across all accredited internship training centres in Kenya. The *Guidelines* outline the minimum standards and expectations for internship training centres, internship coordinators, supervisors and interns, while promoting uniformity, accountability, professionalism and patient safety.

This revised edition reflects the evolving healthcare landscape, emerging training needs, current professional standards and stakeholder feedback received during implementation of previous editions. It further reinforces the Council's commitment to competency-based training, ethical practice, mentorship, intern welfare and the provision of people-centred, quality healthcare services.

The Council appreciates the invaluable contributions of the Ministry of Health, county governments, internship training centres, medical and dental training institutions, professional associations, Internship Coordinators, Internship Supervisors, Interns and all stakeholders who participated in the review and development of these *Guidelines*.

I call upon all institutions and stakeholders involved in internship training to fully implement these *Guidelines* in order to strengthen the quality of internship training and support the development of competent, ethical and responsive medical and dental practitioners for Kenya and beyond.

PROF. FREDRICK N. WERE
CHAIRPERSON
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

PREFACE

These *National Guidelines for Medical and Dental Internship Training* have been developed to guide the implementation of internship training programmes in accredited medical and dental internship training centres across Kenya. The *Guidelines* provide a standardised framework for the coordination, supervision, assessment and evaluation of internship training with the aim of enhancing the quality and consistency of training experiences for interns nationwide.

Internship training is a mandatory requirement for registration as a Medical or Dental Practitioner in Kenya. It is during this period that graduates transition from undergraduate training into independent professional practice under supervision, while acquiring essential clinical, professional, leadership and communication competencies required for safe and effective healthcare delivery.

This third edition of the *Guidelines* has been reviewed and updated in response to changes in healthcare delivery systems, evolving professional standards, advances in medical and dental practice, stakeholder experiences and the need to strengthen governance and support mechanisms within internship training centres. Particular emphasis has been placed on competency-based training, structured assessment processes, intern welfare, mentorship, psychosocial support, and accountability of institutions responsible for internship training.

The *Guidelines* clearly define:

- the roles and responsibilities of key stakeholders;
- the minimum standards for accreditation of internship training centres;
- the expected competencies and learning outcomes for interns;
- the processes for supervision, assessment and evaluation, and
- mechanisms for continuous quality improvement in internship training.

It is anticipated that these *Guidelines* will support internship training centres in creating conducive learning environments that promote professionalism, ethical conduct, patient safety and excellence in healthcare delivery.

The Council extends sincere appreciation to all members of the Technical Working Group, internship coordinators, supervisors, training institutions, healthcare facilities, professional associations, Ministry of Health representatives, county governments, and stakeholders whose dedication,

expertise and valuable input contributed to the successful review and development of this document.

The Council remains committed to continuous engagement with stakeholders to ensure that internship training in Kenya remains responsive to national health priorities and aligned with global best practices.

DR DAVID G. KARIUKI
CHIEF EXECUTIVE OFFICER AND REGISTRAR
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

ACKNOWLEDGEMENTS

The Kenya Medical Practitioners and Dentists Council wishes to acknowledge and appreciate all individuals and institutions who contributed to the review and development of the third edition of the *National Guidelines for Medical and Dental Internship Training*.

The Council expresses its sincere gratitude to the Ministry of Health, county governments, dental training internship training centres, internship coordinators, internship supervisors, professional associations, medical and dental interns, and other stakeholders for their invaluable technical input, professional expertise and continued commitment towards strengthening medical and dental internship training in Kenya.

Special appreciation is extended to the members of the Technical Working Group and all participants in the stakeholder consultative meetings and workshops whose dedication, experience and constructive contributions greatly enriched the review process and the quality of this document.

The Council further recognises the important role played by Internship Coordinators, Internship Supervisors, Medical and Dental Specialists, healthcare administrators and interns who shared practical experiences and recommendations that informed the development of these *Guidelines*.

The Council also acknowledges the contribution of its Secretariat staff for coordinating the review process, consolidating stakeholder feedback and providing technical and administrative support throughout the development of the document.

Finally, the Council appreciates all partners and stakeholders who continue to support initiatives aimed at promoting excellence in internship training, professional competence, ethical practice and quality healthcare service delivery in Kenya.

It is our expectation that these *Guidelines* will contribute significantly towards strengthening internship training systems and improving the quality of medical and dental practice for the benefit of the people of Kenya.

PROF. ROSE J. KOSGEI
CHAIRPERSON
TRAINING, ASSESSMENT, REGISTRATION AND HUMAN RESOURCE COMMITTEE
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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ABBREVIATIONS AND ACRONYMS

KMPDC	Kenya Medical Practitioners and Dentists Council (also referred to as "the Council")
Cap. 253	Medical Practitioners and Dentists Act (Chapter 253, Laws of Kenya), also referred to as "the Act"
TAR&HRC	The Training, Assessment, Registration and Human Resource Committee of the Council
IPC	Internship Placement Committee
CME	Continuous medical education
CPD	Continuing professional development
EAC	East African Community
FTP	Fitness to practise
ITC	Internship Training Centre
IQE	Internship qualifying examination administered by KMPDC
OSP	KMPDC online service portal i.e. https://osp.kmpdc.go.ke
CUE	Commission for University Education
BDS	Bachelor of Dental Surgery
MBChB	Bachelor of Medicine and Bachelor of Surgery
KCSE	Kenya Certificate of Secondary Education
CHMT/ SCHMT	County/ Sub-County Health Management Team
HMT	Hospital Management Team
ANC	Antenatal care
CCC	Comprehensive care centre
FNA	Fine needle aspiration
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IM	Intramuscular
IOPA	Intraoral periapical x-ray
IV	Intravenous
MCCOD	Medical certification of cause of death
OPG	Orthopantomogram x-ray
TMJ	Temporomandibular joint

DEFINITION OF TERMS

Continuing Professional Development (CPD)	Training that leads to broadening of knowledge and skills, and the enhancement of personal qualities resulting in continuous improvement in the performance of professional duties.
Internship Training Centre (ITC)	A health institution that is recognised and accredited by KMPDC where medical, dental and/or community oral health graduates undertake a prescribed theoretical and practical training programme in order to gain hands on experience and meet registration requirements.
Internship	A prescribed period of employment during which a medical, dental or community oral health graduate works under supervision to fulfil registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes. During the internship training period, the graduate is referred to as an **Intern**.
Senior Registrar	A Medical or Dental Practitioner, who has successfully completed postgraduate specialty training, and is working under supervision in order to fulfil the requirements for recognition as a Specialist.
Medical or Dental Specialist	A Medical or Dental Practitioner who has completed an approved postgraduate training programme in a particular field of medicine or dentistry; who has thereafter gained sufficient experience and demonstrated to the Council's satisfaction adequate knowledge and skill in his/her chosen field, and who has subsequently been recognised by the Council as a Specialist.
Stakeholder	A person, group or organisation involved in and/or affected by the regulatory activities of the Council.

CHAPTER 1: BACKGROUND

1.1. INTRODUCTION TO KMPDC

The Kenya Medical Practitioners and Dentists Council (KMPDC) is a body corporate established under Section 3 of the Medical Practitioners and Dentists Act (Chapter 253, Laws of Kenya) enacted in 1977. The Council is mandated by Cap. 253 to regulate the training and practice of medicine, dentistry and community oral health, and to regulate health facilities within the Republic of Kenya.

Its corporate philosophy is as indicated below:

Vision

Excellence in regulation of training and practice of medicine and dentistry

Mission

To regulate the training and practice of medicine and dentistry through registration, licensing and inspections for provision of people-centred, quality and ethical healthcare

Core values

- Excellence
- Professionalism
- Integrity and Impartiality
- Collaboration and Partnerships

Goal

Enhancing quality healthcare

Functions

The functions of the Council as indicated in Section 4 of CAP. 253 are to:

a. establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya;
b. approve and register medical and dental schools for training of medical and dental practitioners, and community oral health officers;
c. prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners, and community oral health officers;
d. maintain a record of medical, dental and community oral health students;

e. administer internship qualifying examinations, preregistration examinations, and peer reviews as deemed appropriate by the Council;
f. inspect and accredit new and existing institutions for medical, dental and community oral health internship training in Kenya;
g. license eligible medical, dental and community oral health interns;
h. determine and set a framework for professional practice of medical and dental practitioners, and community oral health officers;
i. register eligible medical and dental practitioners, and community oral health officers;
j. regulate the conduct of registered medical and dental practitioners, and community oral health officers and take such disciplinary measures for any form of professional misconduct;
k. register and license health institutions;
l. carry out inspection of health institutions;
m. regulate health institutions and take disciplinary action for any form of misconduct by a health institution;
n. accredit continuous professional development providers;
o. issue certificate of status to medical practitioners, dental practitioners, community oral health officers and health institutions; and
p. do all such other things necessary for the attainment of all or any part of its functions.

1.2. FUNCTIONS OF KMPDC IN REGULATING INTERNSHIP TRAINING

In the regulation of medical and dental internship, the Council has the following functions. among others:

a. Establish and maintain uniform norms and standards for medical and dental internship training;
b. Accredit internship training centres (ITCs);
c. Carry out regular inspections to ensure that the required standards are maintained at all internship training centres;
d. Provide the necessary guidance and support to assist the intern to attain full potential during internship;
e. Liaise with employers and supervisors of the intern to ensure that he/she has enabling learning and working environment;
f. Supervise the process of internship through regular visits to the internship training centres;
g. Verify completion of internship training, and
h. Register those who complete the internship training successfully as medical or dental practitioners,

1.3. PURPOSE OF THE *NATIONAL GUIDELINES AND LOGBOOK FOR DENTAL INTERNS*

These *National Guidelines and Logbook for Dental Interns* seek to support and standardise the execution of the dental internship training programme at the various health institutions that serve as accredited internship training centres with the aim of enhancing the quality of internship training in the country and the dental practitioners produced.

1.4. SCOPE OF APPLICATION

The *National Guidelines and Logbook for Dental Interns* are applicable to all dental graduates undertaking the dental internship training programme in the country, regardless of the level of healthcare facility or ownership. They should be read together with the *National Guidelines for Medical and Dental Internship Training Centres*. They are intended for use by:

a. Dental Interns;
b. Dental Internship Coordinators;
c. Dental Internship Supervisors;
d. The designated persons in charge of Dental Internship Training Centres;
e. The Ministry of Health;
f. The departments responsible for health in counties;
g. Institutions involved in training dental practitioners, and
h. All other stakeholders in dental internship training.

1.5. DISSEMINATION, FEEDBACK AND REVIEW

These *National Guidelines and Logbook for Dental Interns* are available on the KMPDC website under the Publications section at https://kmpdc.go.ke/publicationsdowloads/.

Feedback on the *Guidelines* or any aspect of the dental internship training programme is welcome and can be submitted through standards@kmpdc.go.ke and internship@kmpdc.go.ke.

The *Guidelines* will be reviewed at least once every five (5) years or when need arises.

CHAPTER 2: INTERNSHIP TRAINING

2.1. INTRODUCTION

This chapter provides guidelines for the dental internship training programme.

2.1.1. Definition of Internship

Internship is a prescribed period of employment during which a medical or dental graduate works under supervision to fulfil registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes.

2.1.2. Goals of Internship

By the end of the internship training, the intern should be well equipped to utilise the current standard treatment guidelines issued by the Ministry of Health, World Health Organization and any other relevant authority for management of patients.

2.1.3. Content and Duration of Dental Internship Training

Each Medical or Dental Intern is required to undergo an internship training programme for a minimum period of twelve (12) calendar months, equivalent to fifty-two (52) weeks. The prescribed rotations and periods for Dental Internship Training are as follows:

a. Oral and Maxillofacial Surgery = **11 weeks**
b. Paediatric Dentistry AND Orthodontics = **11 weeks**
c. Periodontology = **11 weeks**
d. Prosthodontics AND Conservative Dentistry = **11 weeks**
e. Community Dentistry = **8 weeks**

Total = **52 weeks**

2.2. PREPARING FOR INTERNSHIP

This section provides guidance on preparing for the internship training programme.

2.2.1. Eligibility for Internship

By Law, each medical or dental graduate is required to successfully complete the prescribed internship training programme as part of fulfilling the requirements for registration as a Medical or Dental Practitioner. The eligibility criteria for one to undertake Dental Internship in Kenya are as follows:

a. Must be Kenyan citizens;
b. Must have attained the minimum grades for admission to Bachelor of Dental Surgery (BDS) programme as prescribed by the Council;

c. Must hold a Bachelor of Dental Surgery (BDS) or equivalent qualification from a recognised institution in Kenya or the East African Community (EAC) partner states, and
d. Must have taken the Hippocratic Oath administered by the Council.

NOTE

As stated in Rule 6 of the *Medical Practitioners and Dentists (Training, Assessment and Registration) Rules, 2022*, the minimum entry requirements for all students admitted to the BDS degree programmes or their equivalents in Kenya for Kenya Certificate of Secondary Education (KCSE) holders are:

a. minimum university admission requirement of an **overall grade of C+ (plus)** and in addition,
b. a minimum grade of **B plain in each** the of the following cluster subjects: Biology; Chemistry; Physics or Mathematics, and English or Kiswahili.

NOTE

As provided for in Section 6 (2) of Cap. 253, Kenyan citizens who hold a BDS degree or equivalent qualification attained from:

EITHER a university located within the EAC that is not recognised by the EAC Partner States Medical and Dental Boards and Councils,

OR a university located outside the EAC,

are required to first **sit and pass the Council's Internship Qualifying Examination (IQE)** so as to be eligible for internship.

2.2.2. Administration of the Hippocratic Oath

The Deans of Medical and Dental Schools located within Kenya and the EAC are required to submit to the CEO/Registrar of KMPDC the list of students who have successfully completed undergraduate medical or dental training. Upon confirmation of these lists and the list of the medical and dental graduates who have passed the Council's internship qualifying examination, KMPDC organises a ceremony for administration of the Hippocratic Oath to the graduands.

2.2.3. Placement, Posting and Variation

Placement and posting to the accredited internship training centres is conducted by the Ministry of Health in accordance with its policies and guidelines, after which a posting order for all interns and a letter of appointment for each intern is generated.

Interns who are not satisfied with the Internship Training Centre which they have been placed and/or posted to can request for a change of their internship station either prior to the start of internship or at any point during the internship period. Such transfers are only permitted after approval by MOH. Where such requests are approved, the Interns are required to apply for an updated Internship Licence from KMPDC prior to reporting to the new station.

2.2.4. Application for Internship Licence

Each prospective intern is required to present a copy of the posting order and their individual letter of appointment to the Council for issuance of an Internship Licence.

Prospective interns who have been accepted to undertake internship training in private or military institutions will not be listed in the posting order issued by the Ministry of Health. Such interns are only required to present the letter of offer or appointment issued by the internship training centre.

The prospective intern will fill in and sign the Council's *Form IV: Application for Medical & Dental Practitioners Internship Licence* available on the KMPDC website under the Downloads section at: https://kmpdc.go.ke/downloads/. They will attach the following documents to the filled form:

a. Common requirements for all applicants:
    i. Recent coloured passport size photograph;
    ii. Copy of Kenya national identity card or passport;
    iii. Certified copy of KCSE certificate or equivalent;
    iv. Copy of signed Hippocratic Oath;
    v. Copy of letter of appointment and posting order from MOH, OR Copy of letter of appointment issued by private or military hospital;
    vi. Proof of payment of the prescribed **Internship Licence Fee** to the Council.

b. Additional requirements for those trained in Kenya:
    i. Certified copy of degree certificate and transcripts or letter of completion from the university, and
    ii. Must appear in the pass list submitted by Deans of accredited medical or dental schools.

c. Additional requirements for those trained at recognised institutions within the EAC:

i. Certified copy of degree certificate and transcripts or letter of completion from a university within the EAC that qualifies for reciprocal recognition, and
ii. Must appear in the pass list submitted by Deans of accredited EAC medical or dental schools.

d. Additional requirements for those trained outside the EAC or at unrecognised institutions within the EAC:
   i. Certified copy of degree certificate and transcripts from a recognised university;
   ii. Copy of letter from Commission for University Education (CUE), and
   iii. Evidence of passing the Council's Internship Qualifying Examination.

The Intern will then submit the application documents to the Council for verification. All applicants who meet the criteria will be issued with an Internship Licence.

NOTE

1) The original academic certificates, degree certificate and national identity card or passport must be sighted before the application is accepted.
2) If the details on the certificates and transcripts are in a language other than English, they should be translated into English and the translation certified by the Embassy.
3) The Council reserves the right to issue or reject an application for an internship licence at its discretion.
4) The Internship Licence is valid for a period of **one year**, and only permits the holder to provide services **under supervision at their designated Internship Training Centre**.

2.2.5. Reporting for Internship

Each Medical or Dental Intern should present the following documents to the designated officer in charge of the facility upon reporting to the Internship Training Centre:

a. A letter of appointment issued by the Ministry of Health OR (for private or military institutions) a letter of appointment or offer issued by the internship training centre;
b. An Internship Licence issued by KMPDC indicating the name of the ITC that the intern has been posted to and the internship period;
c. A copy of the *National Guidelines and Logbook for Dental Interns*, and

d. Certified copies of their academic certificates and other documents required by the ITC to be placed in the Intern's personnel file.

In addition to these documents, each Dental Intern should carry the following items for their personal use during the internship period:

a. At least two white lab coats with long sleeves and pockets, and whose length ranges from mid-thigh to knee length;
b. A golden nametag with their full name printed in black block letters e.g. "**DR. ABCDEF M. N. UVWXYZ**";
c. At least one complete set of scrubs to be worn in theatre, and
d. A pair of clear safety goggles.

NOTE

No Intern is allowed to start or undertake internship training without a letter of appointment, internship licence and internship logbook. **It is illegal to undertake internship training without a valid Internship Licence.**

2.3. GENERAL ROLES AND RESPONSIBILITIES OF A DENTAL INTERN

The general roles and responsibilities of the Dental Intern include the following:

a. Conducting themselves in a manner that upholds the dignity of the profession at all times;
b. Adhering to all the Laws and regulations, as well as *The Code of Professional Conduct and Discipline*;
c. Undertaking appropriate clinical history and physical examination;
d. Documenting all findings and recommendations appropriately, ensuring that the patient record is up to date;
e. Requesting for and/or performing relevant diagnostic investigations;
f. Reporting to and consulting with the Internship Supervisor and the other practitioners in the department as appropriate;
g. Communicating effectively with other health professionals to ensure continuity of care;
h. Communicating effectively with patients and their relatives with regards to diagnosis, treatment and follow up;
i. Writing accurate and informative case summaries, referral notes and discharge summaries;
j. Appropriately handing over patients;
k. Presenting cases concisely, coherently and competently during ward rounds, grand rounds, mortality audits, CPD or any other appropriate fora;

l. Participating in the identification, development and implementation of community health programmes under supervision;
m. Performing any other relevant duties assigned by the Supervisor;
n. Promoting the practice of knowledge-based, evidence-based, quality and ethical healthcare;
o. Participating in the Institution's CPD, research and innovation activities, and
p. Providing feedback to the Internship Coordinator, Internship Supervisors, the Institution and the Council on the implementation and progress of internship training, with a view of improving the quality of internship training.

2.4. INTERNSHIP EVALUATION AND COMPLETION

The Intern's performance should be evaluated continuously throughout the internship period. The Council recommends that Interns are formally assessed every month, at mid-rotation and at the end of each rotation, as follows:

Continuous assessment	This takes place when the Intern's logbook is signed daily or soonest possible, after completing a task.
Monthly assessments	Monthly assessments of the overall progress of the Intern are useful for identifying any challenges that may arise and hinder them from completing the requirements of the rotation in good time. Where such challenges are noted, the Internship Supervisor and Internship Coordinator should institute corrective measures immediately to ensure successful completion.
Mid-rotation assessments	These help the Supervisor evaluate the Intern's progress and determine whether any remedial actions taken have been successful, or if additional measures are required to ensure successful completion.
End of rotation assessments	These are vital in determining whether or not the Intern has met the requirements and thus successfully completed the rotation. Where gaps are noted, the Intern should be added time in that rotation to complete the requirements, before moving on to the next rotation.
Overall evaluation of the Intern	This is done quarterly and at the end of the internship period.

2.4.1. Process of internship evaluation

The Intern's assessment or evaluation should take place in a formal meeting and should be documented in the logbook and a copy retained by the Internship Coordinator.

Meetings for the monthly and mid-rotation assessments should be attended by the Intern, the Internship Supervisor and the Dental Internship Coordinator. Meetings for end of rotation assessments should be attended by the Dental Internship Coordinator, Dental Internship Supervisor, all the Dental Specialists and Dental Officers who supervised the Intern in that rotation. Meetings for the quarterly and final overall evaluation of the Intern should be attended by the Dental Internship Coordinator, all Dental Internship Supervisors and the Medical Superintendent/ Medical Director. Minutes of these meetings should be kept by the Dental Internship Coordinator.

During the meeting, the Intern should be given an opportunity to freely discuss their expectations and performance in the rotation, and any issues or challenges encountered that may hinder their performance. Both the Internship Coordinator and Internship Supervisor can review the Intern's logbook and give feedback to the Intern on their progress. Any gaps, issues or challenges noted, and the respective corrective measures to be instituted should be agreed upon and documented at the meeting.

2.4.2. Outcome of the internship evaluation

At the end of the evaluation, the intern's performance may be categorised as:

Category	Description	Recommended Action
SATISFACTORY	The Intern has completed most (if not all) of the requirements for the rotation; his/her performance is acceptable, and he/she is able to complete tasks without requiring assistance.	The Intern is permitted to **progress to the next rotation** or complete internship.

Category	Description	Recommended Action
UNSATISFACTORY	EITHER • The Intern has not completed the requirements for the rotation, OR • His/her performance is not acceptable for some of the requirements, OR • He/she is unable to complete most tasks without assistance.	The Intern is subjected to **remedial actions** which may include: a. Extension of the rotation until the requirements are met; b. Targeted teachings, CPD or assignments; c. Closer or additional mentorship or coaching, and/or d. Any other action deemed appropriate in the circumstance.
IRREDEEMABLE	Following repeated and concerted remedial actions to support the Intern, he/she is still found to be lacking in ability to learn or practice medicine/dentistry.	The Intern is referred back to the Council for further action.

2.4.3. Successful completion of internship

An intern is deemed to have successfully completed internship after having satisfactorily completed all the prescribed requirements of the training programme.

Upon confirmation by the Dental Internship Coordinator that the Intern has successfully completed internship training, the Medical Superintendent/ Medical Director shall sign the verification of completion of dental internship training and recommend the intern for registration as a Dental Practitioner.

The Intern will then, within the shortest time possible after release from the internship training centre, present the completed logbook and signed verification form to KMPDC. After the documents are verified and found to be adequate evidence of completion of the prescribed internship training programme, the Intern will be issued with an Internship Completion Certificate. The Intern is then eligible to apply for registration as a Dental Practitioner in the prescribed manner.

2.4.4. Failure to complete internship successfully

Failure to complete internship successfully within the prescribed period may occur due to:

a. Professional incompetence, i.e.:
   i. Performance below average in knowledge and skills, and
   ii. Failure to undertake most of the key activities prescribed in the logbook.

b. Professional or general misconduct, including:
   i. Negligence in management of patients;
   ii. Engaging in inappropriate relationships with patients;
   iii. Abuse of patient confidentiality and trust;
   iv. Lack of sense of responsibility;
   v. Inappropriate dressing;
   vi. Lack for respect for patients, the public and colleagues;
   vii. Indiscipline such as absence from duty without good cause and reporting late to work, and
   viii. Substance abuse.

c. Other justifiable reason such as illness, maternity leave, family issues, strikes occasioned by healthcare workers within the institution, etc.

Consequences of failure to complete internship include:

a. Extension of internship period.
b. Discontinuation from the programme.
c. Being subject to the Council's assessment and disciplinary processes.
d. Being subject to the Laws of the land.

NOTE

The Intern will not receive a salary during the additional period.

2.5. REGISTRATION AS A DENTAL PRACTITIONER

Upon receipt of the Internship Completion certificate, the Dental Intern may then apply for registration as a Dental Practitioner as follows:

a. The Applicant will fill in and sign the *Form II: Application for Permanent Registration as a Medical or Dental Practitioner* available on the KMPDC website at: https://kmpdc.go.ke/resources/Permanent_registration_as_a_Medical_or_Dental_Practitioner.pdf

b. The Applicant will attach to the filled form the following:
   i. Duly filled, signed and stamped Internship Logbook, Assessment forms and Verification form;
   ii. Copy of Kenya national identity card or passport;
   iii. Recent coloured passport size photo;
   iv. Certified copies of the degree certificates and transcripts;
   v. Certified copies of the KCSE certificate or equivalent;
   vi. Where applicable:
      1) evidence of passing the Council's Internship Qualifying Examination, and
      2) copy of letter from the Commission for University Education (CUE), and
   vii. Proof of payment of the prescribed **Application for Registration Fee** to the Council.

Successful applicants will be issued with a **Certificate of Registration as a Dental Practitioner** which must be collected in person. Thereafter, they need to apply for an **Annual Practice Licence** through the KMPDC online service portal (OSP) i.e. https://osp.kmpdc.go.ke.

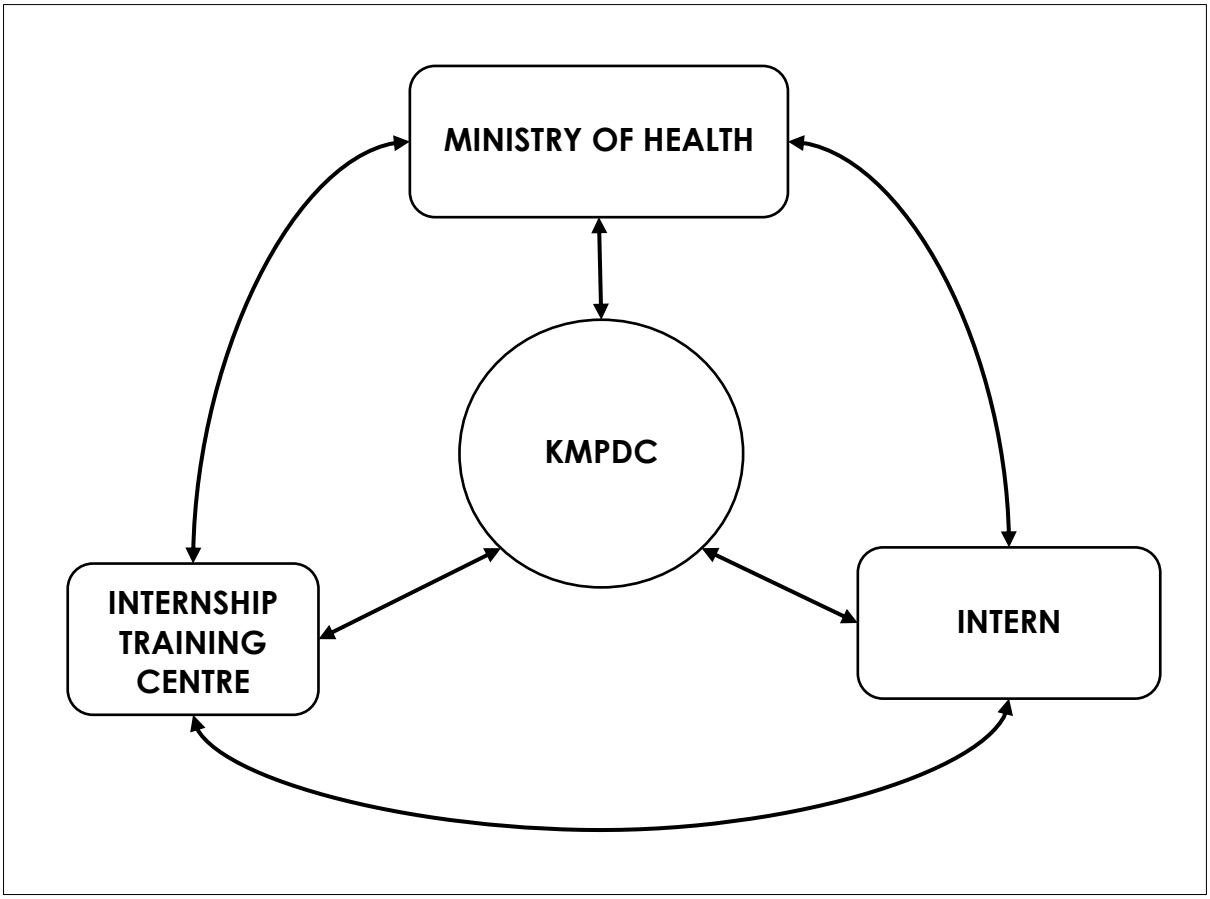
NOTE

1) The original academic certificates, degree certificate and transcripts, and national ID/ passport **must be sighted** before the application is accepted.
2) If the details on the certificates and transcripts are in a language other than English, they should be translated into English and the translation certified by the Embassy.
3) The Council reserves the right to accept or reject an application for registration or annual practice licence at its discretion.
4) The Annual Practice Licence permits the holder to provide services at any registered and licensed health institution in the country.
5) The annual licensing period runs from 1st January to 31st December of every year.
6) An application for renewal of the annual practice licence should be submitted at least thirty (30) days before the end of the licence period.
7) **It is illegal to practice medicine or dentistry in Kenya without a valid Registration and Licence.**

CHAPTER 3: IMPLEMENTATION OF INTERNSHIP TRAINING

3.1. OVERVIEW OF THE INTERNSHIP TRAINING FRAMEWORK

Implementation of internship training requires concerted efforts by various stakeholders. Most importantly, KMPDC acts as the liaison between all the stakeholders, particularly the Ministry of Health, the Internship Training Centre and the Intern as summarised in the figure below:



The Ministry of Health:

a. Provides policy framework for implementation of internship training;
b. Posts the intern to the accredited internship training centres, and
c. Provides remuneration for the intern for the prescribed duration.

The Internship Training Centre is the designated location where internship training takes place. Key persons at the ITC include the Internship Coordinators, Internship Supervisors, and the Medical Superintendent/ Medical Director.

The Intern is the medical or dental graduate undertaking the prescribed internship training programme at the accredited Internship Training Centre.

3.2. INTERNSHIP TRAINING CENTRES

Internship Training Centres (ITCs) are recognised and accredited health institutions where medical and dental graduates undertake theoretical and practical training in order to gain hands on experience and meet registration requirements. In execution of its mandate, KMPDC sets the minimum standards for accreditation and approval of Internship Training Centres. The list of accredited Dental Internship Training Centres is available on the Council website at: https://kmpdc.go.ke/internship/.

3.2.1. Minimum Mandatory Requirements for Dental Internship Training Centres

The minimum requirements for Dental Internship Training Centres are as follows:

a. **At least two full-time Dental Specialists** i.e.
   i. one Oral and Maxillofacial Surgeon (mandatory), and
   ii. one of either Periodontist, Paediatric Dentist or Prosthodontist.

b. Arrangements for implementation of the Community Dentistry rotation:
   i. Evidence of linkage with the County Oral Health Coordinator;
   ii. Evidence of linkage with a Level 2 or 3 health facility (dispensary or health centre) where the interns will provide primary care services under the supervision of a Dental Public Health Specialist,
   iii. Evidence on interns' involvement in the county oral health preventive/ promotive programmes.
   iv. Evidence of interns' involvement in preventive or promotive activities within the hospital, and
   v. Evidence of the interns attending the hospital management team (HMT) meetings.

c. Adequate infrastructure and functional equipment to support diagnosis and treatment, including:
   i. At least one fully functional dental chair per dental intern, minimum four;
   ii. Functional dental laboratory;
   iii. Functional imaging facilities i.e. Orthopantomogram (OPG); Intraoral periapical (IOPA); X-ray, and Ultrasound;
   iv. Functional theatre;
   v. Inpatient Surgical ward with designated beds reserved for admission of Oral and Maxillofacial Surgery patients.

d. Functional medical laboratory licensed by KMLTTB at Class E or higher, which offers: Haematology and blood transfusion; Microbiology and

parasitology; Biochemistry; Special chemistry e.g. tumour markers, hormone profile; ±Pathology (can be outsourced).

e. Adequate case mix and workload to support the approved number of interns.

f. Adequate supply of dental materials, pharmaceutical and non-pharmaceutical supplies to support management of patients.

g. Active CPD Programme accredited and licensed by the Council with at least one Dental CPD per month.

h. Functional Internship welfare and support systems, including:
   i. Accommodation for the interns;
   ii. Transport and security for the interns to attend to night calls;
   iii. Interns' orientation/ induction programme upon arrival at the institution;
   iv. Regular meetings with Internship Coordinator (with minutes);
   v. Regular evaluation by Internship Supervisors at mid- and end of each rotation (with minutes);
   vi. Formal mentorship programme where each intern is assigned a mentor from the available Dental Specialists and Senior Dental Officers;
   vii. Psychosocial support;
   viii. Safe learning and working environment, including occupational health and safety (i.e. an environment that is free from all forms of discrimination, intimidation, bullying, harassment, verbal abuse, physical violence, and sexual harassment);
   ix. Safe working hours, including adequate rest time;
   x. Representation of the Interns in the Hospital Management Team;
   xi. Mechanism for providing feedback to Institution and Supervisors on the interns' experience, and
   xii. Safe complaint/ dispute resolution mechanism.

NOTE

"Evidence of linkage with another facility" refers to formal documentation of the arrangements made, such as a memorandum of understanding between the ITC and the other facility, for the interns to rotate at the other facility in order to fulfil the requirements of internship training. The agreement should indicate details such as:

a. the agreement to have the Interns rotate there;
b. the facility's workload;
c. the period of the rotation;
d. what activities the Interns will be involved in;
e. who will supervise them, and
f. what the obligation of the ITC to the other facility will be.

3.3. ROLES AND RESPONSIBILITIES

Each Internship Training Centre should have a designated Internship Coordinator and designated Internship Supervisors for each rotation. Where an ITC offers both medical and dental internship training, the ITC should have a Medical Internship Coordinator and a Dental Internship Coordinator.

3.3.1. Roles and responsibilities of the Internship Coordinator

The Dental Internship Coordinator:

a. should be Dental Specialist or Senior Registrar who is in full-time employment at the ITC;
b. should not be a designated Internship Supervisor, the Medical Superintendent/ Medical Director or the Head of the Institution, and
c. should have an approachable demeanour.

The roles and responsibilities of the Internship Coordinator include:

a. Act as a liaison between the interns, the Institution and the KMPDC;
b. Receive interns at the ITC both in writing and through their OSP;
c. Ensure that all the interns have Internship Licences, Guidelines and Logbooks, and that no intern is permitted to start internship without these documents;
d. Ensure that there is appropriate induction/ orientation for the interns upon reporting to the ITC and at the beginning of each rotation;
e. Organise minuted monthly meetings with Interns to discuss their experience;
f. Ensure that interns are given timely feedback on performance and assured of confidentiality;
g. Ensure that interns give feedback to the Hospital and ensure that their concerns are addressed appropriately;

h. Ensure that interns are assessed objectively, and internship logbooks filled appropriately during and at the end of each rotation;
i. Identify exceptional interns for recognition;
j. Recognise the interns experiencing challenges; assess them and institute appropriate supportive measures, and notify the Council in a timely fashion;
k. Participate in disciplinary procedures for any intern experiencing disciplinary challenges;
l. Chair meeting of Internship Supervisors to assess performance of the interns;
m. Brief the head of the institution and where necessary, the Council, on administrative issues touching on interns, internship supervisors or departments within the institution that hinder implementation of the programme;
n. Regularly apprise the Council on the progress of each cohort of interns;
o. Provide feedback to the Council concerning the programme through internship@kmpdc.go.ke;
p. Maintain records of internship matters at the Institution, including interns personnel files; minutes of evaluation and progress meetings; documentation of challenges and incidents; measures instituted; feedback; institutional policies on internship training, welfare and support; communication with the Council;
q. Clear interns from the ITC, both in writing and through the OSP, upon successful completion, or otherwise.

3.3.2. Roles and responsibilities of an Internship Supervisor

Traditionally, the designated Internship Supervisors have been the Heads of the Departments in which interns rotate. However, the Medical Superintendent/ Medical Director is at liberty to appoint another Dental Specialist serving in full-time capacity within that department to be the designated Dental Internship Supervisor.

The roles and responsibilities of the Internship Supervisor include:

a. Receiving and orienting the Interns in the department;
b. Allocating duties and responsibilities to the Intern during their time in the rotation;
c. Documenting the period that the Intern rotates through the department;
d. Providing theoretical and practical teaching of skills to the Intern;
e. Supervising the work of the Intern in the department alongside the rest of team;

f. Mentoring the Intern into an all-rounded, moral and ethical professional;
g. Ensuring that the Intern puts in the required time at work and also gets adequate breaks from work to ensure he/she is well rested, effective at work, and safe for the patient;
h. Together with the Internship Coordinator, conduct monthly progress meetings to review interns training and performance;
i. Assessing the Intern during the rotation and upon completion of the prescribed period and signing the logbook as guided, and
j. Provide feedback to the Intern concerning their assessment.

3.3.3. Roles and responsibilities of the designated head of the Internship Training Centre

The Internship Training Centre may be headed by a chief executive officer, a director, a medical director, a medical superintendent or any other title as may be deemed appropriate by the institution itself. This designated officer in-charge is responsible for:

a. Overall coordination, management and provision of resources to facilitate the internship programme;
b. Ensuring smooth communication with KMPDC and with the Interns;
c. Ensuring a smooth handing over processes when necessary;
d. Providing institution contacts and maintain open communication channels at all times;
e. Receiving official communication for the institution and disseminating the information to the necessary persons;
f. Maintaining an institutional internship file where all written communication with the interns shall be kept and future reference can be made as and when necessary;
g. Updating the Council at all times of any administrative changes that may impact on the implementation of the internship programme, and
h. Applying to the Council for consideration of the institution as an internship centre or for adjusting the capacity.

3.3.4. Roles and responsibilities of KMPDC

The roles and responsibilities of KMPDC in the implementation of the internship programme include:

a. Develop, implement and review policies, standards, guidelines, logbooks and procedures for internship training;
b. Routinely inspect and accredit internship training centres to ensure that they maintain the required standards to support quality internship training;

c. Administer the Hippocratic Oath to eligible interns;
d. Issue licences to eligible interns;
e. Sensitise and train internship coordinators and internship supervisors to facilitate internship training;
f. Monitor and evaluate implementation of internship training;
g. Manage interns who have been found to have challenges that affect their performance;
h. Verify successful completion of internship training and issue internship completion certificates;
i. Register and license eligible practitioners, and
j. Act as a liaison between all stakeholders involved in internship training.

3.3.5. Roles and responsibilities of the Ministry of Health

The Ministry of Health works in collaboration with KMPDC to oversee the implementation of internship training. Its responsibilities include:

a. Placement, posting to and variation of internship stations;
b. Remunerate the interns for the duration of internship, and
c. Liaise with relevant stakeholders, including internship training centres and county governments, to ensure successful implementation of internship training.

CHAPTER 4: EXPECTATIONS OF DENTAL INTERNSHIP TRAINING

4.1. OVERVIEW

This chapter stipulates both the general and specific expectations in each rotation for the Intern to fulfil the minimum requirements for Dental Internship Training.

4.2. GENERAL EXPECTATIONS

In addition to the specific expectations in each rotation, the Dental Intern is required to:

a. Conduct themselves in a manner that upholds the dignity of the profession at all times;
b. Adhere to all the Laws and regulations, as well as *The Code of Professional Conduct and Discipline*;
c. Take a full history, carry out a complete physical examination and order appropriate investigations for dental patients;
d. Show competence in the interpretation of routine diagnostic investigations and be able to formulate a definitive diagnosis for common dental problems;
e. Be proficient and prompt in recording and updating of patient's notes and be able to write accurate and informative case summaries;
f. Make a comprehensive treatment plan, prioritising the needs of the patient and manage common dental problems;
g. Demonstrate acquired skills by being first on call to attend to emergencies;
h. Consult and refer to the respective senior colleagues or specialist for further management;
i. Become clinically proficient in performing biopsy, venepuncture, intravenous infusion, resuscitation, intubation and life support;
j. Acquire proficiency in infection prevention and control as well as occupational health and safety;
k. Acquire practical experience in the usage of dental materials, essential medicines and medical supplies;
l. Be a team player and exhibit leadership, management and communication skills while working within a multi-disciplinary health facility;
m. Participate in promotive and preventive oral healthcare activities;
n. Obtain and record informed consent for various procedures;
o. Do patient counselling;
p. Participate in continuing professional development (CPD), research and innovation activities within the department and institution;

q. Understand the principles of medical certification of cause of death (MCCOD), and
r. Witness postmortem examination.

4.3. MINIMUM EXPECTATIONS OF THE ORAL AND MAXILLOFACIAL SURGERY ROTATION

In this rotation, the Intern should be exposed to the disciplines of Oral Medicine, Oral Pathology, and Oral and Maxillofacial Surgery.

4.3.1. Minor Oral Surgery

The Intern is expected to become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

a. Dental extractions with forceps and elevators.
b. Surgical removal of teeth and roots after raising flaps.
c. Minor surgical procedures including:
    i. Dressing dry sockets;
    ii. Removal of epulis;
    iii. Apicectomies;
    iv. Splinting mobile teeth;
    v. Closure of oroantral fistulae, and
    vi. Draining abscesses.
d. Removal of sutures, wires, drains and dressing packs.
e. Management of temporomandibular joint (TMJ) disorders.
f. Minor pre-prosthetic surgical procedures.

4.3.2. Major Oral Surgery

The intern shall observe, assist and carry out the following procedures under supervision:

a. Treatment of mandibular and maxillofacial fractures by closed reduction and assist in open reduction.
b. Treatment of simple cysts, observe and assist in repair of cleft lip and clefts of the hard and soft palate.
c. Surgical management of tumours of the jaws and related structures.
d. Inpatient care.
e. Participate in operating theatre routine.
f. Participate in dental, multidisciplinary and grand ward rounds.
g. Osteotomies, ostectomies, major pre-prosthetic surgery, grafting procedures, flaps and reconstructive surgery.
h. Management of orofacial pain.
i. Management of complex facial infections e.g. Ludwig's angina, necrotising fasciitis.

4.3.3. Oral Medicine and Oral Pathology

The Intern is expected to participate in:

a. Prevention, diagnosis and management of common oral conditions, including:
    i. aphthous ulcer;
    ii. lichen planus;
    iii. pemphigoid;
    iv. oral manifestation of HIV and other medical conditions.
b. Management of dental/oral diseases in patients with medical conditions.
c. Observe postmortem examination.

4.4. MINIMUM EXPECTATIONS OF THE PAEDIATRIC DENTISTRY AND ORTHODONTICS ROTATION

In this rotation, the Intern should be exposed to the disciplines of Orthodontics and Paediatric Dentistry.

4.4.1. Paediatric Dentistry

The Intern is expected to become proficient in the following by performing the minimum number of procedures in patients under seventeen (17) years of age as stipulated in the logbook:

a. Diagnosis, treatment planning and management of dental diseases in children and adolescents.
b. Behaviour management and dietary counselling in children and adolescents.

4.4.2. Orthodontics

The Intern is expected to become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

a. Orthodontics case assessment i.e. design, construction, delivery, follow up and activation of orthodontic appliances.
b. Space maintainers.
c. Functional appliances.

4.5. MINIMUM EXPECTATIONS OF THE PERIODONTOLOGY ROTATION

The Intern is expected to become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

a. Diagnosis, treatment planning, treatment and follow up of periodontal diseases and conditions.
b. Splinting of periodontally involved teeth.

c. Oral health education.

4.6. MINIMUM EXPECTATIONS OF THE PROSTHODONTICS AND CONSERVATIVE DENTISTRY ROTATION

In this rotation, the Intern should be exposed to the disciplines of Prosthodontics and Conservative Dentistry.

4.6.1. Conservative Dentistry and Crown and Bridge

The Intern is expected to become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

a. Diagnosis, treatment planning and management of carious, malformed, traumatised and discoloured teeth among others.
b. Restoration of teeth with composite, compomers, glass ionomer cements among other restorative materials.
c. Endodontic therapy in anterior and posterior teeth.
d. Restoration of teeth using crown and bridge.

4.6.2. Prosthodontics

The Intern is expected to become proficient in the following by performing the minimum number of procedures stipulated in the logbook:

a. Diagnosis, and treatment of partially dentate and edentulous patients.
b. Provision of partial and complete dentures.
c. Immediate dentures, denture repairs and reline.

4.7. MINIMUM EXPECTATIONS OF THE COMMUNITY DENTISTRY ROTATION

The Intern Is expected to:

a. Undertake community oral health talks that aim at preventing, halting or reverting oral disease and promoting good oral health care practices to the vulnerable groups and to the general population.
b. Understand the correlation between systemic chronic illnesses and oral diseases, do a follow-up and determine other risk factors that may exacerbate the burden of oral disease to the patient.
c. Identify the risk factors that cause oral/dental diseases at the family and the community level.
d. Develop and implement community level projects.

CHAPTER 5: CASE AND PROCEDURE LOGBOOK FOR DENTAL INTERNSHIP TRAINING

5.1. INTERN'S DETAILS

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

e-mail address . . . . . .

Internship training centre . . . . . .

Internship period from (date month year) . . . . . to . . . . . .

DECLARATION

(to be filled in at the start of the internship period)

By appending my signature below, I confirm that I understand that this Case and Procedure Logbook is evidence of my performance during the Dental Internship Training Programme, and undertake to complete the prescribed tasks and fill in the logbook truthfully. I am aware that any deliberate presentation of falsehoods in this logbook will constitute professional misconduct and is punishable by sanctions such as:

a. extension of the internship period by up to twelve (12) months;
b. discontinuation of the internship training or expulsion from the internship training programme, and
c. subsequent ineligibility for registration as a Dental Practitioner under Cap. 253.

I am also aware that only those who complete internship training successfully and meet the criteria stipulated by KMPDC will be eligible for registration as Dental Practitioners.

Signature . . . . . Date . . . . . .

Witnessed by the Dental Internship Coordinator:

Name . . . . . Signature . . . . . Date . . . . . .

5.2. INTRODUCTION TO THE CASE AND PROCEDURE LOGBOOK

5.2.1. Purpose of the Case and Procedure Logbook

The purpose of the Case and Procedure Logbook is to:

a. provide structure for the implementation of the internship training programme;
b. prescribe the tasks that the Intern should undertake, and the minimum level of competence expected in each rotation;
c. help the Intern monitor their own progress, recognise gaps and address them, and
d. help the Internship Supervisor and Internship Coordinator keep track of the Intern's progress through continuous assessment of their performance.

5.2.2. Format of the Logbook

The Logbook contains five (5) sections, one for each rotation in the Dental Internship Training Programme, which is laid out as follows:

a. Overview of the rotation.
b. The required level of competence.
c. Log of cases and procedures to be completed.
d. Monthly, mid-rotation and end of rotation assessment forms.
e. Overall evaluation of performance in the rotation form.

REQUIRED LEVEL OF COMPETENCE	DESCRIPTION
Level 1	The Intern **observes** the procedure or activity being carried out by the Internship Supervisor or a senior colleague.
Level 2	The Intern **assists** the Internship Supervisor or senior colleague in performing the procedure.
Level 3	The Intern carries out the whole activity/ procedure **under direct supervision of the Internship Supervisor or a senior colleague**, i.e. the Supervisor or senior colleague is present throughout.
Level 4	The Intern carries out the whole activity/ procedure **under indirect supervision of the Internship Supervisor or a senior colleague**, i.e. the Supervisor or senior colleague need not be present throughout but should be available to provide assistance and advice.
Level 5	The Intern carries out the whole activity/ procedure **independently**, with **no need for supervision**.

Grading of the intern's competence:

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: *Where the Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.*	

5.2.3. Using the Logbook

The Intern is expected to fill in the logbook, indicating the competence levels achieved, and have it signed by the Supervisor on a daily basis.

Further, the Intern is expected to produce the logbook at each monthly, mid-rotation and end-of-rotation assessment for verification by the Internship Supervisor and Internship Coordinator. The assessment forms should be filled in and signed during these assessment meetings.

5.3. ORAL AND MAXILLOFACIAL SURGERY ROTATION

5.3.1. Intern's details

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

Internship training centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

5.3.2. Overview of the Oral and Maxillofacial Surgery rotation

The intern should strive to meet the following requirements and demonstrate an understanding of the principles of management and clinical skills required in the discipline:

a. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.
b. He/she is expected to obtain relevant investigations and provide accurate diagnosis.
c. He/she is expected to outline an acceptable treatment plan including obtaining informed consent from patient.
d. He/she is expected to demonstrate competence in surgical skills, postoperative management and management of complications of orofacial diseases.
e. He/she is expected to be competent in phlebotomy, resuscitation skills, and pathology laboratory routine and to spend sufficient time rotating in Microbiology and Histopathology laboratories.
f. In addition, other criteria such as punctuality, appointment management, infection prevention and control, effective communication, ethical behaviour, relationship with colleagues, among others will be evaluated.
g. Particular attention shall also be given to theatre routine including infection control, occupational safety, inpatient care as well as call duties.

5.3.3. Required level of competence

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
OMF 1	Oral diagnosis/ treatment planning/ case presentation	200	Level 5
OMF 2	Dental extractions	20	Level 5
OMF 3	Dry socket management	5	Level 5
OMF 4	Suturing oro-facial cuts	10	Level 5
OMF 5	Change of dressing	5	Level 5
OMF 6	Management of bleeding sockets	5	Level 5
OMF 7	Incision and Drainage	5	Level 5
OMF 8	Intermaxillary fixation	3	Level 4
OMF 9	Surgical removal of teeth	10	Level 3
OMF 10	Diagnostic rotation: Pathology, Microbiology, Radiology	10	Level 3
OMF 11	Incision and excision biopsy	10	Level 3
OMF 12	Closed reduction of jaw fractures	5	Level 3
OMF 13	Management of TMJ dislocations	4	Level 3
OMF 14	Surgery under local anaesthesia: Apicectomy, Alveoloplasty	5	Level 3
OMF 15	Repair of cleft lip and palate	2	Level 3
OMF 16	Open reduction of jaw fractures	3	Level 3
OMF 17	Care of in-patients and theatre routine	10	Level 5
OMF 18	Casualty and emergency care calls	10	Level 5
OMF 19	Postmortem examination	5	Level 1

5.3.4. Case and Procedure Log

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
OMF1: Oral diagnosis/ treatment planning/ case presentation (Min. req. 200, Level 5)	1.				
	2.				
	3.				
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PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
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PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	199.				
	200.				
OMF 2: Dental extractions (Min. req. 20, Level 5)	1.				
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OMF 3: Dry socket management (Min. req. 5, Level 5)	1.				
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	5.				
OMF 4: Suturing oro-facial cuts (Min. req. 10, Level 5)	1.				
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	3.				
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	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
OMF 5: Change of dressing (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
OMF 6: Management of bleeding sockets (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
OMF 7: Incision and Drainage (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
OMF 8: Intermaxillary fixation (Min. req. 3, Level 4)	1.				
	2.				
	3.				
OMF 9: Surgical removal of teeth (Min. req. 10, Level 3)	1.				
	2.				
	3.				
	4.				
	5.				
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	7.				
	8.				
	9.				
	10.				
OMF 10: Diagnostic rotation: Pathology, Microbiology, Radiology (Min. req. 10, Level 3)	1.				
	2.				
	3.				
	4.				
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	7.				
	8.				
	9.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	10.				
OMF 11: Incision and excision biopsy (Min. req. 10, Level 3)	1.				
	2.				
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	8.				
	9.				
	10.				
OMF 12: Closed reduction of jaw fractures (Min, req. 5, Level 3)	1.				
	2.				
	3.				
	4.				
	5.				
OMF 13: Management of TMJ dislocations (Min. req. 4, Level 3)	1.				
	2.				
	3.				
	4.				
OMF 14: Surgery under local anaesthesia (Min. req. 5, Level 3)	1.				
	2.				
	3.				
	4.				
	5.				
OMF 15: Repair of cleft lip and palate (Min. req. 2, Level 3)	1.				
	2.				
OMF 16: Open reduction of jaw fractures (Min. req. 3, Level 3)	1.				
	2.				
	3.				
OMF 17: Care of in-patients and theatre routine (Min. req. 10, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	6.				
	7.				
	8.				
	9.				
	10.				
OMF 18: Casualty and emergency care calls (Min. req. 10, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
OMF 19: Postmortem examination (Min. req. 5, Level 1)	1.				
	2.				
	3.				
	4.				
	5.				

5.3.5. Log of Case Reports

CASE NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGNATURE
1.			
2.			
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5.3.6. Evaluation of the intern's performance in the Oral and Maxillofacial Surgery rotation

5.3.6.1. Monthly Assessment in the Oral and Maxillofacial Surgery rotation

MONTH ONE: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

MONTH TWO: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

5.3.6.2. Mid-Rotation Assessment in the Oral and Maxillofacial Surgery rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

REMARKS BY INTERN ON THEIR EXPERIENCE AND PERFORMANCE

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Signature . . . . . Date . . . . . .

REMARKS BY INTERNSHIP SUPERVISOR

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Name . . . . . Signature . . . . . Date . . . . . .

REMARKS BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . Signature . . . . . Date . . . . . .

5.3.6.3. End-of-Rotation Evaluation in Oral and Maxillofacial Surgery

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name . . . . . Signature . . . . . Date . . . . . .

5.3.7. Overall assessment in the Oral and Maxillofacial Surgery rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation.
☐	To extend rotation by a period of . . . . .
☐	Irredeemable. Refer back to Council for further action.

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

5.4. PAEDIATRIC DENTISTRY AND ORTHODONTICS ROTATION

5.4.1. Intern's details

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

Internship training centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

5.4.2. Overview of the Paediatric Dentistry and Orthodontics rotation

The intern should strive to meet the following requirements and demonstrate an understanding of the principles of management and clinical skills required in this discipline:

a. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.
b. He/she is expected to obtain relevant investigations and provide accurate diagnosis.
c. He/she is expected to outline an acceptable treatment plan including obtaining consent from parent/ guardian.
d. He/she is expected to demonstrate competence in operative skills, post-operative management and management of complications.
e. In addition, other criteria such as punctuality, availability, communication as well as ethical behaviour will be evaluated.

5.4.3. Required level of competence

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
PAED 1	Behaviour management, diet counselling, phobia management, oral health education	20	Level 5
PAED 2	Extractions	20	Level 5
PAED 3	Management of dental fluorosis	5	Level 5
PAED 4	Pulpotomy procedures	10	Level 5
PAED 5	Pulpectomy procedures	10	Level 5

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
PAED 6	Restorations: composites, glass ionomer cement (GIC)	20	Level 5
PAED 7	Preventive procedures: silver diamine fluoride, fissure sealants, fluoride treatments, mouth guards	80	Level 5
PAED 8	Paediatric crowns: stainless steel, zirconia	5	Level 4
PAED 9	Emergency treatment of traumatised teeth	5	Level 3
PAED 10	Management of paediatric cases under general anaesthesia	1	Level 3

5.4.4. Case and procedure log

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PAED 1: Behaviour management, diet counselling, phobia management, oral health education (Min. req. 20, Level 5)	1.				
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PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PAED 2: Extractions (Min. req. 20, Level 5)	1.				
	2.				
	3.				
	4.				
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	8.				
	9.				
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	20.				
PAED 3: Management of dental fluorosis (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
PAED 4: Pulpotomy procedures (Min. req. 10, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PAED 5: Pulpectomy procedures (Min. req. 10, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
PAED 6: Restorations: composites, GIC (Min. req. 20, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
PAED 7: Preventive procedures: silver diamine fluoride, fissure sealants, fluoride treatments, mouth guards (Min. req. 80,	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
Level 5)	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
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	43.				
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	46.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
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	48.				
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	79.				
	80.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PAED 8: Paediatric crowns: stainless steel, zirconia (Min. req. 5, Level 4)	1.				
	2.				
	3.				
	4.				
	5.				
PAED 9: Emergency treatment of traumatised teeth (Min. req. 5, Level 3)	1.				
	2.				
	3.				
	4.				
	5.				
PAED 10: Management of paediatric cases under general anaesthesia (Min. req. 1, Level 3)	1.				

5.4.5. Log of Case Reports

CASE NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGNATURE
1.			
2.			
3.			
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5.			
6.			
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5.4.6. Evaluation of the intern's performance in the Paediatric Dentistry and Orthodontics rotation

5.4.6.1. Monthly Assessment in the Paediatric Dentistry and Orthodontics rotation

MONTH ONE: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

MONTH TWO: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

5.4.6.2. Mid-Rotation Assessment in the Paediatric Dentistry and Orthodontics rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

Remarks by Intern on their experience and performance

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Signature . . . . . Date . . . . . .

REMARKS BY INTERNSHIP SUPERVISOR

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Name . . . . . Signature . . . . . Date . . . . . .

REMARKS BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . Signature . . . . . Date . . . . . .

5.4.6.3. End-of-Rotation Evaluation in the Paediatric Dentistry and Orthodontics rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name . . . . . Signature . . . . . Date . . . . . .

5.4.7. Overall assessment in the Paediatric Dentistry and Orthodontics rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of . . . . .
☐	Irredeemable. Refer back to Council for further action.

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

5.5. PERIODONTOLOGY ROTATION

5.5.1. Intern's details

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

Internship training centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

5.5.2. Overview of the Periodontology rotation

The intern should strive to meet the following requirements and demonstrate an understanding of the principles of management and clinical skills required in this discipline:

a. The intern is expected to elicit accurate information, demonstrating skills in communicating with patient and maintaining proper clinical records.
b. He/she is expected to obtain relevant investigations and provide accurate diagnosis.
c. He/she is expected outline an acceptable treatment plan including obtaining consent from patient.
d. He/she is expected demonstrate competence in periodontics, postoperative management and management of complications of periodontal diseases.
e. In addition, other skills such as punctuality, appointment management infection control, communication, ethical behaviour among others will be evaluated.

5.5.3. Required level of competence

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
PER 01	Diagnosis/ Treatment planning/ Periodontal maintenance/ Counselling and follow up	50	Level 5
PER 02	Management of periodontal disease in patients with systemic disease	10	Level 5

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
PER 03	Non-surgical periodontal procedures: scaling and polishing, occlusal adjustments, root planning. Post-operative procedures: splinting of periodontally involved teeth.	50	Level 5
PER 04	Surgical periodontal procedures: Gingivectomy, Gingivoplasty, Frenectomy	5	Level 5
PER 05	Periodontal flap surgery, Osseous surgery, Mucogingival surgery, gingival grafting	5	Level 2
PER 06	Implant dentistry team	2	Level 2

5.5.4. Case and procedure log

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PER 01: Diagnosis/ Treatment planning/ Periodontal maintenance/ Counselling and follow up (Min. req. 50, Level 5)	1.				
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PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
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	50.				
PER 02: Management of periodontal disease in patients with systemic disease (Min. req. 10, Level 5)	1.				
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	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
PER 03: Non-surgical periodontal procedures: scaling and polishing, occlusal adjustments, root planning. Post-operative procedures: splinting of periodontally involved teeth. (Min. req. 50, Level 5)	1.				
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PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
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	48.				
	49.				
	50.				
PER 04: Surgical periodontal procedures: Gingivectomy, Gingivoplasty, Frenectomy (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
PER 05: Periodontal flap surgery, Osseous surgery, Mucogingival surgery, gingival grafting (Min. req. 5, Level 2)	1.				
	2.				
	3.				
	4.				
	5.				
PER 06: Implant dentistry team (Min. req. 2, Level 2)	1.				
	2.				

5.5.5. Log of Case Reports

CASE NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

5.5.6. Evaluation of the Intern's performance in the Periodontology rotation

5.5.6.1. Monthly Assessment in the Periodontology rotation

MONTH ONE: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

MONTH TWO: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

5.5.6.2. Mid-Rotation Assessment in the Periodontology rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

Remarks by Intern on their experience and performance

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Signature . . . . . Date . . . . . .

REMARKS BY INTERNSHIP SUPERVISOR

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Name . . . . . Signature . . . . . Date . . . . . .

REMARKS BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . Signature . . . . . Date . . . . . .

5.5.6.3. End-of-Rotation Evaluation in the Periodontology rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name . . . . . Signature . . . . . Date . . . . . .

5.5.7. Overall assessment in the Periodontology rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of . . . . .
☐	Irredeemable. Refer back to Council for further action.

Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

5.6. PROSTHODONTICS AND CONSERVATIVE DENTISTRY ROTATION

5.6.1. Intern's details

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

Internship training centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

5.6.2. Overview of the Prosthodontics and Conservative Dentistry rotation

The intern should strive to meet the following requirements and demonstrate an understanding of the principles of management and clinical skills required in this rotation. This shall include:

a. Eliciting accurate information, demonstrating skills in communicating with patient and parents and maintaining proper clinical records.
b. Obtaining relevant investigations and providing accurate diagnosis.
c. Outlining an acceptable treatment plan including obtaining informed consent from patient.
d. Demonstrating competence in operative skills, post-operative management and management of complications.
e. Demonstrating punctuality, availability, communication skills and ethical behaviour

5.6.3. Required level of competence

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
CONS 01	Tooth coloured restorations posterior teeth	60	Level 5
CONS 02	Tooth coloured restorations anterior teeth	20	Level 5
CONS 03	Endodontic procedures (anterior and posterior)	20	Level 5
CONS 04	Crown and Bridge work	5	Level 5
CONS 05	Participation in Implant Dentistry team	2	Level 2
CONS 06	Amalgam restorations	20	Level 5

CODE	PROCEDURE	MINIMUM NUMBER REQUIRED	EXPECTED LEVEL OF COMPETENCE
CONS 07	Other: Presentation of cases in clinicopathological-radiological conferences, grand rounds, etc.	10	Level 5

5.6.4. Case and procedure log

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
CONS 01: Tooth coloured restorations posterior teeth (Min. req. 60, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
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	21.				
	22.				
	23.				
	24.				
	25.				
	26.				
	27.				
	28.				
	29.				
	30.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	31.				
	32.				
	33.				
	34.				
	35.				
	36.				
	37.				
	38.				
	39.				
	40.				
	41.				
	42.				
	43.				
	44.				
	45.				
	46.				
	47.				
	48.				
	49.				
	50.				
	51.				
	52.				
	53.				
	54.				
	55.				
	56.				
	57.				
	58.				
	59.				
	60.				
CONS 02: Tooth coloured restorations posterior teeth (Min. req. 20, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
CONS 03: Endodontic procedures (anterior and posterior) (Min. req. 20, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
CONS 04: Crown and Bridge work (Min. req. 5, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				

PROCEDURE	S/No.	DATE DD/MM/YYYY	PATIENT NO.	COMPETENCY LEVEL	SUPERVISOR SIGNATURE
CONS 05: Participation in Implant Dentistry team (Min. req. 2, Level 2)	1.				
	2.				
CONS 06: Amalgam restorations (Min. req. 20, Level 5)	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				

5.6.5. Log of Case Reports

CASE NO.	CASE DESCRIPTION	DATE	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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5.6.6. Evaluation of the intern's performance in the Prosthodontics and Conservative Dentistry rotation

5.6.6.1. Monthly Assessment in the Prosthodontics and Conservative Dentistry rotation

MONTH ONE: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

MONTH TWO: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

5.6.6.2. Mid-Rotation Assessment in the Prosthodontics and Conservative Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

Remarks by Intern on their experience and performance

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Signature . . . . . Date . . . . . .

REMARKS BY INTERNSHIP SUPERVISOR

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Name . . . . . Signature . . . . . Date . . . . . .

REMARKS BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . Signature . . . . . Date . . . . . .

5.6.6.3. End-of-Rotation Evaluation in the Prosthodontics and Conservative Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic sciences		
b. Theoretical knowledge in the discipline		
c. Participation in CPD		
2. CLINICAL SKILLS		
a. History taking		
b. Clinical examination		
c. Interpretation of laboratory and imaging results		
d. Overall patient management		
e. Prudent use of drugs and non-pharmaceutical supplies		
f. Patient notes		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name . . . . . Signature . . . . . Date . . . . . .

5.6.7. Overall assessment in the Prosthodontics and Conservative Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

ASSESSMENT BY INTERNSHIP SUPERVISOR

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. . . . . .
. . . . . .

Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY DENTAL INTERNSHIP COORDINATOR

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. . . . . .
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Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

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. . . . . .

SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of . . . . .
☐	Irredeemable. Refer back to Council for further action.

Name . . . . . .
Qualification . . . . . KMPDC Reg. No. . . . . .
Signature . . . . . Date . . . . . Stamp

5.7. COMMUNITY DENTISTRY ROTATION

5.7.1. Intern's details

Full name of Intern . . . . . .

National ID/ Passport no. . . . . Internship licence no. . . . . .

Internship training centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

5.7.2. Overview of the Community Dentistry rotation

The intern should strive to meet the following requirements and demonstrate an understanding of the principles of preventive, promotive and rehabilitative health required in this discipline, including:

a. Undertaking community oral health talks that aim at preventing, halting or reverting oral disease and promoting good oral health care practices to the vulnerable groups and to the general population.
b. Understanding the correlation between systemic chronic illnesses and oral diseases, do a follow up and determine other risk factors that may exacerbate the burden of oral disease to the patient.
c. Identifying the risk factors that cause oral/dental diseases at the family and the community level.
d. Developing and implementing community level projects.

5.7.3. Required level of competence

Level 4: The Intern is expected to participate actively in the activities, under the supervision of a Dental Public Health Specialist or the County Oral Health Coordinator.

5.7.4. Log of Community Dentistry activities

S/NO.	ACTIVITY	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
1.	Primary school talk on oral health		
2.	Secondary school talk on oral health		
3.	Community talk on oral health		

S/NO.	ACTIVITY	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
4.	Community talk on child nutrition and oral health		
5.	Community talk on tobacco use and its impact on oral health		
6.	Community outreach activity		
7.	Child nutrition education and oral assessment of children under 5 at Level 2 or 3 facility		
8.	Child nutrition education and oral assessment of children under 5 at Level 2 or 3 facility		
9.	Oral health education to pregnant mothers at the ANC in Level 2 or 3 facility		
10.	Oral health education to adults in Level 2 or 3 facility		
11.	Child nutrition education and oral assessment of children under 5 in the ITC		
12.	Child nutrition education and oral assessment of children under 5 in the ITC		
13.	Oral health education to pregnant mothers at the ANC in the ITC		
14.	Oral health education to adult inpatients the ITC		
15.	Attend HMT meeting		
16.	Attend CHMT/SCHMT meeting		

5.7.5. Case follow-up for oral manifestations in systemic illness

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
Diabetes case follow-up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
Hypertension case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
Cardiac disease case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
Child with special needs case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
HIV case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		

CASE TYPE	ACTIVITY	CASE NO.	DATE DD/MM/YYYY	SUPERVISOR SIGNATURE
Smoking and tobacco use case follow up	a. Case identification	Case 1		
		Case 2		
		Case 3		
		Case 4		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
		Case 3		
		Case 4		
	c. Home visitation and report	Case 1		
		Case 2		
		Case 3		
		Case 4		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		
		Case 3		
		Case 4		
Oral cancer case follow up	a. Case identification	Case 1		
		Case 2		
	b. Preparation of genogram or family tree for identification of key relationships	Case 1		
		Case 2		
	c. Home visitation and report	Case 1		
		Case 2		
	d. Follow-up of patient during the hospital/ clinic review	Case 1		
		Case 2		

5.7.6. Log of Weekly Reports on Community Dentistry activities

CASE NO.	ACTIVITY REPORTED	DATE	SUPERVISOR SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

5.7.7. Evaluation of the intern's performance in the Community Dentistry rotation

5.7.7.1. Monthly Assessment in the Community Dentistry rotation

MONTH ONE: Date . . . . . .Time	
A. REMARKS BY INTERN ON THEIR EXPERIENCE IN THIS ROTATION	
i. Availability of necessary equipment and supplies to support service delivery	
ii. Availability of the Internship Supervisor and other Specialists in the department for consultation and teaching	
iii. Workload in the department and working hours	
iv. Challenge(s) faced by the Intern in the department	
v. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
B. REMARKS BY INTERNSHIP SUPERVISOR	
i. Intern's performance in the rotation so far	
ii. Intern's progress in achieving logbook targets	
iii. Challenge(s) or gap(s) noted	
iv. Proposed corrective action(s)	
Name . . . . . Signature . . . . . Date	
C. REMARKS BY DENTAL INTERNSHIP COORDINATOR	
i. Intern's progress and performance in the rotation	
ii. Challenges noted	
iii. Agreed corrective action(s)	
Name . . . . . Signature . . . . . Date	

5.7.7.2. Mid-Rotation Assessment in the Community Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

Remarks by Intern on their experience and performance

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Signature . . . . . Date . . . . . .

REMARKS BY INTERNSHIP SUPERVISOR

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Name . . . . . Signature . . . . . Date . . . . . .

REMARKS BY DENTAL INTERNSHIP COORDINATOR

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Name . . . . . Signature . . . . . Date . . . . . .

5.7.7.3. End-of-Rotation Evaluation in the Community Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

GRADE	DESCRIPTION
3	The Intern meets most of the criteria without assistance.
2	The Intern requires some assistance to meet stated criteria.
1	The Intern requires considerable assistance to meet stated criteria.
0	The Intern is completely unable to meet the criteria.
NOTE: Where the Internship Supervisor grades the Intern's competence as 0 or 1, the Supervisor is required to give reasons for the said finding and make recommendations in the best interest of the Intern and the public at large.	

CRITERIA	GRADE	REMARKS
1. KNOWLEDGE		
a. Basic principles of public health and its importance in clinical practice		
b. Basic principles of epidemiology		
c. Participation in CPD		
2. APPLICATION OF COMMUNITY DENTISTRY		
a. Case identification		
b. Preparation of genogram		
c. Oral examination		
d. Patient care plan		
e. Patient follow up		
f. Participation in health education and health promotion activities		
g. Case report writing		
3. PROFESSIONAL CONDUCT		
a. With patients and their caregivers		
b. With senior colleagues, fellow interns and other healthcare professionals		
c. With the public		
d. Punctuality, availability and time management		
OVERALL GRADE		

INTERNSHIP SUPERVISOR'S RECOMMENDATION

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Name . . . . . Signature . . . . . Date . . . . . .

5.7.8. Overall assessment in the Community Dentistry rotation

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Rotation period from (date month year) . . . . . to . . . . . .

ASSESSMENT BY INTERNSHIP SUPERVISOR

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Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY DENTAL INTERNSHIP COORDINATOR

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. . . . . .

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

. . . . . .

. . . . . .

SELECT ONE:	
☐	The Intern has successfully completed the rotation
☐	To extend rotation by a period of . . . . .
☐	Irredeemable. Refer back to Council for further action.

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

5.8. END OF DENTAL INTERNSHIP TRAINING EVALUATION

Full name of intern . . . . . .

National ID/ passport no. . . . . Internship Licence no. . . . . .

Internship Training Centre . . . . . .

Internship period from (date month year) . . . . . to . . . . . .

ASSESSMENT AND RECOMMENDATION BY DENTAL INTERNSHIP COORDINATOR

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

ASSESSMENT AND RECOMMENDATION BY MEDICAL SUPERINTENDENT/ MEDICAL DIRECTOR

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

SELECT ONE:	
☐	The Intern has **successfully completed** Dental Internship Training and is recommended for registration by the Council as a Dental Practitioner.
☐	The Intern has not completed Dental Internship Training and the is recommended for **extension** by a period of . . . . . so as to fulfil the requirements.
☐	The Intern's performance is deemed **irredeemable**, and he/she is referred back to Council for further action.

Name . . . . . .

Qualification . . . . . KMPDC Reg. No. . . . . .

Signature . . . . . Date . . . . . Stamp

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5.9. VERIFICATION OF COMPLETION OF DENTAL INTERNSHIP TRAINING

KMPDC
Enhancing Quality Healthcare

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL
KMPDC Complex, Woodlands Road, off Lenana Road.
P. O. Box 44839 - 00100, Nairobi.
(+254) 0727 666 444 | 0111 052 222
e-mail: info@kmpdc.go.ke | Website: www.kmpdc.go.ke
Internship queries: internship@kmpdc.go.ke

COMPLETION OF DENTAL INTERNSHIP TRAINING

Full name of intern . . . . . .
National ID no. . . . . Internship licence no. . . . . .
e-mail address . . . . . .
Internship training centre . . . . . .
Internship period from (date month year) . . . . . to . . . . . .

This is to verify that the above-named person has successfully completed the prescribed **Dental Internship Training** programme at this institution with the internship rotations as follows:

	Rotation	**Start date** DD/MM/YYYY	**End date** DD/MM/YYYY	**Dental Internship Coordinator's remarks**
1.	**Oral and Maxillofacial Surgery**			
2.	**Paediatric Dentistry and Orthodontics**			
3.	**Periodontology**			
4.	**Prosthodontics and Conservative Dentistry**			
5.	**Community Dentistry**			

As verified by the Medical Superintendent/ Medical Director:
Name: . . . . . KMPDC Reg. no.: . . . . . .
Signature: . . . . . Date: . . . . . .
Hospital stamp:

---------- FOR OFFICIAL USE ----------
Verified by the Professional Assessment Department

Name: . . . . . Sign . . . . . Date: . . . . . .
Asssitant Director, Professional Assessment
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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APPENDICES

APPENDIX I: MENTORSHIP AND PSYCHOSOCIAL SUPPORT

In addition to designated Internship Coordinator and Supervisors, each ITC should institute a formal mentorship and psychosocial support programme.

Appendix 1.1: Mentorship

Mentorship is defined as a relationship in which a more experienced or senior professional (the mentor) takes time to assist the professional and personal development of a younger or junior professional (the mentee). The relationship is built on trust and involves an exchange of knowledge, skills and advice to enable the mentee to develop their capacity to successfully navigate the challenges that lie ahead in their professional and personal lives.

Each intern should be assigned a designated mentor from the available Medical/Dental Specialists and Senior Medical/Dental Officers, for the purpose of internship, to provide the support that they need to successfully complete internship training. **For effectiveness, every intern should be assigned a mentor, but no mentor should have more than two mentees at any given time.**

The institution should provide a mechanism for:

a. providing feedback on the mentorship;
b. amicably breaking mentorship relationships that are not working, and
c. assigning new mentors for that intern.

Appendix 1.2: Psychosocial Support

Compared to the general public, all health professionals are at a higher risk of and are more vulnerable to suffering adverse mental health conditions due to the stressful nature of their work (including long working hours, increased risk of exposure to infectious diseases, distressing and emotionally draining activities like handling dying patients and their relatives, etc) coupled with its effects like the lack of time to rest adequately, take good care of themselves and maintain their social lives.

Psychosocial support aims at protecting the mental health of health professionals so that they can:

a. cope with the stresses of their professional and personal lives;
b. learn and work well;
c. realise their full potential, and
d. contribute to their community.

KMPDC recommends that all health facilities should provide a psychosocial support framework for all its health professionals, and that all health professionals should routinely use the services availed.

Therefore, each ITC should institute a Psychosocial Support Framework that includes:

a. Designated counsellors, psychologists or psychiatrists to provide the services to interns and other health professionals working in the hospital;
b. A framework for early identification of interns and health professionals with psychosocial problems;
c. A nudge mechanism to prompt all health professionals to take up the psychosocial support services available on a regular basis (e.g. once every six months);
d. Sensitising the staff on common mental health problems, how to identify them and the psychosocial support services available;
e. Creating a culture that promotes disclosure, acceptance, confidentiality and support for interns and health professionals with psychosocial problems;
f. Routine debriefing after adverse events, and
g. A mechanism for collecting feedback on the implementation of the psychosocial support services with the view to improve the quality of psychosocial support services provided.

APPENDIX II: HANDLING INTERNS WHO HAVE CHALLENGES (a.k.a. Fitness to Practise for Interns)

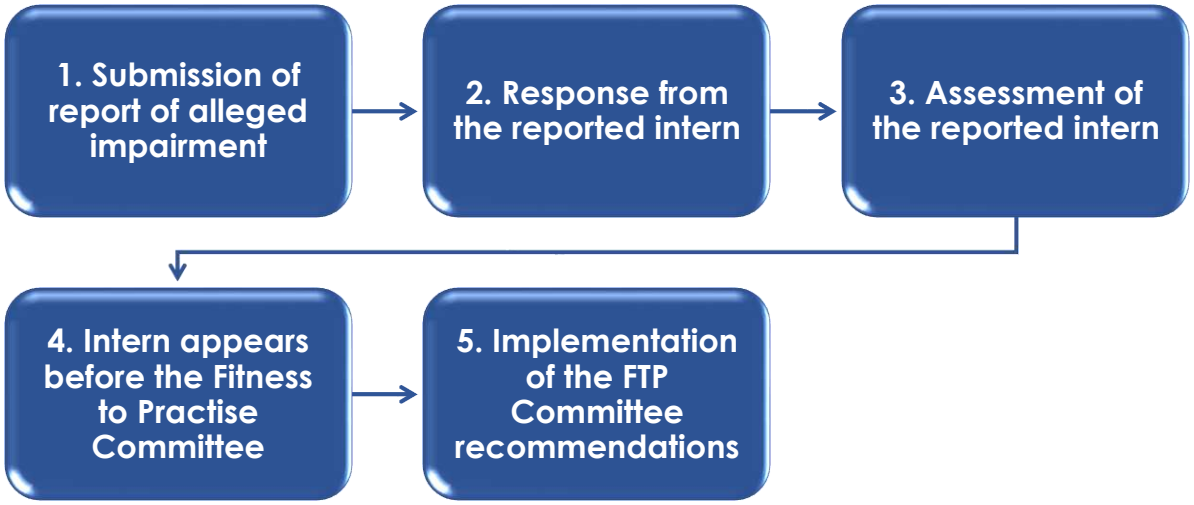
The Internship Training Centre can bring to the attention of the Council issues pertaining to a particular intern that affect their performance. Such issues may include:

a. serious or persistent failure to meet institutional or professional minimum standards of practice;
b. reckless or deliberate acts that potentially affect or harm self, colleagues and patients, relatives of patients and others;
c. concealing professional errors or impeding investigations into the same;
d. sexual misconduct or indecency;
e. improper relationships with service users or colleagues;
f. failure to respect the autonomy of service users;
g. violence or threatening behaviour;
h. dishonesty, fraud or an abuse of trust;
i. exploitation of a vulnerable person;
j. substance abuse or misuse;
k. health problems which the intern has not addressed, and which may affect safety or confidence of the service users, or
l. any other equally serious activities, behaviours or utterances which undermine public confidence in the medical or dental profession.

The complaint from the ITC is usually submitted to KMPDC after appropriate corrective measures have been attempted unsuccessfully. Such corrective measures include but are not limited to:

a. Targeted teachings, CPD or assignments;
b. Closer or additional mentorship or coaching;
c. Appearance before the Institution's disciplinary committee;
d. Prescribed counselling or psychosocial support;
e. Rehabilitation for substance use disorder;
f. Treatment of other conditions affecting the intern, and
g. Extension of the period of internship.

The process of handling Interns who have challenges is as follows:



1. **Complaint submitted by the Internship Training Centre**
   The Medical Superintendent and/or the Internship Coordinator of the ITC will write to the CEO/Registrar of the Council informing him/her of the intern with issues. They will attach the following:
   a. Minutes of the meeting where the intern's issues were discussed by the Internship Supervisors and their recommendations;
   b. Evidence and outcome of corrective measures taken e.g. additional classes, additional weeks, counselling, rehabilitation, appearance before staff disciplinary committee, etc., and
   c. Any other supporting documents e.g. internship assessment forms, incident reports, reports from the supervisors, etc.

2. **Response from the Intern**
   Upon receipt of such a complaint, the Council, through the Professional Assessment Department, will:
   a. inform the Intern that a complaint has been filed and the nature of the complaint, and
   b. request them to submit a written response and any supporting documents within two (2) weeks.

3. **Assessment of the Intern**
   a. The intern will then be referred for assessment:
      i. <u>Medical Assessment</u>
      Interns alleged to have a medical condition affecting their performance will be referred for medical evaluation by at least two (2) Council-appointed Specialists /Assessors.

ii. Knowledge-Gap Assessment
Interns alleged to have a knowledge gap will undergo an interview by at least two (2) Assessors appointed from the Council's Panel of Experts or Examination Board to assess the Interns skills and knowledge.

b. The Professional Assessment Department will forward these evaluation reports to Chair of the Council's Training, Assessment, Registration and Human Resource Committee (TAR&HRC).

4. Appearance before the Fitness to Practise Committee

a. Chair, TAR&HRC will convene an ad hoc Fitness to Practise Committee which sits quarterly.

b. The Interns who have been assessed will be required to appear before the Committee sitting, either in person or virtually, to present their case.
Note:
i. The Assessors will present their reports to the FTP Committee for discussion.
ii. The intern is at liberty to invite relevant witnesses as deemed necessary.
iii. The Internship Coordinator or a designated representative of the Internship Training Centre will also be present.

c. The FTP Committee may make any or a combination of the following **recommendations** about the Intern:
i. that the Intern is **fit to practise**;
ii. that the Intern should **continue with internship** at the initial internship station;
iii. that the Intern should be **transferred** to a different internship station;
iv. that the Intern is unfit to practise independently and requires to **practise under close supervision while undergoing an intervention** for a prescribed period;
v. that the Intern is temporarily unfit to practise and should have their **licence withdrawn temporarily** for the duration of an intervention to facilitate their return to fitness; or
vi. that the Intern is permanently unfit to practise and should have their **licence permanently withdrawn** and undergo any other interventions as may be deemed necessary.

d. Such interventions recommended by the FTP Committee include:
    i. Remedial training (including repeating undergraduate training) for a period not exceeding twelve (12) months;
    ii. Psychosocial support in the form of mentorship or counselling for a designated period;
    iii. Treatment of medical condition, including psychiatric treatment, as may be required, and/or
    iv. Rehabilitation e.g. for substance use disorder.

e. A Fitness to Practise Committee Recommendation Report, shall be generated and signed at the end of the meeting. The report shall clearly state the steps to be taken for each Intern and monitoring of their implementation.

5. Implementation of FTP Committee Recommendations

a. The Council, through the Professional Assessment Department, will write to both the Intern and the Internship Training Centre informing them of the recommendations of the FTP Committee.

b. Where change of internship station is recommended, it shall be done in accordance with the prevailing Ministry of Health procedure.

APPENDIX III: LIST OF CONTRIBUTORS

Appendix 3.1: Technical Working Group for review of the National Guidelines for Medical and Dental Internship Training

The CEO/Registrar of the Council appointed a Technical Working Group (TWG) to spearhead the process of reviewing the *National Guidelines and Logbook for Dental Officer Interns (2019)* comprising of the following:

1. Dr Juliet Gathara	11. Ms. Agnes Jacob
2. Dr Linus Ndegwa	12. Adv. Esther Mutheu
3. Dr Margaret Mbugua	13. Ms. Sarah Were
4. Mr. John Mburu	14. Mr. Tonny Lugalia
5. Mr. Simon Kiraithe	15. Mr. Tom Ondimu
6. Dr John Otieno	16. Mr. Peter Wauna
7. Dr Wangechi King'ori	17. Ms. Gathoni Mwangi
8. Mr. Duncan Mwai	18. Ms. Beverlyne Khakusuma
9. Mr. Mohamed-Qadar Ahmed	19. Ms. Elmer Ochieng
10. Dr Stella Kanja	20. Ms. Evelyn Gikunda

The Council acknowledges the invaluable efforts of the Team that spearheaded the development of the *National Guidelines and Logbook for Dental Officer Interns (2019)* which formed the basis for this review, comprising of:

1. Dr Nelly Bosire
2. Dr Sanjeev Sharma
3. Dr Tonnie K. Mulli
4. Mr. John K. Mburu
5. Adv. Eunice Muriithi
6. Adv. Esther Mutheu
7. Ms. Sarah Were

Appendix 3.2: List of participants at the Internship Coordinators and Stakeholders Workshop

The Council appreciates the presence and contributions of the following participants at the Internship Coordinators and Stakeholders Workshop held on 28th and 29th July 2022 at the Windsor Golf Hotel and Country Club in Nairobi:

S/No.	Name	Institution
1.	**Dr Jack Okumu**	Aga Khan Hospital, Kisumu
2.	**Dr Nelson Nyamu**	Aga Khan University Hospital, Nairobi
3.	**Dr Paul Koyo**	Baringo County Referral Hospital
4.	**Dr Wilson Libutsi**	Bungoma County Referral Hospital
5.	**Dr Charlene Njeri Kuria**	Defence Forces Memorial Hospital
6.	**Dr Mary Njoroge**	Embu Level 5 Hospital
7.	**Dr Ambrose Misore**	Garissa County Referral Hospital
8.	**Dr Julius O. Ondigo**	Homa Bay County Referral Hospital
9.	**Dr Abdirahman H. Farah**	Isiolo County Referral Hospital
10.	**Dr Matilda Auma Wendo**	Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)
11.	**Dr Henry Ng'eno**	Kajiado County Referral Hospital
12.	**Dr Cecilia Kiilu**	Kapenguria County Referral Hospital
13.	**Dr Stephen Warui**	Karatina Sub-County Hospital
14.	**Dr Mary Kanini**	Kenyatta National Hospital
15.	**Dr Naftaly Munene**	Kerugoya County Referral Hospital
16.	**Dr Massawa Thaddeus**	Kisumu County Referral Hospital
17.	**Dr Anthony Wamalwa**	Kitale County Referral Hospital
18.	**Dr Weldon K. Kirui**	Longisa County Referral Hospital
19.	**Dr Shamsa Ahmed**	M. P. Shah Hospital
20.	**Dr Joseph Gatura**	Makindu County Referral Hospital
21.	**Dr Mohammed Gongo**	Makueni County Referral Hospital
22.	**Dr Loise Moguche**	Mama Lucy Kibaki Hospital
23.	**Dr Molly Ondiwa**	Mathari National Teaching and Referral Hospital
24.	**Dr Jane Wamai**	Nairobi County
25.	**Dr D. M. Munge**	Nakuru County
26.	**Dr Aisha Maina**	Nakuru County Referral Hospital
27.	**Dr James Waweru**	Nakuru County Referral Hospital
28.	**Dr Samuel Wanjara**	Nakuru County Referral Hospital
29.	**Dr James Nyabanda**	Nazareth Hospital
30.	**Dr Rhoda Masaku**	North Kinangop Catholic Hospital

S/No.	Name	Institution
31.	**Dr Yumbe R. K.**	Nyeri County Referral Hospital
32.	**Dr Anne Mburu**	PCEA Chogoria Hospital
33.	**Dr John Kaguthi**	PCEA Tumutumu Hospital
34.	**Dr Christine Kangangi**	St. Mary's Mission Hospital
35.	**Dr Kuria Karime H.**	St. Mary's Mission Hospital
36.	**Dr Kennedy Bussi**	St. Theresa Mission Hospital, Kiirua
37.	**Dr Bernard Munyao**	Taita Taveta County Referral Hospital
38.	**Dr Andrew Karani**	The Karen Hospital
39.	**Dr Joyce Muthama**	Thika Level 5 Hospital
40.	**Dr Regina Mutave**	University of Nairobi Dental Hospital
41.	**Dr Alex Munyendo**	Webuye County Referral Hospital
42.	**Dr Akali Elikana**	Dental Intern
43.	**Dr Mitchelle Kigotho**	Medical Intern
44.	**Ms. Sarah Omache**	Kisii County
45.	**Dr Essam Said**	Nairobi Metropolitan Services
46.	**Lt. Col. (Dr) Angela Githua**	Kenya Defence Forces (KDF)
47.	**Dr Elizabeth Gitau**	Kenya Medical Association (KMA)
48.	**Mr. Edwin Syendo**	Kenya Healthcare Federation (KHF)
49.	**Dr Richard Owino**	University of Nairobi
50.	**Dr Yusuf Hemed**	Vital Strategies
51.	**Dr Abdi Mohamed Abdi**	Kenya Medical Practitioners and Dentists Council (KMPDC)
52.	**Dr Jacqueline Kitulu, OGW**	KMPDC
53.	**Dr Juliet Gathara**	KMPDC
54.	**Dr Linus Ndegwa**	KMPDC
55.	**Dr Nelly Bosire**	KMPDC
56.	**Dr Daniel M. Yumbya, EBS**	KMPDC
57.	**Dr Margaret Mbugua**	KMPDC
58.	**Mr. John Mburu**	KMPDC
59.	**Mr. Simon Kiraithe**	KMPDC
60.	**Dr John Otieno**	KMPDC
61.	**Dr Wangechi King'ori**	KMPDC
62.	**Mr. Duncan Mwai**	KMPDC
63.	**Dr Stella Kanja**	KMPDC
64.	**Ms. Agnes Jacob**	KMPDC
65.	**Adv. Esther Mutheu**	KMPDC

S/No.	Name	Institution
66.	**Ms. Sarah Were**	KMPDC
67.	**Ms. Gathoni Mwangi**	KMPDC
68.	**Mr. Tom Ondimu**	KMPDC
69.	**Mr. Harun Liluma**	KMPDC
70.	**Ms. Beverlyne Khakusuma**	KMPDC
71.	**Ms. Elmer Ochieng**	KMPDC
72.	**Ms. Evelyn Gikunda**	KMPDC

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Enhancing Quality Healthcare

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