



REPUBLIC OF SOUTH SUDAN

SOUTH SUDAN GENERAL MEDICAL COUNCIL
GENERAL MEDICAL COUNCIL PROVISIONAL ORDER, 2014

Medical Internship Training Facility Inspection/ Data Form
(Accreditation Of A Teaching Hospital)

1. DATA

Name of Institution

Postal Address

Physical Address

Telephone No Mobile

E-Mail

State County.....

Payam Town

Medical Director/Medical Superintendent

SSGMC Registration No

Health Administrator (where applicable)

Nursing Officer In-charge

Category of Institution Number of interns to be trained

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Brief History of the institution

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Patient attendance (daily average)

2. Human Resource:

Recognized Specialists Names and SSGMC Reg.No.

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

Total Number of Specialists:

Medical Officers	(1).....	Reg.No
	(2)	Reg.No
	(3)	Reg.No
	(4)	Reg.No
	(5)	Reg.No
	(6)	Reg.No
	(7)	Reg.No
	(8)	Reg.No

3. Physical Facilities (Please indicate the availability of the following and give the number)

(i) Wards Beds Number of Beds Occupancy (%)

Medical

Surgical

Obstetrics/Gynecology.....

Pediatrics.....

Total Bed Capacity/Wards:

Male Female Amenity

(ii) Theaters Total No Major..... Minor

Surgical

Obstetrics

(iii) ICU/HDU

(iv) Pharmacies Out-Patient In-patient

(v) Laboratories

Main Lab Site Lab

(vi) Imaging Facilities

• X-rays

• Ultrasounds

• CT scan

• MRI

(vii) Outpatients Clinic (specify)

(viii) Physical amenities

(ix) Electricity and Energy back-up. (x) Serviceable ambulances

(xi) Mortuary/Morgue

(xii) Resource Centre/medical library

Seating Capacity

(xiii) Internal Accommodation for interns

(a) Number of flats/houses

(b) Night-call rooms

(xiv) Registry and stores

(v) Waste management

- Incinerator
- Placenta Pit
- Sluice room
- Sharps container.....
- Other (specify)

4. Registered and running CPD Programs? Yes/ No

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

5. Availability of Standard Operating Procedures (SOPs) Yes/ No

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6. Availability of a Strategic Plan? Yes/ No

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7. Presence of a Maintenance Unit Yes/ No

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8. Presence of Registry and Stores Yes/ No

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9. Remarks:

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Names: Date:

Signature:

Medical Director/Medical Superintendent

OFFICIAL USE ONLY BY BOARD

Comments by Interns

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Comments by intern supervisors, Specialists, MOs

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FINDINGS

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