



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 Payam Town Medical Director/Medical Superintendent SSGMC Registration No Health Administrator (where applicable) Nursing Officer In-charge Category of InstitutionNumber of interns to be trained Brief History of the institution

Patient attendance (daily average)



2. Human Resource:

Recognized Specia	alists Names and SSGMC Reg.No.	
General Medicine	(1)	Reg.No
	(2)	Reg.No
Pediatrics	(1)	Reg.No
	(2)	Reg.No
Obstetrics/Gynaeco	ology (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 (s	specify) (1)	Reg.No
	(2)	Reg.No
Total Number of S	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



Total Number of Medical Officers:

Indicate the number of other Health Cadres

1. Pharmacists	······································
2. Clinical Officers	······································
3. Nurses	
4. Pharmaceutical Technologists	······
5. Radiographers	······································
6. Sonographer	······
7. Clinical Officer anaesthesist	······
8. Laboratory technologists/technicians	
9. Physiotherapists	
10. Occupational Therapists	
11. Plaster Technicians	······
12. Public Health Officers	
13. Social Workers	
14. Nutritionists	••••••
14. Nutritionists	
14. Nutritionists	
14. Nutritionists ANSWER THE FOLLOWING QUESTIONS WITH A YES /NO Current Journals/ reference books Internet connection	
14. Nutritionists	
14. Nutritionists ANSWER THE FOLLOWING QUESTIONS WITH A YES /NO Current Journals/ reference books Internet connection COMMENTS	
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3. Physical Facilities (Please indicate the availability of the following and give the number) (i) Wards Beds Number of BedsOccupancy (%) Medical Surgical Obstetrics/Gynecology..... Pediatrics..... Total Bed Capacity/Wards: Male Amenity Amenity (ii) Theaters Total No Major...... Minor Minor Surgical Obstetrics (iii) ICU/HDU (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 (SO	Ps) Yes/ No
6. Availability of a Strategic Plan? Yes/ No	
7. Presence of a Maintenance Unit Yes/ No	
8. Presence of Registry and Stores Yes/ No	
9. Remarks:	



Names:	. Date:
Signature:	
Madical Director/Medical Superintendent	
Medical Director/Medical Superintendent	
OFFICIAL USE ONLY BY BOARD	
Comments by Interns	
Comments by intern supervisors, Specialis	ets MOs
Comments by intern supervisors, opeolance	no, 14100
FINDINGS	
THADHAGO	
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RECOMMENDATIONS
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