

# MEDICAL AND DENTAL COUNCIL

[Guiding the Profession, Protecting the Public]



**ACCREDITATION QUESTIONNAIRE  
FOR PHYSICIAN ASSISTANTS' INTERNSHIP**

## PREAMBLE

The Medical and Dental Council, a Statutory Agency under the Ministry of Health which regulates the training and practice of medicine and dentistry in Ghana was in 2010 given an additional mandate by the Ministry of Health to supervise the training, register and regulate Medical Assistants, Community Oral Health Officers and Nurse Anaesthetists under the generic name Physician Assistants.

Section 4(2) (a) of the Medical and Dental Act of 1972 (NRCD 91) states “*the Council shall ensure that courses of study and training in medicine or dentistry at any Medical School or University in Ghana are such as can sufficiently guarantee possession of the knowledge and skill needed for the efficient practice of medicine or dentistry*”.

Furthermore, Section 17(1) states “*the Council may appoint persons, who are not Members of the Council, to visit places where instruction is given to medical and dental students by or under the direction of a training institution.*”

The Council is the recognized accrediting agency that protects the interests of the public, including current and prospective Physician Assistants (PA) students, and PA profession by defining the standards for PA education, evaluating PA educational programmes and practice within the country to ensure compliance with standards.

There is general acceptance that some external process of evaluation for internship and quality of interns in PA accredited institutions is required. This is to ensure that the standards of internship of any one institution do not fall below acceptable standards and that interns are suitable for registration.

## CONFIDENTIALITY

The Council is sensitive to the need both for maintaining the confidentiality of and for disclosing certain information and documents acquired during the accreditation process and in the course of conducting the business of the Council.

The following information is, however, **not** considered confidential:

- Name and address of accredited programmes and dates of accreditation
- Accreditation status of programmes
- Names of Council’s inspectors
- *Standards* for Accreditation of Physician Assistant Programmes

## **PUBLIC NOTIFICATION OF ACCREDITATION STATUS**

The Council will provide accurate information to the public about the accreditation status of an institution through electronic and print media and upon request or as required by law.

The Council monitors compliance with the requirement to notify interns in the case of adverse actions. If an institution fails to comply, the Council takes appropriate action to ensure that the interns are notified of the institution's current accreditation status. Any costs so incurred by the Council shall be borne by the institution.

## **DEFINITION**

Accreditation is a process of external peer review. In Ghana, the accreditation system is administered primarily by the Medical and Dental Council for. The Council grants recognition to institutions that meet established standards. Compliance with such standards is determined through initial and subsequent periodic evaluations.

## **GOALS**

This is to ensure that the institution:

- has appropriate aims and purposes (stated outcomes);
- has the resources needed to accomplish its aim and purposes (achieve the stated outcomes);
- can demonstrate that it is achieving the stated outcomes;
- gives reason to believe that it will continue to achieve those outcomes.

## **ACCREDITATION PROCESS**

The accreditation process:

- encourages institutions to continuously evaluate and improve their processes and outcomes,
- helps prospective interns identify institutions that meet nationally accepted standards,
- involves trainers and other staff in comprehensive evaluation, planning and stimulates self-improvement by setting national standards against which internship can be measured,
- accreditation also benefits society by providing reasonable assurance of quality internship preparation for professional licensure and practice,
- work together with its collaborating organizations,
- define and administer a process for appeal of accreditation decisions,
- foster excellence in PA internship through the development of uniform national standards for effectiveness and workforce preparedness to benefit the health of the public,
- foster excellence in PA programmes by requiring continuous self-study and review,

- assure the general public, current and prospective PA interns as well as professional, educational, and licensing agencies and organizations that accredited institution have met defined standards for preparing PAs for practice, and
- provide information and guidance to individuals, groups, and organizations regarding PA internship accreditation status, and the accreditation process.

## REQUIREMENTS FOR ACCREDITATION

The accreditation process is mandatory and is initiated by the Council. The process is a multifaceted one, involving extensive review of the programme by the programme itself, as well as by the Council.

## ACCREDITATION POLICIES

### ***Accreditation Types***

The Council confers three status of accreditation for PA Interns Training Institutions:

- Provisional Accreditation
- Full Accreditation
- Accreditation Withdrawn

The Council may also confer no accreditation to an institution which does not meet the minimum standard.

### Provisional Accreditation

This is granted for a limited defined period of time to a new Institution that at the time of the site visit, has demonstrated its preparedness to initiate a programme in accordance with the *Standards*. Initial Provisional Accreditation visits are conducted during the calendar year prior to the commencement of training of interns.

### Full Accreditation

This is granted when an established, currently accredited Institution is in compliance with the *Standards*.

An Institution holding ***Provisional Accreditation*** demonstrates compliance with the *Standards* after its follow-up provisional visit.

### Accreditation Withdrawn

This is conferred when an established Institution is determined no longer to be in compliance with the *Standards*.

## **CRITERIA FOR EVALUATING HOSPITAL FACILITIES FOR INTERNSHIP**

### **Bed State**

The Houseman should have responsibility for a minimum of 10 beds in each discipline including beds for the critically ill patients and emergencies.

### **Medical Staff**

There should be at least one Specialist resident at all times in the particular discipline in which the houseman is training, one Senior Medical Officer with sufficient experience in the specialty together with adequate supporting staff.

### **Nursing Staff**

At least 25% of the total nursing staff should be State Registered Nurses.

### **Ancillary Services**

There should be adequate facilities for Pathological, Radiological and other Laboratory services including Post Mortem Services.

### **Theatre Facilities**

There should be adequate theatre facilities for carrying out surgical operations.

### **Medical Library**

There should be adequate Medical Library.

### **Pharmacy Department**

There should be a Pharmacy Department with qualified Pharmacists in charge.

### **Blood Bank**

There should be a Blood Bank which should operate 24 hours a day.

### **Records Department**

Well managed Records Department with adequate facilities for record keeping (Computers where possible)

### **Communication**

Telephone, Paging System

## PROFILE OF INSTITUTION

**NAME OF HOSPITAL:** .....

### **PERSONNEL**

ITEM	NUMBER	REMARKS
1. Senior Medical Officers		
2. Medical Officers		
3. Specialist Trained Physician Assistants***		
4. Chief Physician Assistants***		
5. Principal Physician Assistants***		
6. Senior Physician Assistants***		
7. Physician Assistants***		
8. Specialist Trained Nursing Staff		
9. Senior Registered Nurses		

ITEM	NUMBER	REMARKS
10. Qualified Registered Nurses		
11. Senior Enrolled Nurses		
12. Trained Theatre Nurse		
13. Theatre Technicians		
14. Other Supporting Theatre Staff		

*\*\*\*Indicate the category of Physician Assistants [Medical, Anaesthesia or Dental]*

**RELEVANT FACILITIES**

<b>ITEM</b>	<b>NUMBER</b>	<b>REMARKS</b>
1. Beds		
Occupancy Rate		
2. Cots		
Occupancy Rate		
3. Mother and Baby Facility		
4. <b>OPERATING FACILITIES</b>		
• Theatres		
• Equipment (a) Lighting (b) Operating Table		
5. <b>Type of Services provided</b>		
• OPD Attendance		
• Admissions		
• Major Surgeries		



<b>ITEM</b>		<b>NUMBER</b>	<b>REMARKS</b>
• Minor Surgeries			
• deliveries / Month			
<b>• Common diseases (Top Ten Diseases)</b>			
<b>Type of Disease</b>	<b>No. Managed</b>	<b>Outcome</b>	<b>Remarks</b>
Malaria			
Acute Respiratory Infections			
Gyneacological Conditions			
Conditions			
Road Traffic Injuries			
Hypertension			
Pregnancy-related conditions			
Diarrhoea			

6. General information on  
Morbidity and Mortality

7. <b>Specialist Equipment, other instruments and facilities</b>	Available/ Not Available	<b>Remarks</b>
• Incubator facilities for Paediatrics care		
• Examination of the Newborns		
• Special Resuscitation Equipment		
• Specialists Clinics		
○ Diabetic		
○ Hypertensive		
○ Sickle Cell		
• Infectious Fevers		
• ENT		
• Ophthalmology		
• CPR Training		
• Trauma		
• Others		

**PROFILE OF SUPPORT SERVICES (i.e. X-ray, Physiotherapy, Laboratory, Pharmacy, Records, Library depts.)**

ITEM	CURRENT SITUATION	REMARKS
<b>X-RAY</b>		
<ul style="list-style-type: none"> <li>Radiographers at post</li> </ul>		
<ul style="list-style-type: none"> <li>X-ray Technicians</li> </ul>		
<ul style="list-style-type: none"> <li>No. of functional X-ray Machines present</li> </ul>		
<ul style="list-style-type: none"> <li>Availability of Films</li> </ul>		
<ul style="list-style-type: none"> <li>Availability of Chemicals</li> </ul>		
<ul style="list-style-type: none"> <li>Ultra-Sound</li> </ul>		
<b>PHYSIOTHERAPY</b>		
<ul style="list-style-type: none"> <li>Equipment available</li> </ul>		
<ul style="list-style-type: none"> <li>Degree of utilization</li> </ul>		
<b>ACCOMMODATION</b>		
<ul style="list-style-type: none"> <li>Rest Room in the hospital</li> </ul>		

ITEM	CURRENT SITUATION	REMARKS
<b>LABORATORY</b>		
<ul style="list-style-type: none"> <li>• Technicians</li> </ul>		
<ul style="list-style-type: none"> <li>• Laboratory Capability: Heamatology, Bacteriology, Histopathology, etc.</li> </ul>		
<ul style="list-style-type: none"> <li>• Space</li> </ul>		
<b>BLOOD BANK</b>		
<ul style="list-style-type: none"> <li>• Storage Facilities</li> </ul>		
<ul style="list-style-type: none"> <li>• Capacity</li> </ul>		
<ul style="list-style-type: none"> <li>• Coverage</li> </ul>		
<b>PHARMACY DEPT.</b>		
<ul style="list-style-type: none"> <li>• Pharmacists</li> </ul>		
<ul style="list-style-type: none"> <li>• Dispensing Assistants/Technicians</li> </ul>		

ITEM	CURRENT SITUATION	REMARKS
<b>LIBRARY</b>		
• Textbooks – (reasonable editions)		
• Journals – (Current)		
<b>TRANSPORT &amp; COMMUNICATIONS</b>		
• Ambulances and Telephones		
• Paging Systems		
<b>RANGE OF LEARNING ACTIVITIES</b>		
• Clinical Meetings		
• Clinico Pathological Conferences		

**ADDITIONAL INFORMATION:**

**NAME OF INSTITUTION:**.....

**POSTAL ADDRESS:** .....

**REGION:**..... **CONTACT NO(S):**.....

**CONTACT PERSON:**..... **CONTACT NO(S):**.....

**EMAIL ADDRESS OF INSTITUTION AND OR CONTACT PERSON:**.....

.....

**END**