



**The Arab League
Council of Arab Health Ministers
The Arab Board for Health Specializations**

**The Scientific Council of
Family Medicine**

**Application
for the purpose of accreditation
of a training program & centers in Family Medicine
2018**

New Application

Renewal Application

Name of Program :

Name of Center(s):

:

:

Contact Person :

Country :

City :

Address :

Mobile Phone :

Fax :

E-mail :

Name Surveyors: (1)

(2)

(3)

Date of Survey :

Primary Health Care

- 1) Is there a written national primary health care strategy
 Yes Yes, unavailable No.
- 2) Is the community involved in the primary health care services provided by the health centers of this program?
 Yes with community committee Yes, without community committee No.
- 3) Is there a referral system?
 Yes, with feedback reports kept in records Yes, without feedback No.
- 4) Is there collaboration between primary healthcare and other sectors?
 Yes No.
- 5) Are the following primary health care team members involved in providing services within your health care service? Tick the box if a job description is available and enter number of persons in this role in each health center

	Job description available	Number in each center
1. Physicians		
1.1 full time family physician consultant	<input type="checkbox"/>	_____
1.2 part time family physician consultant	<input type="checkbox"/>	_____
1.3 General Practitioners (GPs)	<input type="checkbox"/>	_____
2. Nurses		
2.1 Midwives	<input type="checkbox"/>	_____
2.2 registered nurse	<input type="checkbox"/>	_____
2.3 assistant nurse	<input type="checkbox"/>	_____
2.4 health visitors	<input type="checkbox"/>	_____
2.5 others	<input type="checkbox"/>	_____
Specify	<input type="checkbox"/>	_____
3. medical technicians		
3.1 health inspectors	<input type="checkbox"/>	_____
3.2 pharmacists	<input type="checkbox"/>	_____
3.3 dentists and dental hygiene	<input type="checkbox"/>	_____
3.4 nutritionist	<input type="checkbox"/>	_____
3.5 social workers	<input type="checkbox"/>	_____
3.6 statisticians	<input type="checkbox"/>	_____
4. administrators		
4.1 secretary	<input type="checkbox"/>	_____
4.2 clerks	<input type="checkbox"/>	_____
4.3 workers	<input type="checkbox"/>	_____

6) Check services offered by the primary training health care center:

- | | |
|--|--------------------------------|
| ▪ Diagnosis and management of health problems | ▪ Environmental sanitation |
| ▪ Continuous comprehensive health care | ▪ Occupational Health |
| ▪ Availability of referral system and coordination | ▪ Provision of Essential Drugs |
| ▪ Health and patient education | ▪ Basic Lab services |
| ▪ Maternal & child health care. | ▪ Basic Radiology services |
| ▪ Family Planning & Reproduction Health. | ▪ Specialty clinics |
| ▪ Immunization | |

Training program

General Information	
Program Name	
City	
Country	
Total Number of Residents	
Affiliated Hospitals	

Distribution of training program

	<u>Yes</u>	<u>No</u>	<u>Duration</u>	<u>Months</u>	<u>Hours</u>
1. Introduction to family & community medicine.	<input type="checkbox"/>	<input type="checkbox"/>	2	250
2. Internal medicine.	<input type="checkbox"/>	<input type="checkbox"/>	4	500
3. Paediatrics.	<input type="checkbox"/>	<input type="checkbox"/>	2	250
4. OB/GYN.	<input type="checkbox"/>	<input type="checkbox"/>	2	250
5. Surgery and specialized surgeries	<input type="checkbox"/>	<input type="checkbox"/>	2	250
6. Ophthalmology.	<input type="checkbox"/>	<input type="checkbox"/>	1	120
7. ENT.	<input type="checkbox"/>	<input type="checkbox"/>	1	120
8. Dermatology.	<input type="checkbox"/>	<input type="checkbox"/>	1	120
9. Psychiatry.	<input type="checkbox"/>	<input type="checkbox"/>	2	250
10. Emergency medicine.	<input type="checkbox"/>	<input type="checkbox"/>	2	250
11. X-ray & labs.	<input type="checkbox"/>	<input type="checkbox"/>	1	120
12. Research Methodology & Projects	<input type="checkbox"/>	<input type="checkbox"/>	2	250
13. Primary health care in the training center.	<input type="checkbox"/>	<input type="checkbox"/>	12	1500
14. Electives.	<input type="checkbox"/>	<input type="checkbox"/>	10	
15. Vacations.	<input type="checkbox"/>	<input type="checkbox"/>	4	
Total				48 (months)	

Comments related to training modules

First year of training

1. Is the first month of training dedicated to the basics of family & community medicine?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Is there a module for the basics of community medicine	No <input type="checkbox"/> Yes <input type="checkbox"/>

The Last training year

Does the trainee spend a minimum of nine months in the training center?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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General rules

1. Does the trainee spend over one session a week in the primary health care center	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Is there a weekly medical conference that deals with medical common problems?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Are there weekly community medicine session?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Are there weekly journal club & care discussion session?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Do residents participate in projects to improve quality and service to FMC patients?	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Do residents participate in Research?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please attach the following documents

- a) Rotation goals and objectives: showing name of rotation, duration and goals and objectives
- b) Sample of each of the evaluation tools used (Program, faculty & residents etc.)
- c) Program director and all faculty CVs
- d) List of required conferences, seminars, workshops and/or other planned group activities.

Training Centers Details

Clinics data & workload

1. Report numbers for the most **recent one-year** period for all training centers under this program (applied only for current training programs)

Center name	# of trainee residents assigned				Average # of hours in center /week				# of weeks/year trainee residents see pts in the center				Average # of pt visits/year seen in center				Total # of pt visits by all providers
	FM YR1	FM YR2	FM YR3	FM YR4	FM YR1	FM YR2	FM YR3	FM YR4	FM YR1	FM YR2	FM YR3	FM YR4	FM YR1	FM YR2	FM YR3	FM YR4	

List all the training Primary Health Centers (PHC) with the main center first:

Name of Center	Name of PHC Director	# of consultation rooms	# of FM Faculty	# Non FM physicians	# Nursing personnel	# Clerical personnel	# Technical personnel	# Other personnel

2. For each Family Medicine Center, record your patient visit data by gender for the previous academic year. (Duplicate the following table as necessary for each center)

Center Name: _____

Family Medicine Clinic:			
Age of Patient	# Females	# Males	# Total
Under 2			
2-12			
13-19			
20-39			
40-59			
≥60			

3. Describe each Family Medicine Training Center (Duplicate the following table as necessary for each center)

1- Was the building built for the purpose of providing Family Medicine Services	<input type="checkbox"/> No (modified for the purpose)	<input type="checkbox"/> Yes
2- Accessibility to health center (location according to the catchment area)	(difficult) <input type="checkbox"/>	(easy) <input type="checkbox"/>
3- Transportation (nearby)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4- The population of the catchment area	
5- Number of registered families/persons	
6- Availability of places		
1- No. of consultation rooms (FHC)=	
2- Medical Records	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3- Administration/Information	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4- Maternal Health care	No <input type="checkbox"/>	Yes <input type="checkbox"/>
5- Family Planning	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6- Child Health care	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7- Immunization	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8- Minor Surgery	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9- Laboratory	No <input type="checkbox"/>	Yes <input type="checkbox"/>
10- X-ray	No <input type="checkbox"/>	Yes <input type="checkbox"/>
11- Pharmacy	No <input type="checkbox"/>	Yes <input type="checkbox"/>
12- Emergency	No <input type="checkbox"/>	Yes <input type="checkbox"/>
13- Environmental health	No <input type="checkbox"/>	Yes <input type="checkbox"/>
14- Library	No <input type="checkbox"/>	Yes <input type="checkbox"/>
15- Multipurpose Conference room	No <input type="checkbox"/>	Yes <input type="checkbox"/>
16- Number of specialized clinics	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7- Communication facilities		
1- Telephone	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2- Internet	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8- Health centers equipment satisfactory	No <input type="checkbox"/>	Yes <input type="checkbox"/>