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PROVISIONAL STRUCTURED REPORT OF MEDICAL / DENTAL PRACTITIONERS

Doctor's name: Dr MPC Number

Dates of Clinical Attachment: Fro To

Primary Qualification

Speciality Qualification

Hospital(s):

Instructions for the MDPC / PCC Form 01

- . For JRMO's this structured report form is to be completed after 1month, 6months and 12 months of completed work
- . For local graduates assessment will be after six months of surgery and six months
- . For doctors who are on provisional register and are having specific assessments this form should be completed after six months 12 months of completed work. In general these doctors trained outside Zimbabwe and are now applying to work in Zimbabwe
- . Please ensure that all doctors being assessed have the opportunity to inspect a blank structured report. This should take place at the beginning of their work period so that they are aware of all the aspects that will be asses
- . On the basis of your observation of this doctor, please use the structured report to comment on his capabilities in relation to each the areas listed. Please also indicate the basis upon which you have reached your judgement
- . If you are unable to comment on the doctor's capabilities in any area, please write UA (unable to assess) in the end column

Areas Assessed	Assessment of Capabilities	Unable to assess
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1. GOOD CLINICAL CARE	We recognize that because this doctor was practicing under supervision they may not have been able to undertake fully the duties of a registered medical doctor or specialist	
1. Assessment of the patients condition (a) History taking (b) Physical examination (c) Recognition of clinical signs (d) Diagnostic ability		
2. Selection of investigations and interpretation of results (a) Radiology usage (a) Laboratory usage		
3. (a) Formulation of an appropriate management or care plan (b) Implementation of patient care plan		
4. Practical skills and technical ability		
5. Understanding of the role of doctors and other health care professionals in care		
6. Understanding and knowledge of the medical system (a) Within the hospital (b) Within the district or province (c) Referral on the other units		
7. Understanding the importance and methods of record keeping		
8. Professional knowledge (a) Basic sciences appropriate top of the area of clinical work (b) Theory of speciality areas (c) Pharmacology applied to speciality and local availability		

Areas Assessed	Assessment of Capabilities	Unable to assess
2. KNOWLEDGE AN		

UNDERSTANDING OF TREATMENT IN EMERGENCIES		
1. Medical treatment		
2. Disaster management		
3. Additional training in the management of emergencies e.g. ACLS, ATLS PALS, PTC et		

Areas Assessed	Assessment of Capabilities	Unable to assess
3. MAINTAINING GOOD MEDICAL PRACTICE		
1. Keeping knowledge and skills up-to-date		
2. PPD/CME attendance and participation		
3. Safe practice beyond retirement. Are standards of practice maintained ?		

4. PROFESSIONAL RELATIONSHIPS						UNABLE TO ASSESS
1(a) Professional relationships with patients	FAIL	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT	
(b) Communication with patient						
2. Relationships with other doctors						
3. Relationships with other health-care professionals especially nursing staff						

5. COMMUNICATION SKILLS						UNABLE TO ASSESS
1 Language skills	FAIL	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT	
(a) Spoken English to:- 1/ staff 2/ patients						
(b) Written English to 1/ hospital notes 2/ referral letters						

6. ATTITUDES						UNABLE TO ASSESS
1. Reliability and dependability	FAIL	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT	
2. Initiative						

3. Timekeeping and punctuality						
4. Willingness to learn and to be taught						

7. LEADERSHIP						UNABLE TO ASSESS
1. Would this doctor be able to lead a team or run a firm ? 2. Would this doctor be able to run a department or a hospital ?	FAIL	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT	

This final section is to be completed at the end of the assessment period

- Please circle the appropriate answer to the questions below
- Would you please provide any additional comments you may wish to make in the appropriate space. This is particularly important if you have any concerns about the doctor's capability for practice

1. JRMO. Having completed the 1st year of clinical training as a JRMO. Is this doctor suitable supervised employment in the hospital service at least at the level of a first year SRMO	YES	N/A	NO														
2. Is this doctor suitable for unsupervised medical practice in Zimbabwe (Independent clinical practice)	YES	N/A	NO														
3. At what level do you think this doctor should practise? Please specify :-	<table border="1"> <tr><td>Specialist</td><td></td></tr> <tr><td>Sen. Reg</td><td></td></tr> <tr><td>Registrar</td><td></td></tr> <tr><td>GMO</td><td></td></tr> <tr><td>HMO</td><td></td></tr> <tr><td>SHO</td><td></td></tr> <tr><td>JRMO</td><td></td></tr> </table>		Specialist		Sen. Reg		Registrar		GMO		HMO		SHO		JRMO		
Specialist																	
Sen. Reg																	
Registrar																	
GMO																	
HMO																	
SHO																	
JRMO																	
4. Would you give permission for the PCC / MDPC to disclose this report to the doctor	YES		NO														
5. Have you discussed this report with the doctor ?	YES		NO														
6. For non-English speaking doctors: Would they benefit from attending a language school (English as a second language for medicine)	YES		NO														
Additional comments:																	
I consider this doctor to be suitable / not suitable for that level.....																	

- Interns :- JRMO / SRMO:-**
- I have seen and agree on this assessment.....

▪ **Medical Practitioners:-**

▪ I have seen and agree on this assessment

▪ **Specialists:-**

▪ I have seen and agree on this assessment

Print name of supervising consultant

Signature of consultant Date

It would be helpful if you would give a contact address and telephone number in case we need to discuss this report with you

Contact Address

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Telephone No: Work (Rms)

Cell : Fax No :

Home : E-mail :

Print name of Medical Superintendent/ Clinical Director

Signature of Clinical Director/ Med. Sup..... Date.....

It would be helpful if you would give a contact address and telephone number in case we need to discuss this report with you

Contact Address.....

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