FORM 1-A PHILIPPINE BOARD OF OBSTETRICS & GYNECOLOGY (2022) PROVISIONAL ACCREDITATION FOR RESIDENCY TRAINING PROGRAMS

IN OBSTETRICS AND GYNECOLOGY (PARTP)

Hospital Date Submitted: REQUIRED DOCUMENTS FOR PAP 0 APPLICATION*			
HISTORICAL DATA with MISSION – VISION - GOALS/ OBJECTIVES	History of hospital and department; Mission Vision aligned with Reproductive Health	romano	
DOH CERTIFICATION	Copy of updated DOH certificate at least level II		
POGS CHAS CERTIFICATION	Copy of updated POGS CHAS certificate (active during application)	CHAS Level IIA without a previously PBOG-accredited Residency Training Program or CHAS Level IIB but with at least 600 deliveries per annum (at least 50 deliveries per month with 200 abnormal cases per annum) and at least 80 gynecologic operations per annum with or without an existing Residency Training Program.	
STAFF AND CERTIFICATIONS/ DUTY SCHEDULE			
ORGANIZATIONAL CHART	Organizational set-up of the hospital including Department of Obstetrics and Gynecology		
STAFF: Chair, Training Officer, Active Staff/ Training Core and Visiting Consultants	Names and job description		
SUBSPECIALTY SECTIONS and SUBSPECIALTY CONSULTANTS	Section and Names of Subspecialty Consultants certified by subspecialty society (Required are Perinatology and Ultrasound and Minimally Invasive Gynecologic Surgery). May include other subspecialties		
CME/CPD	Certificates of consultants		
GCP CONSULTANTS' DUTY	Certificates of consultants (at least Chair/T.O. and Research Coordinator) OPD and 24-hours duty		
SCHEDULE			
RESIDENCY TRAINING PROGRAM			
RESIDENCY Recruitment/ Selection/ Promotion/ Retention/ Graduation Criteria	Separate specific and detailed criteria for each including the grading system		
PLANNED TEACHING CONFERENCES	Schedule and Attendances (at least 3 per week)		

	MONTHLY Calendar of Activities in ONE		
	PAGE		
RTP CURRICULUM/ INSTRUCTIONAL DESIGN (GENERAL and SUBSPECIALTY)	Available Curriculum/Instructional Design aligned with CREED 2022 MUST BE OUTCOME-BASED, LEVEL- SPECIFIC		
PATHOLOGY ROTATION	Certification of rotation or MOA with department of Pathology (In-house or outside rotation). Names of certified Pathologists involved in the training		
RESEARCH Training Program	Research Training Activities initiated and/or attended		
DEPARTMENT PATIENTS' CENSUS	In-patient and Out-patient (Admissions/ Deliveries and OBGYN Procedures)		
COMMUNITY SERVICE ACTIVITIES	Photos with Descriptions, Objectives and Outcomes		
INFRASTRUCTURE			
SERVICE BEDS (OB/GYNECOLOGY)	Description of structure and number of beds		
INFRASTRUCTURE/ FACILITY with PHOTOS	Description of the following units: Admitting, OPD, ER, OPD, LR. DR. OR, Subspecialty section include necessary instruments and equipment that are available.		
LIBRARY	Textbooks, CPGs, Journals, E-Books, Internet access		
HOSPITAL POLICIES			
ADMINISTRATION	Letter of support of the training program		
BREASTFEEDING HOSPITAL POLICY	Breastfeeding hospital policy with or without Mother Baby-Friendly Initiative Certificate		
DATA PRIVACY ACT	Policy Manual of Data Privacy Act		
POLICY PATIENT SAFETY AND RISK MANAGEMENT	Policy Manual of Patient Safety and Risk Management		
OFFICIAL RECEIPT OF APPLICATION FEE	Photocopy of the original receipt		

^{*}Please submit the PARTP Application Form IA-1 together with the requirements in the checklist and the Application Fee on or before March 31, 2023

Format reminders:

- Please use Arial Font 12 for the documents and print on standard legal size bond paper.
- Provide a table of contents following the arrangement found in Form IA and arrange the documents and index them accordingly.
- Provide secure bonding of the documents dividing them into 2 to 3 "books" as necessary to ensure comfortable reading and proper evaluation.