Pakistan Medical & Dental Council

Accreditation Standards / Inspection Proforma

for

Medical College

(150 MBBS Students)

2024

LIST OF ABBREVIATIONS

BLS	Basic Life Support
BPS	Basic Pay Scale
BDS	Bachelor of Dental Surgery
CAD	Computer Aided Design
CME	Continuing Medical Education
CMS	Campus Management System
CPC	Clinico-Pathological Conference
CPD	Continuous Professional Development
DME	Department of Medical Education
EMR	Electronic Medical Records
ENT	Ear Nose and Throat
ERB	Ethical Review Board
FDP	Faculty Development Program
HEC	Higher Education Commission
HIMS	Health Information Management System
HOD	Head of Department
IPD	In-Patient Department
IT	Information Technology
IRB	Institutional Review Board
IRC	Institutional research Committee
MSDS	Maternal Safety Data Sheet
MBBS	Bachelor of Medicine and Bachelor of Surgery
Mini-CEX	Mini-Clinical Evaluation Exercise
MHPE	Masters in Health Professions Education
MOU	Memorandum of Understanding
NHV	National Health Vision
NA	Not Applicable
OPD	Out-Patient Department
OR	Operation Room
OSCE	Objective Structured Clinical Exam
OSPE	Objective Structured Practical Exam
PPE	Personnel Protection Equipment
PM&DC	Pakistan Medical & Dental Council
PNRA	Pakistan Nuclear Regulatory Authority
RCT	Randomized Clinical Trial
SDGs	Sustainable Development Goals
SECP	Securities and Exchange Commission of Pakistan
SOP	Standard Operating Procedure
TOR	Terms of Reference

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LIST OF STANDARDS

The essential Standards must be met and fulfillment demonstrated by the training institution for accreditation. Essential Standards are expressed by a" must".

Quality standards for improvement / development, are expressed by a "should" and suggest a level above and beyond that of an essential standard.

Annotations are used to clarify standards. No new terminologies are used in the annotations.

Standard 1: Mission Statement

Standard 2: Outcomes

Standard 3: Institutional Autonomy and Academic Freedom

Standard 4: Programme Organization

Standard 5: Educational Content

Standard 6: Programme Management

Standard 7: Assessment

Standard 8: Students

Standard 9: Trainers

Standard 10: Programme Evaluation and Continuous Renewal

Standard 11: Governance, Services and Resources

STANDARD 1: MISSION STATEMENT

Essential Standards

The College must have a written institutional mission statement, which:

1.1   Is aligned with the overall vision of the institution or with which it is affiliated or of which it is a constituent institution.

1.2   Demonstrates a clear institutional commitment to social accountability, achievement of competencies and addresses the healthcare needs of Pakistan.

1.3   Is developed with stakeholders participation (for example trainers, staff, students, university, health ministry officials).

1.4   Is known to all stakeholders.

STANDARD 2: OUTCOMES

The institution must develop training outcomes that:

2.1   Are in congruence with the mission of the institution which distinguishes it from other institutions.

2.2   Are contextually appropriate for health care delivery in Pakistan.

2.3   Demonstrates the institutions commitment to meet the requirements of undergraduate medical education. Incorporate the knowledge, skills & potential behavior that the students will demonstrate upon graduation.

STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

The training institution must have institutional autonomy to:

   3.1   Formulate and implement policies to ensure smooth execution of its educational outcomes.

   3.2   Develop appropriate and effective management and oversight systems to ensure that the policies are implemented.

   3.3   Identify individual programmes and departments suitable for undergraduate training and present them for inspection and recognition from concerned authority.

   3.4   Allocate and appropriately use resources for implementation of the training.

STANDARD 4: PROGRAMME ORGANISATION

Essential Standards

The training institution must:

4.1 Clearly document the sequence and content of training along with the rationale for the sequence being recommended.

4.2 Encourage students to link concepts in a clinical context.

4.3 Ensure systematic and organized learning.

4.4 Implement training programmes in all departments that incorporate hands-on, active learning as the principal educational strategy.

4.5 Ensure that its clinical service needs do not compromise the learning / training requirements and objectives of students.

4.6 Use practice-based training involving the personal participation of the student in the services and responsibilities of patient care.

4.7 Deliver the curriculum in accordance with principles of equality.

4.8 Inform students about the teaching methodology and the rights and obligations of students.

4.9 Include the commitment to ethical considerations in the teaching.

4.10 Use a student-centered approach that stimulates, prepares and supports students to take responsibility for their own learning process and to reflect on their own practice.

4.11 The training institution shall incorporate innovative educational / training strategies such as self-directed learning, independent learning, inter-professional learning, use of e-technology and simulations.

4.12 The training institution shall recognize gender, cultural and religious specifications and prepare the student to interact appropriately.

STANDARD 5: EDUCATIONAL CONTENT

Essential Standards

The training institution must:

5.1   Ensure a minimum annual case-load in different teaching departments as defined.

5.2   Have a documents of the training, which includes the learning objectives of each rotation and the desired skills to be achieved. This must be disseminated to all the stakeholders.

5.3   Ensure that the content and its delivery are aligned with the competencies and outcomes prescribed by PM&DC.

5.4   Ensure that the content that is taught and assessed are congruent with the level of the undergraduate students.

5.5   Use logbooks (preferably electronic) which clearly specify the objectives and skills to be achieved during the clinical rotations.

5.6   Include the following:

      a)   Communication skills

      b)   Patient safety & Infection Control

      c)   Professionalism, medical and Islamic ethics

      d)   Evidence-based medicine

      e)   Ethics of patient care

5.7   Have an orientation program for undergraduate students.

5.8   Implement the curriculum of program prescribed by the university / institution.

5.9   Ensure the curriculum is conveyed to and understood by all stakeholders

STANDARD 6: PROGRAMME MANAGEMENT

The training institution must:

6.1 Ensure that adequate supervision and feedback is provided to the students throughout the period of training.

6.2 Have a training oversight committee that governs, approves and oversees undergraduate training programs. This committee must ensure the quality of the program and approve it. The oversight committee should have appropriate student representation.

6.3 Have all the requisite aids and audio-visual facilities.

6.4 Physical facilities to support a learning environment for the students (see Appendix II).

6.5 Have a grievance policy and a committee to manage grievances.

6.6 Issue a certificate of completion of training as per the policy/ regulations of the qualification awarding institution.

6.7 Provide a system for provision of financial support and benefits for needy students to ensure that they are able to fulfill the responsibilities of their undergraduate program.

6.8 Provide an educational and work environment in which students may raise and resolve issues without fear of intimidation or retaliation.

STANDARD 7: ASSESSMENT

Assessment is an essential and integral part of educational process. Its outcome bears importance for both trainees as well as the trainers. For the trainees, its importance lies in the fact that it determines the certification of attainment of competencies. For the trainers, assessment provides the grounds for substantiation of their observation regarding the progress of the trainee. For the institution, it provides the essential and sound grounds for program evaluation.

Essential Standards

The training institution must:

7.1   Develop appropriate and contextual policies for in training assessment of students

7.2   Ensure that formative assessments cover all domains including knowledge, skills and attitudes.

7.3   Use a wide range of assessment methods.

7.4   Define a clear process of assessment.

7.5   Ensure that the assessment practices are compatible with educational outcomes andinstructional methods.

7.6   Use a system for appeal of results.

STANDARD 8: STUDENTS

The training institution must engage their students in the management, delivery and evaluation of their services. They should be consulted, given certain rights and responsibilities in all academic matters that concern them.

Essential Standards

The training institution must:

8.1 Follow the admission / induction policy in congruence with the national regulations / guidelines or in the absence thereof the applicable institutional regulations of the qualification awarding institution.

8.2 Clearly communicate the responsibilities and expectations to the students before the start of the training.

8.3 Possess a mechanism for future career counseling of the students.

8.4 Ensure that students have access to counseling to address their psychological, academic and / or career needs.

8.5 Ensure confidentiality of students academic and medical records.

8.6 Ensure students representation and appropriate participation in educational committees and any committee where they can provide meaningful input.

8.7 Have access to records and appeal's process in case of discrepancies.

8.8 Have clear policies on funding, technical support and facilities for co-curricular Opportunities for the students.

8.9 Have a policy and practice to systematically seek, analyze and respond to student's feedback about the processes and products of the undergraduate teaching programs.

8.10 Ensure a fair and formal process for taking any action that affects the status of a student.

8.11 Have policies and code of conduct that is known to all students.

8.12 Have documented policy on forbidding students from taking part in any political activity.

8.13 Have infrastructure to facilitate differently abled students.

8.14 Ensure that all students have access to all the teaching bed patients.

8.15 Have adequate mechanisms in place to ensure the well-being of students and faculty

8.16 Ensure measures to identify and prevent burnout in students.

8.17 Have a documented policy on providing healthcare coverage to the students.

STANDARD 9: FACULTY

Essential Standards

The training institution must:

9.1 Ensure that the trainers have valid permanent PM&DC license / registrations.

9.2 Have robust trainer's recruitment, selection, promotion and retention policies.

9.3 Have sufficient qualified and trained trainers based on needs of the programme.

9.4 Ensures that the trainers fulfill their various roles as defined by the institution and the training program.

9.5 Have a CME / CPD program for faculty with clear goals aligned with teaching and training requirements.

9.6 Have a policy for maternity leave and must ensure its implementation as per government policy.

9.7 The training institution shall ensure that the institution is led by PM&DC accredited Professor with at least 5 years post- professor experience accredited by PM&DC. Moreover, the Principal should have at least three-year administrative experience (as HoD / Dean / Associate Dean / PG program Director), significant number of research publications and at least six-month certification in Health Professions Education/ Medical Education. The age limit for Principal at time of appointment should be maximum 65 years.

STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

The PM&DC encourages institutions to ensure quality assurance through programme evaluation.

Essential Standards

The teaching institution must:

10.1   Ensure processes and schedules for review and update of all training activities through an established mechanism of program evaluation.

10.2   Regularly review results of evaluation and students' assessments to ensure that the gaps are adequately addressed in the training in consultation with the relevant committee.

10.3   Allocate resources to address deficiencies and continuous renewal of program.

10.4   Ensure the standards are in compliance with PM&DC accreditation standards.

10.5   Ensure that the students, trainers and administration are involved in programme evaluation.

10.6   Have mechanism for monitoring of training and of progressive improvements.

10.7   Ensure that amendments based on results of program evaluation findings are implemented and documented.

STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES

Essential Standards

The training institution must:

11.1 Demonstrate annual bed occupancy of at least 70%, verifiable through an HIMS, or by alterative means if HIMS is not installed subject to installation of a HIMS system within 12 months.

11.2 Have essential services as given in Appendix I of this document.

11.3 be approved and registered with by the respective government authority (e.g. Healthcare Commission or any other regulatory body).

11.4 Have a hierarchical system of governance of training programme.

11.5 Have mechanisms for dissemination of all policies and procedures related to governance, services and resources.

11.6 Have a Human Resource Department and an anti-harassment policy in line with the national guidelines.

11.7 Have adequate and safe buildings and structures.

11.8 Have satisfactory and functional IT and library facilities.

11.9 Have appropriate budgetary allocations for trainers' professional development programmes.

11.10 Have mechanisms for addressing disciplinary issues of trainer, staff and trainees.

11.11 Adhere to its commitment to social accountability.

11.12 Ensure that patients admitted on the designated teaching beds have a documented consent to allow access to the trainees.

11.13 Have a documented policy ensuring that clinical work or procedures and cost of any material used during training and studentship is not charged to the undergraduate students.

PAKISTAN MEDICAL & DENTAL COUNCIL

The College applying for initial recognition will submit a Self-Appraisal Report along with evidences based on Inspection Proforma for 150 MBBS seats. The PM&DC will scrutinize the report and if the mandatory standards are met, then the inspection shall be carried out. After two years of recognition and once the students are in third year, a recognized institution may apply to the Council for increase in annual admissions.

The university with which the medical college is a constituent of or affiliated with will conduct an evaluation on the same tool as prescribed in these standards and prepare appropriate information during the 12 months period required for the PM&DC inspection. The 12 months evaluation report by the affiliating university shall be a pre-requisite.

Under the PM&DC Act, 2022, the PM&DC Council is empowered to prescribe minimum standards of courses for training, laying down criteria including conditions and requirements for recognition and continuation of recognition and on all connected matters of inspections of medical and dental institutions. These minimum standards are to be fulfilled by an institution at the time of recognition and to be always maintained for continuation of recognition. An institution failing to meet the prescribed minimum standards will be subject to necessary action as per law.

Marking Scheme:

The standards will be categorized as follows:

a. Mandatory Standards

b. Graded Standards

    a. Essential Standard – 02 Marks

    b. Quality Standard – 03 Marks

c. **Qualifying Criteria** will be as under:

Passing Score = 90% and above

Scores between 80% - 89.99%: The College may be allowed to apply for re-inspection on request (along-with compliance report of previous visit) but the time period between initial inspection and re-inspection should not be less than six months

Scores between 70% - 79.99%: The College may be allowed to apply for re-inspection after one year along-with compliance report of one year.

The College shall have to acquire 90% in each component / session to be considered qualified for recognition.

All mandatory requirements such as legal and financial to be fulfilled by the College before inspection.

Legal & Financial Requirements (Pre-requisites):

1. College been established in a building owned or acquired on lease for at least 33 years by the legal entity (Ownership document)

2. College ownership and control of at least 50% of the total hospital beds (Ownership document, where applicable)

3. College have academic control over 650 beds and the entire faculty. The total no of beds shall include the beds available in attached RHCs/BHUs/Outreach centres.

4. Total student to bed ratio as per PM&DC guidelines? (650 beds per 150 students)

5. College have a contract with teaching hospital(s) for rest of the beds that the hospital does not own, valid for at least 10 years (If applicable, please provide evidence of control)

6. Public Medical College approved by the respective Government Authority (If applicable)

7. Company which owns the Private Medical College registered with the SECP

8. All the teaching hospitals within 35km of the medical college premises and are within 60min of travel under normal traffic conditions

9. Public college governance structure compliant with Government Regulations (if applicable)

10. Private college governance structure compliant with SECP Regulations (if applicable)

11. Legal requirements related to the medical institution fulfilled at the primary survey and still valid

12. Medical college to have a minimum Paid-up capital equivalent of no. of students x one month fee of each student

13. College investment of 1% or equivalent in endowment fund to be maintained from total fee collected in the prevailing year, evidence of utilization of endowment fund to be submitted to PM&DC annually.

14. College to have its Financial statements maintained on annual basis for yearly audit. The audited report shall be annual, but the college shall submit financial statements 06 monthly to the PM&DC

15. For private college, a bank guarantee of PKR 30 Million for at least 05 years, to be renewed before its expiry.

16. For private college, a bank guarantee of PKR 20 Million for at least 05 years, to be renewed before its expiry for the hospital

17. College have a standardized budget development process

18. Budget development process collaborative and takes into account the requirements of curriculum delivery by the faculty

19. Budget to have resources allocated for implementation of curriculum / training

20. Budget to have resources allocated to address deficiencies and continuous renewal of training programs

21. Budget to have resources allocated for co-curricular activities, minimum of PKR 2500 per student per year *(check evidence of expenditure)*

22. Budget to have resources allocated for FDP for CME / CPD, minimum or equivalent of PKR 50,000 per department per year

23. Budget to have resources for financial support of students, with minimum 5% deserving students with good academic record as determined by scholarship awarding committee getting 25% discounts

24. Budget correlate with the audited accounts of the previous year – taking into account the number of students

25. Minimum salary of faculty and staff of the private College at the same level as their counterparts in public College (Minimum pay scale should be at par with the government BPS scales for faculty and staff)

Note: Legal and Financial requirements shall be a pre-requisite and are to be mandatorily fulfilled prior to inspection of any college. Each college shall submit duly attested copies of all required documents, along with an undertaking from the Vice Chancellor / Principal / Dean certifying the authenticity of the submitted copies. The PM&DC shall conduct a thorough assessment of the legal and financial requirements. Additionally, a pre-filled form prepared by the PM&DC will be provided to the inspection team to facilitate the process. No marking / scoring of these will be done by the inspection team.

1. MEDICAL COLLEGE CONVENER SOPs

INSPECTOR: SENIOR INSPECTION TEAM MEMBER (PROFESSOR)

1.1   PURPOSE

The purpose of this document is to define the roles and responsibilities of Inspection Convener of PM&DC.

1.2   NEEDED RESOURCES

1. Meeting Room
2. Computers / laptops with access to institution records.
3. Printer
4. Internet facility (Wi-Fi connectivity)
5. Adequate stationary

1.3   ROLE AND RESPONSIBILITIES OF THE CONVENER

Each inspection shall be collaborated through an onsite Convener. His / her roles and responsibilities include;

1. To know the complete inspection process and understand his / her own responsibilities.
2. To lead the team on the inspection day and arrange meeting at the institution before the inspection starts to set the ground rules and plan activities for the day in a closed session with the team.
3. Convener will have a clearly defined communication method to communicate with the team members. The convener will exchange the mobile numbers with the whole team to ensure timely communication as needed by the convener.
4. Will ensure that each member of the inspection team clearly understands his/her role.
5. Will ensure that all the sessions are carried out in the most professional and ethical framework.
6. During the initial session, he / she shall print (or use IT for marking on various inspection areas) all the forms for the inspection, sign and date each page and handover these signed forms to their respective inspectors.
7. Will lead the opening meeting with the Dean / Principal and hospital management (if applicable).
8. The Convener will use this time to introduce the inspection team, request the presence of institutional staff to accompany the inspectors during the inspection and will formally start the inspection.
9. The Convener and his team will fill a disclosure affidavit before initiating the inspection.

10. The Convener will request during the opening for availability of the meeting room with requirements mentioned earlier in the document till the end of inspection.

11. The final meeting will be attended only by the inspection team and no institutional representation.

12. Ensure that the inspectors completely fill out their forms during the inspection.

13. At the end of the day, all inspectors will gather for the closed session in the room requested for the session.

14. After uploading the forms, the inspectors shall sign and date each page of their respective forms and hand over these forms to the convener.

15. The convener will place all these forms in an envelope and shall seal and sign them.

16. Sealed and signed envelope shall be sent to the PM&DC head office Islamabad on the same day via courier service and receipt shall be submitted to PM&DC on return from the inspection.

17. Convener will ensure time management during introductory meetings and will guide the team members to appropriate solutions when there are technical delays.

18. Convener can call for emergency meeting when an unwanted situation arises and has the authority to request suspension of the inspection if there is any safety concern raised by the inspection team.

19. If the Convener decides suspension of the ongoing inspection, he / she shall call the relevant authority at PM&DC and shall inform them of the situation.

20. At the end of the initial session, the Convener shall start his / her scheduled rounds.

21. The Convener after the inspection will fill an evaluation form for entire team.

2. MANAGEMENT SESSION

INSPECTOR: COLLEGE MANAGEMENT EXPERT

2.1 PURPOSE

Session to be conducted by the Convener with discussion on management and resources of the college including organizational relationships of college with university and teaching hospital(s); organization of staff; interaction of Dean with the College's governance organization, councils, committees and academic departments; financial status and projections; research programs and funding; and the status of facilities for education, research, and patient care. The adequacy of finances for the achievement of the school's mission is discussed; recent financial trends and projections for various revenue sources are also reviewed with the leadership of the college.

2.2 LOCATION

Principal / Dean's Office or Committee Room

2.3 COLLEGE PARTICIPANTS

- Dean / Principal of the College
- Finance Manager or equivalent of the College
- Representation from the University with which the College is affiliated or is a constituent College
- Leadership of the teaching hospital

2.4 SURVEYOR

College Management Expert

2.5 STANDARDS / ISSUES ADDRESSED

- Standard 3: Institutional Autonomy and Academic Freedom
- Standard 8: Student
- Standard 9: Faculty

2.6 DOCUMENTS / MATERIALS NEEDED

- Medical College ownership / control or minimum 33 years lease document
- Ownership / control evidence of Hospital beds
- SECP registration (if applicable)
- Financial statement(s) reflecting Paid-up capital
- Budget document(s)
- Annual audited financial reports

- Organogram of the College and relationship with the University
- TORs of curriculum committee
- College FDP
- Evidence of utilization of FDP funds

2.7 HOW TO EVALUATE

To evaluate the compliance to relevant standards, review the documents provided by the college.

Based on the review, conduct a leadership interview session with the following list of questions:

SR. NO.	2.8 EVALUATION QUESTIONS PRE – REQUISITES (MANDATORY)	Compliance		
		Yes	No	Not Applicable
1.	Has the College been established in a building owned or acquired on lease for at least 33 years by the legal entity? *(Ownership document)*			
2.	Has the College ownership and control of at least 50% of the total hospital beds? *(Ownership document, where applicable)*			
3.	Does the College have academic control over 650 beds and the entire faculty? (Total no of beds shall include the beds available in attached RHCs/BHUs/Outreach centres)			
4.	Is the total student to bed ratio as per PM&DC guidelines?*(650 beds per 150 students)*			
5.	Does the College have a contract with teaching hospital(s) for rest of the beds that the hospital does not own, valid for at least 10 years? *(If applicable, please provide evidence of control)*			
6.	Is the Public Medical College approved by the respective Government Authority? *(If applicable)*			
7.	Is the Company which owns the Private Medical College registered with the SECP?			
8.	Does the medical college have a minimum Paid-up capital equivalent of no. of students x one month fee of each student?			
9.	Does the College invest 1% or equivalent in endowment fund to be maintained from total fee collected in the prevailing year, evidence of utilization			

	of endowment fund to be submitted to PM&DC annually. (for private colleges)			
10.	Does the College have its Financial statements maintained on annual basis for yearly audit. The audited report shall be annual, but the college shall submit financial statements 06 monthly to the PM&DC.			
11.	Are all the teaching hospitals within 35km of the medical college premises and *are within 60min of travel under normal traffic conditions?*			
12.	For private college, a bank guarantee of PKR 30 Million for at least 05 years, to be renewed before its expiry.			
13.	For private college, a bank guarantee of PKR 20 Million for at least 05 years, to be renewed before its expiry for the hospital?			
14.	Does the public college governance structure compliant with Government Regulations? (if applicable)			
15.	Does the private college governance structure compliant with SECP Regulations? (if applicable)			
16.	Does the College have a standardized budget development process?			
17.	Is the budget development process collaborative and takes into account the requirements of curriculum delivery by the faculty?			
18.	Does the budget have resources allocated for implementation of curriculum / training?			
19.	Does the budget have resources allocated to address deficiencies and continuous renewal of training programs?			
20.	Is the program evaluation in compliance with PM&DC accreditation standards?			
21.	Does the budget have resources allocated for co-curricular activities, minimum of PKR 2500 per student per year *(check evidence of expenditure)*			
22.	Does the budget have resources allocated for FDP for CME / CPD, minimum or equivalent of PKR 50,000 per department per year?			
23.	Does the budget have resources for financial support of students, with minimum 5% deserving students with good academic record as determined by scholarship awarding committee getting 25% discounts?			
24.	Does the budget correlate with the audited accounts of the previous year – taking into account the number of students?			

25.	Has the college established a nursing college? *(within 03 years of its recognition)*			
26.	Has the college established a minimum of 03 Outreach Centres or collaborate with nearest Rural Health Centres / Basic Health Units to encourage institutions to engage their students for effective community services.			
27.	Is there a policy ensuring clinical work or procedures and cost of any material used during training and studentship are not charged to the students?			
28.	Are HR policies developed and applicable to the College staff?			
29.	Is there a documented anti-harassment policy as per Government guidelines?			
30.	Is the admission policy developed?			
31.	Is the admission policy in line with national regulations?			
32.	Is there a mechanism to ensure that the vision of the University and the mission of the College remain aligned?			
33.	Is there a mechanism to ensure that the social accountability, achievement of competencies, and health needs of Pakistan are addressed in the mission statement of College?			
34.	Are professional development and commitment to lifelong learning reflected in the mission statement?			
35.	Are faculty members aware of the curricular outcomes of the College and able to retrieve them from appropriate document?			
36.	Is there a mechanism at the teaching hospital to ensure adequacy of clinical facilities for the program?			
37.	Are all graduates given an opportunity for paid house job in the affiliated hospital which commensurate with the house job pay at par with basic pay of BPS 17 of public sector? *(College will be responsible to give pay to students undertaking house job in some other institute if necessary training facilities are not present in own hospital)*			
38.	Is there a structured hierarchy defined for the institution? *(Organogram of the institution and its departments)*			

39.	Is there a structured process to disseminate policies developed by the institutional leadership related to governance, services, and resources?			
40.	Are the roles and authorities of the Dean / Principal clearly defined in his / her job description, that are in alignment with PM&DC regulations?			
41.	Are the roles and authorities of the Head of departments clearly defined in his / her job description, that are in alignment with PM&DC regulations?			
42.	Are the respective SOPs for curriculum / teaching Program) available as a document for each department?			
43.	Are the legal requirements related to the medical institution fulfilled at the primary survey and still valid?			
44.	Is there an established mechanism to address disciplinary issues?			
45.	Has the institution incorporated community visits, medical camps, etc.?			
46.	Is there a department of medical education at the institution?			
47.	Is there a process to allow faculty and staff to take paid maternity / paternity leave as per government rules?			
48.	Is there a process to ensure free outdoor and discounted indoor coverage of health needs of faculty and staff? *(Entitlement / Insurance / Health allowance, etc.)*			
49.	Are there adequate facilities and equipment for indoor and outdoor games?			
50.	Is the minimum salary of faculty and staff of the private College at the same level as their counterparts in public College? *(Minimum pay scale should be at par with the government BPS scales for faculty and staff)*			
51.	Is there a mechanism in place to ensure Job security of faculty and staff? *(Contract period must be minimum of 02 years)?*			
52.	Is there a College Coordination Committee headed by Principal and comprising of MS Hospital, Vice Principal / Associate Deans of Basic and Clinical Sciences and a representative from the affiliating University available for better academic and clinical training of students?			

3.   CURRICULAR ORGANIZATION & MANAGEMENT SESSION

INSPECTOR: HEALTH PROFESSIONS EDUCATION EXPERT

3.1   PURPOSE

This session is to be conducted by the Health Professions Education Expert with the relevant leadership of the College to review educational objectives, outcome measures and how they are integrated throughout the curriculum. The session also focuses on curriculum design, content coverage, and methods of teaching and evaluation of student performance. Evidence of implementation of curriculum is reviewed.

The scope of this session covers relevant leadership of the medical college that constitute the curriculum committee to review curriculum management and program evaluation and discussion of the system for implementation and management of the curriculum, adequacy of resources and authority for the educational program and its management, and methods for evaluating the effectiveness of the educational program and evidence of success in achieving objectives. Evidence of effective management is reviewed.

3.2   LOCATION

College Committee Room

3.3   COLLEGE PARTICIPANTS

Members of the curriculum committee

3.4   SURVEYOR

Health Professions Education Expert (at least MHPE or equivalent qualified)

3.5   STANDARDS / ISSUES ADDRESSED

- Standard 1: Mission Statement
- Standard 2: Outcomes
- Standard 4: Curricular Organization
- Standard 5: Educational Contents
- Standard 6: Curricular Management
- Standard 10: Program Evaluation and Continuous Renewal

3.6   DOCUMENTS / MATERIALS NEEDED

- Document outlining mission of the institution
- Document outlining vision of the university
- Organogram of the institution reflecting curriculum committee
- Terms of reference of the Curriculum Committee including its structure

- Minutes of meeting reflecting discussion on curriculum and how the changes are made based on feedback and evaluation by the various stakeholders
- Curriculum Document
- College policy on electives for students and record of student selected electives
- College study guides or log book
- College document showing timetable
- Program Feedback
- Program evaluation results
- List of all current or previous (last 12 months) research projects

3.7   PROCEDURE

The surveyor shall look at the development methodology, structure, implementation, and review and feedback integration mechanism of the curriculum. The curriculum committee structure and its TORs shall also be discussed in this session. The surveyor will engage in discussion with the curriculum committee members and will request evidence against standards based on the questionnaire given below:

3.8   HOW TO EVALUATE

To evaluate the compliance to relevant standards, review the documents provided by the college. Based on the review, conduct a curricular organization / management interview session with the following list of questions answered:

SR. NO.	3.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Are the curricular outcomes developed in alignment with the mission statement of the institution?			
2.	Are the curricular outcomes developed in alignment with the university vision?			
3.	Are the curricular outcomes developed with the involvement of students? *(Evidence of involvement e.g. meeting minutes, feedback, etc.)*			
4.	Was faculty involved in development of curricular outcomes? *(Evidence of involvement e.g. meeting minutes, feedback, etc.)*			

5.	Do the outcomes of curricular document address knowledge, skill and attitude (professional behavior)?			
6.	Are outcomes of curricular documents evident in institution's prospectus and/or websites?			
7.	Is there sufficient evidence to ensure that content is addressing the outcomes identified by the organization?			
8.	Are health problems prioritized in line with NHV and SDGs in the curriculum?			
9.	Are the results of review incorporated or addressed in curriculum?			
10.	Is the program reviewed at least once every five years or earlier as needed?			
11.	Are the internal review findings shared with the stakeholders?			
12.	Do the features of the program differentiate this institute from other similar institutes?			
13.	Are different learning strategies being implemented?			
14.	Are the policies for smooth execution of educational outcomes developed autonomously by the institution?			
15.	Does the institution have autonomy to formulate policies for execution of the educational outcomes?			
16.	Does the institution have autonomy to implement policies for execution of the educational outcomes?			
17.	Is there a mechanism to ensure that policies for smooth execution of educational outcomes are implemented by the institution?			
18.	Is a clearly documented sequence of courses evident and the rationale for the sequence part of the curriculum document?			
19.	Is there a document describing the content, extent and sequencing of courses and other components of curriculum? *(Curricular Map)*			
20.	Is there representation from Basic Science Departments in the curricular committee?			
21.	Is there representation from Clinical Science Departments in the curricular committee?			

22.	Is there representation from Community Medicine Department in the curricular committee?			
23.	Is there a Research Cell led by qualified faculty member (*Preferably Professor),* and with adequate support staff that can guide faculty and students on research?			
24.	Does the College demonstrate a commitment to continuing scholarly productivity (e.g., teaching innovation, etc.)?			
25.	Does the College provide opportunities for multi-disciplinary and applied research activities?			
26.	Are study skills taught and evident in the curricular document?			
27.	Are leadership skills part of the curricular document?			
28.	Are management skills part of the curricular document?			
29.	Is the curricular document structurally aligned with the PM&DC curriculum guidelines?			
30.	Are there ancillary aides such as mannequins, models, videos, libraries, simulators, simulated patients or other such methodologies employed to ensure early clinical experience?			
31.	Are pre-clinical subjects taught with clinical relevance (case scenarios etc.)?			
32.	Are small group discussion session used as a learning strategy?			
33.	Are community visits arranged for the students? *(Documented evidence required)*			
34.	Is the curricular document designed to address knowledge needs of subjects / topics?			
35.	Is the curricular document designed to address skills needs of subjects / topics?			
36.	Is the curricular document designed to address attitude needs of subjects / topics?			
37.	Are the lectures interactive? *(Review lesson plans and attend a 10 minutes session on the day, where applicable)*			
38.	Are there opportunities for students for self-directed or independent learning such as online lectures or video tutorials, etc.			

39.	Are clinical rotations / clerkships scheduled for each of the clinical subjects?			
40.	Does the curricular document ensure systematic and organized learning in clinical settings?			
41.	Does the implemented curriculum incorporate active learning as educational strategy?			
42.	Does the curriculum structure address knowledge, skills and attitude / behavior required by a general practitioner with MBBS qualification?			
43.	Are there opportunities for students to spend sufficient time in planned contact with patients in relevant clinical settings?			
44.	Are there opportunities for students to spend sufficient time in planned contact with patients and community in relevant clinical and community settings?			
45.	Is there a curricular committee structure evident in the organogram of the organization?			
46.	Are the TORs documented for the curricular committee?			
47.	Do the TORs include; Planning, implementation and evaluation of the curriculum in order to ensure that educational outcomes are achieved?			
48.	Do the TORs include; Planning, implementation and evaluation of innovations in the curriculum?			
49.	Do the TORs include; Ensuring representation of at least one member from the DME with a post-graduate qualification recognized by PM&DC in medical education?			
50.	Is there evidence of implementation of the TORs through various meeting minutes?			
51.	Is the learning being supervised throughout the curriculum management as evident by the schedules of the teachers, lab staff, etc.?			
52.	Are study guides developed, clearly mentioning the overall objectives of the course and terminal objectives of each teaching session?			
53.	Are the logbooks developed for the students and available for review?			

54.	Are the study guides disseminated amongst the faculty?			
55.	Does the Department of Medical Education perform Program Evaluation as per guidelines of PM&DC / HEC? *(Documentary evidence to be provided where applicable)*			
56.	Is the college following either of the traditional / integrated / hybrid curriculum?			
57.	Does the Anatomy curriculum (including embryology, histology, gross anatomy etc.) include 500 dedicated hours of study?			
58.	Does the Physiology curriculum include minimum 450 dedicated hours of study?			
59.	Does the Biochemistry curriculum include minimum 250 dedicated hours of study?			
60.	Does the Pharmacology & Therapeutics curriculum include 300 dedicated hours of study?			
61.	Does the Pathology curriculum (including general pathology, special pathology, hematology, parasitology, etc.) include 500 dedicated hours of study?			
62.	Does the Forensic Medicine and Toxicology curriculum include 100 dedicated hours of study?			
63.	Does the ENT curriculum include 150 dedicated hours of study?			
64.	Does the Ophthalmology curriculum include 150 dedicated hours of study?			
65.	Does the Gynaecology and Obstetrics curriculum include 300 dedicated hours of study?			
66.	Does the Community Medicine / Public Health curriculum include minimum of 200 dedicated hours of study?			
67.	Does the Research Methodology and Evidence based Medicine curriculum include 100 dedicated hours of study?			
68.	HEC prescribed modules: Does the curriculum clearly accommodate general courses for Arts and Humanities of 450 hours as prescribed in HEC guidelines for the undergraduate students to be completed in the first two years?			

	• Quran Kareem - 50 Hours, • Pakistan Studies / Ideology and Pakistan Constitution - 25 Hours, • Islamiyat / Ethics - 25 Hours, • Leadership - 25 Hours, • Professionalism - 25 Hours, • Communication Skills - 25 Hours, • English Expository Writing - 25 Hours, • Introduction to Computers - 25 Hours, • Arts & Humanities (one course) - 25 Hours, • Co-curricular activities - 200 hours			
69.	Does the General Surgery curriculum include 600 dedicated hours of study?			
70.	Does the Anaesthesiology curriculum include 50 dedicated hours of study?			
71.	Does the Emergency Medicine / Critical Care curriculum include 25 dedicated hours of study?			
72.	Does the Orthopaedics and Trauma curriculum include 100 dedicated hours of study?			
73.	Do minimum of three specialties, from the surgical specialties listed below, include 225 dedicated hours of study (75 hours each)? • Neurosurgery • Vascular surgery • Adult Cardiac Surgery • Paediatric Surgery • Thoracic Surgery • Urology • Plastic Surgery			
74.	Does the General Medicine curriculum include 600 dedicated hours of study?			
75.	Do minimum of three specialties, from the medical specialties listed below, include 225 dedicated hours of study (75 hours each)? • Neurology • Rheumatology • Geriatrics • Endocrinology • Paediatrics Cardiology • Infectious Diseases • Oncology			

76.	Does the Psychiatry and Behavioral Sciences curriculum include 150 dedicated hours of study?			
77.	Does the Dermatology curriculum include 50 dedicated hours of study?			
78.	Does the Cardiology curriculum include 50 dedicated hours of study?			
79.	Does the Pulmonology curriculum include 50 dedicated hours of study?			
80.	Does the Nephrology curriculum include 50 dedicated hours of study?			
81.	Does the Gastroenterology curriculum include 50 dedicated hours of study?			
82.	Does the Paediatrics and Neonatology curriculum include 300 dedicated hours of study?			
83.	Does the Family Medicine curriculum include 75 dedicated hours of study?			
84.	Does the Infection Control include 25 dedicated hours of study?			
85.	Does the Patient Safety include 25 dedicated hours of study?			
86.	Does Medical Oncology include 25 Hours of study ?			
87.	Does the Basics of Radiology includes 25 Hours of Study?			
88.	Is the curriculum spanning over a minimum of 6200 hours?			
89.	Is there a mechanism to receive feedback regarding the curriculum from students through CMS?			
90.	Is there a mechanism to receive feedback regarding the curriculum from faculty through CMS?			
91.	Is there a mechanism to integrate student feedback into the curriculum? (Evidence of changes made)			
92.	Is there a mechanism to integrate faculty feedback into the curriculum? (Evidence of changes made)?			
93.	Is there a mechanism for curriculum monitoring and progressive improvements?			
94.	Are amendments based on results of program evaluation findings implemented and documented?			

SR. NO.	EVALUATION QUESTIONS			
95.	Does the institution provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of faculty requirements?			
96.	Does the institution provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of innovative teaching methodologies?			
97.	Does the curriculum cater for achievement of competencies as defined by PM&DC? *(Formally assessed, documented and certified)*			

SR. NO.	EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Are there appropriate and contextual policies for assessment of students?			
2.	Is the assessment structured to assess the knowledge of students on the subject?			
3.	Is the assessment structured to assess the skills of students on the subject?			
4.	Is the assessment structured to assess the attitude of students on the subject?			
5.	Does the continuous internal assessment carry 20% of overall weightage?			
6.	Does the final external assessment carry 80% of overall weightage?			
7.	Are external examiners involved in assessment?			
8.	Is there a method to ensure that assessment methodologies are in alignment with TOS?			
9.	Are the assessment methodologies defined?			
10.	Are there any formative methodologies for assessment?			
11.	Are there summative methodologies for assessment?			

No.	Question			
12.	Are multiple choice questions, and / or short answer questions and / or short essay questions used as assessment tool?			
13.	Is OSPE part of assessment in the non-clinical years?			
14.	Is OSCE part of assessment in the clinical years?			
15.	Are portfolios / log books used as part of assessment?			
16.	Does the assessment consist Mini-CEX or Workplace based assessment in clinical years?			
17.	Are long cases part of the assessment in the clinical years?			
18.	Are simulated patients or standardized patients, part of assessment?			
19.	Are assessment methods compatible with educational outcomes and instructional methods?			
20.	Is there a mechanism for appeal of results?			
21.	Are standard setting methods used for examination items?			
22.	Is there a mechanism to take student feedback on assessment strategies?			
23.	Is there a mechanism to take teacher feedback on assessment strategies?			
24.	Is the student feedback communicated to faculty?			
25.	Is the feedback utilized to improve assessment methodologies?			
26.	Are there any pre-assessment quality assurance procedure (e.g. item flaws assessment) in place by the University with which the College is affiliated or is a constituent of?			
27.	Are there any per-assessment quality assurance procedure (e.g. content validity) in place by the University with which the College is affiliated or is a constituent of?			
28.	Are there any post-assessment quality assurance procedures (e.g. item analysis, examiners feedback) in place by the University with which the College is affiliated or is a constituent of?			

4. RESEARCH EVALUATION SESSION (REQUIREMENTS TO BE ASSESSED IN EITHER COLLEGE OR HOSPITAL)

Inspector: Faculty Member

4.1 Purpose

The research centers serve as a focus of scholarly activity and intellectual creativity, focal points for interaction with research sponsors, and serve to amplify institute's competitiveness in obtaining research funding in the designated areas. These facilities promote intellectual environment that leads to solving community problems. A Research department in a College must facilitate education and research. The purpose of establishing a research department is to:

1. Promote and facilitate collaborative and / or interdisciplinary research.
2. To enhance research infrastructure and networking capacity.
3. Increase and effectively manage the resources.
4. Provide education and training in research and related skills, especially for graduate and undergraduate students.
5. Contribute to the affiliate medical college's strategic educational and research missions and to support synergies between research, teaching and learning.
6. Transfer the outcome of research or the knowledge gained through research to the community.

4.2 Participants

Members of the Institutional Research Committee.

4.3 Surveyor

Senior faculty member with appropriate publications

4.4 Documents / Materials Needed

- Description of existing laboratory and office facilities that will be used by the research center / institute
- Document of rationale for establishing the research center outlining mission of the institution
- Research ethics evaluation proforma
- Research output annual report

- List of research committees and sub-committees
- List of all ongoing or previous (last 12 months) research projects
- Minutes of the research committee and sub-committees meetings
- Institutes policy on research elective project for students

4.5 Procedure

The surveyor(s) would like to look at the research facilities and purpose, structure, monitoring and implementing bodies. The surveyor will engage in discussion with the research committee members and request evidence against standards based on the questionnaire given below:

4.6 How to Evaluate

To evaluate the compliance to relevant standards, review the documents provided by the College. Based on the review, conduct interview session based on the following list of questions answered:

SR. NO.	SURVEYOR QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Is the rationale clearly stated for the established Research Cell / Center / Department and the anticipated benefits from its creation?			
2.	Is there a Research Advisory Board or Committee?			
3.	Is there any Head / Director of the research cell / center/ department?			
4.	Are the research facilities / laboratories available in the College / Hospital?			
5.	Do researchers have access to the plagiarism check software (Turnitin, etc.)?			
6.	Is there adequate computer lab or digital library which can be accessed by the researchers?			

7.	Are there research management sub-committees of participating departments in the College?			
8.	Is there yearly academic schedule of conducting research development programs / courses / workshops? *(provide evidence)*			
9.	Is there a minimum criteria of research publications in PM&DC recognized journals for faculty promotions?			
10.	Is there research published in PM&DC recognized journals in an academic year? *(provide evidence)*			
11.	Is there any minimum criteria set by the institute for hiring faculty and biostatistician to improve the quality of research?			
12.	Is there an established research ethics committee (IRB or ERB) addressing ethical issues related to research projects?			
13.	Does the College ensure conduct of research safely that follow all the international human rights and biohazard standards?			
14.	Is there a technical review committee to assess the initially submitted research proposals to the institute?			
15.	Does the College have its own recognized research journal? **(Quality Standard)**			
16.	Does the College have its own webpage updating / showing all their research activities?			
17.	Is there a representation of basic sciences, medical education and clinical sciences in the research committee and sub-committees?			

18.	Is there any research data repository of the College?			
19.	Is there any research publishing policy of the College?			
20.	Are there any research collaborations with other institutes?			
21.	Are there any research collaborations with international institutions?			
22.	Has any international research conference been arranged by the College in the last 2 years? **(Quality Standard)**			
23.	Is there specific guidelines / criteria / template for new research projects?			
24.	Is there a separate fund allocated to the development of research?			
25.	Is there any library other than College library which can be accessed by the researchers?			
26.	Is there a mechanism to receive feedback about the research proposal submitted to the IRC / IRB / ERB?			
27.	Are there adequate internet facilities for the researchers?			
28.	Are the RCTs being registered by the College?			
29.	Is there any advance research facilities such as DNA analysis, invasive and non-invasive 3D imaging facilities? **(Quality Standard)**			

5.   INFRASTRUCTURE TOUR

INSPECTOR: ARCHITECT / CIVIL ENGINEER

5.1   PURPOSE

This tour is to be conducted by the Architect. The focus of this tour is to evaluate adequacy of infrastructure in terms of space, seating requirements, hostel and other facilities for medical education. The architect will review the map (CAD) and will ensure that the infrastructure is in alignment with the drawings and its corroboration with PM&DC requirements.

5.2   LOCATION

All facility areas.

5.3   TOUR PARTICIPANTS

- One representative from administration
- One representative from project team (if available)

5.4   SURVEYOR

 Architect / Civil Engineer

5.5   STANDARDS / ISSUES ADDRESSED

Recognition Standard 1: Infrastructure

5.6   DOCUMENTS / MATERIALS NEEDED

(Documents to be submitted before the inspection and inspected by the designated Surveyor at PM&DC before physical examination).

- CAD Map of the facility
- Seating plan of the facility
- Hostel facilities design

5.7   PROCEDURE

The surveyor(s) will visit the College to ensure that the infrastructure is sufficient and adequately spaced to meet the needs of the students, faculty and other staff. The visit will cover In-patient Departments, Out-patient Departments, Operation Room and critical areas including other operational areas / units of the facility in general. These visits will include comparison of map / drawings to the actual structure.

5.8   HOW TO PREPARE

To evaluate the compliance to relevant standards, review the documents provided by the College. Based on the review, conduct an infrastructure tour / session with the following list of questions answered:

INFRASTRUCTURE TOUR

Since already approved colleges cannot alter their structure,there shall be a difference in PM&DC criteria for recognition of new colleges and recognition continuation of already functional colleges, the modern concept is smart solution, feet and yards should not be implemented in strictsense however, a reasonable sufficient space should be available. Colleges undergoing initial inspection to ensure the infrastructure requirements specified in the proforma, however already established and approved colleges be given 5 years as BUFFER to meet the new standards.

Furthermore, in case of associated dental College (provided separate adequate faculty is available) same basic sciences laboratories and lecture halls of the medical college may be utilised.

SR. NO.	5.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Is the total covered area of the College at least 91,000 sq. ft.?			
2.	Does the College have a purpose-built building?			
3.	Does the College have a Learning Resource Centre with at least 5.5% of the covered area?			
4.	Does the College have an Auditorium with at least 6% of the covered area?			
5.	Does the College have at least 05 Lecture Halls including lecture halls of the hospital, all of which with atleast 10 % covered area of the college?			
6.	Does the College have at least 07 demonstration / small group rooms with 2.5% of the covered area of the college?			
7.	Does the College have 02 Common Rooms, 01 for boys and 01 for girls, combined with at least 5% of the covered area of the College?			
8.	Does the College have a Day-Care Room with at 1% of the covered area of the College?			

9.	Does the College have a student cafeteria with at least 1% of the covered area of the College?			
10.	Does the College have separate toilet facilities for males and females?			
11.	Does the College have Administration Offices (comprising of *Principal Office, Vice Principal Office, Committee Room, Faculty Room, IT Department Room, Student Section Office, Security Office, Waiting Area, Support Staff Offices, Finance Office, and Maintenance Office)* with at least 5 % of the covered area of the College?			
12.	Does the College have an Anatomy Museum with at least 1% of the covered area of the College?			
13.	Does the College have Anatomy Dissection Hall / Pro-section Hall of at least 2% of the covered area of the College and 03 Demonstration Halls with the capacity of at least 50 students.			
14.	Does the College have a Pathology Museum with at least 0.5% of the covered area of the College?			
15.	Does the College have a Forensic Medicine Museum with at least 0.5% of the covered area of the College?			
16.	Does the College have at least 05 multi-purpose labs for Histology, Physiology, Biochemistry, Pharmacology, Pathology and Community Medicine with at least 7 % of the covered area of the college?			
17.	Does the College have Skills Lab with at least 1% of the covered area of the College?			
18.	Does the college have Faculty Offices in each faculty (Basic Sciences faculty offices inside college building) with atleast 4% of the covered area of the college?			
19.	Does the College have adequate circulation spaces to meet emergency, safety and disability requirements, etc.?			
20.	In case of attached dental college (provided adequate faculty is available), basic sciences laboratories of medical college may be shared with the dental college (not for stand-alone dental college)			
21.	Does the College have seating capacity for 20% of total student strength in the Learning Resource Centre for 5 years tenure?			

22.	Does the College have seating capacity for 60% of total student strength in the Auditorium for 5 years tenure?			
23.	Does the College have seating capacity of equivalent of student strength in each class in each of the 04 Lecture Halls?			
24.	Does the College have seating capacity of at least 25 students in each of the 5 Demonstration / Small Group Rooms?			
25.	Does the College have seating capacity for 5% of total student strength in Common Room for Boys for 5 year tenure?			
26.	Does the College have seating capacity for 5% of total student strength in Common Room for Girls for 5 year tenure?			
27.	Does the College have seating capacity for 20% of total student strength in Students Cafeteria for 5 year tenure?			
28.	Does the College have seating capacity for 30 individuals in Committee Room?			
29.	Does the College have seating capacity for 50 students in Anatomy Dissection Hall?			
30.	Does the College have seating capacity of 50 students in each of the 5 multi-purpose labs for Histology, Physiology, Biochemistry, Pharmacology, Pathology and Community Medicine?			
31.	Does the College have separate workstation for each faculty member of Basic Sciences inside College building; with separate offices for Associate Professors and above?			
32.	Does the college have a boys' student hostel with atleast covered area of 15,000 sq. ft. and a male house officers hostel of 5000 sq. ft.?			
33.	Does the boys hostel have the capacity to house at least 20% of the total male student strength? *(Medical college must ensure secure and standard hostel facilities)* *(Hostel facility can be acquired on MOU basis but shall be self-administered with support staff and transport facility to be provided by the institution)*			
34.	Does the college have a girls' student hostel with atleast covered area of 15,000 sq. ft. and a female house officers hostel of 5000 sq. ft.?			
35.	Does the girls hostel have the capacity to house at least 30% of the total female student strength? *(Medical college must ensure secure and standard hostel facilities)*			

	(Hostel facility can be acquired on MOU basis but shall be self-administered with support staff and transport facility to be provided by the institution)			
36.	Does the hostel have television and internet access?			
37.	Does each hostel have the indoor games facilities?			
38.	Does the College provide teaching in an environment with comfortable room temperature (18 to 26 degrees Celsius) in lecture halls, demonstration areas, laboratories and learning resource centres under conditions of full occupancy?			
39.	Does the College have functioning computers for 30% of seating capacity with access on all computers to the digital library in the Learning Resource Centre?			
40.	Does the College have Wi-Fi connectivity all across the campus, with access to every student and faculty. Wi-Fi connectivity must allow access to digital library?			
41.	Does the College have at least one multi-sports ground or an MOU to show such a facility is available and in use, as per the requirements of the PM&DC?			
42.	Does the College have / provide transport facility, either owned or hired, to at least 20% of the total student strength, and discounted rates for 30% faculty members and 30% other staff members?			
43.	Does the College have / provide students a counselling cell, staffed with a clinical psychologist?			
44.	Does the College have a good access road to its premises (at least 20 ft or more)?			
45.	Does the College have sufficient parking space for the 30% faculty and 20% students?			

6. BIOMEDICAL TOUR

6.1 PURPOSE

The focus of this tour is to evaluate adequacy of equipment and relevant material required for provision of appropriate medical education.

6.2 LOCATION

- All facility areas (Medical College)

6.3 TOUR PARTICIPANTS

- Atleast one representative from Biomedical Department

6.4 SURVEYOR

- Biomedical Engineer

6.5 STANDARDS / ISSUES ADDRESSED

- Recognition Standard: Biomedical Equipment

6.6 DOCUMENTS / MATERIALS NEEDED

- Periodic Preventive Maintenance Schedule (PPM) Schedule
- Machine/equipment Logs
- Per machine log book
- Downtime Report

6.7 PROCEDURE

The surveyor will visit the College and attached hospital(s) to ensure biomedical equipment are available in adequate numbers, are functional and are in use. Equipment inventory will be audited and the log of machines will be checked for their quality control.

6.8 HOW TO PREPARE

To evaluate the compliance to relevant standards, review the documents provided by the college. Based on the review, conduct a comprehensive tour of the hospital to verify its equipments. On day two college tour, remember to conduct a paired tour with basic sciences nominee to ensure that educational material mentioned in checklist is close to what is required by PM&DC.

SR. NO.	6.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	N/A
	6.10 DISSECTION / PRO – SECTION HALL **(Cadever Dissection shall be a Quality Standard)**			
1.	Does the Anatomy Demonstration Hall have a facility for cadavers or equivalent?			
2.	Does the Dissection/Pro-section Hall have at least 04 appropriate dissecting instruments for two cadavers / plastinated body / 3D Dissection available?			
3.	Does the Dissection Hall have at least 06 operational full dissection tables available?			
4.	Does the Dissection Hall have at least 18 half-dissection tables available under active use at all times?			
5.	Does the dissection hall have at least 75 stools set available , functional and in use?			
6.	Does the Dissection Hall have adequate seating arrangement and teaching aids?			
7.	Does the Dissection Hall have smart boards and cyber-anatomy facilities for teaching? **(Quality Standard)**			
	6.11 ANATOMY: (HISTOLOGY LABORATORY)			
8.	Does the lab have at least 03 Histology slide sets available and under active use at all times?			
9.	Does the lab have at least 25 Binocular Microscopes available under active use at all times?			
10.	Does the lab have at least 01 Slide Projecting Microscope available under active use at all times?			
11.	Does the lab have at least 01 computer with internet facility, 01 scanner and 01 colour laser printer available, functional and in use?			
12.	Does the lab have adequate seating arrangement (52 stools, functional and in use), functional and in use?			

	6.12 ANATOMY: (MUSEUM)			
13.	Does the museum always have at least 05 Torso (male and female) models available, functional and in use?			
14.	Does the museum always have at least 01 cross-sectional Torso model available, functional and in use?			
15.	Does the museum always have at least 08 upper limb (muscles, vessels, nerves and joints) anatomical models available, functional and in use out of which at least four should be of full limbs, available, functional and in use.			
16.	Does the museum always have at least 08 lower limb (muscles, vessels, nerves and joints) anatomical models available, functional and in use, out of which at least 04 should be of full limbs, available, functional and in use.			
17.	Does the museum always have at least 07 head and neck (muscles, vessels, nerves and joints) anatomical models available, functional and in use?			
18.	Does the museum always have at least 07 models of eye, 07 of ear and 07 of nose, available, functional and in use?			
19.	Does the museum always have at least 08 brain anatomical models available, functional and in use?			
20.	Does the museum always have at least 01 Histology model available, functional and in use?			
21.	Does the museum always have at least 03 model of General Embryology and 03 sets of models of development of any systems?			
22.	Does the museum always have at least 08 pelvis models available, functional and in use?			
23.	Does the museum always have at least 07 abdominal viscera models/ prosected specimen available, functional and in use?			
24.	Does the museum always have at least 07 liver models / prosected specimen available, functional and in use?			
25.	Does the museum always have at least 06 kidney models / prosected specimen available, functional and in use?			

26.	Does the museum always have at least 06 CVS models, four heart models other than those present in torso available, functional and in use? Prosected specimens will not be considered.			
27.	Does the museum always have at least 06 respiratory system models / prosected specimen available, functional and in use?			
28.	Does the museum always have at least 150 human loose bones available?			
29.	Does the museum always have at least 07 articulated skeletons available, functional and in use?			
30.	Does the museum always have at least 03 articulated vertebral columns available, functional and in use?			
31.	Does the museum always have 01 anatomical chart of every system available, functional and in use?			
32.	Does the museum always have at least 01 cross-sectional body model available, functional and in use?			
33.	Does the museum always have anatomy movies with soft copies of teaching movies/ simulators, e.g. dissection movies, available, functional and in use?			
34.	Does the museum always have at least 02 white boards available, functional and in use for teaching purpose?			
35.	Does the museum have atleast one multimedia available?			
6.13 PHYSIOLOGY				
36.	Does the lab have at least 15 sphygmomanometers available, functional and in use?			
37.	Does the lab have at least 15 microscope Binoculars available, functional and in use?			
38.	Does the lab have at least 30 haemocytometers available, functional and in use?			
39.	Does the lab have at least 20 haemoglobin meters available, functional and in use?			
40.	Does the lab have at least 15 complete perimeters available, functional and in use?			
41.	Does the lab have at least 25 ESR pipettes available, functional and in use?			

42.	Does the lab have at least 25 percussion hammers available, functional and in use?			
43.	Does the lab have at least 03 oxygen cylinders with flow meters available, functional and in use?			
44.	Does the lab have at least 30 clinical thermometers available, functional and in use?			
45.	Does the lab have at least 10 student kymographs available, functional and in use?			
46.	Does the lab have at least 03 ECG machines available, functional and in use?			
47.	Does the lab have at least 02 centrifuge machine available, functional and in use?			
48.	Does the lab have at least 05 microhaematocrit reader available, functional and in use?			
49.	Does the lab have at least 02 microhematocrit centrifuge available, functional and in use?			
50.	Does the lab have 30 stethoscopes available, functional and in use?			
51.	Does the lab have at least 01 Data Acquisition System available, functional and in use?			
52.	Does the lab have at least 04 finger pulse oximeter available, functional and in use?			
53.	Does the lab have at least 20 stopwatches available, functional and in use?			
54.	Does the lab have at least 25 tuning forks of different frequencies available, functional and in use?			
55.	Does the lab have at least 15 vision Essential type charts / Snellen's charts available, functional and in use?			
56.	Does the lab have at least 10 Ishihara charts available, functional and in use?			
57.	Does the lab have at least 04 weighing machines available, functional and in use?			
58.	Does the lab have at least 02 audiometers available, functional and in use?			
59.	Does the lab have at least 01 fire extinguisher available, functional and in use?			
60.	Does the lab have at least 02 examination couches available, functional and in use?			
61.	Does the lab have at least 10 Jaeger's chart?			

62.	Does the lab have at least 02 Ophthalmoscope?			
63.	Does the lab have at least 01 Refrigerator?			
64.	Does the lab have at least 10 assorted torches available, functional and in use?			
65.	Does the lab have assorted tourniquets available, functional and in use?			
66.	Does the lab have 01 water bath available, functional and in use?			
67.	Does the lab have sufficient graduated beakers of various sizes and appropriate glass rods?			
68.	Does the lab have 20 Tiles or Glass slides available, functional and in use for blood grouping?			
69.	Does the lab have assorted capillary tubes (heparinised) available, functional and in use?			
70.	Does the lab have one treadmill or an aergometer cycle available, functional and in use?			
71.	Does the lab have assorted capillary tubes (plain) available, functional and in use?			
72.	Does the lab have assorted centrifuge tubes with cork available, functional and in use?			
73.	Does the lab have assorted EDTA tube available, functional and in use?			
74.	Does the lab have assorted ESR pipette available, functional and in use?			
75.	Does the lab have at least 01 glass rod available, functional and in use?			
76.	Does the lab have adequate number of magnifying glasses?			
77.	Does the lab have sorted Petri dishes (various sizes)?			
78.	Does the lab have 01 spirit lamp/gas burner available, functional and in use?			
79.	Does the lab have a thermometer available, functional and in use?			
80.	Does the lab have assorted Win Trobe's tubes with cork available, functional and in use?			
81.	Does the lab have 03 antisera A, B and D available, functional and in use?			
82.	Does the lab have 01 cedar wood oil available, functional and in use?			

No.	Question			
83.	Does the lab have 01 still for distilled water available, functional and in use?			
84.	Does the lab have 01 bottle of HCL?			
85.	Does the lab have 01 bottle of Leishman's stain available, functional and in use?			
86.	Does the lab have 01 bottle of methylated spirit available, functional and in use?			
87.	Does the lab have 01 bottle of platelet solution (Ree's and Ecker's solution) available, functional and in use?			
88.	Does the lab have 01 set of pregnancy test kits available, functional and in use?			
89.	Does the lab have assorted pregnancy strips available, functional and in use?			
90.	Does the lab have 01 bottle of RBC solution available, functional and in use?			
91.	Does the lab have 01 bottle of WBC solution available, functional and in use?			
92.	Does the lab have 01 bottle of Xylene available, functional and in use?			
6.14 BIOCHEMISTRY				
93.	Does the lab have at least 02 clinical PH meters available, functional and in use?			
94.	Does the lab have at least 01 large size incubator available, functional and in use?			
95.	Does the lab have at least 02 electronic balance available, functional and in use?			
96.	Does the lab have at least 01 thermal cycler available, functional and in use?			
97.	Does the lab have at least 01 protein electrophoresis appartus available, functional and in use?			
98.	Does the lab have at least 10 glucometers available, functional and in use?			
99.	Does the lab have 02 bench top centrifuge 1. At least 2x Microlab functional, available and in use? 2. At least 10x microscopes functional, available and in use? 3. At least 1x Refrigerator functional, available and in use?			
100.	Does the lab have at least 01 water distillation unit (10 Litres) available, functional and in use?			
101.	Does the lab have at least 01 electric water bath available, functional and in use?			

102.	Does the lab have at least 10 stopwatches available, functional and in use?			
103.	Does the lab have at least 01 hot box oven available, functional and in use?			

`6.15 PHARMACOLOGY & THERAPEUTICS

104.	Does the lab have at least 05 audio-visual facility and assorted experimental CDs for pharmacology practical is available, functional and in use? Teaching aids?			
105.	Does the lab have 05 x organ baths for isolated piece of ileum experiment?			
106.	Does the lab have 10 x frog board along with browdie lever for experiment on frog heart?			
107.	Does the lab have atleast 3 BP apparatus available, functional and in use?			
108.	Does the lab have at least 15 kymographs available, functional and in use?			
109.	Does the lab have at least 01 electronic balance available, functional and in use?			

6.16 PATHOLOGY

110.	Does the lab have at least 25 microscope binoculars available, functional and in use?			
111.	Does the lab have at least 01 Microscope multi head (5 piece) available and at least one microscope slide projection system, functional and in use?			
112.	Does the lab have at least 04 stain dropping bottles (250ml) available, functional and in use?			
113.	Does the lab have at least 04 wash bottles available, functional and in use?			
114.	Does the lab have at least 04 adjustable staining racks available, functional and in use?			
115.	Does the lab have at least 02 (14 cubic feet) refrigerators available, functional and in use?			
116.	Does the lab have at least 01 – (minus) 20 C deep freezer available, functional and in use?			
117.	Does the lab have at least 04 glass beaker (graduated) (Pyrex) 500 ml graduated available, functional and in use?			

118.	Does the lab have at least 04 glass cylinder (graduated) (Pyrex) 500 ml graduated available, functional and in use?			
119.	Does the lab have at least 04 water still available, functional and in use?			
120.	Does the lab have at least 01 incubator 37 c large available, functional and in use at all time?			
121.	Does the lab have at least 01 floating bath available, functional and in use?			
122.	Does the lab have at least 20 Staining jars available, functional and in use?			
123.	Does the lab have at least 01 automatic tissue processor available, functional and in use?			
124.	Does the lab have at least 01 embedding station available, functional and in use?			
125.	Does the lab have at least 01 water Bath Electric available, functional and in use?			
126.	The lab must have at least 01 paraffin embedding bath available, functional and in use?			
127.	Does the lab have at least 01 oven-wax embedding (100 c) available, functional and in use?			
128.	Does the lab have at least 01 Microtome available, functional and in use?			
129.	Does the lab have at least 01 knife sharpener available, functional and in use?			
130.	Does the lab have at least 01 large Incubator available, functional and in use?			
131.	Does the lab have facilities for immunofluorescence (Microscope with fluorescence accessories, reagents and racks for the procedure of immunofluorescence) available, functional and in use?			
6.17 COMMUNITY MEDICINE (MUSEUM)				
132.	Does the lab use digital technology in the form of Images, Illustrations, Info-graphics and power point slides on primary healthcare, community and preventive medicine?			
133.	Does the lab have at least 01 multimedia projector or LED and one computer for display of images, illustrations, video clips and /or power point slides?			
134.	Does the lab have At least 5 Images / Illustrations or Power pointslides of the following categories Ice berg Phenomena of the disease			

Pustule eruption in small pox and chicken pox
Lifecycle o[malaria parasite (vivax and Falciparum)
Xetosis (conjunctival) in vitarnin A deficiency
Lead line on gum
Cutafleous Leishmaniasis' Ulcers on forearm and head
Tick
Flea
Sand Fly
House Fly
Aedes Agypti mosquito
AnoPheles mosquito
Population Pyramid
Coal Miners Lung
Snow storm silicosis (lung)
Ground Glass Anthracosis (ung)
Bleeding Gums
Rickets
Poliomyelitis
Measles
Vaccine Vile Monitor
Dental Fluorosis
Spot maps
Bat Charts
Histograms
Frequency Polygon
Normal Distribution Curve
Marasmus/ Krvashiorkor
Goitre
Functioning of incinerator
Food pyramid
Sustainable development Goals

| 135. | Does the lab have at least following models?

1. 1 x Septic tank

2. 1 x Water filtration plant

3. 5 x Mid arm circumference (MUAC) tapes

4. Various contraceptive devices and oral pills

5. 50 x Growth charts

6. 50 x Antenatal charts

7. 3 x Measuring tapes and 3 x Weighing machines for BMI calculation

8. 10 x Water purification tablets

9. 1 x Water testing kit for chlorine

10. 3 x EPI vaccines | | | |

136.	Does the lab have following a working computer with following software fully functional and in use for Research methods?
	
	   1. SPSS latest version
	   2. Microsoft Excel
	   3. Epi Info
	   4. WHO Sample size calculator
	   5. One of the Reference Managers (Endnote or Mendeley, etc.)			

6.18 FORENSIC MEDICINE &TOXICOLOGY				
137.	Does the lab have at least 01 male or female skeleton available, functional and in use?			
138.	Does the lab have at least 15 separate bones available, functional and in use?			
139.	Does the lab have at least 20 models available, functional and in use?			
140.	Does the lab have at least 15 toxicological specimens available, functional and in use?			
141.	Does the lab have at least 05 simple handheld Magnifying Glass available, functional and in use?			
142.	Does the lab have at least 03 Binocular Microscopes available, functional and in use?			
143.	Does the lab have at least 02 Ultraviolet Lamps for examinations of stains, available, functional and in use?			
144.	Does the lab have 02 Autopsy Examination set available, functional and in use?			
145.	Does the lab have at least 10 Assault Weapon (or their replicas) available?			
146.	Does the lab have at least 10 Medico-legal X-rays and photography available, functional and in use?			
6.19 DOCUMENTATION REVIEW				
147.	Is the preventive maintenance / calibration plan being carried out periodically?			
148.	Is the record of preventive maintenance / calibration being maintained?			
149.	Is the record of repair maintenance being maintained?			
150.	Is the record of down time being maintained?			

151.	Are there any master calibrators available?			
152.	Are the master calibrators calibrated?			
153.	Are the training certificates of person dedicated for calibration of medical devices available?			
154.	Is the record of service / maintenance reports of rental / contractual equipment maintained?			
155.	Is dedicated / separate workshop for repairing / maintenance of Boimedical equipment available?			
156.	Is sufficient Boimedical staff for repair / maintenance with reference to the number of beds / equipment available?			
157.	Is proper training of end user being done at the time of installation? *(attendance list of trainings)*			
6.20 SKILLS LAB (THE FACILITY MAY BE SHARED WITH THE HOSPITAL)				
158.	Does the Skills Lab have all the equipment for BLS?			
159.	Is the lab area at least 1000 square feet?			
160.	Is there a capacity to accommodate at least 25 students at a time?			
161.	Is there a designated Director of the lab?			
162.	Is the Director aware of his / her job description?			
163.	Is there full time/ dedicated staff i.e., supervisor, technician and computer operator?			
164.	Is there a nominated faculty member from every department for the lab?			
165.	Are there audiovisual aids available in the lab?			
166.	Is there a list of essential skills / competencies for all major specialties?			
167.	Are all the skills imparted to the medical students according to the PM&DC defined list of skills / competencies?			
168.	Are the defined skills distributed according to the PM&DC criteria for bed side skills and skills taught in the lab?			

169.	Is the lab equipped for all the skills defined for teaching?		
170.	Is there monitoring of skills imparted to medical students and if yes, by whom?		
171.	Are the acquired skills certified by the hospital / college authorities (record maintained in lab and by the student)?		
172.	Is there a timetable / annual calendar to teach identified skills?		
173.	Is the teaching methodology integrated with teaching training program?		
174.	Is the Log of students attendance maintained?		
175.	Does the students attendance and performance carry clear weightage in internal assessment?		
176.	Are there adequate models, mannequins and simulators to teach identified skills?		
177.	Is there equipment for airway management, IV cannulation, plastering, suturing and surgical sets available in the skill lab?		
178.	Is there at least PKR two-million allocated for the lab in the annual budget?		
179.	Is there a mechanism to ensure regular feedback from students?		
180.	Is there a mechanism to ensure regular feedback from faculty?		
181.	Are the students comfortable with study environment?		
182.	Do the students feel adequacy of resources?		

7.   COLLEGE SAFETY TOUR

INSPECTOR: COLLEGE MANAGEMENT EXPERT

7.1   PURPOSE

The focus of this tour is to evaluate adequacy and safety of medical college facilities for training. The tour will also focus on the safety of systems in the medical education and shall cover fire safety, general safety, disaster preparedness, hazardous material, infection prevention and control and safety of water systems.

7.2   LOCATION

All facility areas.

7.3   TOUR PARTICIPANTS

- One representative from administration
- One relevant safety representative
- One representative from department managing medical equipment
- Representation from IT
- Department Heads and representatives' availability at their respective sites

7.4   SURVEYOR(S)

- College Management Expert

7.5   STANDARDS / ISSUES ADDRESSED

- Recognition Standard 1: Infrastructure requirements
- Standard 11: Governance, Services and Resources (11.4, 11.11)

7.6   DOCUMENTS / MATERIALS NEEDED

- Facility Map
- Fire, Safety & Security Program documents
- Utilities Management Plan
- Hazardous Material &Waste Management Plan
- Emergency Preparedness and Evacuation Plan
- Infection Control and Prevention Program
- Infrastructure plans to meet needs of persons with disabilities
- IT Resource Center details
- Library / Digital Resource Center details (including list of subscriptions)

7.7   PROCEDURE

The surveyor will visit the facility to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover various operational areas of the institution. These visits will include on site interviews with the relevant departmental heads regarding the routine functioning of their operations, any challenges faced, fire safety plans, emergency preparedness plans, infection control plans and others to validate their execution through evidence as and when required. During the tour, the surveyor will also ensure provision of internet and Wi-Fi services throughout the facility from the perspective of students and faculty.

7.8   HOW TO PREPARE

The institution should identify the participants in this session and develop and implement various plans as mentioned above. The institution should identify the progress against those plans in the relevant committees and maintain updated records showcasing their progress.

		Yes	No	N/A
Sr No.	**7.9 EVALUATION QUESTIONS**			
1.	Are the students general needs met by the male hostel facilities?			
2.	Are the students general needs met by the female hostel facilities?			
3.	Are the students / faculty / staff overall satisfied with the cafeteria?			
4.	Does the College have a documented fire safety and evacuation plan?			
5.	Does the fire safety plan have training schedule for staff, faculty and students?			
6.	Does the fire safety plan mention an oversight by a designated person?			
7.	Does the fire safety plan identify high-risk / fire-prone areas?			
8.	Does the fire safety plan address the risks identified in high-risk areas?			
9.	Does the institute have a designated and trained fire response team?			
10.	Does the institute conduct a mock fire evacuation drill twice a year?			
11.	Does the College have a designated assembly area?			
12.	Are students / faculty aware of the designated assembly area and alternative fire exits?			
13.	Are portable fire extinguishers available in every department?			
14.	Are staff and students aware about the location and use of fire extinguishers?			
15.	Are evacuation maps displayed at the department / floor?			
16.	Are emergency exits unobstructed and clear at all times?			
17.	Are Illuminated exit signs displayed at exit doors?			
18.	Does the institute have slip resistant strips on stairs?			
19.	Are grip bars available with stairs to avoid falls?			
20.	In case of elevators, are safety mechanisms (emergency alarm, maximum load, emergency number) displayed?			
21.	Are all electrical wires secured (connectors used to connect wires instead of tapes)?			

No.	Question			
22.	Has the College taken remedial steps to address fire risks for vulnerable areas? (Lab, generator room, server room, store, record room)?			
23.	Are security guards available at the entrance and aware of their duties?			
24.	Are Institutions entrance secured and walls protected from outside intruders?			
25.	Is first aid kit available to cater to students / faculty needs?			
26.	Are bar grips available in washrooms for disable / old age persons (faculty and students)?			
27.	Are ramps available or other measures taken to ensure of transportation for disabled persons (faculty and students)?			
28.	Does the institution have a documented waste management plan?			
29.	Is infectious waste being segregated appropriately through color coded bags? (red, yellow, blue, etc.)?			
30.	Is temporary waste storage facility available?			
31.	Is infectious waste being properly incinerated / disposed of within 24 hours of generation?			
32.	Is inventory of hazardous material (chemical) maintained throughout the facility?			
33.	Are all chemicals labeled based on a hazardous tag? (toxic, corrosive, irritant, flammable , etc.)?			
34.	Are all chemicals stored properly according to optimal temperature?			
35.	Is spill kit available to manage chemical / infectious / mercury spill?			
36.	Are all relevant staff aware about risks of chemicals?			
37.	Do all staff wear appropriate PPEs during work? (e.g. gloves, masks, gowns, eye shield as applicable)?			

38.	Is MSDS maintained for all chemicals?			
39.	Are alternate sources of energy available in case of power failure to cater to the institution's needs?			
40.	Is a facility map for electricity, gas, internet & sewerage available?			
41.	Is drinking water being tested quarterly?			
42.	Is IT server room secured from unauthorized access by biometric system and CCTV Camera?			
43.	Is backup data being saved periodically at other locations? (avoid loss of data in case of fire)?			
44.	Are fire measures being taken to avoid fire incidents?			
45.	Is proper temperature being maintained as required by server rooms?			
46.	Is Wi-Fi internet available throughout the campus for students / faculty with adequate speed? (Minimum 1 MBPS)? **(Quality Standard)**			
47.	Are there sufficient educational resources in library to cater to needs of the students? *(Online subscriptions, journal subscriptions, etc.)*			
48.	Is there a documented infection control program in the institution?			
49.	Is there a mechanism to ensure safety of staff, faculty while handling biological materials like cadavers, etc.?			
50.	Is there a vaccination policy including Hepititis B and its record for faculty, staff and students?			
51.	Are floors clean?			
52.	Are horizontal surfaces clean?			
53.	Is cleanliness maintained in high places?			
54.	Are ceilings intact with no evidence of seepage or damage?			
55.	Is pest control done regularly and safely by a certified pest control company or appropriate alternate arrangements are made?			

56.	Is there a needle stick injury prevention policy?			
57.	Are sharp containers adequately available?			
58.	Are sharp containers not overfilled (over three fourths)?			
59.	Is patient / lab equipment clean?			
60.	Are hand hygiene posters and isolation precaution signs present at appropriate sites as needed for contact, droplet, and airborne precautions?			
61.	Is hand soap available in all hand washing stations and bathrooms?			
62.	Are alcohol rubs available at points of patient care with functioning dispensers?			
63.	Are eye wash stations or appropriate alternatives available in areas where splash of bodily fluid/hazardous material is expected?			
64.	Are disposable latex gloves available whenever needed for handling bloody and body fluids or for contact precautions?			
65.	Are gowns adequately available when splashing anticipated or for contact precautions?			

8. STUDENTS SESSION

8.1 PURPOSE

This session is conducted with students. The session is about students personal, academic, career and financial counseling system in the College and to assess services such as financial aid, health coverage, infection control education and counseling. Student perspective of curriculum, teaching, and evaluation / grading is noted.

8.2 LOCATION

College committee room

8.3 COLLEGE PARTICIPANTS

At least 10 students (selected by the inspector at random), with representation of all five years of the program. No faculty or administration representation in the session. Equal representation of male and female students.

At least four current house officers.

8.4 SURVEYOR(S)

- Senior Faculty Member

8.5 STANDARDS / ISSUES ADDRESSED

- Standard 1: Mission Statement (1.3 and 1.4)
- Standard 4: Curricular Organization (4.3s)
- Standard 6: Curricular Management (6.5)
- Standard 8: Students (8.1 to 8.12) and (8.1s to 8.3s)
- Standard 10: Program Evaluation and Continuous Renewal (10.5)
- Standard 12: Research and Scholarship (12.1 and 12.3) and (12.1s)

8.6 DOCUMENTS / MATERIALS NEEDED

- Document outlining mission of the institution
- Minutes of meeting reflecting discussion on mission of institution, involving students
- College's policy on electives for students
- College's study guides/log books
- College's student financial support policy
- Meeting minutes of curriculum committee reflecting student participation

- College's grievance policy
- College's code of conduct
- Program evaluation results
- List of all current or previous (last 12 months) research projects

8.7   PROCEDURE

- The surveyor(s) would like to look at the quality and safety issues at the laboratory services.

8.8   HOW TO EVALUATE

To evaluate standards relevant to students, review the list of documents given above in order to answer the questions below:

SR. NO.	8.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	N/A
1.	Is there a College policy for students regarding electives available (student-selected component)?			
2.	Is there a financial support policy / program available?			
3.	Does the policy have clearly defined criteria for scholarships / bursaries?			
4.	Does the criteria include 5% of students getting 15% waiver on fee?			
5.	Is there evidence of disbursement of financial support in line with the policy?			
6.	Do students have access to counseling to address their psychological, academic and / or career needs?			
7.	Is there evidence of mentoring of students by senior faculty?			
8.	Is there a policy for access to academic and medical records of students?			
9.	Is there a policy for co-curricular opportunities for students?			
10.	Is there a policy for student feedback of the educational programs?			
11.	Is there a notified disciplinary committee with specified TORs?			
12.	Does the process include prior notice of impending action?			
13.	Does the process include disclosure of evidence on which action would be based?			

14.	Does the process include opportunity for the student to respond to the notice?			
15.	Does the process include an appeal process?			
16.	Is there evidence of implementation of the policy? (Review case of demotion or dismissal)			
17.	Is a code of conduct document developed and known to all students?			
18.	Is the transfer policy in line with the PM&DC regulations?			
19.	Is there a documented policy on forbidding students from taking part in any political activity?			
20.	Is there evidence of implementation of the policy? *(Review preferably two transfer cases – out of the College and into the College)*			
21.	Is there evidence of student participation in program evaluation? *(Review meeting minutes or Institution Evaluation Committee report of university which includes the program under review – MBBS)*			

Based on the review, conduct a student interview session with the following list of questions answered. For a 'Yes', at least 7 out of 10 students should answer the question appropriately.

SR. NO.	EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Are the students aware of the mission statement of the College or are able to retrieve it from appropriate document?			
2.	Are the students aware of the curricular outcomes of the College or are able to retrieve it from appropriate document?			
3.	Do the students understand the procedure for electives (student-selected components) and that it is in line with the College policy?			
4.	Are study guides or logbooks disseminated to the students?			
5.	Are students aware of the financial support program / policy?			
6.	Do the students participate in the educational committees of the College?			

7.	Do the students have opportunities, funding and technical support for co-curricular activities?			
8.	Do the students provide feedback on the education programs?			
9.	If yes, is the student feedback taken on a defined interval as per policy?			
10.	Do the students have access to health services?			
11.	Do the students have knowledge about grievance process for situations that affect the status of the student?			
12.	Are the students aware of the code of conduct document?			
13.	Are the students aware of the research advisory committee or equivalent?			
14.	Do the students have knowledge of the research opportunities available to them?			
15.	Do the students have knowledge of the infection prevention and control protocols?			
16.	Do the students have knowledge of the fire or emergency drills that were previously arranged in the College?			

9.   FACULTY SESSION

INSPECTOR: SENIOR FACULTY MEMBER

9.1   PURPOSE

This session focuses on interaction with faculty other than the leadership already interacted with. This session focuses on discussion of notable achievements and ongoing challenges in individual courses and clinical experiences in achieving institute's educational objectives; adequacy of resources for education, and availability of faculty to participate in teaching.

This session will also include discussion on faculty appointment, promotion policies, and faculty development opportunities, effectiveness of faculty governance, faculty compensation and incentives, and opportunities for interaction among faculty.

9.2   LOCATION

At the discretion of medical college leadership inside the facility.

9.3   PARTICIPANTS

- One representative from each of basic sciences (Professor / Associate Professor)
- One demonstrator from basic sciences and one from clinical sciences
- One representative from each of major clinical divisions (Professor / Associate Professor)
- Three department heads or faculty members with multiple roles
- Other 2-3 faculty members, at the discretion of the College

9.4   SURVEYOR

Senior Faculty Member

9.5   STANDARDS / ISSUES ADDRESSED

Collaborative involvement of the faculty of College for medical students as required in the following standards from the following chapters:

- Standard 1: Mission
- Standard 2: Outcomes
- Standard 6: Curricular Management
- Standard 7: Assessment
- Standard 9: Faculty
- Standard 9: Faculty

- Standard 10: Program Evaluation and Continuous renewal
- Standard 11: Governance, Services and Resources
- Standard 12: Research and Scholarship

9.6 DOCUMENTS / MATERIALS NEEDED

- All related documents
- Mission statement document
- List of faculty members
- Departmental staffing plans
- Faculty health records
- Research advisory committee minutes indicating facilitation to faculty
- Internal assessment and external assessment records (20:80 Rule)
- Staff faculty files of participants as requested above
- Job descriptions of various hierarchical tiers of faculty
- Faculty training and development plan and records
- Criteria for faculty recruitment, selection, promotion and retention
- Faculty to be specified for each department (Documentary evidence/ interview)
- Financial trail of all faculty salary disbursements of previous 12 months
- Faculty CME / CPD log of previous 12 months
- Biometric attendance of faculty (Minimum requirement >70%)
- Evidence for mechanism to address grievances of faculty

9.7 PROCEDURE

The surveyor will ask questions related to the direction of the medical college, its mission, curriculum development and implementation, integration of outcomes into the program, methodologies of assessment, involvement and support in research and assessment of health plan for the faculty.

The surveyor will assess compliance with the standards as listed above. During the session, the surveyor will also identify issues that he or she will pursue in later survey activities.

The surveyor will ask questions related to criteria for recruitment, selection, and promotion of faculty and the plans in place for retention, methodologies in place for faculty development, financial disbursement of faculty, and CME / CPD logs of the faculty.

The surveyor will assess compliance with the standards as listed above. During the session, the surveyor will also identify issues that he or she will pursue in later survey activities.

9.8   HOW TO PREPARE

The faculty should be aware of the standards prior to inspection.

SR. NO.	9.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	N/A
1.	Is the mission developed with the involvement of the faculty members?			
2.	Are the faculty members aware of the institutional vision?			
3.	Is there evidence of faculty participation in program evaluation? *(Review meeting minutes or Institution Evaluation Committee report of University which includes the program under review – MBBS)*			
4.	Are the faculty members aware of the curricular outcomes of the College are able to retrieve it from appropriate document?			
5.	Is there a day care center to support faculty members?			
6.	Is maternity/ paternity leave allowed as per latest government policy?			
7.	Were curricular objectives developed with involvement of the faculty members? *(TORs or minutes of meetings of curricular committee)*			
8.	Do the faculty members have access to study guides / log books? *(Online or hard copies etc.)*			
9.	Are the faculty members aware of the process to provide feedback on curriculum?			

10.	Are the departmental staffing plans of basic sciences in alignment with PM&DC requirements?			
11.	Are the departmental staffing plans of clinical sciences in alignment with PM&DC requirements?			
12.	Are the notable achievements of faculty acknowledged? (Awards, incentives etc.).It should be as per college / university policy?			
13.	Is there a mechanism to document or communicate any ongoing challenges in teaching or training on individual courses as faced by the faculty members?			
14.	Is there a mechanism to ensure that these challenges are addressed?			
15.	Research advisory committee is in place and facilitates faculty on research?			
16.	Is there a process to ensure involvement of faculty in research? *(list of ongoing research projects involving faculty members)*			
17.	Is there a process to ensure that the health needs (Free outdoor and discounted indoor) of the faculty are met? *(check the staff health plan)*			
18.	Is there a structured FDP? (opportunities for training and development of staff at various levels of the organization)			
19.	Is there a documented policy on forbidding faculty from taking part in any political activity?			
20.	Is there a program to train the trainers?			
21.	Is there a process to ensure that the faculty members are involved in continuous medical education?			

22.	Is facility provided for faculty to attend national educational trainings?			
23.	Is facility provided for faculty to attend international educational trainings?			
24.	Is there a mechanism to ensure effectiveness of faculty governance?			
25.	Is there a policy and an established mechanism to ensure faculty recruitment, selection, promotion and retention that is in alignment with PM&DC staff selection criteria and universities' statutory bodies? *(evidence of implementation)*			
26.	Is there a mechanism implemented for faculty performance evaluation and reporting?			
27.	Is the faculty appraisal / performance report linked to promotion?			
28.	What is the financial structure in place for remuneration disbursement of the faculty? *(request trail of salary transactions for a period of last 12 months for random 5 faculty members)*			
29.	Are the job descriptions of the faculty members documented? (see job description in staff files for Professors, Associate Professors, Assistant Professors and Demonstrators, etc. as applicable)			
30.	Are the faculty members aware of their job descriptions?			
31.	Are the faculty members engaged in multiple roles that are evident from their job descriptions?			
32.	Is the head of the institution qualified by education, training and experience in accordance with the PM&DC guidelines?			
33.	Does the College provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Faculty requirements?			

9.10 MEDICAL INSTITUTION STAFFING SECTION
(To be filled by PM&DC)

The Inspector will request 5 random faculty files from the faculty list to interview the faculty and to assess the file for; 1. Contract 2. Financial Disbursement 3. Attendance 4. Appraisals 5. Faculty Registration / Process of Rgistration			
9.11 GENERAL REQUIREMENTS			
34. Does the College have attendance of at least 70% verifiable through biometric attendance? *(Biometric attendance of faculty and students accessible to PM&DC for spot check verification)*			
35. Does the College have contracts with all faculty members, with remuneration clearly specified?			
36. Is the College able to demonstrate payment of the remuneration to the faculty members through banking channel every month for the last 12 months?			
9.12 BASIC MEDICAL SCIENCES			
9.13 ANATOMY			
37. Does the College have at least 01 Professor of Anatomy?			
38. Does the College have at least 01 Associate Professor in the Department?			
39. Does the College have at least 04 Assistant Professors in the Department?			
40. Does the College have at least 08 Demonstrators in the Department, or equivalent number in case of integrated curriculum?			

41.	Does the College have at least 04 qualified (preferably BS-MLT) Lab Technologists / Technicians / Assistants in the Department?			
42.	Does the College have at least 02 Anatomy hall attendants?			
43.	Does the College have at least 01 Curator of Anatomy museum?			
44.	Does the College have at least 02 qualified (preferably DIT) Computer Operators in the Department?			
9.14 PHYSIOLOGY				
45.	Does the College have at least 01 Professor of Physiology?			
46.	Does the College have at least 01 Associate Professor in the Department?			
47.	Does the College have at least 03 Assistant Professors in the Department?			
48.	Does the College have at least 07 Demonstrators in the Department, or equivalent number in case of integrated curriculum?			
49.	Does the College have at least 04 qualified (preferably BS-MLT) Lab technologists / Technicians / Assistants of Physiology?			
50.	Does the College have at least 01 qualified (preferably DIT) Computer Operator in in the Department?			
51.	Does the College have at least 01 Storekeeper in the Department?			
9.15 BIOCHEMISTRY				
52.	Does the College have at least 01 Professor of Biochemistry?			
53.	Does the College have at least 01 Associate Professor in the Department?			

54.	Does the College have at least 02 Assistant Professors in the Department?			
55.	Does the College have at least 06 Demonstrators in the Department, or equivalent number in case of integrated curriculum?			
56.	Does the College have at least 04 qualified (preferably BS-MLT) Lab Technologists / Technicians / Assistants in the Department?			
57.	Does the College have at least 01 qualified (preferably DIT) Computer Operator in the Department?			
58.	Does the College have at least 01 Storekeeper in the Department?			
9.16 PHARMACOLOGY AND THERAPEAUTICS				
59.	Does the College have at least 01 Professor of Pharmacology & Therapeutics?			
60.	Does the College have at least 01 Associate Professor in the Department?			
61.	Does the College have at least 02 Assistant Professors in the Department ?			
62.	Does the College have at least 06 Demonstrators in the Department, or equivalent number in case of integrated curriculum?			
63.	Does the College have at least 01 Pharmacist in the Department with support staff?			
64.	Does the College have at least 02 qualified (preferably BS-MLT) Lab Technologists / Technicians / Assistants in the Department?			
65.	Does the College have at least 01 qualified (preferably DIT) Computer Operators in the Department?			

66.	Does the College have at least 01 Storekeeper in the Department?			
9.17 PATHOLOGY (*Combined College and hospital Faculty*)				
67.	Does the College have at least 07 faculty members Assistant Professors or above including 01 Professors of Pathology? (To be from the either of the four subspecialities *covering disciplines namely Histopathology, Microbiology, Chemical Pathology, Haematology)?*			
68.	Does the College have at least 01 Professors of Pathology? (To be from the either of the four subspecialities *covering disciplines namely Histopathology, Microbiology, Chemical Pathology, Haematology)?*			
69.	Does the College have at least 02 Associate Professor of Pathology? (To be from the either of the four subspecialities *covering disciplines namely Histopathology, Microbiology, Chemical Pathology, Haematology)?*			
70.	Does the College have at least 01 Assistant Professor in Microbiology?			
71.	Does the College have at least 01 Assistant Professor in Histopathology?			
72.	Does the College have at least 01 Assistant Professor in Chemical Pathology?			
73.	Does the College have at least 01 Assistant Professor in Haematology?			
74.	Does the College have at least 08 Demonstrators in the Department , or equivalent number in case of integrated curriculum (with supporting staff) ?			
75.	Does the College have at least 08 qualified (preferably BS-MLT) Lab Technologists / Technicians / Assistants in the Department?			
76.	Does the College have at least 01 Curator of Pathology Museum?			
77.	Does the College have at least 02 qualified (preferably DIT) Computer Operator in the Department?			
78.	Does the College have at least 01 Storekeeper in the Department?			

9.18 FORENSIC MEDICINE AND TOXICOLOGY				
79.	Does the College have at least 01 Professor / Associate Professor of Forensic Medicine and Toxicology?			
80.	Does the College have at least 01 Assistant Professor of Forensic Medicine and Toxicology?			
81.	Does the College have at least 04 Demonstrators in the Department, or equivalent number in case of integrated curriculum?			
82.	Does the College have at least 03 qualified (preferably BS MLT) Museum Keepers in the Department?			
83.	Does the College have at least 01 qualified (preferably DIT) Computer Operator in the Department?			
84.	Does the College have at least 01 Storekeeper in the Department?			
9.19 MEDICAL EDUCATION				
85.	Does the College have at least 02 Assistant Professor or above in the Department of Medical Education?			
86.	Does the College have 03 Demonstrators working in the Department?			
9.20 COMMUNITY MEDICINE / PUBLIC HEALTH				
87.	Does the College have at least 01 Professor of Community Medicine / Public Health?			
88.	Does the College have at least 01 Associate Professor in the Department?			
89.	Does the College have at least 02 Assistant Professors in the Department?			
90.	Does the College have at least 05 Demonstrators of Community Medicine / Public Health, or equivalent number in case of integrated curriculum?			

|				
91.	Does the College have at least 01 Biostatistician in the Department?			
92.	Does the college have atleast one social worker who is a qualified clinical psychologist and additionally responsible for student and faculty counselling?			
93.	Does the College have at least 01 Storekeeper in the Department?			
94.	Does the College have at least 01 qualified (preferably DIT) Computer Operator in the Department?			
9.21 CLINICAL SCIENCES				
9.22 GENERAL MEDICINE				
95.	Does the College have at least 02 Professors of General Medicine?			
96.	Does the College have at least 02 Associate Professors in the Department?			
97.	Does the College have at least 02 Assistant Professors in the Department?			
98.	Does the College have at least 04 Senior Registrars in the Department?			
9.23 GENERAL SURGERY				
99.	Does the College have at least 02 Professors of General Surgery?			
100.	Does the College have at least 02 Associate Professors in the Department?			
101.	Does the College have at least 02 Assistant Professor in the Department?			
102.	Does the College have at least 04 Senior Registrars in the Department?			
9.24 OBSTETRICS AND GYNAECOLOGY				
103.	Does the College have at least 01 Professors of Obstetrics and Gynaecology?			
104.	Does the College have at least 01 Associate Professors in the Department?			
105.	Does the College have at least 02 Assistant Professors in the Department?			

106.	Does the College have at least 04 Senior Registrars in the Department?			
9.25 OPHTHALMOLOGY				
107.	Does the College have at least 01 Professor of Ophthalmology?			
108.	Does the College have at least 01 Associate Professor in the Department?			
109.	Does the College have at least 01 Assistant Professors in the Department?			
110.	Does the College have at least 03 Senior Registrars in the Department?			
9.26 ENT				
111.	Does the College have at least 01 Professor of ENT?			
112.	Does the College have at least 01 Associate Professor in the Department?			
113.	Does the College have at least 01 Assistant Professors in the Department?			
114.	Does the College have at least 03 Senior Registrars in the Department?			
9.27 PAEDIATRICS				
115.	Does the College have at least 01 Professor of Paediatrics?			
116.	Does the College have at least 01 Associate Professor in the Department?			
117.	Does the College have at least 02 Assistant Professor in the Department?			
118.	Does the College have at least 04 Senior Registrars in the Department?			
9.28 ORTHOPAEDICS				
119.	Does the College have at least 01 Professor / Associate Professor of Orthopaedics?			
120.	Does the College have at least 02 Assistant Professors in the Department?			
121.	Does the College have at least 02 Senior Registrars in the Department?			
9.29 PSYCHIATRY AND BEHAVIOURAL SCIENCE				
122.	Does the College have at least 01 Professor / Associate Professor of Psyciatry?			
123.	Does the College have at least 01 Assistant Professor in the Department?			

124.	Does the College have at least 02 Senior Registrar in the Department?			
125.	Does the College have at least 02 Senior Lecturers in Behavioural Sciences?			
126.	Does the College have at least 02 Demonstrators in Behavioural Sciences			
127.	Does the College have at least 01 qualified (preferably DIT) Computer Operator in the Department?			
9.30 DERMATOLOGY				
128.	Does the College have at least 01 Assistant Professor or above of Dermatology?			
129.	Does the College have at least 02 Senior Registrar in the Department?			
9.31 CARDIOLOGY				
130.	Does the College have at least 01 Assistant Professor or above in the Department?			
131.	Does the College have at least 02 Senior Registrar in the Department?			
9.32 PULMONOLOGY				
132.	Does the College have at least 01 Assistant Professor or above in Pulmonology?			
133.	Does the College have at least 02 Senior Registrar in the Department?			
9.33 NEPHROLOGY				
134.	Does the College have at least 01 Assistant Professor or above in Nephrology?			
135.	Does the College have at least 02 Senior Registrar in the Department?			
9.34 NEUROLOGY (Optional Subspecialty)				
9.35 GASTROENTEROLOGY				
136.	Does the College have at least 01 Assistant Professor or above in Gastroenterology?			
137.	Does the college have at least 02 Senior Registrar / Speciality Registrar in the Department?			

9.36 MEDICAL ONCOLOGY (Optional Subspecialty)				
9.37 FAMILY MEDICINE				
138.	Does the College have at least 01 Assistant Professor or above in Family Medicine?			
139.	Does the College have at least 02 Senior Registrar in Family Medicine?			
9.38 MEDICINE AND ALLIED SPECIALITIES				
140.	Does the College have at least 01 Assistant Professor or above in each of any 02 of following subspecialities: • Rheumatology • Clinical Hematology • Neurology • Medical Oncology • Geriatrics • Endocrinology • Oncology • Infectious Diseases • Paediatric Cardiology • Child Psychiatry			
141.	Does the College have at least 02 Senior Registrar in each of the opted medical subspecialities?			
9.39 ACCIDENT AND EMERGENCY				
142.	Does the College have at least 01 Assistant Professor or above in Accident and Emergency?			
143.	Does the College have at least 02 Senior Registrars in Accident and Emergency?			
9.40 ANAESTHESIA				
144.	Does the College have at least 01 Assistant Professor or above in the Department?			
145.	Does the College have at least 02 Senior Registrars in Anaesthesia?			
9.41 CRITICAL CARE (This will be part of ICU)				
146.	Does the College have at least 01 Assistant Professors or above in the Department?			
147.	Does the College have at least 02 Senior Registrar in the Department?			

9.42 RADIOLOGY				
148.	Does the College have at least 01 Assistant Professor or above in the Radiology Department?			
149.	Does the College have at least 01 Senior Registrar in the Department?			
9.43 NEUROSURGERY				
150.	Does the College have at least 01 Assistant Professor or above in Neurosurgery?			
151.	Does the College have at least 01 Senior Registrar in the Department?			
9.44 SURGICAL AND ALLIED SPECIALTY				
152.	Does the College have at least 01 Assistant Professor or above in each of any 02 of the following specialties? 1. Paediatric Surgery 2. Thoracic Surgery 3. Urology 4. Plastic Surgery 5. Maxilofacial Surgery 6. Cardiac surgery 7. Vascular Surgery			
153.	Does the college have at least 2 Senior Registrar per opted allied surgical speciality.			
	Sub-Specialists already registered with PM&DC in Medicine and Allied and Surgery and Allied specialties may be considered as the faculty of sub-specialty if they have relevant registered level III qualification in their respective sub-specialty. *** Additional faculty member in a category may be counted in the lower category if deficient, but not vice-versa.*			
9.45 SUPPORT DEPARTMENTS				
154.	Does the College have appropriately staffed Library managed by one chief librarian and one deputy librarian?			
155.	Does the College have appropriately staffed Quality Assurance Cell?			

156.	Does the College have appropriately staffed IT Department? At least 02 certified IT professionals working full time?			
157.	Does the College have appropriately staffed Student Section?			
158.	Does the College have appropriately staffed Security Department?			
159.	Does the College have appropriately staffed Finance Department?			
160.	Does the College have appropriately staffed Maintenance Department?			
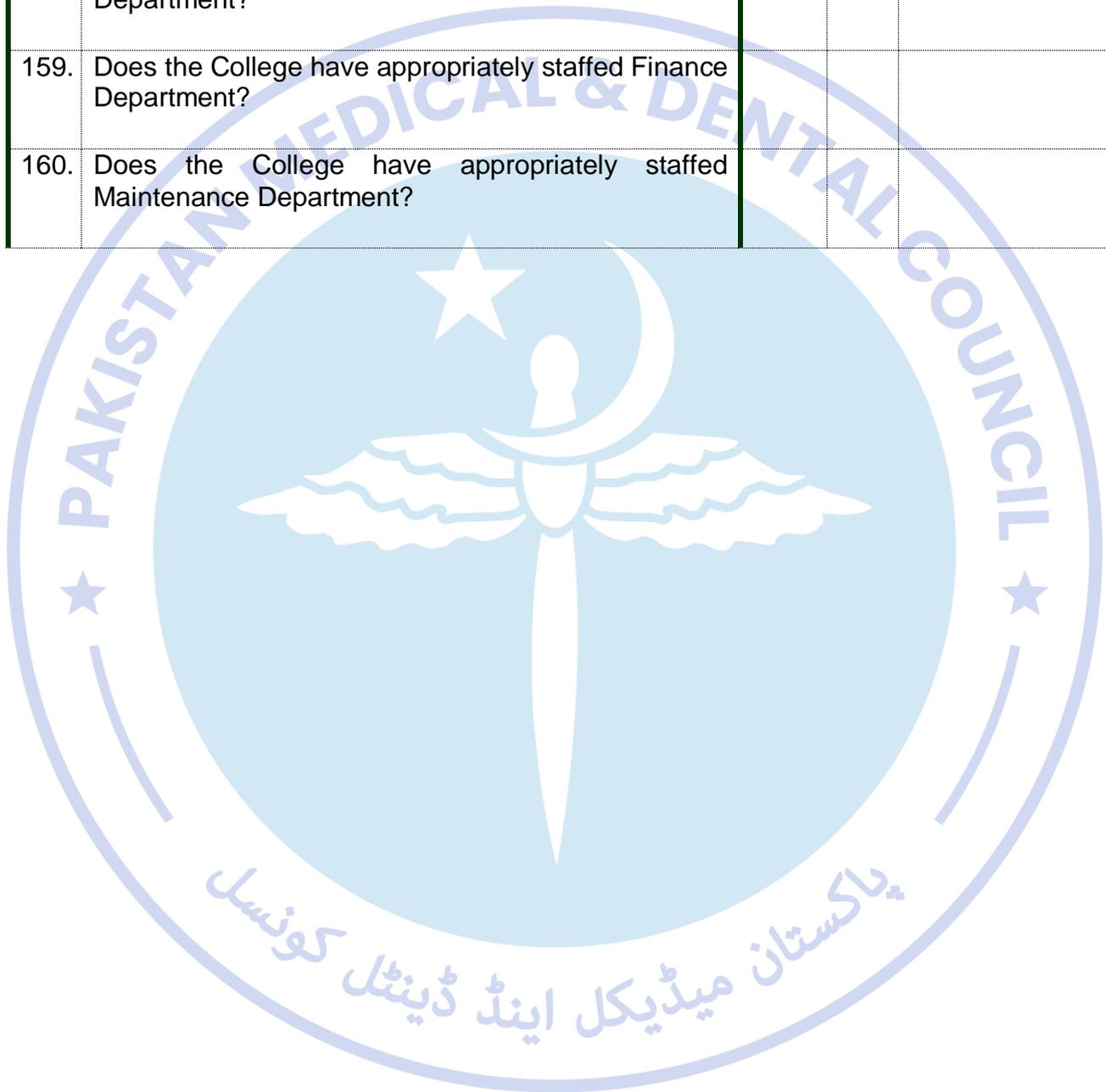
10. COLLEGE FACILITIES TOUR

INSPECTOR: FACULTY MEMBER.

10.1 PURPOSE

This tour is conducted by the Basic Sciences Expert on clinical learning facilities including inspection of lecture halls, small group classrooms, labs, and study areas used for pre-clinical education of the students. It would comprise of:

- Visit to library and computer learning facilities.
- Visit of basic sciences department to review successes and ongoing challenges in administrative functioning of departments; adequacy of resources for research, scholarship, teaching; and departmental support for faculty and graduate programs.
- Visiting and meetings with heads of those departments that offer the major required clerkships / clinical experiences. Discussions to include successes and ongoing challenges in administrative functioning of departments; adequacy of resources for all missions (clinical, research, scholarship, teaching); departmental support for faculty and students; balancing of clinical and academic demands on faculty. Institutional tour will include the hostel facilities and may be divided into multiple sessions throughout the survey.

10.2 LOCATION

- All facility areas.

10.3 TOUR PARTICIPANTS

- One representative from administration
- One representative from department managing medical equipment
- Representation from IT
- Department Heads and representatives' availability at their respective sites

10.4 SURVEYOR

- Basic sciences faculty member.

10.5 STANDARDS / ISSUES ADDRESSED

- Recognition Standard 1: Infrastructure requirements
- Standard 11: Governance, Services and Resources (11.4, 11.11)

10.6 DOCUMENTS / MATERIALS NEEDED

- Institutional Map
- Departmental organograms/staff structure
- Skill lab timetable
- Timetables of basic science labs and museums available in their respective units which may include;
    - Physiology Lab
    - Biochemistry Lab
    - Histopathology Lab
    - Dissection Hall
    - Pharmacology Lab
    - Pathology Lab
    - Forensic medicine lab/museum
    - Museums of basic sciences
- Small group discussion timetables
- IT Resource Center details
- Library / Digital Resource Center details (including list of subscriptions)
- Research plan and activity log

10.7 PROCEDURE

The surveyor(s) will visit the facility to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover various operational areas of the institution. These visits will include on site interviews with the relevant departmental heads regarding the routine functioning of their operations, any challenges faced, fire safety plans, emergency preparedness plans, infection control plans and others to validate their execution through evidence as and when required. During the tour, the surveyor will also ensure provision of internet and Wi-Fi services throughout the facility from the perspective of students and faculty.

10.8 HOW TO PREPARE

The institution should identify the participants in this session and develop and implement various plans as mentioned above. The institution should identify the progress against those plans in the relevant committees and maintain updated records showcasing their progress.

SR. NO.	10.9 EVALUATION QUESTIONS	Compliance		
		Yes	No	N/A
10.10 PHYSIOLOGY				
1.	The Physiology department structure is defined. *(Departmental organogram and staff structur*e)			
2.	Is the Faculty aware of their job description?			
3.	There is a structured timetable for students of various classes. (Small group discussions, Laboratory, etc.)			
4.	There is a structured allocation of faculty to cover the student schedules.			
5.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
6.	The lab is well-equipped to cater to needs of the students.			
10.11 BIOCHEMISTRY				
7.	The Biochemistry department structure is defined. *(Departmental organogram and staff structure)*			
8.	Is the Faculty aware of their job description?			
9.	There is a structured timetable for students of various classes. *(Small group discussions, Laboratory etc.)*			
10.	There is a structured allocation of faculty to cover the student schedules.			
11.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
12.	The lab is well-equipped to cater to needs of the students.			
10.12 ANATOMY				
13.	The Anatomy department structure is defined. *(Departmental organogram and staff structure)*			
14.	Is the Faculty aware of their job description?			
15.	There is a structured timetable for students of various classes. *(Small group discussions, Laboratory, Dissection Hall etc.)*			

16.	There is a structured allocation of faculty to cover the student schedules.			
17.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
18.	The lab is well-equipped to cater to needs of the students.			
10.13 PHARMACOLOGY				
19.	The Pharmacology department structure is defined. *(Departmental organogram and staff structure)*			
20.	Is the Faculty aware of their job description?			
21.	There is a structured timetable for students of various classes. *(Small group discussions, Laboratory etc.)*			
22.	There is a structured allocation of faculty to cover the student schedules.			
23.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
24.	The lab is well-equipped to cater to needs of the students.			
10.14 PATHOLOGY				
25.	The Pathology department structure is defined. *(Departmental organogram and staff structure)*			
26.	Is the Faculty aware of their job description?			
27.	There is a structured timetable for students of various classes. *(Small group discussions, Laboratory etc.)*			
28.	There is a structured allocation of faculty to cover the student schedules.			
29.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
30.	The lab is well-equipped to cater to needs of the students.			
10.15 FORENSIC MEDICINE				
31.	The Forensic Medicine department structure is defined. *(Departmental organogram and staff structure)*			

32.	Is the Faculty aware of their job description?			
33.	There is a structured timetable for students of various classes. *(Small group discussions, Laboratory etc.)*			
34.	There is a structured allocation of faculty to cover the student schedules.			
35.	There is structured duty roster of staff including lab technicians to provide technical and clerical support.			
36.	The lab is well-equipped to cater to needs of the students.			
10.16 SKILLS LAB				
37.	Is there a person responsible for the skills lab who is aware of his / her responsibilities?			
38.	Is the person responsible aware of current essential skills and competencies?			
39.	Is there a structured timetable for students of various classes?			
40.	Is there a structured duty roster of staff / attendant to provide technical and clerical support?			
41.	Is the lab well-equipped to cater to needs of the students?			
42.	Are the students comfortable with the study environment?			
43.	Does the skills lab have all the required equipments for BLS, Basic Surgical Skills and minor procedures etc.?			