Pakistan Medical & Dental Council

Accreditation Standards / Inspection Proforma

for

Medical Teaching Hospitals
(150 MBBS Students)

2024

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ABBREVIATIONS

ACLS	Advanced Cardiac Life Support
ATLS	Advanced Trauma Life Support
CME	Continuing Medical Education
CMS	Campus Management System
CPC	Clinico-Pathological Conference
CPD	Continuous Professional Development
CSSD	Central Sterilization and Store Department
ERB	Ethical Review Board
EMR	Electronic Medical Records
ENT	Ear Nose and Throat
FDP	Faculty Development Program
HR	Human Resource
HIMS	Health Information Management System
HOD	Head of Department
IPD	In-Patient Department
IRB	Institutional Review Board
IRC	Institutional Research Committee
IT	Information Technology
MDR	Multi-Drug Resistance
MOU	Memorandum of Understanding
MSDS	Material Safety Data Sheet
NA	Not Applicable
NCS	Nerve Conduction Studies
NRP	Neonatal Resuscitation Program
OPD	Out-Patient Department
OR	Operation Room
PNC	Pakistan Nursing Council
PPM	Periodic Preventive Maintenance
PPE	Personal Protective Equipment
PM&DC	Pakistan Medical & Dental Council
PNRA	Pakistan Nuclear Regulatory Authority
RCT	Randomized Clinical Trial
SECP	Securities and Exchange Commission of Pakistan
SOP	Standard Operating Procedure
TB	Tuberculosis
TOR	Terms of Reference
TLD	Thermoluminescent Dosimeter
WHO	World Health Organization

LIST OF STANDARDS

The Accreditation Standards for Medical Teaching Hospitals, 2024 will be used for inspection of teaching Hospitals for grant of recognition.

The standards for Teaching Hospitals comprise of essential standards, quality standards and a few annotations. (Appendix – I)

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

The 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: Program Organization

Standard 5: Educational Content

Standard 6: Program Management

Standard 7: Assessment

Standard 8: Students

Standard 9: Faculty

Standard 10: Program Evaluation and Continuous Renewal

Standard 11: Governance, Services and Resources

STANDARD 1: MISSION STATEMENT

Essential Standards

The teaching Hospital 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 officials).

1.4 Is known to all stakeholders.

STANDARD 1: MISSION STATEMENT

STANDARD 2: OUTCOMES

Essential Standards

The teaching Hospital 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 Demonstrate the Hospital's commitment to meet the requirements of undergraduate medical education.

2.4 Incorporate the knowledge, skills and potential behavior that the students will demonstrate upon graduation.

STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Essential Standards

The teaching Hospital 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 program 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.
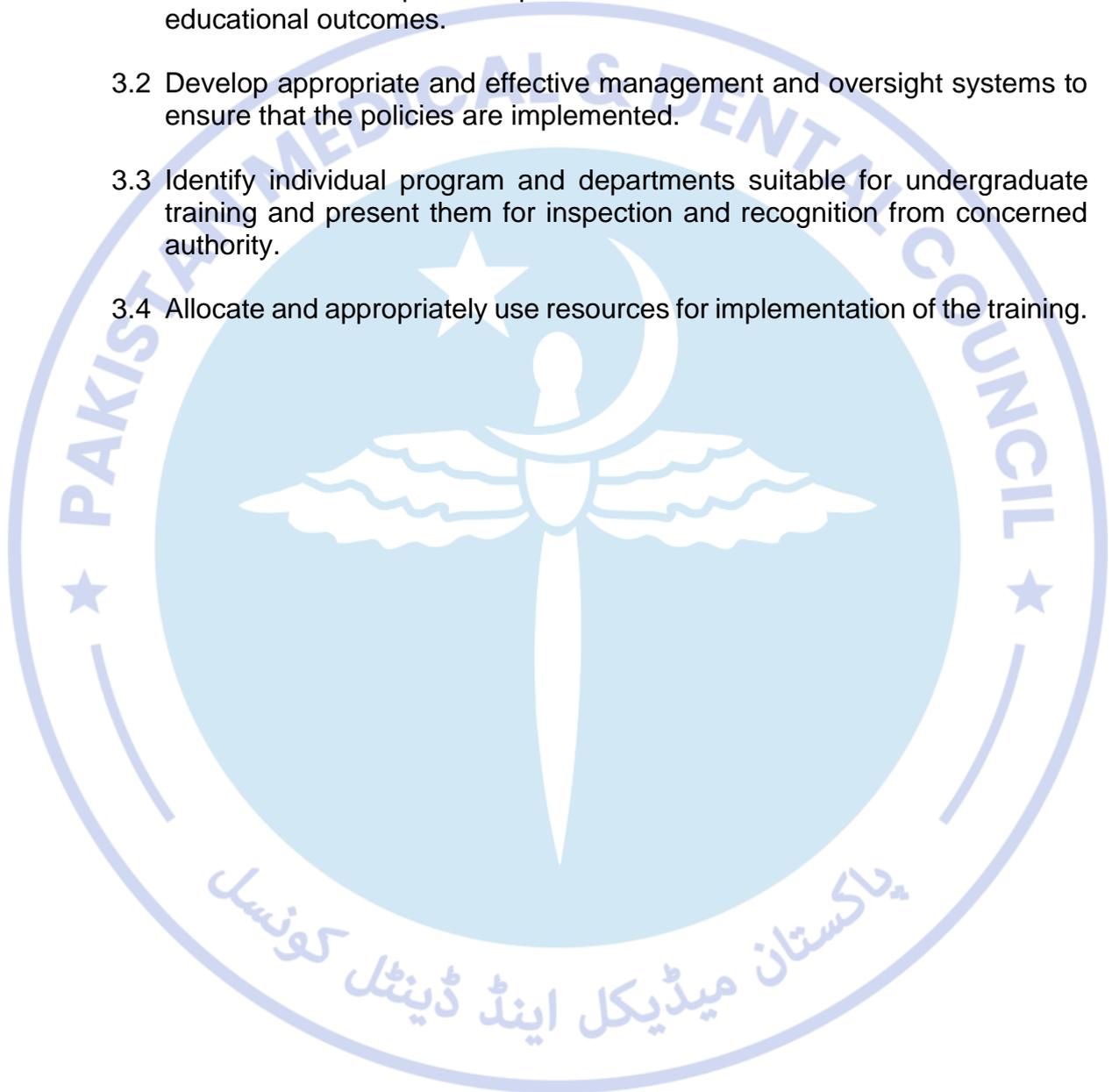
STANDARD 4: PROGRAMME ORGANIZATION

Essential Standards

The teaching Hospital must:

4.1 Clearly document the sequence and content of teaching 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 program in all departments that incorporate hands-on, active learning as the principle 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 teaching Hospital 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 teaching hospital shall recognize gender, cultural and religious specifications and prepare the student to interact appropriately.

STANDARD 5: EDUCATIONAL CONTENT

Essential Standards

The teaching Hospital must:

5.1 Have a detailed document 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.

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

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

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

5.5 Include, but not limited to the following:

   a) Communication Skills
   b) Patient Safety and Infection Control
   c) Professionalism, Medical and Islamic Ethics
   d) Evidence-Based Medicine
   e) Ethics of Patient Care

5.6 Have an orientation program for undergraduate students.

5.7 Implement the curriculum of programme prescribed by the university / institution.

5.8 ensure the curriculum is conveyed to and understood by all stakeholders

STANDARD 6: PROGRAMME MANAGEMENT

Essential Standards

The teaching Hospital must:

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

6.2 Have an Oversight Committee that governs, approves and oversees undergraduate program. 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.

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

6.6 Issue a certificate of completion of program of study 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 students as well as the faculty / trainers. For the students, its importance lies in the fact that it determines the certification of attainment of competencies. For the faculty / trainers, assessment provides the grounds for substantiation of their observation regarding the progress of the student. For the Hospital, it provides the essential and sound grounds for programme evaluation.

Essential Standards

The teaching Hospital 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 and instructional strategies.

7.6 Have a system for appeal for results.

STANDARD 8: STUDENTS

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

Essential Standards

The teaching Hospital must:

8.1   Follow the rules and regulations of the Medical College attached and Degree Awarding Institution.

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

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 the students.

8.9   Have a policy and practice to systematically seek, analyze and respond to students feedback about the processes and products of the undergraduate teaching programme.

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 and illegal agitations.

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 the students.

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

STANDARD 9: FACULTY

Essential Standards

The teaching Hospital must:

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

9.2 Have sufficient qualified and trained faculty / trainers based on needs of the undergraduate training.

9.3 Ensure that the faculty / trainers fulfill their various roles as defined by the Hospital and the clinical training.

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

9.5 The teaching Hospital shall ensure that the institution is led by a medical doctor having at least Masters level qualification in the Management Sciences; with at least 5 years experience of working in a teaching Hospital.
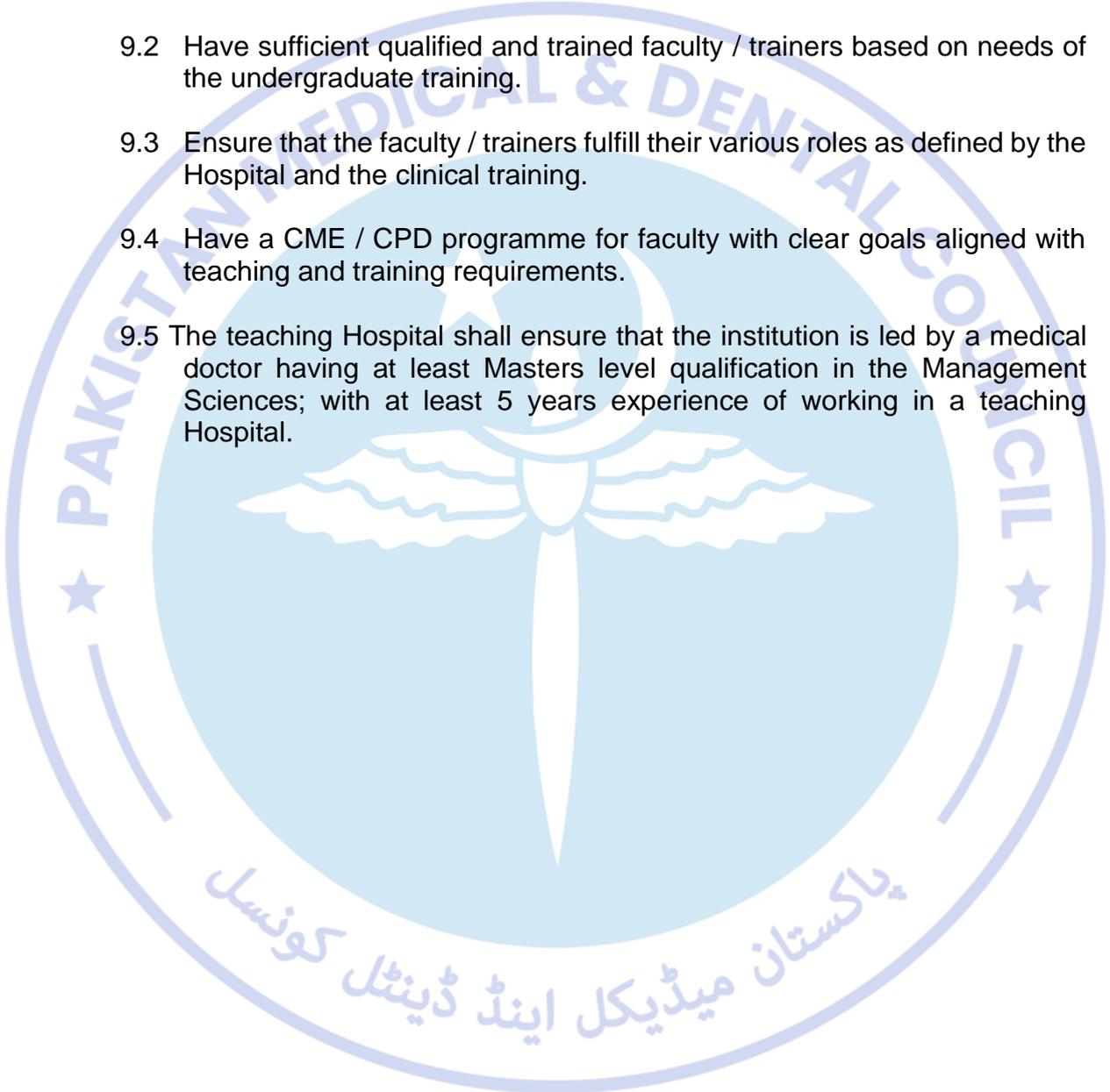
STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

The PM&DC encourages teaching Hospitals to ensure quality assurance through program evaluation.

Essential Standards

The teaching Hospital must:

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

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

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

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

10.5 Ensure that the students, faculty / trainers and administration are involved in the clinical training evaluation.

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

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

STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES

Essential Standards

The teaching Hospital 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 an HIMS within 12 months.

11.2 Have essential services as given in the next Section 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 program.

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

11.6 Have an HR 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.

(In case, the Hospital and College buildings are attached or are in the same premises, the same IT and library facilities may be utilized by both the institutions and no separation is necessary).

11.9 Have appropriate budgetary allocations for faculty / trainers professional development programs.

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.
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STANDARD 1: MISSION STATEMENT

Social accountability of teaching Hospitals is their responsibility towards the community and their trainees. It is the responsibility of the training Hospitals to meet the healthcare needs of the country through provision of quality training and service delivery. This service delivery should take ownership of defined populations (especially marginalized populations including transgender and improve the health status of those communities. In this regard, teaching Hospitals will need to delineate how they are contributing towards serving their communities and are socially accountable.

STANDARD 2: OUTCOMES

Outcomes are statements of intention, just like objectives. Outcomes provide a clear idea of what the trainees are expected to do (perform) by the end of the entire learning period (e.g. by the end of the training programme). Hence, they provide an overview (and not details) of what the trainee is expected to do upon completion of the training programme in which he / she is enrolled.

The number of outcomes is far less than the number of objectives. Usually, outcomes range between 05 to 07 for an extended programme.

EXAMPLE: By the end of the training programme, trainees will be able to:

- manage common, non-critical conditions independently
- assist in the management of critically ill patients
- demonstrate professional, ethical and culturally appropriate behavior
- advocate health promotion and disease prevention
- work effectively in a health care team
- demonstrate clear and efficient written and verbal communication abilities

Annotation for 2.1s

Outcomes are a set of statements which summarize the expected results at the end of the educational program. Every Hospital must have a reason for existence. This reason shouldbe its unique feature which sets it apart from others. A Hospital may wish to lay emphasis on training its students on providing state-of-the-art high technology training via skills labs and aim at producing doctors who can manage emergencies in a lower socio-economic setting. Such unique features must be clear in the outcomes; such statements must be present whichhelp provide an identity to the programme and to the institution.

STANDARD 4: PROGRAMME ORGANISATION

Active learning is any instructional strategy in which students are required to do meaningful activities and think about their learning in order to achieve the session's objectives.

Educational strategy means teaching method or instructional method, for example lecture or tutorial or small group discussion.

Patient-centeredness keeps the training focused on issues of the patient and not around diseases. It aims to produce doctors who deal with patients as humans and not as carriers ofdisease. It helps students provide holistic care to the patients.

STANDARD 8: STUDENTS

Academic counseling would include addressing questions related to the student's choice of selected rotation. Academic counseling may also involve helping students improve their learning.

Career counseling would include guidance related to achieving their career goals.

Confidentiality means available only to members of the trainers and administration on a need-to-know basis. Laws concerning confidentiality of record need to be kept in view.

Committees include all educational, management and disciplinary committees. This included   development of the mission and vision, policy guidelines, curriculum committees, academic council and service delivery.

Areas of appeals include admission, attendance, assessment, promotion, demotion or

dismissal processes and products of the educational programmes means curriculum, teaching and learning processes.

Fair and formal process includes timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the students to respond and an opportUnity to appeal.

Status of trainees means that can affect his / her educational progression for example admission, graduation or dismissal.

Disability means any physical disability which may not affect his / her ability to actively contribute as a member of healthcare team. The institutional medical team should decide it on case-to-case basis.

Transfer policy and exchange mechanisms mean policies devised by the training Hospital for transfer and student exchange in congruence with the affiliating university (where applicable), PM&DC guidelines and government policies.

STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

Programme evaluation means gathering, analysis and interpretation of information, using valid and reliable methods of data collection, from all components of the programme. The process of evaluation should serve to make judgments about its effectiveness in relation to the mission, curriculum and intended educational outcomes.

Academic activities include all formal educational experiences of the trainees during their enrolment in the institute.

Renewal of programmes refers to modifications made in the programme by incorporating results of programme evaluation.

HOSPITAL INSPECTION PROFORMA

The College applying for initial recognition will submit a Self-Appraisal Report along-with evidences based on Inspection Proforma for Medical Teaching Hospitals for 150 MBBS Students, 2024. The PM&DC will scrutinize the report and if the mandatory standards are met, then the inspection will be carried out.

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.	Teaching Hospital to be functional for the past 3 years
2.	Total student to bed ratio as per PM&DC guidelines? (650 beds for 150 students) shall include the beds available in attached RHCs/BHUs/ outreach centres.
3.	Institution own and control 50% or more of the teaching beds
4.	The College have administrative control over the remaining beds and staff (with valid MOU)
5.	Teaching Hospital within 35 km or less than one hour travelling time from the College premises
6.	Hospital established in a building owned by the legal entity (or possess at least 33-year lease) that had been granted the recognition? *(Ownership document)*
7.	Hospital approved by the respective government authority (If applicable)
8.	Company that owns the Hospital registered with the SECP
9.	Hospital have its accounts audited by a third-party, the audited report shall be annual, but the College shall submit financial statements 06 monthly to the PM&DC. *(Report to be submitted to PM&DC)*
10.	Hospital have a standardized budget development process
11.	Budget development process collaborative and considers the requirements of curriculum delivery from the faculty
12.	Budget have resources allocated for implementation of curriculum / training
13.	Budget have resources allocated to address deficiencies and continuous renewal of training programs
14.	Budget have resources allocated for FDP for CME / CPD, minimum of PKR 50,000 per Department per year
15.	Graduates of the affiliated College given opportunity for paid house job in the Hospital
16.	Structured hierarchy defined for the Hospital *(Organogram of the institution and its various Departments)*
17.	Legal requirements related to Hospital fulfilled at the primary scrutiny and are still valid
18.	Mechanism available to ensure that the payroll of faculty, staff and house officers to be submitted Biannually. The PM&DC may at any time ask for information in this regard to ensure timely regular payment of salaries and stipends to faculty, staff and house officers.

1. MANAGEMENT SESSION

Inspector: Hospital Management Expert

1.1 Purpose

A session conducted by the institutional management expert with discussion on management and resources of the Hospital including organizational relationship of Hospital with the affiliated College; organization of staff; interaction of Medical Superintendent / Administrator with Hospital governance organization, councils, committees and clinical Departments; financial status and projections; research programs and funding; and the status of facilities for education, research and patient care. Adequacy of finances for the achievement of the Hospital's mission is discussed; recent financial trends and projections for various revenue streams are also reviewed with the leadership of the Hospital.

1.2 Location

Medical Superintendent / Administrator Office or Conference Room

1.3 Participants

- Medical College Principal / Dean (If applicable)
- Medical Superintendent / Administrator of the Hospital
- Finance Manager or equivalent of the Hospital
- Other senior Hospital Managers

1.4 Surveyor

Hospital Management Expert

1.5 Documents / Materials Needed

- Hospital ownership document(s) (or parallel)
- Ownership evidence of Hospital beds
- MOU of non-owned beds (If applicable)
- SECP registration (if applicable)

- Financial statement(s) reflecting Paid-up capital

- Budget documents

- Annual audited financial reports

- Organogram of the Hospital and relationship with the affiliated Medical College

- In case of private limited companies, the Hospital and College are run by the same company, so consolidated financial statements of the company are prepared therefore, audited reports of the same company shall be considered for both in accordance with the law / regulations of the SECP. This applies to private Colleges which own both the College and Hospital.

- Evidence of utilization of FDP funds

1.6 How to Evaluate

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

SR. NO.	EVALUATION QUESTIONS PRE-REQUISITES (MANDATORY)	Compliance		
		Yes	No	Not Applicable
1.	Is the Teaching Hospital functional for the past 3 years?			
2.	Does the clinical teaching staff have separate workstations and offices for Professors, Associate Professors and Assistant professors?			
3.	Is the total student to bed ratio as per PM&DC guidelines? (650 beds for 150 students) shall include the beds available in attached RHCs/BHUs/ outreach centres.			
4.	Does the institution own and control 50% or more of the teaching beds?			
5.	Does the College have administrative control over the remaining beds and staff (with valid MOU)?			
6.	Is the Teaching Hospital within 35 km or less than one hour travelling time from the College premises?			

7.	Does the Hospital have a docking bay for ambulances?			
8.	Does the Hospital have a drop zone for non-ambulatory patients?			
9.	Does the Hospital have a wheel-chair and trolley bay at the ambulance and non-ambulatory drop off zones?			
10.	Is the Hospital established in a building owned by the legal entity (or possess at least 33-year lease) that had been granted the recognition? *(Ownership document)*			
11.	Is the Hospital approved by the respective government authority? (If applicable)			
12.	Is the Company that owns the Hospital registered with the SECP?			
13.	Does the Hospital have its accounts audited by a third-party? The audited report shall be annual, but the College shall submit financial statements 06 monthly to the PM&DC. *(Report to be submitted to PM&DC)*			
14.	Does the Hospital have adequate parking facility public or private, adjacent or onsite?			
15.	Does the Hospital have a standardized budget development process?			
16.	If yes, is the budget development process collaborative and considers the requirements of curriculum delivery from the faculty?			
17.	Does the budget have resources allocated for implementation of curriculum / training?			
18.	Does the budget have resources allocated to address deficiencies and continuous renewal of training programmes?			
19.	Does the budget have resources allocated for FDP for CME / CPD, minimum of PKR 50,000 per Department per year?			
20.	Is there a policy ensuring clinical work or procedures and cost of any material used during training and studentship not charged to the students?			
21.	Are HR policies developed and applicable to the Hospital staff?			
22.	Does the Hospital have an anti-harassment policy in line with the national guidelines?			

23.	Is there a mechanism to ensure that the vision of the affiliated College and the mission of the Hospital remain aligned?			
24.	Is there a mechanism at the Hospital end to ensure adequacy of clinical facilities for the program?			
25.	Are all graduates of the affiliated College given opportunity for paid house job in the Hospital?			
26.	Is there an examination and certification system available to ensure that house job competencies are achieved? *(To be ensured by the Coordination Committee)*			
27.	Is there a structured hierarchy defined for the Hospital? *(Organogram of the institution and its various Departments)*			
28.	Is there a structured process to disseminate policies developed by the Hospital leadership related to governance, services and resources?			
29.	Are the roles and authorities of the Medical Superintendent / Administrator clearly defined in his/her job description that is in alignment with PM&DC regulations?			
30.	Are the roles and authorities of the HODs clearly defined in their job description that is in alignment with PM&DC regulations?			
31.	Are the legal requirements related to Hospital fulfilled at the primary scrutiny and are still valid?			
32.	Is there an established mechanism to address disciplinary issues?			
33.	Has the Hospital incorporated community visits / medical camps, etc.?			
34.	Is there a process to allow faculty and staff for taking paid maternity / paternity leaves (as per government rules)?			
35.	Is there a process to ensure free outdoor and discounted indoor that health needs of faculty are met? *(Entitlement / Insurance / health allowance, etc.)*			

36.	Is HIMS / EMR software for patient data which is accessible to the PM&DC for spot checks on biometric attendance, bed occupancy, case-load, procedures in OPD and IPD, number of admissions in OPD and IPD, length of stay in IPD, types of procedures in OPD and IPD, lab tests volume, morbidity and mortality available? (The institutions would be given a grace period of twelve months for capacity building and installation of HIMS / EMR)			
37.	Is there a mechanism available to ensure that the payroll of faculty, staff and house officers to be submitted Biannually. The PM&DC may at any time ask for information in this regard to ensure timely regular payment of salaries and stipends to faculty, staff and house officers.			

Use the rest of the Session to clarify any queries regarding the functioning of the Hospital including information needed for subsequent sessions.

2. BIOMEDICAL TOUR

Inspector: Biomedical Engineer

2.1 Purpose

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

2.2 Location

All facilities (Teaching Hospital)

2.3 Tour Participants

At least 01 representative from Biomedical Department

2.4 Surveyor

Biomedical Engineer

2.5 Standards / Issues Addressed

Recognition Standard: Biomedical equipment

2.6 Documents / Materials Needed

- PPM Schedule
- Machine / Equipment Logs
- Per machine logbook
- Downtime Report

2.7 Procedure

The surveyor will visit the Hospital to verify that the equipment as per PM&DC regulations is present, functional and in use.

2.8 How to Evaluate

To evaluate the compliance to relevant standards, review the documents provided by the Hospital. Based on the review, conduct a comprehensive tour of the Hospital to verify its

equipment and to ensure that equipment / material mentioned in checklist per PM&DC regulations is present, functional and in use.

SR. NO.	EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
2.9 TEACHING HOSPITAL(S) EQUIPMENT REQUIREMENTS				
2.10 MEDICINE & ALLIED				
1.	Does the Department(s) have at least 02 defibrillators available, functional and in use?			
2.	Does the Department(s) have at least 02 ECG machines (at least Triple Channel) available, functional and in use?			
3.	Does the Department(s) have 01 Video Endoscopic System with upper and lower sets available, functional and in use?			
4.	Does the Department(s) have 01 Trolley for endoscopes available, functional and in use?			
5.	Does the Department(s) have 02 Echocardiographs including 01 with 2D color Doppler available, functional and in use?			
6.	Does the Department(s) have at least 01 ETT Machine available, functional and in use?			
7.	Does the Department(s) have at least 01 Radioisotope Scanner? **(Quality Standard)**			
8.	Does the Department(s) have 08 complete Nebulizers available, functional & in use?			
9.	Does the Department(s) have 20 Pulse Oximeters available, functional and in use?			
10.	Does the Department(s) have 20 Glucometers available, functional and in use?			
11.	Does the Department(s) have 10 Cardiac Monitors available, functional and in use?			

12.	Does the Department(s) have 01 Fiber Optic Bronchoscope available, functional and in use?			
13.	Does the Department(s) have 01 upper GIT and 01 lower GIT Endoscope available, functional and in use?			
14.	Does the Department(s) have 01 Holter Ambulatory BP Monitor available, functional and in use?			
15.	Does the Department(s) have an ECT machine (Anaesthesia services to be shared) and an EEG machine available, functional and in use? **(Quality Standard)**			
16.	Does the Department(s) have an NCS Machine and an EMG (electromyogram) machine available, functional and in use? **(Quality Standard)**			
17.	Does the Department(s) have a Neuro-endoscope available, functional and in use? **(Quality Standard)**			
18.	Does the Department(s) have a Neuro-navigation System available, functional and in use? **(Quality Standard)**			
19.	Does the Department(s) have a Heart Lung Machine, an Intrathoracic Balloon Pump, ACT Machine and 2 Cardiac Surgery sets available, functional and in use? **(Quality Standard)**			
	2.11 SURGERY & ALLIED			
20.	Does the Department(s) have 15 General Surgical sets available, functional and in use?			
21.	Does the Department(s) have at least 01 Sterilizer (>300L capacity) available, functional and in use?			
22.	Does the Department(s) have 02 Thoracic Surgical sets available, functional and in use?			
23.	Does the Department(s) have 01 Vascular Surgical set available, functional and in use?			
24.	Does the Department(s) have 02 Paediatric Surgery sets available, functional and in use?			

25.	Does the Department(s) have 02 Plastic Surgery sets available, functional and in use?			
26.	Does the Department(s) have at least 01 Surgical Diathermy (Monopolar and Bipolar) Machine per theatre available, functional and in use?			
27.	Does the Department(s) have at least 01 Energy Device Machine available, functional and in use?			
28.	Does the Department(s) have 01 Fiber Optic Colonoscope (diagnostic and therapeutic) or Flexible Sigmoidoscopes available, functional and in use? (May be shared with Medicine Dept)			
29.	Does the Department(s) have 02 Rigid Sigmoidoscopes and 10 Proctoscopes available, functional and in use?			
30.	Does the Department(s) have 02 complete Laparoscopic Surgical sets available, functional and in use?			
31.	Does the Department(s) have at least 01 Microscopic Surgical set available, functional and in use?			
32.	Does the Department(s) have 01 Cystoscope (diagnostic and therapeutic) available, functional and in use?			
33.	Does the Department(s) have 01 portable X-ray machine, radiographic film cassette facilities e.g. for per operative Cholangiogram, Image intensifier with C-arm and double monitors available, functional and in use?			
34.	Does the Department(s) have 01 Defibrillator available, functional and in use?			
35.	Does the Department(s) have 02 Laminectomy sets, 02 Craniotomy Sets and 02 Shunt sets for Neurosurgery, available, functional and in use?			

2.12 OBSTETRICS AND GYNAECOLOGY

36.	Does the Department have 02 Ultrasound machines with convex & vaginal, section probes and punctures available, functional and in use? (One for Obstetrics and Gynaecology ward and one for Labor Room)			

37.	Does the Department have at least 01 Hysteroscope available with complete fluid management system, functional and in use?			
38.	Does the Department have at least 01 Colposcope with Cautery Machine (various sizes) available, functional and in use?			
39.	Does the Department have at least 01 Laparoscopic Surgical set with camera and monitors available, functional and in use? (May be shared with Surgery Department)			
40.	Does the Department have 04 Delivery Tables available, functional and in use?			
41.	Does the Department have minimum 04 Examination Tables available, functional and in use?			
42.	Does the Department have 10 Pulse Oximeters available, functional and in use?			
43.	Does the Department have 03 Baby Weighing Scales available, functional and in use?			
44.	Does the Department have 05 instrument sterilizers available, functional and in use?			
45.	Does the Department have 02 Sonic Aids available, functional and in use?			
46.	Does the Department have 02 CTG machines available, functional and in use?			
47.	Does the Department have 04 Neonatal Resuscitation Trolleys and Heaters available, functional and in use?			
48.	Does the Department have 10 reusable delivery sets?			
49.	Does the Department have 10 Cusco's Specula available, functional and in use?			

50.	Does the Department have 03 Adult Ambu bags and masks available, functional and in use?			
51.	Does the Department have 15 Sim's Specula available, functional and in use?			
52.	Does the Department have 04 Caesarean Section sets available, functional and in use?			
53.	Does the Department have 02 D&C sets available, functional and in use?			
54.	Does the Department have 02 Manual Vacuum Aspirators available, functional and in use?			
55.	Does the Department have 03 Vacuum Ventouse Cups available, functional and in use?			
56.	Does the Department have 02 Outlet Forceps available, functional and in use?			
57.	Does the Department have 02 infant Laryngoscopes with spare bulbs available, functional and in use?			
58.	Does the Department have 04 Suction Machines available, functional and in use?			
59.	Does the Department have 02 teaching dummies and two anatomical pelvis models available, functional and in use?			
60.	Does the Department have equipment for family planning available, functional and in use?			
61.	Does the Gynae OT have 02 OT tables with adequate Anesthesia Machines, Cautery Machines and Light Sources?			
62.	Does the Gynae OT have 03 Hysterectomy sets and 04 Laparotomy with resection and anastomosis instrument sets?			
2.13 PAEDIATRICS				
63.	Does the Department have 04 Weighing Scales available, functional and in use?			
64.	Does the Department have 04 Length Measuring Scales available, functional and in use?			

65.	Does the Department have 02 Ultrasonic Nebulizers available, functional and in use?			
66.	Does the Department have at least 01 Paediatric Ventilator available, functional and in use?			
67.	Does the Department have at least 01 Neonatal Ventilator available, functional and in use?			
68.	Does the Department have 05 Pulse Oximeters available, functional and in use?			
69.	Does the Department have 04 Infusion Pumps available, functional and in use?			
70.	Does the Department have 05 Cardiac Monitors available, functional and in use?			
71.	Does the Department have at least 01 Transport Incubator available, functional and in use?			
72.	Does the Department have at least 01 Neonatal Resuscitator available, functional and in use?			
73.	Does the Department have 03 Low-grade Suction Apparatus available, functional and in use?			
74.	Does the Department have at least 01 Manual Resuscitator (infant / child), available, functional and in use?			
75.	Does the Department have 02 Suction Machines (dual operation with tubes) available, functional and in use?			
76.	Does the Department have 02 Otoscopes with infant diagnostic heads available, functional and in use?			
77.	Does the Department have 02 Paediatric Nasal Specula available, functional and in use?			
78.	Does the Department have 02 Scales for neonates available, functional and in use?			

79.	Does the Department have 03 Height Measuring Scales for infants available, functional and in use (Infant meter)?		
80.	Does the Department have 06 BP Apparatus (with newborn, neonatal and paediatric cuffs) available, functional and in use?		
81.	Does the Department have 02 Paediatric BLS Mannequins?		

2.14 DERMATOLOGY

82.	Does the Department have at least 01 Electro Cautery Machines available, functional and in use?		
83.	Does the Department have at least 01 Wood Lamp available, functional and in use?		
84.	Does the Department have at least 01 PUVA / UVB machine available, functional and in use?		
85.	Does the Department have at least 01 liquid nitrogen cylinders for Cryo available, functional and in use?		
86.	Does the Department have at least 01 Microscope with accessories available, functional and in use?		
87.	Does the Department have 02 Biopsy sets available, functional and in use?		
88.	Does the Department have Multi-head Microscope for teaching?		

2.15 OPHTHALMOLOGY

89.	Does the Department have at least 01 Auto-refractometer / Keratometer available, functional and in use?		
90.	Does the Department have at least 01 Ultrasound A-Scan bio-meter available, functional and in use?		
91.	Does the Department have at least 01 Ultrasound B-Scan available, functional and in use?		

92.	Does the Department have at least 01 Applanation (PERKINS / Handheld) Tonometers available, functional and in use?			
93.	Does the Department have at least 01 Phacoemulsification Unit available, functional and in use?			
94.	Does the Department have 02 Slit lamps with applanation tonometer available, functional and in use?			
95.	Does the Department have 02 Prism Bars (Horizontal) available, functional and in use?			
96.	Does the Department have at least 01 Lensometer (manual) available, functional and in use?			
97.	Does the Department have at least 01 Operating Microscope available, functional and in use?			
98.	Does the Department have 02 Indirect Ophthalmoscopes available, functional and in use?			
99.	Does the Department have 02 Direct Ophthalmoscopes available, functional and in use?			
100.	Does the Department have at least 01 Retinoscope available, functional and in use?			
101.	Does the Department have at least 01 Trial Lens Set with trial frame available, functional and in use?			
102.	Does the Department have 02 Prism bars (vertical) available, functional and in use?			
103.	Does the Department have at least 01 Automated Visual Field Analyzer Bjerrum Screen) available, functional and in use?			
104.	Does the Department have at least 01 portable Surgical Light available, functional and in use?			
105.	Does the Department have 03 illuminated charts?			
2.16 ENT				

106.	Does the Department have 02 OPD Instrument sets available, functional and in use?			
107.	Does the Department have at least 01 Auroscope available, functional and in use?			
108.	Does the Department have at least 01 Microscope for OT available, functional and in use?			
109.	Does the Department have at least 01 Rigid Endoscope with all accessories available, functional and in use?			
110.	Does the Department have at least 01 Audiometer available, functional and in use?			
111.	Does the Department have at least 01 Impedance Audiometer available, functional and in use?			
112.	Does the Department have at least 1 BERA available, functional and in use?			
113.	Does the Department have 02 minor OT dressing / examination sets available, functional and in use?			
114.	Does the Department have 02 General sets for OT available, functional and in use?			
115.	Does the Department have at least 01 Microscope Instrument Set for Mastoidectomy available, functional and in use?			
116.	Does the Department have at least 01 Microscope Instrument Set for Tympanoplasty available, functional and in use?			
117.	Does the Department have at least 01 Microscope Instrument Set for Stapedectomy available, functional and in use?			
118.	Does the Department have at least 03 sets for Tonsillectomy available, functional and in use?			
119.	Does the Department have at least 01 set for Rhinoplasty available, functional and in use?			
120.	Does the Department have at least 01 set for FESS available, functional and in use?			
121.	Does the Department have at least 01 Pneumatic Drill with all accessories available, functional and in use?			

2.17 OUT-PATIENT

122.	Is the OPD adequately equipped with tools for examination (BP Apparatus, Stethoscopes, Thermometers, Tongue Depressors), functional and in use?			
123.	Does the OPD have stretchers / trollies / wheel-chairs available, functional and in use?			
124.	Does the OPD have Ambu Bags for infants, paediatric patients and adult patients available, functional and in use?			
125.	Does the OPD have Suction Machines available, functional and in use?			
126.	Does the OPD have consumables like gloves, endo-tracheal tubes of various sizes, IV cannula of various sizes, masks, etc. available, functional and in use?			

2.18 ACCIDENT AND EMERGENCY

127.	Does the Department have 06 beds with monitoring facilities available, functional and in use?			
128.	Does the Department have at least 01 Minor Operating Theatre available, functional and in use?			
129.	Does the Department have 01 Pharmacy in emergency area available, functional and in use?			
130.	Does the Department have 01 facility for resuscitation including crash cart (Defibrillator) and a cubicle for patient with central oxygen, suction and monitoring facilities available, functional and in use?			
131.	Does the Department have 01 CT scan 64/128 slice or above available, functional and in use? **(Quality Standard)**			

2.19 OPERATING ROOMS

132.	Does the Hospital have 05 fully equipped ORs available, functional and in use?			

133.	Does the Hospital have appropriately furnished pre-anesthesia area available, functional and in use?			
134.	Does the Hospital have recovery area with central oxygen and suction and monitoring facilities available, functional and in use?			
135.	Does the Hospital have monitoring facilities per OR available, functional and in use?			
136.	Does the Hospital have at least 01 Image Intensifier available, functional and in use?			
137.	Do the ORs have facilities for resuscitation available, functional and in use?			
138.	Does the Hospital have 05 Anesthesia workstations available, functional and in use?			
139.	Does the Hospital have at least 01 Diathermy Machine per theatre (Monopolar and bipolar) available, functional and in use?			
140.	Does the Hospital have at least 01 Suction Machine per theatre available, functional and in use?			
141.	Do the ORs have adequate OR waste disposal(s) method available, functional and in use?			

2.20 CRITICAL CARE BEDS

142.	Does the Hospital have 10 Medical ICU beds available, functional and in use with at least 5 ventilators with paediatric settings?			
143.	Does the Hospital have 10 Surgical ICU beds available, functional and in use?			
144.	Does the Hospital have 04 separate Paediatric and Neonatal Intensive Care beds available, functional and in use?			
145.	Does the Hospital have 08 separate Coronary Care beds available, functional and in use?			
146.	Does the Hospital have implementation of sanitation and isolation protocols available, functional and in use?			

2.21 CENTRAL STERILIZATION AND STORAGE DEPARTMENT

147.	Does the Hospital have Instrument Washing Area available, functional and in use?			
148.	Does the Hospital have Linen Washing Area available, functional and in use?			
149.	Does the Hospital have at least 01 Washer and Disinfector available, functional and in use?			
150.	Does the Hospital have at least 01 Steam Autoclave with 134 degrees temperature (500L) available, functional and in use?			
151.	Does the Hospital have 01 Ethylene oxide / Formaldehyde gas / Plasma Sterilizer available, functional and in use?			
152.	Does the Hospital have at least 01 Sealant machine available, functional and in use?			
153.	Does the Hospital have chemical based high-level Disinfection / Sterilization facilities available, functional and in use?			
154.	Does the Hospital have storage and distribution counter available, functional and in use?			
155.	Does the Hospital have separate path for collection of dirty linen and instruments available, functional and in use?			

2.22 RADIOLOGY SERVICES

156.	Does the Department have at least 01 Fluoroscopy / Image Intensifier (500mA) available, functional and in use?			
157.	Does the Department have at least 01 stationary Bucky table (300mA) available, functional and in use?			
158.	Does the Department have at least 01 stationary Bucky Stand (300mA) available, functional and in use?			
159.	Does the Department have at least 2 portable X-ray (100mA) units (for the whole Hospital) available, functional and in use?			

160.	Does the Hospital have valid PNRA registration?			
161.	Does the Department have at least 02 functional Ultrasound machines?			
162.	Does the Department have at least 01 probe grey scale (3.5 MHz) / portable grey scale (3.5 MHz) available, functional and in use?			
163.	Does the Department have at least 01 color Doppler (with multi-frequency probes) available, functional and in use?			
164.	Does the Department have 02 Biopsy Probes available, functional and in use?			
165.	Does the Department have 01 CT scan 64 slices or above available, functional and in use?			
166.	Does the Department have or have access to 01 MRI (1.5 Tesla or above) available, functional and in use or 0.4 Tesla Open MRI?			
167.	Does the Department have at least 01 Mammography available, functional and in use?			
168.	Does the Department have at least 01 DEXA Scanner available, functional and in use? **(Quality Standard)**			
169.	Does the Department have 05 lead Aprons available, functional and in use?			
170.	Does the Department have 02 TLDs available, functional and in use?			
171.	Does the Department have 04 lead Shields / Partitions available, functional and in use?			
172.	Does the Department have at least 01 film Badge / Radiation Detector per staff member and available, functional and in use?			
2.23 LABORATORY SERVICES (HEMATOLOGY INSTRUMENTS)				
(The equipment will be common for the College and the Hospital)				

173.	Does the lab have 3/5-part Automated Differential Counter available, functional and in use?			
174.	Does the lab have 02 Microscopes available, functional and in use?			
175.	Does the lab have Basic Staining Facilities including for Reticulocytes available, functional and in use?			
176.	Does the lab have at least 01 Fridge to keep samples available, functional and in use?			

2.24 BLOOD BANK

177.	Does the Department have at least 01 Serofuge available, functional and in use?			
178.	Does the Department have at least 01 Agglutination Viewer available, functional and in use?			
179.	Does the Department have at least 01 Blood Bank Fridge available, functional and in use?			
180.	Does the Department have at least 01 Microscope and 01 Water bath / Heat Block available, functional and in use?			
181.	Does the Department have 01 minus Thirty-degree Freezer for storage available, functional and in use?			
182.	Does the Department have 01 Incubator for platelets?			

2.25 LABORATORY SERVICES (CHEMICAL PATHOLOGY)

(The equipment will be common for the College and the Hospital)

183.	Does the lab have facilities for ELISA (ELISA reader, washer, automated or manual), functional and in use? **(Quality Standard)**			
184.	Does the lab have facilities for Flowcytometry (flowcytometer, reagents and associated equipment and disposables) available, functional and in use? **(Quality Standard)**			

185.	Does the lab have facilities for Protein electrophoresis (Equipment, accessories and reagents) available, functional and in use? **(Quality Standard)**			
186.	Does the lab have facilities for providing the laboratory services for Bone Marrow and Organ Transplant related services (Equipment accessories and reagents) available, functional and in use? **(Quality Standard)**			
187.	Does the lab have other laboratory facilities over and above the requirements of PM&DC (limited to a maximum of 10) available, functional and in use? **(Quality Standard)**			
188.	Does the lab have at least 01 automated Chemistry Analyzer available, functional and in use?			
189.	Does the lab have at least 01 Immunoassay Analyzer available, functional and in use?			
190.	Does the lab have 01 Electrolyte Analyzer available, functional and in use?			
191.	Does the lab have 01 Blood Gas Analyzer (either in Department or in ICU) available, functional and in use?			
192.	Does the lab have 01 Fridge and 01 minus five degree Freezer for lab available, functional and in use?			

2.26 MICROBIOLOGY

(The equipment will be common for the College and the Hospital)

193.	Does the lab have at least 01 Incubator (37 degrees) available, functional and in use?			
194.	Does the lab have at least 01 Basic Staining Facilities available, functional and in use?			
195.	Does the lab have at least 01 Refrigerator available, functional and in use?			
196.	Does the lab have 02 Microscopes available, functional and in use?			
197.	Does the Lab have BSL 2 certification? **(Quality Standard)**			
198.	Does the lab have BSL 3 certification? **(Quality Standard)**			

2.27 DOCUMENTATION REVIEW

199.	Is the preventive maintenance / calibration plan being carried out periodically?			

200.	Is the record of preventive maintenance / calibration being maintained?				
201.	Is the record of down-time being maintained?				
202.	Is the record of repair maintenance being maintained?				
203.	Are there any master calibrators available?				
204.	Are the master calibrators calibrated?				
205.	Are the training certificates of persons dedicated for calibration of medical devices available?				
206.	Is the record of service / maintenance reports of rental / contractual equipment maintained?				
207.	Is dedicated / separate workshop for repairing / maintenance of Biomedical equipment available?				
208.	Is there sufficient Biomedical staff for repair / maintenance with reference to the number of beds / equipment available?				
209.	Is proper training of end user carried out at the time of installation? *(Attendance list of trainings)*				

3. CLINICAL TOUR

Inspector: Clinician

3.1 Purpose

The focus of this tour is to evaluate the adequacy and safety of Hospital facilities for clinical training. The focus shall be on the physical verification of the documentation(s) / medical record(s).

3.2 Location

All facility areas.

3.3 Tour Participants

- One representative from administration
- One representative from each clinical Department

3.4 Surveyor

Clinical Sciences Expert

3.5 Standards / Issues Addressed

Standard 11: All facilities (Teaching Hospital)

3.6 Documents / Materials Needed

- Clinical Rotations Plan & Schedule
- Student Logs
- Case mix per Department
- Facility Map
- Infection Control and Prevention Program

3.7 Procedure

The Surveyor will visit the Hospital to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover In-patient Department, Out-patient Department, Operation Room and critical areas

including other operational areas / Units. These visits will include on site interviews with the relevant Department / Unit heads regarding the routine functioning of their operations, any challenges faced, and appropriate utilization of operations and infrastructure to ensure patients are being treated for a maximized learning experience for students.

3.8 How to Prepare

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

SR. NO.	SURVEYOR QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Does the college have 50 nursing staff for 650 beds?			
3.9 MEDICINE				
2.	Does the Hospital have a fully functional Department?			
3.	Does the hospital have Internal Medicine specialty with a minimum of 75 in-patient beds?			
4.	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
5.	Is there a timetable for students for clinical rotation / clerkship in the Department?			
6.	Is the learning supervised to ensure patient and student safety?			
7.	Are the students comfortable with the learning experience provided in the Department?			
8.	Are the student study guides / logbooks available and implemented?			
9.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbook?			

10.	Do the student logs support the provision of training?			
11.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
12.	Does the Department define and measure patient length of stay?			
13.	Are there relevant quality indicators identified and monitored by the Department?			
14.	Is there a designated procedure room?			
15.	Are there appropriate resuscitation services available?			
16.	Does the Hospital ensure privacy and confidentiality of the patient?			
17.	Is there evidence of quality assurance mechanism in place?			
18.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
19.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.10 NEPHROLOGY

20.	Does the hospital have Nephrology specialty with a minimum of 15 inpatient beds and a minimum of 5 dialysis chairs?			
21.	Does the Hospital have a fully functional Nephrology ward?			
22.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
23.	Is there a timetable for students for clinical rotation / clerkship in the Unit?			

No.	Question			
24.	Is the learning supervised to ensure patient and student safety?			
25.	Are the students comfortable with the learning experience provided in the Unit?			
26.	Are the student study guides / logbooks available and implemented?			
27.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
28.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
29.	Do the student logs support the provision of training?			
30.	Does the Unit define and measure patient length of stay?			
31.	Are relevant quality indicators identified and monitored by the Department?			
32.	Is there a designated procedure room?			
33.	Are appropriate resuscitation services available?			
34.	Does the Hospital ensure privacy and confidentiality of the patient?			
35.	Is there evidence of quality assurance mechanism in place?			
36.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
37.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			
3.11 PULMONOLOGY				
38.	Does the hospital have minimum of 15 designated beds for Pulmonology specialty ?			
39.	Does the Hospital have a fully functional Pulmonology ward?			
40.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			

41.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
42.	Is the learning supervised to ensure patient and student safety?			
43.	Are the students comfortable with the learning experience provided in the Unit?			
44.	Are the student study guides / logbooks available and implemented?			
45.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
46.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
47.	Do the student logs support the provision of training?			
48.	Does the Unit define and measure patient length of stay?			
49.	Are relevant quality indicators identified and monitored by the Department?			
50.	Is there a designated procedure room?			
51.	Are appropriate resuscitation services available?			
52.	Does the Hospital ensure privacy and confidentiality of the patient?			
53.	Is there evidence of quality assurance mechanism in place?			
54.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
55.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.12 GASTROENTEROLOGY

56.	Does the hospital have minimum of 15 designated beds for Gastroenterology specialty ?			
57.	Does the Hospital have a fully functional gastroenterology ward?			

58.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
59.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
60.	Is the learning supervised to ensure patient and student safety?			
61.	Are the students comfortable with the learning experience provided in the Unit?			
62.	Are the student study guides / logbooks available and implemented?			
63.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
64.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
65.	Do the student logs support the provision of training?			
66.	Does the Unit define and measure patient length of stay?			
67.	Are relevant quality indicators identified and monitored by the Department?			
68.	Is there a designated procedure room?			
69.	Are appropriate resuscitation services available?			
70.	Does the Hospital ensure privacy and confidentiality of the patient?			
71.	Is there evidence of quality assurance mechanism in place?			
72.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
73.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.13 CARDIOLOGY	Compliance		
	Yes	**No**	**Not Applicable**
74. Does the Hospital have a fully functional cardiology ward?			
75. Does the Hospital have minimum 10 beds allocated for the ward?			
76. Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
77. Is there a timetable for students for clinical rotation / clerkship in Unit?			
78. Is the learning supervised to ensure patient and student safety?			
79. Are the students comfortable with the learning experience provided in the Unit?			
80. Are the student study guides / logbooks available and implemented?			
81. Are there any physicians / staff with valid ACLS or equivalent national certification?			
82. Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
83. Do the student logs support the provision of training?			
84. Does the Unit define and measure patient length of stay?			
85. Are relevant quality indicators identified and monitored by the Unit?			
86. Is there a designated procedure room?			
87. Are appropriate resuscitation services available?			
88. Does the Hospital ensure privacy and confidentiality of the patient?			
89. Is there evidence of quality assurance mechanism in place?			
90. Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			

91.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.14 DERMATOLOGY

92.	Does the Hospital have a fully functional Dermatology ward?			
93.	Does the Hospital have minimum 05 beds allocated for the ward?			
94.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
95.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
96.	Is the learning supervised to ensure patient and student safety?			
97.	Are the students comfortable with the learning experience provided in the Unit?			
98.	Are the student study guides / logbooks available and implemented?			
99.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
100	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
101	Do the student logs support the provision of training?			
102	Does the Unit define and measure patient length of stay?			
103	Are relevant quality indicators identified and monitored by the Department?			
104	Is there a designated procedure room?			
105	Are appropriate resuscitation services available?			
106	Does the Hospital ensure privacy and confidentiality of the patient?			
107	Is there evidence of quality assurance mechanism in place?			
108	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			

109	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.15 PSYCHIATRY

110	Does the Hospital have a fully functional Psychiatry ward?			
111	Does the hospital have Psychiatry specialty with a minimum of 10 inpatient beds?			
112	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
113	Is there a timetable for students for clinical rotation / clerkship in Unit?			
114	Is the learning supervised to ensure patient and student safety?			
115	Are the students comfortable with the learning experience provided in the Unit?			
116	Are the student study guides / logbooks available and implemented?			
117	Are there any physicians / staff with valid ACLS or equivalent national certification?			
118	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
119	Do the student logs support the provision of training?			
120	Does the Unit define and measure patient length of stay?			
121	Are relevant quality indicators identified and monitored by the Department?			
122	Is there a designated procedure room?			
123	Are appropriate resuscitation services available?			
124	Does the Hospital ensure privacy and confidentiality of the patient?			
125	Is there evidence of quality assurance mechanism in place?			

126	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
127	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.16 FAMILY MEDICINE

128	Does the Hospital have a fully functional Family Medicine Unit?			
129	Does the Hospital have minimum two outpatient clinics for Family Medicine?			
130	Is the Unit covered by sufficient trained physicians, 24/7, as evident by duty roster of the Unit? *(As per PM&DC faculty requirement)*			
131	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
132	Is there a timetable for students for clinical rotation / clerkship in Unit?			
133	Is the learning supervised to ensure patient and student safety?			
134	Are the students comfortable with the learning experience provided in the Unit?			
135	Are the student study guides / logbooks available and implemented?			
136	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
137	Do the student logs support the provision of training?			
138	Is the student to facilitator / teacher ratio appropriate?			
139	Are relevant quality indicators identified and monitored by the Department?			

140	Are there any physician / staff with valid basic life support certification?			
141	Is there a designated procedure room for the Unit?			
142	Are appropriate resuscitation services available?			
143	Does the Hospital ensure privacy and confidentiality of the patient?			
144	Is there evidence of quality assurance mechanism in place?			

3.17 GERIATRICS / RHEUMATOLOGY / ENDOCRINOLOGY / PAEDIATRIC CARDIOLOGY / INFECTIOUS DISEASES

(Any two for 150 MBBS students)

145	Does the Hospital have a fully functional ward of the specialty available with a minimum of 10 beds?			
146	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
147	Is there a timetable for students for clinical rotation / clerkship in Unit?			
148	Is the learning supervised to ensure patient and student safety?			
149	Are the students comfortable with the learning experience provided in the Unit?			
150	Are the student study guides / logbooks available and implemented?			
151	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
152	Do the student logs support the provision of training?			
153	Are relevant quality indicators identified and monitored by the Department?			
154	Are there any physician / staff with valid basic life support certification?			

155	Is there a designated procedure room for the Unit?			
156	Are appropriate resuscitation services available?			
157	Does the Hospital ensure privacy and confidentiality of the patient?			
158	Is there evidence of quality assurance mechanism in place?			
159	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
160	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.18 PAEDIATRICS AND NEONATOLOGY

161	Does the Hospital have a fully functional ward?			
162	Does the Hospital have minimum 60 beds allocated for the ward?			
163	Is the ward covered by sufficient trained physicians, 24/7, as evident by duty roster of the Department? *(As per PM&DC faculty requirement)*			
164	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
165	Is there a timetable for students for clinical rotation / clerkship in Unit?			
166	Is the learning supervised to ensure patient and student safety?			
167	Are the students comfortable with the learning experience provided in the Unit?			
168	Are the student study guides / logbooks available and implemented?			
169	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			

170	Do the student logs support the provision of training?			
171	Does the Department defines and measures patient length of stay?			
172	Are relevant quality indicators identified and monitored by the Department?			
173	Are there any physician / staff with valid PALS / NRP or equivalent national certification?			
174	Is there a designated procedure room?			
175	Are appropriate resuscitation services available?			
176	Does the Hospital ensure privacy and confidentiality of the patient?			
177	Is there evidence of quality assurance mechanism in place?			
178	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
179	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.19 SURGERY DEPARTMENT

180	Does the Hospital have a fully functional Surgery Department?			
181	Does the Hospital have minimum 100 beds allocated for Surgery Department excluding recovery room beds?			
182	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
183	Is there a timetable for students for clinical rotation / clerkship in Department?			
184	Is the learning supervised to ensure patient and student safety?			

185	Are the students comfortable with the learning experience provided in the Department?			
186	Are the students study guides available and implemented?			
187	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides?			
188	Are there any physicians / staff with valid ATLS or equivalent national certification?			
189	Do the student logs support the provision of training?			
190	Does the Department define and measure patient length of stay?			
191	Are relevant quality indicators identified and monitored by the Department?			
192	Is there a designated procedure room?			
193	Are appropriate resuscitation services available?			
194	Does the Hospital ensure privacy and confidentiality of the patient?			
195	Is there evidence of quality assurance mechanism in place?			
196	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
197	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.20 THORACIC SURGERY / UROLOGY / PAEDIATRIC SURGERY / PLASTIC SURGERY / VASCULAR SURGERY / CARDIAC SURGERY / MAXILOFACIAL SURGERY

(Choose any two for 150 MBBS students)

198	Does the Hospital have fully functional wards of specialty available?			

199	Does the Hospital have minimum 10 beds allocated for the ward?			
200	Is the Unit covered by sufficient trained physicians, 24/7, as evident by duty roster of the Unit? *(As per PM&DC faculty requirement)*			
201	Is the Unit covered by sufficient trained nurses and other staff 24/7, as evident by duty roster of the Unit? *(As per WHO / PNC standards 1:10 beds for nurses)*			
202	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
203	Is there a timetable for students for clinical rotation / clerkship in Unit?			
204	Is the learning supervised to ensure patient and student safety?			
205	Are the students comfortable with the learning experience provided in the Unit?			
206	Are the student study guides / logbooks available and implemented?			
207	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
208	Do the student logs support the provision of training?			
209	Does the Department define and measure patient length of stay?			
210	Are relevant quality indicators identified and monitored by the Unit?			
211	Are there any physician / staff with valid ACLS or equivalent national certification?			
212	Is there a designated procedure room?			
213	Are appropriate resuscitation services available?			
214	Does the Hospital ensure privacy and confidentiality of the patient?			
215	Is there evidence of quality assurance mechanism in place?			
216	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			

217	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.21 OBSTETRICS AND GYNAECOLOGY

218	Does the Hospital have a fully functional Obstetrics & Gynaecology Department?			
219	Does the Hospital have minimum 70 beds allocated for the Department (including Labour Room beds)?			
220	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
221	Is there a timetable for students for clinical rotation / clerkship in Department?			
222	Is the learning supervised to ensure patient and student safety?			
223	Are the students comfortable with the learning experience provided in the Department?			
224	Are the student study guides available and implemented?			
225	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides?			
226	Do the student logs support the provision of training?			
227	Does the Department define and measure patient length of stay?			
228	Are there relevant quality indicators identified and monitored by the Department?			
229	Are there any physician / staff with valid NRP certification?			
230	Is there a designated procedure room?			
231	Are there appropriate resuscitation services available?			

232	Does the Hospital ensure privacy and confidentiality of the patient?			
233	Is there evidence of quality assurance mechanism in place?			
234	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
235	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.22 ORTHOPAEDICS

236	Does the Hospital have a fully functional Orthopaedics ward?			
237	Does the Hospital have minimum 20 beds allocated for the ward?			
238	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
239	Is there a timetable for students for clinical rotation / clerkship in Unit?			
240	Is the learning supervised to ensure patient and student safety?			
241	Are the students comfortable with the learning experience provided in the Unit?			
242	Are the student study guides / logbooks available and implemented?			
243	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides?			
244	Do the student logs support the provision of training?			
245	Does the Unit define and measure patient length of stay?			
246	Are relevant quality indicators identified and monitored by the Unit?			
247	Are there any physician / staff with valid ATLS or equivalent national certification?			

248	Is there a designated procedure room?				
249	Are appropriate resuscitation services available?				
250	Does the Hospital ensure privacy and confidentiality of the patient?				
251	Is there evidence of quality assurance mechanism in place?				
252	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?				
253	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of innovative teaching methodologies?				

3.23 OTORHINOLARYNGOLOGY / ENT

254	Does the Hospital have a fully functional ENT Ward?				
255	Does the Hospital have minimum 20 beds for ENT allocated for the Unit?				
256	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?				
257	Is there a timetable for students for clinical rotation / clerkship in Unit?				
258	Is the learning supervised to ensure patient and student safety?				
259	Are the students comfortable with the learning experience provided in the Unit?				
260	Are the student study guides / logbooks available and implemented?				
261	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?				
262	Does the Department have daycare surgery facility?				
263	Do the student logs support the provision of training?				
264	Does the Unit define and measure patient length of stay?				

265	Are relevant quality indicators identified and monitored by the Unit?			
266	Are there any physician / staff with valid advanced life support certification?			
267	Is there a designated procedure room for the Unit?			
268	Are appropriate resuscitation services available?			
269	Does the Hospital ensure privacy and confidentiality of the patient?			
270	Is there evidence of quality assurance mechanism in place?			
271	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
272	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.24 OPHTHALMOLOGY

273	Does the Hospital have a fully functional Ophthalmology Unit?			
274	Does the Hospital have minimum 20 beds for Ophthalmology allocated for the Unit?			
275	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
276	Is there a timetable for students for clinical rotation / clerkship in Unit?			
277	Is the learning supervised to ensure patient and student safety?			
278	Are the students comfortable with the learning experience provided in the Unit?			
279	Are the student study guides / logbooks available and implemented?			
280	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ logbooks?			
281	Does the Department have daycare surgery facility?			

282	Do the student logs support the provision of training?			
283	Does the Department define and measure patient length of stay?			
284	Are relevant quality indicators identified and monitored by the Department?			
285	Are there any physician / staff with valid advanced life support certification?			
286	Is there a designated procedure room for the Unit?			
287	Are appropriate resuscitation services available?			
288	Does the Hospital ensure privacy and confidentiality of the patient?			
289	Is there evidence of quality assurance mechanism in place?			
290	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
291	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			
3.25 ACCIDENT & EMERGENCY				
292	Does the Hospital have an operational emergency Department working 24 hours a day, 7 days a week?			
293	Does the Hospital have minimum 10 functional beds allocated for emergency care?			
294	Is the Emergency Department easily accessible to patients?			
295	Does the Hospital define a patient prioritization process? (Triage)			
296	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
297	Is there a timetable for students for clinical rotation / clerkship in Emergency Department?			
298	Does the Hospital have an orientation program for students?			
299	Is the learning supervised to ensure patient and student safety?			

300	Are the students comfortable with the learning experience provided in the Emergency Department?			
301	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
302	Do the student logs support the provision of training?			
303	Does the Emergency Department define and measure upper limit of patient stay in the emergency Department?			
304	Are relevant quality indicators identified and monitored by the Department?			
305	Are there any physician / staff with valid ACLS or equivalent national certification?			
306	Are there any physician / staff with valid PALS or equivalent national certification?			
307	Are there any physician / staff with valid ATLS or equivalent national certification?			
308	Is there a designated procedure room for the emergency Department?			
309	Are there appropriate resuscitation services available in the emergency Department?			
310	Is there evidence of quality assurance mechanism in place?			
311	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
312	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of innovative / active teaching methodologies?			

3.26 MEDICAL ICU (MICU)

313	Does the Hospital have a fully functional Medical ICU?			
314	Does the hospital have Medical ICU with a minimum of 10 inpatient monitored ICU beds with oxygen and suction and at least one of the following specialties with a minimum of 5 inpatient beds? Rheumatology Endocrinology			

	Oncology Infectious Diseases Clinical Haematology Geriatrics Neurology			
315	Does the ICU have a crash cart functional and in use?			
316	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
317	Is there a timetable for students for clinical rotation / clerkship in Unit?			
318	Is the learning supervised to ensure patient and student safety?			
319	Are the students comfortable with the learning experience provided in the Unit?			
320	Are there any physicians / staff with valid ACLS or equivalent national certification?			
321	Are the student study guides / logbooks available and implemented?			
322	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
323	Do the student logs support the provision of training?			
324	Does the Department define and measure patient length of stay?			
325	Are relevant quality indicators identified and monitored by the Department?			
326	Is there a designated procedure room?			
327	Are appropriate resuscitation services available?			
328	Does the Hospital ensure privacy and confidentiality of the patient?			

329	Is there evidence of quality assurance mechanism in place?			
330	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
331	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.27 SURGICAL ICU

332	Does the Hospital have a fully functional Surgical ICU?			
333	Does the hospital have Anaesthesia specialty with a minimum of 10 Surgical ICU beds with oxygen and suction facility?			
334	Does the ICU have a crash cart functional and in use?			
335	Does the Hospital have minimum 10 monitored ICU beds with oxygen and suction facility?			
336	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
337	Is there a timetable for students for clinical rotation / clerkship in Unit?			
338	Is the learning supervised to ensure patient and student safety?			
339	Are the students comfortable with the learning experience provided in the Unit?			
340	Are the student study guides/ logbooks available and implemented?			
341	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
342	Do the student logs support the provision of training?			

343	Does the Department define and measures patient length of stay?			
344	Are relevant quality indicators identified and monitored by the Department?			
345	Are there any physician / staff with valid ATLS or equivalent national certification?			
346	Is there a designated procedure room?			
347	Are appropriate resuscitation services available?			
348	Does the Hospital ensure privacy and confidentiality of the patient?			
349	Is there evidence of quality assurance mechanism in place?			
350	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
351	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.28 PAEDIATRIC ICU (PICU)

352	Does the Hospital have minimum 04 monitored ICU beds with oxygen and suction facility?			
353	Does the ICU have a crash cart functional and in use?			
354	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the Unit? *(As per PM&DC faculty requirement)*			
355	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
356	Is there a timetable for students for clinical rotation / clerkship in Unit?			

357	Is the learning supervised to ensure patient and student safety?			
358	Are there any physicians / staff with valid PALS / NRP or equivalent national certification?			
359	Are the students comfortable with the learning experience provided in the Unit?			
360	Are the student study guides / logbooks available and implemented?			
361	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
362	Do the student logs support the provision of training?			
363	Does the Department define and measure patient length of stay?			
364	Are relevant quality indicators identified and monitored by the Department?			
365	Is there a designated procedure room?			
366	Are appropriate resuscitation services available?			
367	Does the Hospital ensure privacy and confidentiality of the patient?			
368	Is there evidence of quality assurance mechanism in place?			
369	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
370	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.29 NEONATAL ICU (NICU)

|				
371	Does the Hospital have minimum 04 monitored ICU beds with oxygen and suction facility?			

372	Does the ICU have a crash cart functional and in use?			
373	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the Unit? *(As per PM&DC faculty requirement)*			
374	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
375	Is there a timetable for students for clinical rotation / clerkship in Unit?			
376	Is the learning supervised to ensure patient and student safety?			
377	Are there any physicians / staff with valid PALS / NRP or equivalent national certification?			
378	Are the students comfortable with the learning experience provided in the Unit?			
379	Are the student study guides / logbooks available and implemented?			
380	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
381	Do the student logs support the provision of training?			
382	Does the Department define and measure patient length of stay?			
383	Are relevant quality indicators identified and monitored by the Department?			
384	Is there a designated procedure room?			
385	Are appropriate resuscitation services available?			
386	Does the Hospital ensure privacy and confidentiality of the patient?			
387	Is there evidence of quality assurance mechanism in place?			
388	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			

389	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			
3.30 CORONARY CARE UNIT (CCU)				
390	Does the Hospital have minimum 08 monitored ICU beds with oxygen and suction facility?			
391	Does the ICU have a crash cart functional and in use?			
392	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
393	Is there a timetable for students for clinical rotation / clerkship in Unit?			
394	Are there any physicians / staff with valid ACLS or equivalent national certification?			
395	Is the learning supervised to ensure patient and student safety?			
396	Are the students comfortable with the learning experience provided in the Unit?			
397	Are the student study guides / logbooks available and implemented?			
398	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
399	Do the student logs support the provision of training?			
400	Does the Department define and measure patient length of stay?			
401	Are relevant quality indicators identified and monitored by the Department?			
402	Is there a designated procedure room?			
403	Are appropriate resuscitation services available?			
404	Does the Hospital ensure privacy and confidentiality of the patient?			
405	Is there evidence of quality assurance mechanism in place?			

406	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
407	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

3.31 OPERATING SUITE (INCLUDING RECOVERY ROOM)

408	Does the Hospital have fully functional 05 operating rooms?			
409	Does the Hospital have 05 functional recovery room beds?			
410	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
411	Are there any physicians / staff with valid ATLS or equivalent national certification?			
412	Is there a timetable for students for clinical rotation / clerkship in Unit?			
413	Is the learning supervised to ensure patient and student safety?			
414	Are the students comfortable with the learning experience provided in the Unit?			
415	Are the student study guides / logbooks available and implemented?			
416	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
417	Do the student logs support the provision of training?			
418	Does the Department define and measure patient length of stay?			
419	Are relevant quality indicators identified and monitored by the Department?			
420	Are appropriate resuscitation services available?			
421	Does the Hospital ensure privacy and confidentiality of the patient?			
422	Is there evidence of quality assurance mechanism in place?			

423	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			
424	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			
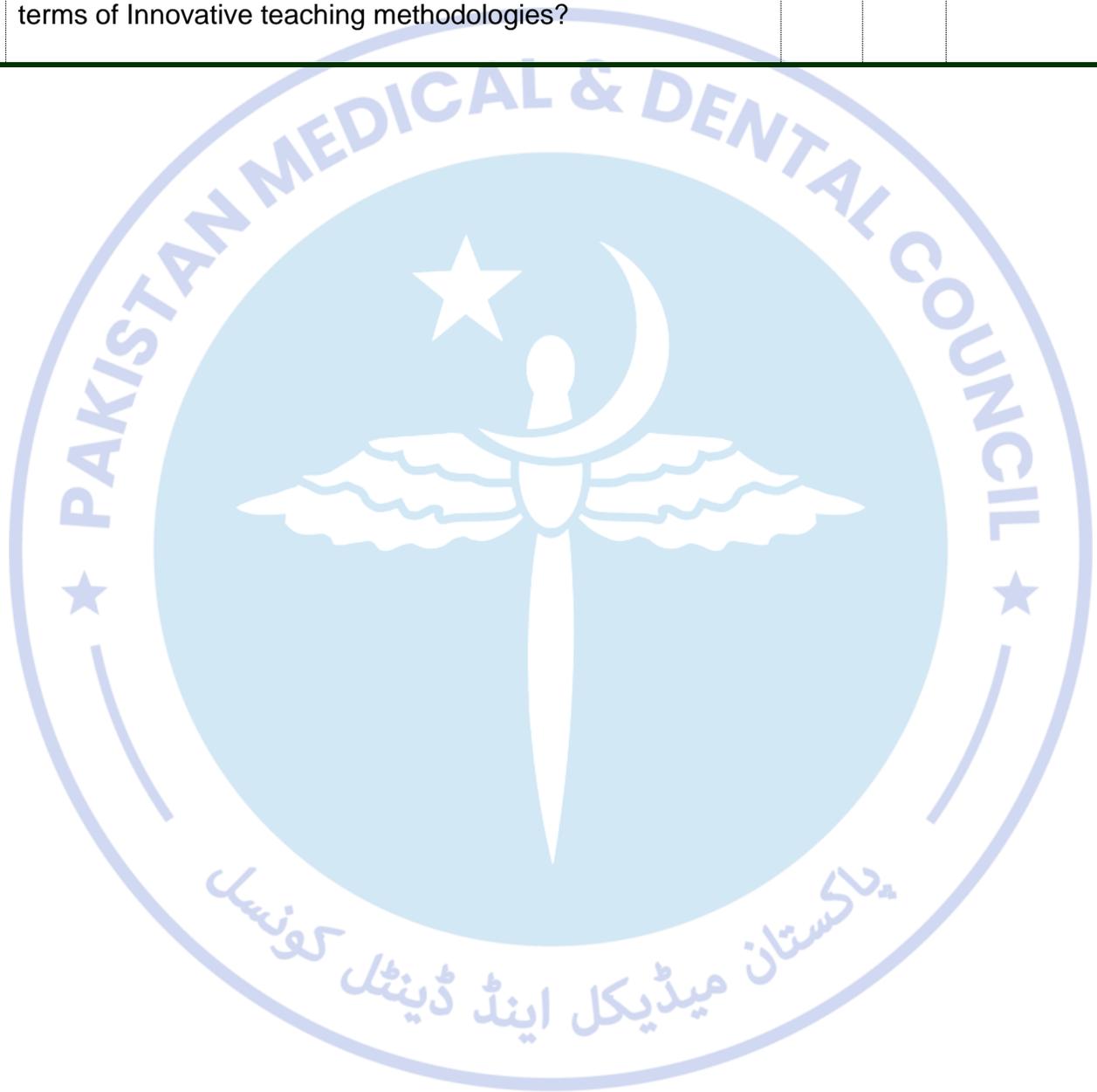
4. HOSPITAL FACILITIES AND SAFETY TOUR

Inspector: Hospital Management Expert

4.1 Purpose

The focus of this tour is to evaluate adequacy and safety of Hospital facilities necessary to maintain the essentials of quality and patient safety.

4.2 Location

All facility areas

4.3 Tour Participants

- One representative from Administration
- One representative from Safety Department
- One representative from Biomedical Department / Equipment Technician

4.4 Surveyor

Hospital Management & Safety Expert

4.5 Standards / Issues Addressed

Standard 11: Governance, Services and Resources (11.4)

4.6 Documents / Materials Needed

- HIMS / EMR software for patient data which is accessible to the PM&DC for spot checks on bed occupancy, case-load, procedures, morbidity and mortality.
- HIMS / EMR record of day case procedures accessible to PM&DC for spot checks / verification.
- HIMS generated data of Hospital bed distribution per clinical specialty.
- Hospital bed occupancy data per clinical specialty for last 12 months (month-wise)
- Average Length of Stay (ALOS) per clinical specialty for last 12 months (Month-wise)
- List of procedures (Major and Minor) performed in IPD per clinical specialty for last 12 months (month-wise).

- A minor procedure may be defined as any procedure performed under local anesthesia or no anesthesia. Any procedure performed either under spinal, general, conscious sedation, etc. or with more complexity than a minor procedure shall be counted in the major category.
- List of procedures (Major and Minor) performed in OPD and IPD per clinical specialty for last 12 months (month-wise).
- List of top diagnosis and their frequencies (20 per major clinical specialty and 10 per sub-specialties)
- Lab volume (major services data, month-wise)
- Summary of financial statement(s) of minimum of 35% beds allocated for non-profit
- Summary of financial statement(s) of 65% of the beds
- Facility Map
- Fire and Safety Plan
- Utility Plan
- Waste Management Plan
- Emergency Preparedness and Evacuation Plan
- Hazardous Material Program
- Infection Control and Prevention Program
- Third Party Audit Report(s)

4.7 Procedure

The surveyor will visit the Hospital to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover IPD, OP, OR and critical areas including other operational areas / Units. These visits will include on-site interviews with the relevant Departmental / Unit heads regarding the routine functioning of their operations, any challenges faced, fire safety plans, utility plans, emergency preparedness plans, biomedical equipment plans, infection control plans and others to validate their execution through evidence as and when required.

4.8 How to Prepare

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

SR. NO.	SURVEYOR QUESTIONS	Compliance		
		Yes	No	Not Applicable
4.9 INITIAL INSPECTION				
1.	Does the Hospital have its accounts audited by a third-party?			
2.	Is there at least 70% biometric / facial attendance of all faculty of the Hospital?			
3.	Does the Hospital have Internal Medicine specialty with a minimum of 75 inpatient beds?			
4.	Does the Hospital have Medical ICU with a minimum of 10 inpatient beds?			
5.	Does the Hospital have Surgical ICU with a minimum of 10 inpatient beds?			
6.	Does the Hospital have Paediatrics specialty with a minimum of 60 inpatient beds?			
7.	Does the Hospital have Psychiatry specialty with a minimum of 10 inpatient beds?			
8.	Does the Hospital have Dermatology specialty with a minimum of 10 inpatient beds?			
9.	Does the Hospital have Cardiology specialty with a minimum of 10 inpatient beds?			
10.	Does the Hospital have a minimum of 08 CCU beds?			

11.	Does the Hospital have Pulmonology specialty with a minimum of 15 inpatient beds?			
12.	Does the Hospital have Nephrology specialty with a minimum of 15 inpatient beds?			
13.	Does the Hospital have a minimum of 05 Dialysis Chairs?			
14.	Does the Hospital have one portable Dialysis Machine / portable RO Plant?			
15.	Does the Hospital have Gastroenterology ward with a minimum of 15 inpatient beds?			
16.	Does the Hospital have at least 02 of the following specialties with a minimum of 10 inpatient beds each? Rheumatology Endocrinology Infectious Diseases Geriatrics Paediatric Cardiology *(02 specialties will be marked as mandatory, however, additional specialties from the above list will be marked as Quality Standard.)*			
17.	Does the Hospital have General Surgery Department with a minimum of 100 beds, excluding post-operative recovery beds?			
18.	Does the Hospital have Obstetrics and Gynaecology Department with a minimum of 70 beds (including labour room)?			
19.	Does the Hospital have Ophthalmology Unit with a minimum of 20 beds?			
20.	Does the Hospital have ENT Unit with a minimum of 20 beds?			
21.	Does the Hospital have Orthopaedics Unit with a minimum of 20 beds?			

22.	Does the Hospital have Neurosurgery Unit with a minimum of 15 beds?			
23.	Does the Hospital have at least 02 of the following specialties with a minimum of 10 beds each? Cardiac surgery Paediatric Surgery Thoracic Surgery Plastic surgery Maxilofacial Surgery Vascular Surgery *(02 specialties to be marked as mandatory, however, additional specialties from the above list will be marked as Quality Standard.)*			
24.	Does the Hospital have Accident and Emergency (A&E) Department with a minimum of 10 beds?			
25.	Is there evidence that the patients admitted on 35% of beds (not for profit) are not charged for accommodation and consultation?			
26.	Is there evidence that the patients admitted on 35% of beds are charged for medications, diagnostic services (lab, radiology) and therapeutic services (procedures) etc. are at cost price (not for profit)?			
27.	Does the Hospital have at least 05% of all inpatient beds (not including Medical ICU and Surgical ICU) having Cardiac Monitor with standered pulse, BP, ECG and oxygen saturation?			
28.	Does the Hospital have separate toilets for females?			

4.10 OUTPATIENT LOAD

29.	Does the Hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in General Medicine?			
30.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Psychiatry?			

No.	Question			
31.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Dermatology?			
32.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Cardiology?			
33.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Nephrology?			
34.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Pulmonology?			
35.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Gastroenterology?			
36.	Does the Hospital have minimum of more than 150 patients per month seen averaged for the past 12 months in Accident and Emergency?			
37.	Does the Hospital minimum OPD of more than 150 patients per month averaged for the past 12 months in each opted allied medical specialty?			
38.	Does the Hospital have minimum OPD of more than 1700 patients per month averaged for the past 12 months in Pediatrics?			
39.	Does the Hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in General Surgery?			
40.	Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in ENT?			
41.	Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in Ophthalmology?			

42.	Does the Hospital have minimum OPD of more than 1800 patients per month averaged for the past 12 months in Obstetrics and Gynaecology?			
43.	Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in Orthopedics?			
44.	Does the Hospital have minimum OPD of more than 75 patients per month averaged for the past 12 months in Neurosurgery?			
45.	Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in each of the two opted allied surgical specialties?			

4.11 INPATIENT LOAD

46.	Is total bed occupancy of the Hospital at least 70% in the past 12 months? (day case procedures shall be counted towards bed occupancy for that specific day).			
47.	In each of the specialty in the Hospital, has the bed occupancy been at least 70 % in the past 12 months?			

4.12 MAJOR AND MINOR PROCEDURES

48.	Does the Hospital have a minimum of 350 procedures performed in the past 12 months in General Medicine?			
49.	Does the Hospital have a minimum of 250 procedures performed in the past 12 months in Dermatology?			
50.	Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Cardiology?			
51.	Does the Hospital have a minimum of 200 procedures performed in the past 12 months in Nephrology and Pulmonology?			
52.	Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Gastroenterology?			

53.	Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Accident and Emergency?			
54.	Does the Hospital have minimum of 150 procedures performed in the past 12 months in each of the two opted medical specialties?			
55.	Does the Hospital have a minimum of 3500 minor procedures in the past 12 months in General Surgery?			
56.	Does the Hospital have a minimum of 1000 major procedures in the past 12 months in General Surgery?			
57.	Does the Hospital have a minimum of 1500 minor procedures in the past 12 months in Anaesthesia?			
58.	Does the Hospital have a minimum of 2000 major procedures in the past 12 months in Anaesthesia?			
59.	Does the Hospital have minimum of 250 procedures in the past 12 months in ENT?			
60.	Does the Hospital have a minimum of 250 procedures in the past 12 months in Ophthalmology?			
61.	Does the Hospital have a minimum of 1000 minor procedures in the past 12 months in Obstetrics and Gynaecology?			
62.	Does the Hospital have a minimum of 2000 major procedures in the past 12 months in Obstetrics and Gynaecology?			
63.	Does the Hospital have a minimum of 250 procedures in the past 12 months in Orthopaedics?			
64.	Does the Hospital have a minimum of 100 minor procedures in the past 12 months in each of the two opted surgical specialties?			
65.	Does the Hospital minimum of 100 major procedures in the past 12 months in each of the two opted surgical specialties?			

4.13 LAB VOLUME				
66.	Does the Hospital have more than an average of 300 Haematology tests performed every month in the past 12 months?			
67.	Does the Hospital have more than an average of 30 Units of blood provided by Blood Bank per month, in the past 12 months?			
68.	Does the Hospital have more than an average of 1000 Chemical Pathology tests performed every month, in the past 12 months?			
69.	Does the Hospital have more than an average of 150 Microbiology tests performed every month, in the past twelve months?			
70.	Does the Hospital have performed more than an average of 30 Biopsies per month, in the past twelve months?			
4.14 FACILITIES				
71.	Does the Hospital have a Pharmacy, both for indoor and outdoor patients?			
72.	Do all the Hospital pharmacies have trained and qualified Pharmacists, with minimum qualification of Pharm D?			
73.	Does the Hospital have Faculty Workstations (Tables & Chairs) for each of the faculty member?			
74.	Does the Hospital have Resuscitation facilities with all necessary equipment?			
75.	Does the Hospital have 20 separate OPD rooms for different specialties?			
76.	Does the Hospital have 05 designated areas / demonstration rooms in OPD / IPD for teaching / evaluation of medical students?			
77.	Does the Hospital have 05 fully equipped Operating Rooms?			

78.	Does the Hospital have a CSSD?			
79.	Does the hospital have a Radiology department?			

4.15 FIRE SAFETY

80.	Does the Hospital have a documented fire safety and evacuation plan?			
81.	Does the fire safety plan include training schedule for staff, faculty and students?			
82.	Does the Hospital have a fulltime safety officer to implement fire safety plan?			
83.	Does the fire safety plan mention oversight by a designated person?			
84.	Does the fire safety plan identify high-risk / fire-prone areas?			
85.	Does the fire safety plan address the risks identified in high-risk areas?			
86.	Does the Hospital have a designated and trained fire response team?			
87.	Does the Hospital conduct mock fire evacuation drill?			
88.	Does the Hospital have a designated assembly area?			
89.	Are students / faculty aware of the designated assembly area and alternative fire exits?			
90.	Are portable fire extinguishers available at suitable locations? (at least one in every ward)			
91.	Are staff and students aware of the location and handling of fire extinguishers?			
92.	Are evacuation maps displayed prominently at the Department / floor?			
93.	Are emergency exits unobstructed and clear at all times?			

94.	Are illuminated exit signs displayed at exit doors?			

4.16 SAFETY AND SECURITY

95.	Does the institute have slip resistant strips on stairs?			
96.	Are grip bars available with stairs to avoid falls?			
97.	In case of elevators, are safety instructions (emergency alarm, maximum load, emergency number) displayed?			
98.	Are all electrical wires secured (connectors used to connect wires instead of tapes)?			
99.	Has the organization taken remedial steps to address fire risks for vulnerable areas? (Lab, Generator Room, Server Room, Store, Record Room)			
100.	Are access restrictions in place for identified vulnerable areas (Labs, Mortuary, Management Offices, Warehouse, and Data Rooms)?			
101.	Are security guards available at entrance and aware of their duties?			
102.	Are Hospital's entrances secured and walls protected from outside intruders?			
103.	Are bar grips available in washrooms for disable / old age persons?			
104.	Are ramps available or other measures taken to ensure ease of transportation for disabled persons?			
105.	Is the staff in Radiology Department using Dosimeters?			
106.	Is the staff in Radiology Department using TLD?			
107.	Is there a log of radiation exposure being maintained for all staff?			

4.17 EMERGENCY PLAN

108.	Are dedicated internal telephone numbers for fire, security and other emergencies identified and displayed?			
109.	Are mock emergency drills conducted?			

4.18 WASTE MANAGEMENT

110.	Does the Hospital have a documented waste management program?			
111.	Is infectious waste being segregated appropriately through color coded bags? (e.g. red, yellow, blue)			
112.	Is temporary waste storage facility available?			
113.	Is infectious waste being properly incinerated/disposed of within 24 hours of generation?			
114.	Is inventory of hazardous material (chemical) maintained throughout the facility?			
115.	Are all chemicals labeled based on a hazardous tag? e.g. (toxic, corrosive, irritant, flammable)			
116.	Are all chemicals stored properly according to optimal temperature?			
117.	Is spill kit available to manage chemical / infectious / mercury spill?			
118.	Is all relevant staff aware of risks of chemicals?			
119.	Does all staff wear appropriate PPE during work? (e.g., gloves, masks, gowns, eye shield as applicable)			
120.	Is MSDS maintained for all chemicals?			
121.	Is the nuclear waste being handled safely using lead boxes?			

4.19 BIOMEDICAL GASES SAFETY

No.	Question			
122.	Are the biomedical gases being handled safely?			
123.	Are the persons responsible for handling gas control valves in the ORs and other critical areas adequately trained?			
124.	Is there a mechanism in place to ensure the supply of correct biomedical gas from the designated port?			

4.20 UTILITIES MANAGEMENT

No.	Question			
125.	Are alternate sources of energy available in case of power failure to cater to the Hospital's needs?			
126.	Is a facility map available?			
127.	Is drinking water being tested quarterly?			

4.21 INFECTION CONTROL

No.	Question			
128.	Is there a documented infection control program in the institution?			
129.	Is there a mechanism to ensure safety of staff and faculty while handling biological and hazardous materials?			
130.	Is there a mandatory Vaccination Policy including Hepatitis B for all health care workers and students?			
131.	Are floors clean?			
132.	Are horizontal surfaces clean?			
133.	Are the premises free of infestation?			
134.	Is pest control done regularly and safely by a certified pest control company?			
135.	Is the linen clean?			
136.	Is there a needle stick injury policy?			
137.	Are sharp containers adequately available?			

138.	Are sharp containers not overfilled (over three fourths)?			
139.	Is patient / lab equipment clean?			
140.	Are hand hygiene posters and isolation precaution signs displayed at appropriate sites as needed for contact, droplet, and airborne precautions?			
141.	Is hand soap available in all hand washing stations/bathrooms?			
142.	Are alcohol rubs available at point of patient care with functioning dispensers?			
143.	Are eye wash stations or appropriate alternatives available in OR & Emergency Department?			
144.	Are disposable latex gloves available whenever needed for handling blood and body fluids or for contact precautions?			
145.	Are gowns adequately available when splashing is anticipated or for contact precautions?			
146.	Are hands washing facilities available for all staff?			
147.	Are patients with pulmonary TB placed in a separate single room?			
148.	Is ventilation maintained in a single room for TB patients?			
149.	Are patients with MDR organisms placed on contact precautions?			
150.	Are adequate supplies and PPE available in isolation areas?			
151.	Are patients bathrooms clean?			
152.	Are soap and paper towels available in each bathroom?			
153.	Are patient specimens handled correctly and transported safely?			