

Dy. No. 110286
23/5/19.

MEDICAL COUNCIL OF INDIA

ASSESSMENT FORM FOR **100** ADMISSION REPORT

(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Verification of Compliance

Part A – III (2019-20)
(to be filled by the Assessors)

1.1 1. Type of Assessment

U/S 10A-regular/compliance: Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 10A-Increase Admission Capacity : Regular/Compliance: Letter of Permission(—), 1st renewal(—), 2nd renewal(—), 3rd renewal(—), 4th renewal(—)

U/S 11- Recognition - ~~Regular~~/Compliance

Continuation of Recognition - ~~Regular~~ / Compliance ()

Any Other: _____

2.

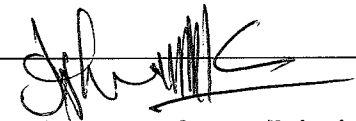
Name of the Institution	:	A.C.P.M. Medical College, Dhule (M.S.)
Address	:	Post Box No.145, Sakri Road, Dhule - 424001
Telephone No.	:	(02562) 276317, 276318, 276319
E-mail	:	acpmmcdhule@gmail.com

Signature of Assessors



Date:

23/5/19



Signature of Dean/Principal
Principal,
A.C.P.M. Medical College,
Dhule - 424001. [M.S.]

20/5/2019

College Website		www.acpmjmf.com	
Council Letter No & Date		Donoreply mci@gov.in Email dated 19 th , May 2019 at 18:01	
Assessment Date		Last Assessment Date	06/09/2017
PG Courses		Yes	

3. Particular of Assessors:

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr.Venkatesh.S	Professor, department of physiology, BMCR, K.R. road, Bangalore, Karanataka.	9844059522	Venkie1971@rediffmail.com
Dr. Sunit Tapse	Professor & HOD Dept., of Forensic Medicine, Bidar of Institute of Medical Sciences, Bidar	9972872810	dr.sunittapse@gmail.com
Dr.K.K.Agrawal	Professor & n Head of Anatomy Dept., V.C.S.G.G.M.S.& R.I., Srinagar, Pauri Garhwal, Uttarakhand	9997973377	drkkanatomy@gmail.com

Signature of Assessors

20/5/2018



Date:

20/5/18

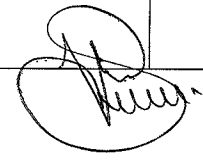
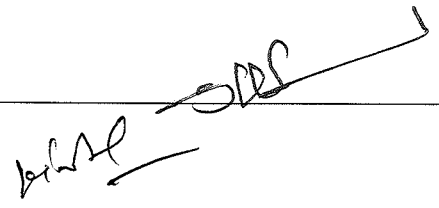
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4. Verification of compliance submitted by institute:

S. N.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of Assessors after the assessment
1	Deficiency of faculty is 20.41% of the faculty.	<p>The deficiency of faculty is - 08 i.e. 7.2%</p> <p>Asso.Prof. in Pharmacology -1 Prof. in Microbiology-1 Asstt. Prof. in FMT -1 Prof. in Community Medicine -1 Asso. Prof. in Community Medicine -2 Asstt. Prof. in Community Medicine - 1 Asstt. Prof. in Anaesthesia -1</p> <p>Total no. of faculty is 134 against a requirement of 110 teachers considering the additional staff required for UG in a PG College.</p> <p>Deficiency of faculty noted during the last inspection was 20.41% (26 teachers), however 14 teachers had reported little after 11 am and this was duly noted by the Hon'ble inspectors in their report.</p> <p>We are also to submit that the faculty on duly sanctioned leave is also not considered inspite of the fact that many teachers are working with us since years and there is proof in form of salary statements, Form No.16, University approvals and that many of them have appeared for previous MCI inspections.</p> <p>A detailed faculty list and faculty table is enclosed.</p>	7.4 % faculty deficiency
2	Shortage of Residents is 20.37 % as detailed in the report.	<p>There is no. deficiency of residents. Total SRs are 31 and JRs are 64 that is total 96 against the requirement of 64.</p> <p>A detailed resident list and residents table is enclosed.</p>	1.5% deficiency
3	Bed_Occupancy at 10 a.m. on day of assessment is 25.91%.	<p>The total no. of patients in the hospital wards was 395 and bed occupancy was 84%. A large number of patients were not considered by the assessors due to the difference of opinions regarding diagnosis, untenable for hospitalization and that BDS students were admitted etc. The patients who had gone for special investigations and those who were admitted through casualty were missed.</p>	<p>Total bed were counted and there were 12 beds in each ward (Cubicle separate for male and female) and 3 in student ward And occupancy at 10:30 am approximately at the time of inspection was 379 patients and total beds were 470 Bed occupancy 80.6%</p>

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<p>4 Many IPD patients do not deserve admission as under. I In Surgery-</p> <p>(i) Neelesh – with diagnosis of DNS,</p> <p>(ii) Kunal Patil-a male patient having papers of LSCS in his file</p> <p>(iii) Sahadu- showing stamp of admission of 23/8 but that has been cut by pen and replaced with date of admission as 6.9.17.</p> <p>(iv) Following patients or actually persons (were lying on the beds but there were no case sheets of these patients anywhere.</p> <ol style="list-style-type: none"> Prithviraj Narayana Samadhan Patil Ravindra Patil Suman Ratna Bai Kasturba Bai Rehma Bai Asha Bai Alka Bai Shevanti Bai Sangeeta Lalita Patil. 	<p>All the patients are admitted as per the order and judgment of the concerned clinical experts.</p> <ul style="list-style-type: none"> - Some case sheets may not be on the bed, may be with nursing counter, sent to lab/ for doctor reference. - Certain old file covers are reused hence some scribbling marks were present. - Medical / BDS students also seek treatment as patients. <p>The patient was in surgery because he also had pain in abdomen.</p> <p>The patient was a female named Kunali Patil also had hemorrhoids.</p> <p>Explanation vide supra.</p> <p>All the case sheets were with the sister pending cross reference or sending samples to the lab.</p>	<p>Patents admitted were screened and department wise and they were admitted as per medicine case, surgery and OBG were classified and there were fever cases of which most of them were Dengue cases as per expert</p>
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29/5/2018

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<p>II. In Orthopaedics, following patients are not to be counted as they were lying on the beds but there were no case sheets of these patients anywhere -: Sindhubai, Yogita, Gayatri, Shobhabai and Parshu Ram.</p>	<p>All the case sheets were with the sister pending cross reference or sending samples to the lab.</p>	<ul style="list-style-type: none"> • X ray of patient pre and post operative was examined with expert opinion and clarified • Authenticity was examined for surgery by bandage removal
<p>III. In Pediatrics, following patients are not to be counted-: a. Manisha admitted in Peds Medicine with a diagnosis of Vesical calculus and actually posted for surgery today. b. Jintendra-admitted with a diagnosis of seizures and so far only blood count and serum electrolytes done. No EEG or neuro imaging despite long hospitalization till date. There was a cubicle of 5 beds all empty without any bed sheets.</p>	<p>All cases of Paediatrics Surgery are also at times admitted in Paediatrics ward.</p> <p>This is the purview of the consultant and the consent of the patient.</p> <p>This is part of 16% unoccupied beds.</p>	<ul style="list-style-type: none"> • NCV is functionally • EEG has been installed • CT and MRI are functionally and register has been maintained and has been radiographed
<p>IV. In Ophthalmology, there were 3 new admission as follows. a. Fakila without case sheet b. Leelabai – a postop patient without any problem c. Baby Bai without case sheet.</p>	<p>All the case sheets were with the sister pending cross reference or sending samples to the lab. After the surgery for cataract the patient had iritis.</p> <p>All the case sheets were with the sister pending cross reference or sending samples to the lab.</p>	<p>Case sheets were and registry has been maintained</p>
<p>V. In Medicine ward, height of manipulation was seen as while entering ward, all vacant beds were photographed by the assessor and round started from the other end. By the time when reached vacant beds, lot of normal persons were lying on them to the extent that even 2 BDS students, Chaitali and Rupali (both 2nd year) were also lying on the vacant beds without any admission case sheet.</p>	<p>There is no issue of manipulation. All the patients were in the ward, on or near the beds. Being ambulatory they may be moving around.</p>	<p>On the day of inspection occupancy in the wards and has been recorded with time and date in the video recording</p>

29/1/23

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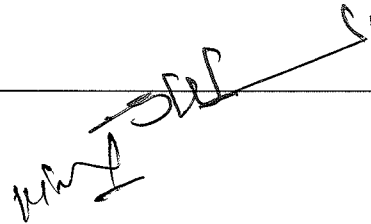
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<p>VI. Following patients were admitted after 10 am. On 6.9.17 with a diagnosis untenable for hospitalization to a medical college running postgraduate programme in the department:</p> <ol style="list-style-type: none"> Narendra – fever Ashok – fever without case sheet Vikas-Headache without case sheet Bhagwan-fever Rahule-abdominal pain Asha Ram-fever Manohar-Abdominal pain without case sheet Lahu Kondiram-Cought and cold Vishnu das-No case sheet Mukesh-Headache Khairnar-Headache Mehboob-Pul TB admitted despite existence of chest dept Himmat-Enetric fever and the entire case sheet is empty Chaitale-2nd year BDS students, without any case sheet Rupali-2nd year BDS students, without any case sheet 	<p>All the patients merited admission as per the advise of the concerned consultant. In some the case sheets were with the sister pending cross reference or for sending samples to the lab.</p> <p>Patient also had cardiac problem.</p> <p>The case sheet was complete along with diagnosis.</p> <p>MBBS & BDS students are routinely admitted in special rooms in Medicine department.</p>	<ul style="list-style-type: none"> The case sheet were inspected for name and date of admission authenticity with the records and found no MBBS or BDS students were admitted on the day of inspection and no case of students were admitted in the designated student ward Continuous ECG monitoring was also present in few of the patients RNTCP was functionally
<p>VII. Following patients cannot be counted as they were made to lie after took photo of vacant beds:</p> <ol style="list-style-type: none"> Manisha Rutuja Kanta Bai Arjuman 	<p>Being ambulatory they may be moving around.</p>	<p>Patients and few of the attenders were present at the time of inspection in the wards and when their were instructed that only patients should be in the ward at the time of rounds and inspection most of the patients occupied their couches</p>

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VIII. Following patients cannot be counted for the reasons mentioned in front of their name:

- a. Sahib Rao -admitted with diagnosis of fever but no matching treatment in the case sheet
- b. Hiranman-admitted with diagnosis of fever does not merit admission
- c. Dilip-admitted on 6.9.17 but the file cover shows date of admission as 23.8.17
- d. Ram Das-admitted on 6.9.17 but the file cover shows date of admission as 23.8.17
- e. Dattu Patil-admitted on 6.9.17 but the file cover shows date of admission as 23.8.17
- f. Ashok-admitted on 6.9.17 but the file cover shows date of admission as 23.8.17

This is the purview of the consultant

This is the purview of the consultant

Explanation vide supra.

Explanation vide supra.

Explanation vide supra.

Explanation vide supra.

Patients case sheet were examined And cross checked and verified for their authenticity and found as follows in the department wise

Orthopedics : X ray films and case sheets were cross checked for authenticity and found to be pertaining to tally with patients

Pediatrics: there were cases of pediatric cases only and few cases of dengue fever were being treated and post observation dengue recovery was identified which was a case of sickle cell anemia which require admission as per HOD subject expert

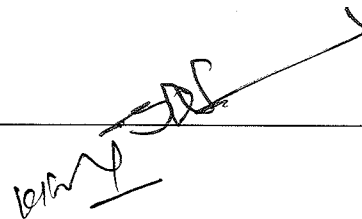
Ophthalmology: 12 admission for OT for the next day were admitted for pre health evaluation as surgery will be performed in the morning hours

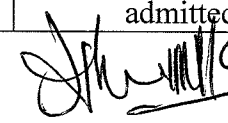
Medicine:

- There were cases of IP separate for males and females of which most of them were all senior citizens
- The record were evaluated for patient authenticity and date of admission was verified and was found correct randomly checked
- However few of the cases were not requiring admission but the HOD suggested they were admitted as day care patients as dengue was prevalent in the neighbour hood
- A register has been maintained
- There were no students admitted in the allocated

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			<p>student ward Surgery: OT List enclosed</p>
5.	<p>There were only 02 patients on preoperative beds at the time of visit</p>	<p>On 6.9.2017 the total surgeries posted were major – 21, minor – 29, normal deliveries held – 3 & caesarian sections – 2. The number of patients in pre operative beds was 2 at the time of the round. All the 10 OTs were working and other patients were waiting or were being prepared in the wards. As per the department's schedule surgeries are also posted during after noon.</p>	<p>➤ The OT was functioning at the time of inspection and surgery was being conducted and there were 8 major OT were being conducted, 2 caesarian sections were being performed</p> <p>➤ Cases posted for the day (fore noon and after noon) were in preoperative preparation room at the time of inspection</p> <p>➤ Total no of cases posted on 20/05/19 ANNEXURED 1a OT list</p> <ul style="list-style-type: none"> • Major 24 • Minor 32 • Caesarian 3 • Normal 3 delivery was conducted No of OT conducted at the time of inspection <p>➤ A separate OT for ophthalmology (Major and minor have been designated) ANNEXURED1b</p> <ul style="list-style-type: none"> • 8 have been posted • 6 major – • 2 minor

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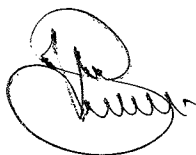
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6.	Data of Histopathology do not match those of O.T.s.	Histopathology samples as mentioned on page 18 of the report were 21. Histopathology samples are received from major OT, minor OT, OPD, and casualty and through outside reference. Hence the data does not match with major OT figures.	<ul style="list-style-type: none"> ➤ The records of histopathology samples have been cross checked, ➤ A random cross checking with histopatological samples were cross matched with major OT, minor OT,OPD, casualty and has found to be matched and ANNEXURE 2 enclosed ➤ Outside samples are also reported and a data register has been maintained for the same.
7.	Other deficiencies as pointed out in the assessment report	Nothing particular.	

Signature of Assessors



Date:



Signature of Dean/Principal



20/5/19

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Dhule - 424001.

5. Clinical Material:

Item	On Day of assessment		Remarks
O.P.D. attendance at 2 PM on first day	860		
Casualty attendance (24 hrs. data)	42		
No. of admissions	97		
No. of discharges	95		
Bed occupancy : % at 10.00 AM on first day	80.6%		
<u>Operative Work</u>			
No. of major surgical Operations	24		
No. of minor surgical Operations	32		
No. of normal deliveries	3		
No. of caesarian sections	3		
<u>Radiological Investigations (No of patients)</u>	O.P.D.	I.P.D.	
	On Day of assessment		
X-ray	82	41	
Ultrasonography	27	16	
Barium, IVP etc.	01	04	Sono mammogram
C.T. Scan	05	03	

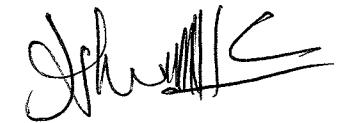
Signature of Assessors



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Date:

20/1/2018

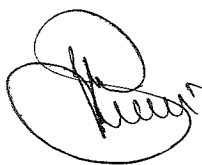


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Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations – No. of Patients/samples			
Biochemistry	182	55	
Microbiology	121	42	
Serology	29	13	
Hematology	302	42	
Clinical pathology	63	32	
Histopathology	19	08	

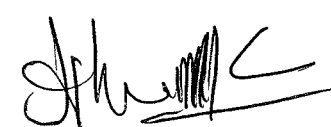
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Date:

20/5/2024
 20/5/24

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6. Medical College-Staff Strength

Name of College : **A.C.P.M. Medical College, Dhule (M.S.)**

Number of students : **No admissions since 2 years.**

PG Courses (Yes/No.) : **Yes**

- | | | | |
|------------------------|---------------------------|-------------------------------|------------------------------|
| 1. M.D.(Pathology) - 2 | 2. M.D.(Microbiology) - 2 | 3. M.D.(General Medicine) - 4 | 4. M.S.(General Surgery) - 4 |
| 5. M.S.(Orthopaedics) | 6. M.S.(OBGY) - 2 | 7. M.S.(Ophthalmology) - 1 | 8. M.D.(Radiology) - 1 |
| 9. D.Ortho - 2, | 10. DGO - 1 | | |

Calculation Sheet (Date :)

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor	1	--	1	1	NIL
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	1	--	1	1	NIL
	Tutor	3	--	3	4	NIL
Physiology	Professor	1	--	1	2	NIL
	Assoc.Prof.	1	--	1	1	*Professor showed against associate and associate shown against assistant professor
	Asstt.Prof.	1	--	1	NIL	NIL
	Tutor	3	--	3	3	NIL
Biochemistry	Professor	1	--	1	1	NIL
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	1	--	1	1	NIL
	Tutor	3	--	3	3	NIL

29/5/2015

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Signature of Assessors

Date:

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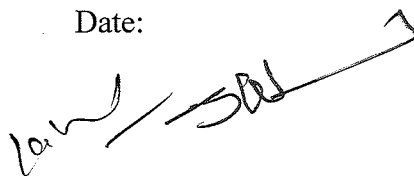
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Pharmacology	Professor	1	--	1	1	NIL
	Assoc.Prof.	1	--	1	NIL	1
	Asstt.Prof.	1	--	1	NIL	1
	Tutor	2	--	2	2	NIL
Pathology	Professor	1	--	1	2	One professor shown against associate
	Assoc.Prof.	2	1	3	2	NIL
	Asstt.Prof.	3	1	4	3	01
	Tutor	4	1	5	7	NIL
	Jr.Resident	--	--	--	-	NIL
Microbiology	Professor	1	--	1	NIL	1
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	1	-	1	2	NIL
	Tutor	3	--	3	4	NIL
Forensic Medicine	Professor	1	--	1	1	NIL
	Assoc.Prof.	0	--	0	NIL	NIL
	Asstt.Prof.	1	--	1	1	NIL
	Tutor	2	--	2	3	NIL
Community Medicine	Professor	1	--	1	1	NIL
	Assoc.Prof.	2	--	2	NIL	2
	Asstt.Prof.	2	--	2	1	1
	Epid.-cum-Asstt.Prof.	1	--	1	1	NIL
	Stat.-cum- Tutor	1	--	1	1	NIL
	Tutor	3	--	3	4	NIL

Signature of Assessors

Date:

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20/1/19

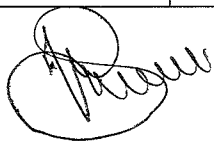




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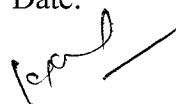
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Medicine	Professor	1	--	1	1	NIL
	Assoc.Prof.	3	--	3	6	NIL
	Asstt.Prof.	4	--	4	10	NIL
	Sr.Resident	4	--	4	5	NIL
	Jr.Resident	8	--	8	12	NIL
Paediatrics	Professor	1	--	1	2	NIL
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	2	--	2	2	NIL
	Sr.Resident	2	--	2	5	NIL
	Jr.Resident	4	--	4	6	NIL
Tuberculosis & Respiratory Diseases	Professor	1	--	1	NIL	NIL
	Assoc.Prof.	0	--	0	1	NIL
	Asstt.Prof.	1	--	1	NIL	Associate shown against assistant
	Sr.Resident	1	--	1	2	NIL
	Jr.Resident	1	--	1	2	NIL
Dermatology, Venereology & Leprosy	Professor	0	--	0	1	NIL
	Assoc.Prof.	1	--	1	-	Professor shown against associate
	Asstt.Prof.	1	--	1	1	NIL
	Sr.Resident	1	--	1	2	NIL
	Jr.Resident	1	--	1	NIL	SR shown against JR
Psychiatry	Professor	0	--	0	1	NIL
	Assoc.Prof.	1	--	1	NIL	Professor shown against assistant
	Asstt.Prof.	1	--	1	2	NIL
	Sr.Resident	1	--	1	2	NIL
	Jr.Resident	1	--	1	1	NIL

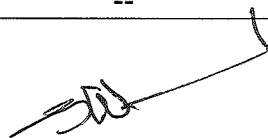
signature of Assessors

20/5/2018



Date:





Signature of Dean/Principal



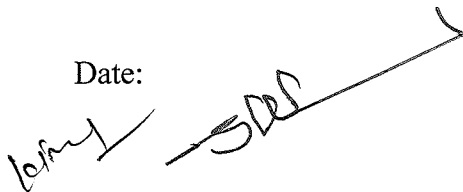
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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Surgery	Professor	1	--	1	3	NIL
	Assoc.Prof.	3	--	3	2	One professor shown against associate
	Asstt.Prof.	4	--	4	6	NIL
	Sr.Resident	4	--	4	3	1
	Jr.Resident	8	--	8	9	NIL
Orthopaedics	Professor	1	--	1	3	NIL
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	2	--	2	3	NIL
	Sr.Resident	2	--	2	3	NIL
	Jr.Resident	4	--	4	8	NIL
Oto-Rhino-Laryngology	Professor	1	--	1	1	NIL
	Assoc.Prof.	1	--	1	1	NIL
	Asstt.Prof.	1	--	1	1	NIL
	Sr.Resident	1	--	1	2	NIL
	Jr.Resident	1	--	1	2	NIL
Ophthalmology	Professor	1	--	1	2	NIL
	Assoc.Prof.	1	--	1	2	NIL
	Asstt.Prof.	1	--	1	2	NIL
	Sr.Resident	1	--	1	2	NIL
	Jr.Resident	1	--	1	3	NIL
Obst. & Gynae.	Professor	1	--	1	1	NIL
	Assoc.Prof.	1	--	1	4	NIL
	Asstt.Prof.	2	--	2	2	NIL
	Sr.Resident	2	--	2	2	NIL
	Jr.Resident	4	--	4	8	NIL

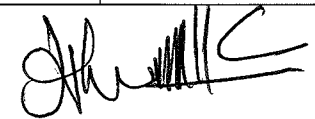
Signature of Assessors



Date:

20/07/2018


Signature of Dean/Principal



Principal,
 M.C.P.M. Medical College,
 Dhule.

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anaesthesiology	Professor	1	--	1	2	
	Assoc.Prof.	2	1	3	2	One professor shown against associate
	Asstt.Prof.	4	1	5	4	1
	Sr.Resident	3	1	4	6	NIL
	Jr.Resident	4	--	4	7	NIL
Radio-Diagnosis	Professor	1	--	1	2	NIL
	Assoc.Prof.	1	1	2	1	One professor shown against associate
	Asstt.Prof.	1	1	2	5	NIL
	Sr.Resident	2	1	3	3	NIL

Signature of Assessors



Date:

20/5/2019
 [Handwritten initials/signatures]



Signature of Dean/Principal

Principal,
 A.C.P.M. Medical College,
 Dhule - 431 001

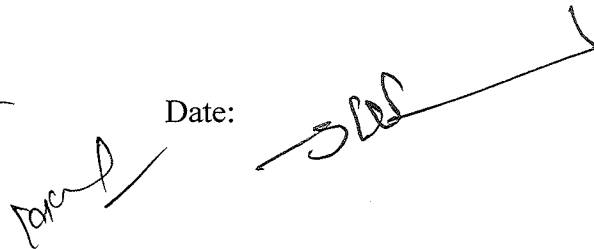
20/5/2019

Notes:
For purpose of working out the deficiency:
(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.
(A) For Teaching Faculty:
(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together. (b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only. (c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor. (d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
(B) For Resident Doctors:
(a) Excess of SR can be compensated to the deficiency of JR of the same department only. (b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department. (c) Any excess of JR cannot compensate the deficiency of SR in same or any other department. (d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.
(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.

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Date:

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Principal,
A.C.P.M. Medical College,
Dhule - 424001. [M.S.]

7. Detail of Faculty / Residents not counted / accepted.
 (Only faculty / residents who signed attendance sheet before 11.00 am on the first day of assessment should be verified. (In case of Junior Residents / Senior Residents on night duty, 12.00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11.00 am of the first day of assessment) -

Sr.No.	Name	Designation	Department	Remarks/Reasons for Not Considering
1	Dr. Chudiwal Tushar	professor	pharmacology	On leave never presented to assessors
2	Dr.Yash goyal	Assistant professor .	pharmacology	On leave never presented to assessors



8. 1. Deficiency of Teaching Faculty: 7.4 %

2. Deficiency of resident doctors : 1.5%

9. Any other deficiency / remarks:


**Skin and VD one associate on maternal leave (DR .Ridhi shah)

Signature of Assessors

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Date




 Signature of Dean/Principal

Principal,
 A.C.P.M. Medical College,
 Dhule - 424001. [M.S.]

20/5/2023