DI/2019/102958

MEDICAL COUNCIL OF INDIA

ASSESSMENT FORM FOR $\underline{100}$ - MBBS ADMISSIONS REPORT

	(INCREASE IN ADMISSION CAPACITY FROM TO)
	Verification of Compliance
	Part - A-III (<u>2019-20</u>)
	(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 : Sikkim Manipal Institute of Medical Sciences

Signature of Assessors

Dr. Jasmin Diwan

Date 08/04/2019

Dr. J. R. Khambholja

Signature of Dean/Principal

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Address	1 .,	5 th Mile Tadong, 0	th Mile Tadong, Gangtok, East Sikkim		
Telephone No.	:	03592-270535	592-270535		
E-mail	:	smims@smu.edu.i	ims@smu.edu.in		
College Website:		www.smims.smu.edu.in			
Council Letter No. & Date	:	Mail dt. 08.04.2019	Mail dt. 08.04.2019 to assessors personal mail id (attached)		
Assessment Date:	08-0	4-2019	Last Assessment Date :	07-03-2019	
PG Courses	:	Yes			

3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
1. Dr. Jasmin Diwan	Prof and Head Department	9824228380	dr_jasmin_diwan@hotmail.com
	of Physiology		
	GMERS Medical College		
	Civil Hospital		

Signature of Assessors

Dr. Jasmin Diwan

Date

08/04/2019

Dr. J. R. Khambholja

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	Gandhi Nagar - 382016		
	Gujarat		
2. Dr. J. R. Khambholja	Prof General Medicine	9825447813	kham_jak@yahoo.co.in
	Smt NHL Municipal		
	Medical College		
	SVP Hospital Ahmedabad -		
	380006		
	Gujarat		

Dr. Jasmin Diwan

Date 08/04/201

Dr. J. R. Khambholja

4. Verification of compliance submitted by institute:

Sr.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of the Assessors after the
			assessment
No. 1	"The Govt. Hospital as per the papers available is affiliated to the college (for teaching purpose) however it seems like this is only on paper. The reasons why we came to this conclusion are as follows: The Govt. Hospital was closed on the day of assessment. To gather the data regarding the teaching facilities and teaching faculty and residents of the Govt. Hospital, we asked the Dean and the Academic Dean of SMIMS college for the same. Despite repeatedly requesting them to provide the clinical postings/schedule of timetable alongwith the names of the Faculty and Residents of either the Govt. Hospital or their own faculty who are teaching MBBS students in the Govt. Hospital, they failed to do so. They said that they do not have the data or any information pertaining to this when actually as is in other colleges the	"As you are aware, the date of compliance verification inspection, i.e., 13.07.2018, was Bhanu Jayanti, which is a declared Public Holiday in the State of Sikkim, to be observed by all Government Offices, Public Sector Undertaking an educational institutions under the Government of Sikkim, in accordance with Gazette Notification No. 484 dated 17.10.2017, issued by the Home Department, Government of Sikkim. The fact that 13.7.2018 was observed as a public holiday is noted even in the assessor's report. Further, Bhanu Jayanti is a restricted holiday as notified by Registrar, Sikkim Manipal University on 21.11.2017. the said list of Holiday issued by the University, as well as the holiday calendar issued by Government of Sikkim, were duly communicated to the Medical	Government hospital (STNM) is shifted to newly constructed 1000 bedded building (Sokaygang). It is 07 kilometer away. Under graduate students are there during our visit. Undergraduate teaching was going on. Clinical posting schedule at STNM is attached (Annexure 1). MOU with Government of Sikkim for use of STNM as added teaching hospital is attached (Annexure 2).
	teaching schedule has to be prepared and	Council of India on 6.1.2018, along with	Signature of Dean/Principal

Signature of Assessors

Dr. Jasmin Diwan (

∕ Date

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Dr. J. R. Khambholja

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Portforde of **Medical Sci**al Substantia finalized by the college authorities and the final compilation has to be done by them. We asked for the back dated data, but even that they were not able to provide. They only had the details regarding the clinical postings/timetable of their own faculty taking the clinical posting classes at their own hospital only. Also faculty or residents of their own hospital were not sent to teach/train the MBBS students at the Govt. Hospital. This we also clarified with few of the students we could interact with that day (Batch of 2015 and 2016). It therefore appears that in the Govt. Hospital, for the MBBS students, there is no teaching program running. Thus, the affiliation with the Govt. Hospital is only on paper as a Govt. Order. Practically in all reality, there is no affiliation and no teaching program being run at the Govt. Hospital.

We also requested them to provide us the list of faculty of Govt. Hospital appointed as examiners for the MBBS exams. They failed to do the same. It thus appears taking all the above into consideration that there is no

the examination schedule followed by the University. The gazette notification, List of Holiday and letter dated 6.1.2018 are collectively annexed hereto as Annexure -

Thus, the Medical Council of India was fully aware that the said date is a Public Holiday notified by the State Government, and a Restricted Holiday of the University. Further, the holiday on 13.7.2018 was falling on a Friday immediately preceding second Saturday, which too is a holiday for the SMIMS, and another restricted holiday on 16.7.2018 on account of Dhrukpa Tshechi. Thus, inspection on the said date, i.e. 13.7.23018, cannot be the basis for assessing the SMIMS for the purpose of renewal of recognition, and the said is well establish as per observations of the Hon'ble Supreme Court in certain cases as well as past practice and precedent followed by the Council itself. In fact, the assessor's guide specifically states, as the very first point in 'General Instruction' that assessment is to

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Murely Signature of Dean/Principal

eligible faculty/resident available as per MCI norms at the Govt. Hospital for the teaching program and there is no teaching/training program for MBBS students at the Govt. Hospital...."

be carried out after due consideration for National/State Holidays. Further, as you are aware, the Establishment of Medical College Regulations, 1999 [Clause 8(3)(1)] lay down that inspections should not be conducted for 2 days before (and 2 days after) important religious and festival holidays declared by Central/State Government. The present assessment having been carried out on a State Public holiday, the same is bad in law and contrary to the assessor's guide as well as to the Regulations referred herein above. This is particularly so as the faculty and infrastructure of STNM (which is a government hospital) is to be clubbed for the purpose of assessment. On this gourd alone, no reliance ought to be placed on the said assessment report.

The present brief point-wise response to the communication under reply is nevertheless being submitted hereunder without prejudice to the objection above, to demonstrate that the SMIMS is fully

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Dr.: Jasmin Diwan

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		compliant with all necessary norms and standards, and renewal of recognition (for intake of 50 MBBS students) ought therefore to be accorded forthwith. Further, for the reasons stated in the compliance below, there is no legitimate basis for revocation/withdrawal of recognition granted to the MBBS qualification offered by SMIMS with intake of 50 students. In fact, for the same reason SMIMS ought to be accorded recognition of additional intake for 50-100 students for MBBS course, for which nine consecutive batches of students have already been admitted and some have also graduated.	
2	Deficiency of faculty is 10.86 % as detailed in the report.	At the outset, it may be stated that the number of faculty present on the said date was less than normal on account of the fact that it was a public holiday, and certain faculty had taken leave. It would be clear even from the original inspection conducted in September 2017 that the college is fully compliant in terms of	Deficiency of faculty is 09 %

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faculty strength, as the faculty deficiency noted in the original inspection was only 4.35%, which is well within the condonable limits as per MCI norms and standards. Thus, the assessment on a public holiday/college restricted holiday is not representative of the faculty strength. The MCI itself has installed a biometric device by which attendance data of faculty members is recorded, and the data is available to MCI server. The said data would clearly evidence the fact that faculty strength is fully compliant. The alleged deficiency percentage has been calculated on the basis that out of 92 required faculty, there was a shortage of 10 faculty. The said alleged shortage comprises of a deficiency of 3 faculty in OBG department, and deficiency of one faculty each in physiology, pathology, Forensic Medicine, Community Medicine, Tuberculosis/Respiratory diseases. **Dermatology and Radio-Diagnosis** departments. The said alleged deficiency of 10 faculty is plainly erroneous as in each of the above-referred departments

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there are faculty on the rolls of SMIMS and regularly attending to their duties (evidenced by biometric attendance data) who have been wrongly excluded from consideration by the assessors. These faculty members were on sanctioned leave. And ought to have been counted by the assessors. The details of such faculty (along with biometric attendance record and Form 16 statements/salary slips) are included in the table at Annexure -2. Further, of these various faulty members. two faculty, Dr. Annet Thatal and Dr. Ena Pradhan, in the OBG and Pathology departments respectively, were on Maternity Leave, and as per MCI guidelines, faculty on maternity leave are to counted while assessing faculty strength. The details regarding leave sanction letters etc., were duly made available to the assessors, and are annexed hereto as Annexure – 3. Even if these two faculty members are counted (as they indisputably ought to be), the faculty deficiency falls to below 10%, which is within the condonable limit. It is

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therefore submitted that the assessors have incorrectly recorded a faculty deficiency of 10.86% after having wrongly excluded several faculty from consideration, including those on sanctioned maternity leave. Further, we noted that the above compliance which was submitted vide letter no. SMIMS/ADMO/2018/467 dated 05.10.2018, has already been accepted by the competent authority which has noted in its letter No. MCI -34(41)/(UG)/2017-Med./151847 dated 11.12.2018 that the deficiency in relation to faculty stands rectified. The said letter dated 11.12.2018 is annexed herewith as Annexure - 3-A. Medical Superintendent at CRH Hospital owned The Medical Superintendent at CRH Available. by Institute was not available in the morning & Hospital, Dr. Gautam Dey, was attending a Deficiency rectified. reported only at 3 p.m. seminar in connection with Continuing Medical Education (CME) in the Nephrology Department, where external doctors (including some from outside India) were visiting to deliver lectures and make presentations. A note on the CME is annexed hereto as Annexure - 4, and

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Dr. Jasmin Diwan



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photographic evidence of the presence of Dr. Dey on the Dias as well as addressing the session, is annexed hereto as Annexure 5. On account of these unavoidable constraints, Dr. Dey was able to meet the assessors only at 3 PM, however all arrangements had been made to facilitate the inspection by the assessors, and they were attended to by the Dean of the college and other concerned persons. Dr. Dey himself was able to extricate from the CME program in the post-lunch session, and met with the assessors at 3 pm. It is in the nature of surprise inspections that they may be conducted at a time where some personnel are already engaged in prior commitments, and we respectfully submit that all best efforts were made by Dr. Dey to ensure that the inspection was duly facilitated, and that he was able to meet with the assessors as soon as practicable while also bearing in mind that the visiting faculty in connection with the CME were fully attended to. The delay in reporting to the assessors' team, while regretted,

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		was in the circumstances unavoidable,	
		and may not be taken as a deficiency.	
4	Bed Occupancy at CRH owned by the Institute at	It is respectfully submitted that the bed	Bed occupancy at 10 AM - 54% in CRH
	10 a.m. on day of assessment was 50.76 %.	occupancy in the hospital fluctuates, and	and 70% in STNM(Counted only teaching
		it is a matter beyond the control of	beds).
	No.	SMIMS. Certain measures have been	·
		taken in the past to make treatment	
		available free of cost to various categories	
		of residents of Sikkim. It is submitted that	
		due to the unique geographical location in	
		a remote hilly area where road access	
		from the nearest railhead/airport is over	
		four hours of road journey and cold	
		climate, there are seasonal variations in	
		the patient's load of the hospital.	
		The respondent hospital is presently	
	•	providing high-quality tertiary super-	
		specialty care to the State of Sikkim. The	
		hospital treats all the patients Below	
		Poverty Line for free and the Manipal	
		Group has also supported a wide	
		insurance coverage, to facilitate access to	
	· ·	better health-care. These efforts have	
		enhanced the bed occupancy at the CRH	
		Hospital and STNM remains committed to	

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such efforts. Further, it is principally with a view to clinical load concerts that the MoU with STNM Hospital has been entered into, and therefore it is the combined occupancy of CRH Hospital and STNM Hospital which must usually been above the requisite norm. On account of the public holiday, fresh admissions at STNM Hospital may have been limited, as a result of which even the occupancy of STNM Hospital was lower than usual, i.e. 166 of 211 beds occupied. The occupancy at CRH Hospital was 198 out of 390 beds occupied on the date of inspection. Taken together, this leads to a occupancy percentage of 60.56%. Thus, even on a public holiday, where bed occupancy was lower than usual, the combined bed occupancy percentage is above the 60% norm that applied to the State of Sikkim. As you are aware, however in January 2018, the bed occupancy percentage has been increase to 70% even for the State of Sikkim. We are confident that CRH and STNM Hospital, taken together, would have a bed occupancy percentage higher

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Secretary of the state (Colony)

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than the 70% norm if inspection is conducted on a working day. It may be noted that the average bed occupancy of both hospitals combined in the year 2018 is 87% (till August, 2018), as is shown is Annexure 11, and the same is well above the prescribed norm. We note from your letter dated 11.12.2018 (Annexure 3-A). that the deficiency in relation to bed occupancy stands "partially rectified". The said latter contains on observation that "bed strength of CRH and STNM cannot be contained". We understand it to be a typographical error, as SMIMS is the government hospital, whose occupancy is in our submission, to be taken in conjunction with that of CRH hospital. In this regard, we reiterate that the clubbing and CRH and SYNM hospital for the purpose of inspection was the categorical finding of the Hon'ble Sikkim High Court in the judgment in the dated 27.04.2012 in W.P. (C) No. 37 of 2011. Although, a special leave petition is pending against the said judgment, there is no stay of the operation of the

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		judgment by the Hon'ble Supreme Court	
		and any inspection must therefore be	
		consistent with the finding of the High	
		Court of Sikkim, which continues to bind	, ·
		the parties. When viewed in conjunction,	
		as stated above the average combined	
		occupancy at both hospitals is 87%. If	
		inspection is conducted, as is required to	
		be done on a day which is not a public	
		holiday, we are certain that the	
		combined bed occupancy would be well	·
		above the applicable norm of 70%.	·
		Further, we note that in the letter dated	
		11.12.2018 (referenced above), it has	
		been noted that in view of the closure of	
		STNM hospital on a public holiday, the	
		matter "needs to be reviewed".	
		Accordingly, as and when STNM hospital	
		is inspected the occupancy figures must	
		be viewed collectively.	
5	Female Surgery & Orthopaedics patients are	The organization of the hospital into	Verified.
	kept in the same wing without any demarcation.	different wards is explained in greater	
	Female DVL & Medicine patients are kept in the	details in response to Point 9 Below. After	Other Deficiency rectified.
	same ward.	the Construction of new wards, all beds	
		for Orthopedics have been shifted to	
	\		MM 118h

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	Orthopaedics has been shifted to a newly constructed ward on level V	
Histopathology workload was only 1 & Cytopathology workload was only 2 on day of assessment.	It is respectfully submit that there is no prescribed norm for such workload, and rightly so, because these are matters that are bound to very based on the need / demand at any particular time. The CRH Hospital has all infrastructural and other facilities to carry out such investigations / workload, and even in the original inspection of September 2017, it recorded that Histopathology workload was 10 and Cytopathology workload was 8. Therefore, there is no deficiency as alleged, and there are full facilities and adequate workload. Further in relation to the letter no. SMIMS/ADMO/2018/467 dated 05.10.2018, we note that the response dated 11.12.2018 (referenced above) only communicates the competent authority's observations regarding Histopathology	Histopathology workload was - 05 & Cytopathology workload was - 04 (at CRH) Histopathology workload was - 07 & Cytopathology workload was - 05 (at STNM)

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		load, and accordingly the compliance in	
	·	relation to Cytopathology workload has	
		been accepted, as there are no further	
		observation. With regard to the	·
		Histopathology workload in addition to the	
		above, you may note that the workload for	
ŀ		the period January 2018 to December,	
		2018 is 1801 and, for 2017 the workload is	
		2400.	
7	OPD: Dressing room is common for	The said observation is incorrect and	Female surgery patients were in male
	males/females.	erroneous. The Dressing Rooms are	surgery dressing room.
		separate for males and Females, and the	
	,	clearly labeled as such. The same was	
		shown to the assessors, but they have	
		failed / neglected to note the correct	
		position. The photographic evidence of	
		the same is attached hereto as Annexure	
8	Marks In CDI Hespital around by the Institute	13	L CRILL III
8	Wards: In CRH Hospital owned by the Institute, majority of wards do not comply with MCI	It is most respectfully submitted that	In CRH hospital wards have been
	norms. Number of beds available are spread	issue such as wards sizes, wards being	redesigned as per MCI norms but the
	over in different cabins in different wings on	compliant with MCI norms etc. are	Demonstration rooms were smaller in
	different floors. There is common Nursing	matters on which consistency of	size. Some of the pantry room, store
	station for different departments. Pantry in	standards is an absolute necessity. You	room were common in two wards.
	several wards appear to be unused & ill	are aware that the CRH Hospital has been	In STNM hospital only one
	maintained. There is no clear demarcation of	functional since 1996. Over a period of	demonstration room was available but it
	The state of the s	more than a decade, MCI raised no	was not functioning.
Signatu	ire of Assessors	Date 08/04/2019	Signature of Dean/Principal

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which Demonstration room is allocated to which department.

objection to the ward sizes, or manner of organization of the wards, and in fact processed to accord recognition in 2007, accorded approval for increased intake in 2010, and renewed recognition for 50 students in 2012. The manner of organization of wards, and the layout of each floor, cannot be changed every few years as they are connected to the structural layout and constraints of the building. We have been point to point this fact out, in repeated compliance reports. In any event, in view of MCI's repeated instance on smaller ward sizes not being compliant with MCI norms, a decision was taken – despite this being an unreasonable and unwarranted request given past recognition based on the same wards – to make best efforts to comply with suggestions put forward by the MCI. It is pertinent to note that Sikkim is located in seismic region and prone to earthquakes making major changes in the building can endanger safety of the building. You would appreciate that undertaking structure changes in a

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erou. Oringia a**i Medical Sci**ego running and operational hospital is a herculean task, but nevertheless, we have done the same incurring substantial expenditure over the past year. The following may be noted:

a. Construction of new wards: With the recent changes undertaken, there are now separate and exclusive wards that have been constructed for the major department of ENT, Orthopaedics, and Paediatrics, in addition to the already existing exclusive wards for the OBG Department and Psychiatry department. These wards are all 30 bedded wards having separate nursing station for each ward, along with pantry and all other attendant infrastructure, in a manner that is fully compliant with MCI norms.

b. Enlargement of existing ward sizes:
Even in the existing wards, we have demolished several internal and partition to create larger ward sizes as required by MCI. The cabins to which the Assessors refer are within each ward, and used where segregation or isolation is required, i.e. for post-operative care or for certain

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patients from DVL etc where isolation is medically recommended. Even in such cabins, changes have been undertaken to ensure that there is complete visibility from the nursing sub-stations are provided in each of these cabins. The major department of ENT, OBG Paediatrics and Orthopaedics all have their exclusive wards but for smaller department, the wards / cabins are adjacent to the medicine / surgery wards, but with full demarcation and in a separate cabin. Further, separate nursing sub-stations have been create for these cabins, in addition to the main nursing station from which there is full visibility to each such cabin.

c. Nursing stations and pantries: Separate nursing stations have been provided for each ward, and in the case of smaller wards of only a few beds. New nursing sub-stations have been created which are supported by the main nursing station. The pantries are available to service each ward, but their use may be limited by the that there is a central catering facility

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which supports the entire hospital.

Nevertheless, all facilities are available in the pantry, and steps have been taken to ensure full maintenance.

d. <u>Demonstration rooms</u>: As regards the Demonstration Rooms, the said observation is unfounded as all Demonstration Room are clearly demarcated for each Department. Only in the case of Respiratory / DVL Department, was there a common demonstration room. This has since been corrected, and the photographs of the two separate demonstration rooms along with photographs of all demonstration rooms along with photographs of all demonstration rooms are annexed as **Annexure 14**.

e. Re-organization of wards and improved signage: The Hospital has taken steps to better organize the hospital ward lay-out. Each ward is now clearly marked out, with boards indicating bed strength, admission status etc, and each of the Department and the Unit to which it is attached. A

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		chart showing the lay-out of the hospital after the construction / addition of the wards is annexed as Annexure 15 .	
9	O.T.: Orthopaedics O.T. has 2 tables which is not as per norms.	It is respectfully submitted that, on account of certain renovation in the O.T. for ENT department, the table was placed in the Orthopaedics O.T., and the said O.T. was, for a temporary period, being shared by the two department. This has since been rectified, the renovation has been completed, and the Orthopedics department O.T. is now fully functional. The photograph of the O.T. for Orthopaedics is annexed hereto as Annexure 12. The said deficiency therefore stands complied with.	Verified. Deficiency rectified.
10	RHTC: With regard to visit of ENT specialists, it was observed that OPD cases were seen by Interns & signed at the end by ENT specialist. There was no name & designation of specialists mentioned anywhere I OPD register.	It is submitted that the College has an MoU with the Government of Sikkim for Rural Health Training Centre at Pakyong which is located at a distance of 22 kilometers from the College, covering population of 35392 people. Specialists from the ENT department visit the RHTC, Pakyoug on weekly basis. The permission to conduct Specialist OPD at RHTC, Pakyong under District Hospital, Singtam	According to last inspection dt 07/03/2019 the deficiency rectified.

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was granted by the Government of Sikkim vide letter no. 1420/HC, HS & FW dated 18.12.2017 which provides for the schedule of Specialists visits. A copy of the letter dated 18.12.2017 issued by the Government of Sikkim is annexed herewith as Annexure 16. Specialist from the ENT department have regularly been visiting the RHTC, which can be ascertained from the OPD register. A copy of the OPD registers for RHTC visits of the ENT specialist from January-September, 2018 is annexed herewith as Annexure 17. A letter from the Medical Officer, Primary health Center Pakyong certifying the schedule and visits of the Specialists in 2018 (April-September, 2018) is annexed herewith as Annexure 18. Hence, it is wrongly recorded by the Assessors' that there were no specialist' visits for ENT department. Further, the college has issued a circular dated 08.08.2018, to all its faculty requiring them the resisters with names and dated, for such visitations, and to also put the stamps. A copy of the circular dated

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		08.08.2018 is annexed herewith as Annexure 19. In addition to that, SMIMS has organized various CMEs in collaboration with the Government of Sikkim	
11	UHC: Cold chain is not maintained. Except Immunization, no other National Programme is run. There is no signature of any specialist in OPD register. Students & interns are not posted	It is submitted that the Government of Sikkim vide letter dated 13.04.2018 has recognized the Urban Health Centre, Tadong run by SMIMS as an out each center of Urban Primary Health Center, Gangtok for Implementation of various health schemes. A copy of the letter dated 13.04.2018 issue by the Government of Sikkim is annexed herewith as Annexure 20. Regarding the cold chain, it is submitted that the cold chain is maintained using a vaccine carrier for immunization sessions that take place on every Thursday. The vaccines are stored at the Department of Pediatrics, SMIMS and are carried to the UHC in a vaccine carried during Immunization sessions and the unused vaccine are brought back in the same day maintaining cold chain in a vaccine	Interns are posted every 15 days. There is freeze available. National programs are running in form of immunization every Thursday.

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carrier. Since UHC, Tadong offers only OPD services and is opened only during the day time; there is no requirement for any storage of vaccine. In any event, since the same has been pointed out as a deficiency, a new refrigerator has been has been procured for the UHC and the same has been installed at the Center. A photograph has been procured for the refrigerator installed at the Centre is annexed herewith as Annexure 21. Further, although there is no norm regarding the national programmers, apart from immunization; SMIMS is already running National Programmers on MCH. DOTs, Malaria NICD. The fact has been recorded in the earlier inspection dated 11-12th September, 2017. The Department of Community Medicine is also actively involved in Revision National TB Control Programme (RNTCP) and has been involved in various training programme in collaboration with the State TB cell, Government of Sikkim. Moreover, the Institute is a part of the State Task Force for the Implementation

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of Revised National TB Control Programme (RNTCP) where Dean, SMIMS is the Chairman & HOD, Community Medicine is the Vice Chair. The documents regarding training programmers, CMEs, and annexed herewith as Annexure 22. With regard to students posting at the UHCs, it is submitted that the regulations only provide for posting of students and interns at the RHTCs. Further the earlier inspection report notes that students and interns are indeed posted at UHC. Copies of the attendance registers of inters and students posting is annexed herewith as **Annexure 23.** In any event, Department of Community Medicine has planned a new schedule of 15 days intern posting at UHC, Tadong with effect from 15th Sep 2018 when a batch of Interns will be joining. The new schedule is annexed herewith as Annexure 24. The students of MBBS 3rd, 4th & 6th semester are posted in the field practice area of both Urban Health Centre, Tadong and also at RHTC, Pakyoug, which is shown as field study in

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		the schedule of postings.	
12	Other deficiencies as pointed out in the	·	Both the radiologist at STNM were on
	assessment report.		leave so no USG, IVP investigations
			were done.
			Only 02 surgery in Dept of Surgery at
			STNM hospital on the day of
			assessment.

5. Clinical material: (at Central Referral Hospital)

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.PM on	636	
first day		
Casualty attendance	29	
(24 hrs. data)		
No of admissions	102	
No. of discharges	16	
Bed occupancy% at 10.00 AM	54%	
on first day	·	
Operative Work		
No, of major surgical operations	12	

Signature of Assessors

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Item	On Day of assessment		Remarks
No. of minor surgical operations	66		
No. of normal deliveries	00		·
No. of caesarian sections	02		
Radiological Investigations (No. of patients)	O.P. D I.P.D		
X-ray	41	05	
Ultrasonography	30	06	
Barium, IVP etc.	00	.00	
C.T. Scan	08	05	·

Item	Day of assessment		Remarks
Laboratory Investigations - No. of Patients/samples	O.P. D	I.P.D	
Biochemistry	359	116	
Microbiology	00	07	
Serology	39	09	
Hematology	26	11	

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Item	Day of assessment		Remarks
Laboratory Investigations - No. of Patients/samples	O.P. D	I.P.D	
Clinical Pathology	23	10	·
Histopathology	00	05	
Cytopathology	04	00	

Clinical material: (at STNM)

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.PM on	574	
first day		
Casualty attendance	21	
(24 hrs. data)		
No of admissions	36	
No. of discharges	02	
Bed occupancy% at 10.00 AM on first day	70%	

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Item	On Day of assessment		Remarks
Operative Work			
No, of major surgical operations	02		
No. of minor surgical operations	03		
No. of normal deliveries	00		
No. of caesarian sections	07		
Radiological Investigations (No. of patients)	O.P. D	I.P.D	
X-ray	46	0	
Ultrasonography	0	0	
Barium, IVP etc.	0	0	
C.T. Scan	4	0	

Item		ay of ssment	Remarks
Laboratory Investigations - No. of Patients/samples	O.P. D	I.P.D	
Biochemistry	72	0	
Microbiology	15	0	
Serology	125	0	The state of the s

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Item	Day of assessment		Remarks
Laboratory Investigations - No. of Patients/samples	O.P. D	I.P.D	
Hematology	154	0	
Clinical Pathology	250	0	
Histopathology	7	0	
Cytopathology	5	0.	

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Dr. J. R. Khambholja

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Section VIII to state (No. 12)

6. Medical College-Staff Strength:

Name of College: Sikkim Manipal Institute of Medical Sciences

Number of students - 100

PG Courses (Yes/No):

1. Physiology 2. Biochemistry

3.Pharmacology

4. Microbiology

5. Community Medicine

6. General Medicine

7. Paediatrics 8

9.Psychiatry 9.ENT

10.OBG

Calculation Sheet (Date: 08/04/2019)

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	2	NIL
Anatomy	Asstt.Prof.	1		1	2	NIL(Counted excess +1 associate)
	Tutor	3		3	1	NIL(Counted excess +2 AP)
Physiology	Professor	1		1	1	Nil
	Assoc. Prof.	1		1	1	Nil

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- 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
	Asstt.Prof.	1		1	2	Nil
	Tutor	3		3	2	Nil (Extra AP counted)
	Professor	1	<u> </u>	1	2	Nil
	Assoc. Prof.	1		1	2	Nil
Biochemistry	Asstt.Prof.	1		1	6	Nil
	Tutor	3		3	2	Nil (one excess AP counted)
	Professor	1	<u> </u>	1	1	Nil
	Assoc. Prof.	1		1	1	Nil
Pharmacology	Asstt.Prof.	1		1	2	Nil
	Tutor	2		2	1	Nil (one excess AP counted)
	Professor	1		1	3	Nil
	Assoc. Prof.	2	+1	3	3	Nil(2 prof against Assoc)
Pathology	Asstt.Prof.	3	+1	4	1	1
==	Tutor	4	+1	5	4	1
	Professor	1		1	3	Nil
Microbiology	Assoc. Prof.	. 1		1	2 .	Nil
Microbiology	Asstt.Prof.	1		1	2	Nil
	Tutor	3		3	1	Nil
Forensic Medicine	Professor	1		1	1	Nil

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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
	Assoc. Prof.	0		0	1	Nil
	Asstt.Prof.	1		1	1	Nil (Extra associate against AP)
	Tutor	2		2	1	Nil(Extra AP against TUTOR)
	Professor	1		1	4	Nil
	Assoc. Prof.	2		2	1	Nil
Community	Asstt.Prof.	2		2	2	Nil
Medicine	Epidemio-Logist-Cum-Asstt.Prof.	1		1	1	Nil
	Statistician-Cum-Tutor	1		1	1	Nil
	Tutor	3		3	4	Nil
	Professor	1		1	4	NIL
	Assoc. Prof.	3	+1	4	3	NIL
General Medicine	Asstt.Prof.	4	+3	7	4	01
	Sr. Resident	4		4	2	02
	Jr. Resident	8		8	8	NIL
Paediatrics .	Professor	1		1	1	NIL

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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
-	Assoc. Prof.	1	+1	2	3	NIL
	Asstt.Prof.	2	+1	3	1	01
· ·	Sr. Resident	2		2	2	NIL
	Jr. Resident	4		4	7	NIL
	Professor	1	<u> </u>	1	0	01
	Assoc. Prof.	0		0	1	NIL
Tuberculosis &	Asstt.Prof.	1		1	1	NIL
Respiratory Diseases	Sr. Resident	1		1	0	01
Respiratory Diseases	Jr. Resident	1		1	2	NIL
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Professor	0	<u> </u>	0	0	NIL
Dermatology,	Assoc. Prof.	1		1	1	NIL
Venereology &	Asstt.Prof.	1		1	0	01
Leprosy	Sr. Resident	1		1 .	0	01
	Jr. Resident	1		1	3	NIL
	Professor	0	+1	1	1	NIL
	Assoc. Prof.	1		1	4	NIL
Psychiatry	Asstt.Prof.	1		1	0	NIL
	Sr. Resident	1		1	2	NIL
	Jr. Resident	1	+1	2	5	NIL
	Professor	1		1	0	01
General Surgery	Assoc. Prof.	. 3		3	5	NIL
	Asstt.Prof.	4		4	7	NIL

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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
	Sr. Resident	4		4	3	01
	Jr. Resident	8		-8	10	NIL
-	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	3	NIL
Orthopaedics	Asstt.Prof.	2		2	2	NIL
	Sr. Resident	2		2	5	NIL
	Jr. Resident	4		4	2	NIL
	Professor	1		1	1	NIL (counted on exam duty)
	Assoc. Prof.	1		1	2	Nil
Oto-Rhino-	Asstt.Prof.	1		1	1	Nil
Laryngology	Sr. Resident *	1		1	0	01
	Jr. Resident	1	+1	2	3	nil
	Professor	1		1	1	Nil
	Assoc. Prof.	1		1	2	Nil
Ophthalmology	Asstt.Prof.	1		1	1	Nil
2 05	Sr. Resident	1	,	1	0	01
	Jr. Resident	1		1	0	01

Dr. Jasmin Diwan

Date Date

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Dr. J. R. Khambholja

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f Med**ical Sci**cal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Obstetrics &	Professor	1		1	3	Nil
	Assoc. Prof.	1	+1	2	1	Nil
	Asstt.Prof.	2	+1	3	3	Nil
Gynaecology	Sr. Resident	2		2	3	Nil
	Jr. Resident	4		4	6	Nil
<u> </u>	Professor	1		1	1	Nil
•	Assoc. Prof.	2	+1	3	3	Nil
Anaesthesiology	Asstt.Prof.	4	+1	5	3	02
	Sr. Resident	3	+1	4	2	02
·	Jr. Resident	4		4	4	Nil
·	Professor	1		1	1	Nil
Dadia Diamasia	Assoc. Prof.	1	+1	2	0	02
Radio-Diagnosis	Asstt.Prof.	1	+1	2	2	Nil
	Sr. Resident	. 2	+1	3	1	02
	Professor	1		1	1	Nil
Dentistry	Assoc. Prof.	1	,	1	1	Nil
	Asstt.Prof.	1		1	1	Nil
	JR	1		1	2	Nil

Notes:

For purpose of working out the deficiency:

Signature of Assessors

Dr. Jasmin Diwan

Date

08/04/2019

Dr. J. R. Khambholja

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it eterte ef l**issdical Sci**llis en 1887609 (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.

Signature of Assessors

Dr. Jasmin Diwan

Date 08/04/20

Dr. J. R. Khambholja

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7. Details 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.	Name	Designation	Department	Remarks/Reasons for Not Considering
No				
1	Dr. Durga Prasad Sharma	Senior resident	Oto-Rhino-	Age more than 47 years.
			Laryngology	

1) Deficiency of Teaching Faculty: 8.

09% (11 OF 122)

2) Deficiency of Resident doctors:

16 % (12 OF 67)

9. Any other deficiency/remarks

Dr. Jasmin Diwan