

# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



Summary of Nuclear Medicine Inspection report – to be completed by the Inspector.

Date of Inspection:-

Name of Inspector:-

<b>1</b>	<b>Name of the institution</b>		<b>Name and other particulars of Institution (Dean/Director)</b>	
			PG degree: Recognized/Non-R	
			Teaching Experience (in years) : Age:     years	
<b>2</b>	<b>Department Inspected</b>		<b>Name &amp; other particulars of Head of Department with submitted address proof</b>	
			PG degree: Recognized/ Non-R	
			Teaching Experience (in years) : Age:     years.	
<b>3</b>	<b>Date of last Inspection of the Department (with Report):</b>			
<b>4</b>	<b>Total PG Teachers in the Department (with requisite qualifications &amp; Experience</b>			
	<b>Designation</b>	<b>Number</b>	<b>Name</b>	<b>Total Experience</b>
	<b>Professors</b>			
	<b>Assoc. Professors/Readers</b>			
	<b>Asstt. Professors</b>			
<ul style="list-style-type: none"> <li>- All teachers should be physically identified.</li> <li>- Detailed Performa (with photograph affixed) in respect of every teacher must be obtained which signed by the concerned teacher, HOD and Head of institution</li> <li>- To ensure that staff is full time, paid and not working in any other institution simultaneously.</li> <li>- The PAN number and the residence address should be verified for all the serving faculty members.</li> </ul>				
<b>5</b>	<b>Requisite important information of the Department</b>			
	<i>Total number of available isolation/observation beds</i>			
	<i>Average weekly clinical workload</i>			
	<i>Average number of weekly scans</i>			
	<i>Bed occupancy for isolation and observation beds</i>			
	<b>Equipments specially Gamma Camera and SPECT services</b>			
	<b>AERB approval letter for the facilities</b>			
	<b>Radiation safety protocol</b>			
	<b>Departmental Library – Book/Journals</b>			
<p>Annual Intake of post graduate seats sanctioned: (a) Degree _____</p> <p>No of PG students presently undergoing course: (a) Degree _____</p> <p>Any other postgraduate medical courses run by the department _____</p> <p>If yes, No. of students at present: _____</p> <p>Mode of selection (actual/proposed) of PG students:</p> <p>_____</p> <p>_____</p>				

Signature of Inspector

6	List of publication from the department for last three years.	
7	The data submitted for last 3 years for the clinical workload	
8	Blood Bank facilities (24 hours open and blood components facility available)	
9	Accommodation for Staff	

10	Ongoing training programme for PG students with logbook			
11	Year-wise number of PG students admitted and available staff during the last 5 years	Year	No. of PG students admitted (Deg/Dip)	No. of recognized PG teachers in the department

**12. Final remarks by the Inspector: (No recommendations regarding permission/recognition be made) Give factual position only).**

**Signature of Inspector**

Signature of the Inspector

**Note :** Specific mention of required facilities as per MCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available.

Inspection Proforma for Postgraduate courses  
(Nuclear Medicine)

1. Name of Institution: \_\_\_\_\_

Annual Intake for P.G.: \_\_\_\_\_

Reference: \_\_\_\_\_

2. Particulars of the Inspector:- Inspection Date \_\_\_\_\_

Name .....

Designation .....

Specialty .....

Name & Address  
of Institute/College .....

.....

Residential Address  
(with Pin Code) .....

.....

Phone .....

(Off) .....

(Resi).....

(Fax).....

Mobile No. ....

E-mail: .....

Signature of Inspector

**3. (Institutional Information)****Particulars of college/Institution**

<b>Item</b>	<b>College/Institution</b>	<b>Chairman/Health Secretary</b>	<b>Dean</b>	<b>Medical Superintendent</b>
<b>Name</b>				
<b>Address</b>				
<b>State</b>				
<b>Pin Code</b>				
<b>Phone (Off) (Res) (Fax)</b>				
<b>Mobile No.</b>				
<b>E.mail:</b>				

Signature of Dean/Principal

Signature of Inspector

## 4. Details of PG courses and their sanctioned intake by MCI:

Department	Course	Sanctioned seats			
		Permitted		Recognized	
		When	No. of Seats	When	No. of Seats
Diploma in Anesthesia	Diploma				
Diploma in Child Health	Diploma				
Diploma in Community Medicine	Diploma				
Diploma in Clinical Pathology	Diploma				
Diploma in Diabetology	Diploma				
Diploma in Forensic Medicine	Diploma				
Diploma in Health Administration	Diploma				
Diploma in Hospital Administration	Diploma				
Diploma in Health Education	Diploma				
Diploma in Obstetrics & Gynaecology	Diploma				
Diploma in Industrial Hygiene	Diploma				
Diploma in Immuno-Haematology and Blood Transfusion	Diploma				
Diploma in Oto-Rhino-Laryngology	Diploma				
Diploma in Radio-Diagnosis	Diploma				
Diploma in Radio Therapy	Diploma				
Diploma in Medical Virology	Diploma				
Diploma in Occupational Health	Diploma				
Diploma in Ophthalmology	Diploma				
Diploma in Orthopaedics	Diploma				
Diploma in Public Health	Diploma				
Diploma in Physical Medicine & Rehabilitation	Diploma				
Diploma in Psychological Medicine	Diploma				
Diploma in Radiation Medicine	Diploma				
Diploma in Sports Medicine	Diploma				
Diploma in Tuberculosis & Chest Diseases	Diploma				
Diploma in Tropical Medicine Health	Diploma				
Diploma in Dermatology, Venereology and Leprosy	Diploma				
Diploma - Aviation Medicine	Diploma				
Diploma in Cardiology	Diploma				
Diploma in Microbiology	Diploma				
Diploma in Industrial Health	Diploma				
MD – Anaesthesiology	MD				
MD/MS – Anatomy	MD				
MD - Aviation Medicine/Aerospace Medicine	MD				
MD - Bio-Chemistry	MD				
MD - Bio-Physics	MD				
MD - Forensic Medicine	MD				
MD - General Medicine	MD				
MD - Community Health Administration	MD				
MD – Geriatrics	MD				
MD - Hospital Administration	MD				
MD - Health Administration	MD				
MD – Microbiology	MD				
MD - Nuclear Medicine	MD				
MD/MS - Obstetrics & Gynaecology	MD				
MD – Paediatrics	MD				
MD – Pathology	MD				
MD - Dermatology , Venereology & Leprosy	MD				
MD – Pharmacology	MD				
MD – Physiology	MD				
MD - Physical Medicine & Rehabilitation	MD				
MD – Psychiatry	MD				
MD - Radio Diagnosis/Radiology	MD				

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MD – Radiotherapy	MD				
MD - Social & Preventive Medicine / Community Medicine	MD				
MD - Tuberculosis & Respiratory Diseases / Pulmonary Medicine	MD				
MD - Immuno Haematology & Blood Transfusion	MD				
MD - Tropical Medicine	MD				
MD - Pulmonary Medicine	MD				
MD - Sports Medicine	MD				
MD - Family Medicine	MD				
MS – Orthopaedics	MS				
MS – ENT	MS				
MS - General Surgery	MS				
MS - Ophthalmology	MS				
DM – Neurology	DM				
DM – Rheumatology	DM				
DM – Endocrinology	DM				
DM - Clinical Pharmacology	DM				
DM - Clinical Haematology	DM				
DM - Pulmonary Medicine	DM				
DM - Neuro Radiology	DM				
DM – Nephrology	DM				
DM – Neonatology	DM				
DM – Oncology	DM				
DM - Gastroenterology	DM				
DM – Cardiology	DM				
DM - Clinical Immunology	DM				
DM - Pul. Med. & Critical Care Med.	DM				
DM - Cardiac-Anaes.	DM				
DM - Haematology Pathology	DM				
DM - Medical Genetics	DM				
M.Ch - Cardio Thoracic and Vascular Surgery	MCh				
M.Ch - Neuro Surgery	MCh				
M.Ch - Paediatric Surgery	MCh				
M.Ch - Plastic Surgery	MCh				
M.Ch - Surgical Gastroenterology	MCh				
M.Ch - Surgical Oncology	MCh				
M.Ch - Urology/Genito-Urinary Surgery	MCh				
M.Ch - Endocrine Surgery	MCh				

**Signature of Inspector**

**PART – I**

5. Department inspected: .....

6. Particulars of HOD

- ◆ Name:
- ◆ Age :
- ◆ PG Degree { University  
Institution  
Year
- ◆ Total teaching experience (give details)

**a) Purpose of Present Application:**

\_\_\_\_\_  
(For Grant of Permission/ Recognition/ Increase of seats in/ Renewal of recognition/Compliance Verification)

**b) Relevant Background Information of the department:**

**c) Date of last MCI inspection & University Inspection of the department:**

\_\_\_\_\_

**c) Purpose of Last Inspection:** \_\_\_\_\_

**d) Result of last Inspection:** \_\_\_\_\_

(Quote letter no, and remarks forwarded by MCI & University after the inspection)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Mode of selection (actual/proposed) of PG students.

8. If course already started, year-wise number of PG students admitted and available PG teachers during the last five years.

Year	Names of PG students admitted		Names of recognized PG teachers against whom the students were admitted.
	Degree	Diploma	

**Signature of Inspector**

## 9. Central Library:

- Total No. of Books.
- Books pertaining to Nuclear Medicine
- Purchase of latest editions in last 3 years.

Nuclear Medicine Books	Other Books

- Journals:

	Total	Nuclear Medicine
Indian		
Foreign		

- Year/month upto which Indian Journals available
- Year/ month upto which Foreign journals available.
- Internet /Medlar/ Photocopy facilities available/ not available.
- Library opening timings:
- Reading facility out of routine library hours

## 10. Hostel facilities: Accommodation (No. of rooms) available for

- For P.G. students

## 11. Ethical Committee (Constitution)

## 12. Medical Education Unit (Constitution).

(Specify number of meetings of these bodies held annually & minutes thereof)

13. Emergency/  
Casualty  
Department

- Available Space
- No. of beds
- Equipment(s)
- Available staff (Medical/Paramedical)
- No .of cases (Average daily attendance of patients).
- Investigative facilities available (round the clock).
- Facilities available

**Signature of Inspector**



## 14. Blood bank

- Valid License : Yes/No
- No. of blood units available:
- Average blood units consumed daily:
- Facilities of blood components available: Yes/No
- Nature of Blood storage facilities (Whether as per specifications). Yes/No
- All blood Units tested for Hepatitis C,B,HIV: Yes/No

## 15. Central Laboratory

- Controlling Department.
- Working Hours.
- Investigative work load.

## 16. Central Research Lab.

- Whether there is any Central Research Lab.
- Administrative Control
- Staff
- Equipment
- Work load.

## 17. Investigative facilities (Approx. number of investigations done daily)

## I. Nuclear Medicine Equipments along with functional status

- Gamma Camera \* (mandatory) : \_\_\_\_\_

Plannar \* (mandatory) : \_\_\_\_\_

SPECT \* (mandatory) : \_\_\_\_\_

SPECT /CT \* (mandatory) : \_\_\_\_\_

- PET/PET CT

PET/ MR : \_\_\_\_\_

- Thyroid Uptake probe
- Dose Calibrator \* (mandatory)
- Fume/Bio hazard Hood \* (mandatory)
- Contamination Monitor \* (mandatory)
- Radioactive waste disposal system \* (mandatory)

**Signature of Inspector**

- Isolation Room for therapy patients \* (mandatory)
- Radio pharmacy Lab \* (mandatory)
- AERB approved diagnostic and lab & therapy facilities ( attach a valid documents) \* (mandatory)-
- Radiation safety Protocol \* (mandatory) –
- Institute approved radiation Safety committee and approved radiation safety officer \* (mandatory)-

## II. Radiology

- Plain X-rays: .....
- CT Scan; .....
- MR Scan .....
- Mammography .....
- Ba Studies/IVP .....
- Ultra-sonography .....
- Others. ....

## III. Radiotherapy

- Radiotherapy .....
- Teletherapy .....
- Brachy therapy .....

## IV. Pathology

- Haematology .....
- Histopathology .....
- FNAC .....
- Cytology .....

## V. Microbiology

- Bacteriology .....
- Serology .....
- Mycology .....
- Parasitology .....
- Virology
- Immunology

## VI. Biochemistry

- Blood Chemistry .....
- Endocrinology
- Other fluids

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18. Central Supply of Oxygen/Suction:

19. Central Sterilization Deptt.

20. Laundry :

21. Kitchen

22. Incinerator along with functional status.

23. Generator Facility:

24. Medical Record Section:           Computerized/ Not computerized.

25. Animal House

26. Recreational facilities:

- Play grounds.
- Gymnasium
- Auditorium

**Signature of Inspector**

**PART – II (Departmental Information)****General Departmental facilities:**

- Total no. of isolation beds in the department. ....( minimum 2 in number)
- Total no of observation beds - (minimum 4 in number)
- No. of Units ( as per faculty distribution defined by MCI)in the department.  
.....
- Unit wise teaching Resident staff (Annexed) .....

Note: Unit wise teaching Resident Staff should be shown separately for each unit on a separate page.

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## Unit wise teaching Resident Staff:

Unit \_\_\_\_\_

Bed strength \_\_\_\_\_

S. No.	Designation	Name with Date of Birth	PAN Number	Nature of employment Full time/part time/Hon.	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution					
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period	

**Signature of Inspector**

1. List of Non-teaching Staff in the department: - (must include 2 technicians each per gamma camera and SPECT, if available)

S.No.	Name	Designation
1.	Medical Physicist	
2.	Technicians - 4	
3.	Radio-pharmacist	
4.	Nursing Staff	

2. Available Clinical Material: **(Give the data only for the department of Nuclear Medicine)**

- Average weekly OPD attendance (kindly specify the number of OPD days per week):
- Average bed occupancy rate per week (for observation and isolation bed):
- Average scans per week –
- Average number of therapies per week, if available-
- Year-wise available clinical materials (during previous three years).

3. Additional exposure/ therapy of students to equipments at other centers , if any-

4. Specialty services being provided by the department. Functional status with distribution of patients

Name of services	Frequency
Nuclear Cardiovascular	
Nuclear Neurology	
Nuclear Nephrology/Urology	
Nuclear Haematology	
Nuclear Endocrinology	
Nuclear Oncology	
Nuclear Gastroenterology	
Any other	

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## 5. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate.

## 6. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

## 7. Departmental Research Lab.

- Space
- Equipment.

## 8. Space:

- No. of rooms
- Patient Exam. arrangement:
- Equipment and facilities:
- Teaching Space
- Waiting area for patients.
- Indoor Space:

## 9. Office Accommodation:

- Departmental Office
- Space

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- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Resident duty room

10. Other Equipments ( attach list):

.....  
.....  
.....  
.....

11. List of publications from the department during the last 3 years in indexed and non-indexed journals.

12. Any other information.

**Signature of Inspector**



**PART III****POSTGRADUATE EXAMINATION**

1. Minimum prescribed period of training.
  2. Minimum prescribed essential attendance.
  3. Periodic performance appraisal done or not?
  4. Details of examiners appointed by Examining University/Institution.
- 
5. Whether appointment of examiners & conduct of examination as per prescribed MCI norms or not ?

**Signature of Inspector**