

Standard Assessment Form for Postgraduate courses
(Radio-therapy)

1. Name of Institution: _____

Annual Intake for U.G.: _____

Reference: _____

2. Particulars of the Assessor:-

Inspection Date _____

Name

Designation

Speciality

Name & Address
of Institute/College

.....

Residential Address
(with Pin Code)

.....

Phone

(Off)

(Resi).....

(Fax).....

Mobile No.

E-mail:

Signature of Assessor

3. (Institutional Information)**A). Particulars of college**

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

B). Particulars of Affiliated University

| Item | University | Vice Chancellor | Registrar |
|----------------------------------|------------|-----------------|-----------|
| Name | | | |
| Address | | | |
| State | | | |
| Pin Code | | | |
| Phone (Off) (Res) (Fax) | | | |
| Mobile No. | | | |
| E.mail: | | | |

Signature of Dean/Principal

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 | | | | |
| 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 | | | | |

5. Stipend paid/ Month (Amount in Rupees)

| Category | Stipend paid/ month (Rs.) |
|------------------|----------------------------------|
| Ist year | |
| IInd year | |
| IIIrd year | |
| Diploma Holder | |
| Senior Residents | |

PART – I

6. Department inspected:

7. Particulars of HOD

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

8. Previous inspection of department by MCI, if any:-

- Date
- Purpose, (for starting/increase of seats/ for recognition)
- Deficiencies pointed out, if any.

9. Purpose of present inspection:

- Starting of PG.. Degree/diploma/both.
- Increase in seats...Degree/Diploma/both.
- Recognition /approval of degree/diploma/ both.
- Whether the course was started with prior approval of MCI .
- Date of permission of MCI for Degree/ Diploma/ both
- Annual intake Sanctioned by MCI for degree/ diploma/both
- Date of first admission for Degree/diploma/both
- Date of examination of Ist batch for recognition of course

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

11. If course already started, yearwise 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 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12. Central Library:

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

| Radiotherapy Books | Other Books |
|--------------------|-------------|
| | |

- Journals:

| | Total | Radiotherapy |
|---------|-------|--------------|
| 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

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

- For U.G. students
- For Interns
- For P.G. students

14. Ethical Committee (Constitution)

15. Medical Education Unit (Constitution).

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

16. 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

17. Central Laboratory

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

18. Central Research Lab.

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

19. Investigative facilities (Approx. number of investigations done daily)

I. Radiology

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

II. Radiotherapy

- Radiotherapy
- Teletherapy
- Brachy therapy

20. Central Supply of Oxygen/Suction: Available/ Not available.

21. Central Sterilization Deptt. Adequate/ Not adequate

22. Laundry : Manual/ Mechanical.
Service: Adequate/Inadequate.

23. Kitchen Available/ Not available
Cooking by Gas/Wood

24. Incinerator

- Available/ Not available.
- Functional/ not functional
- Capacity

25. Generator Facility: Available/ Not available.
Capacity:

26. Medical Record Section: Computerized/ Not computerized.

27. Animal House Available/ not available
adequate / inadequate.

28. Central Workshop: Available/not available
adequate / inadequate.

29. Recreational facilities:

- Play grounds.
- Gymnasium
- Auditorium

1. List of Non-teaching Staff in the department: -

| S.No. | Name | Designation |
|-------|------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. Available Clinical Material: **(Give the data only for the department of Radio-therapy)**

- Average daily OPD.
- Average daily IPD.
- Average daily bed occupancy rate:
- Average daily operations: Major Minor
- Year-wise available clinical materials (during previous three years).

Whether these figures are commensurate with the number of investigations and blood units consumed daily. Yes/No

3. Teaching facilities:

| | Number | Size | Sitting capacity |
|---------------------|--------|------|------------------|
| Seminar Rooms | | | |
| Demonstration Rooms | | | |

Audiovisual Aids: Adequate / Inadequate.

4. Departmental Library:

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

5. Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

6. Departmental Research Lab.

- Space
- Equipment
- No. of publications from the department during the last three years. Indexed Non-indexed.

7. Working Ward Side lab.

- Space
- Facilities
- Departmental Technicians

8. OPD Space:

- No. of rooms
- Patient Exam. arrangement: Adequate/ Inadequate
- Equipments Adequate/ Inadequate
- Teaching Space Adequate / Inadequate
- Waiting area for patients. Adequate / Inadequate
- Indoor Space: Adequate / Inadequate

13. Office Accommodation:

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

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

10. Accommodation for the Therapy Department

| | | Area (Sq.m.) |
|-----|--|--------------|
| 1) | For Teletherapy | |
| 2) | For Intracavitary | |
| 3) | For Interstitial Implant | |
| 4) | For Radio-Active-Material | |
| 5) | For Radio-therapy Panning | |
| 6) | For radio-Diagnosis section dedicated to Radiotherapy a) For simulator b) For Marker X-rays. c) For Ultrasonography d) For other imaging | |
| 7) | Mould Room | |
| 8) | Computer Room | |
| 9) | Medical Physics Lab | |
| 10) | Radio-Biology Lab | |
| 11) | Medical Illustration and Photography | |
| 12) | Dedicated O.T. (Major O.T.) | |
| 13) | Minor O.T. | |
| 14) | Indoor Beds | |
| 15) | Daycare for Chemotherapy | |

11. Details of the equipments available:

a) Equipments for Teletherapy

- Give the details of Radiotherapy Unit Stating Type of Unit Linear Accelerator (Electro/Photons). Cobalt Unit/Caesium units/Deep E-ray/superficial X-ray etc.

- EQUIPMENTS OF RADIO-SURGERY WITH DETAILS

- FACILITIES FOR INTRA OPERATIVE RADIOTHERAPY

B) Equipments for Brachytherapy

Specify dose rate (LDR/MDR/HDR), Manual/Remote, Pre-Loaded/After-Loading/Sources used.

- For Intracavitary
- For Interstitial
- For surface moulds
- For Ophthalmic applications
- For facilities for pre operative Radiotherapy

C) Equipments for Treatment Planning

Treatment planning done manually or with the help of Computerised Treatment Planning System.
Furnish details of equipments

d) Facility for patient immobilisation-furnish details.

e) Facility for casting individualised shielding blocks-furnish details.

f) Facility for tissue compensation furnish details

g) Equipments for department of medical physics.

- Facilities for Dosimetry Equipments furnish details

- Facilities for Radiation Monitoring furnish details

- Facilities for Radiation Protection furnish details.

- Facilities for mould room equipment furnish details.

12. Protective measures

- What are the protective measures against radiation hazards.

- Are they strictly enforced.

- Is there any monitoring service

- What are the average doses received by the staff per year.

- Has anybody received any over does during last year.

- What measures have been taken.

13. Are there any facilities for Radioactive isotope work, Diagnostic/Therapeutic give details.

Functional/ Non-functional

14. No. of patients treated in the department during the last three years.

| S. No. | Year | Year | Year |
|--------|------|------|------|
|--------|------|------|------|

Total no. of patients registered

Total no. of patients treated by Teletherapy

Total no. of the patients treated by Brachytherapy

Break-up of the patients disease wise

| S. No. | Year | Year | Year |
|--------|------|------|------|
|--------|------|------|------|

1. Head & Neck Cancer
2. Cervix Cancer
3. Breast Cancer
4. Bronchogenic Cancer
5. G.I.T. Malignancy
6. Hodgkin's/Non-Hodgkin's Disease
7. Leukaemia
8. Urinary Tract Malignancy
9. Testis.
10. Ovary
11. Bone Tumor

12. Soft Tissue Sarcoma.

13. Skin

14. Others

15. Give numbers of Radiodiagnostic and imaging work in the department during last three years.

16. Clinic Pathological conference

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

18. Any other information.

Summary of Inspection report – (check list) to be completed by the Assessor.

Date of inspection:-

Name of Assessor:-

| | | | | |
|---|--|--------|--|---------------------|
| 1 | Name of the institution | | Name and other particulars of Institution (Dean/Director) | |
| | | | PG degree:Recognized/Non-R | |
| | | | Experience:Adequate/Inadequate | |
| | | | Age: Below/above 65 years | |
| 2 | Department Inspected | | Name & other particulars of Head of Department | |
| | | | PG degree:Recognised Non-R | |
| | | | Experience:Adequate/Inadequate | |
| | | | Age:Below/above 65 years. | |
| 3 | Date of last inspection of the Department (with Report): | | | |
| | Number of UG admission every year | | | |
| | Staff position for UG | | Sufficient/Insufficient | |
| | Other deficiency, if any | | Yes/No | |
| 4 | Total PG Teachers in the Department (with requisite qualifications & Experience | | | |
| | Designation | Number | Name | Total Experience |
| | Professors | | | |
| | Addl. Professors | | | |
| | Assoc. Professors/Readers | | | |
| | Asstt. Professors | | | |
| | <ul style="list-style-type: none"> - All teachers should be physically identified. - Detailed proforma (with photograph affixed) in respect of every teacher must be obtained which signed by the concerned teacher, HOD and Head of institution - To ensure that staff is full time, paid and not working in any other institution simultaneously. | | | |
| 5 | Requisite important information of the Department | | | |
| | Number of units in the department | | | |
| | Teaching complement in each unit | | | Complete/incomplete |
| | Total number of beds (Unit-wise) | | | |
| | Instruments and other expected facilities | | | Adequate/Inadequate |
| | Ward side Laboratory | | | Yes/No |
| | Laboratory Technician | | | Number and Names |
| | Department Research Laboratory | | | Yes/No |
| | Departmental Library – Book/Journals | | | Adequate/Inadequate |
| | Central Library – Books/Journals pertaining to the department | | | |
| 6 | Space for Department | | | |
| | Indoor wards(Units/Department) & OPD space | | | Adequate/Inadequate |
| | Offices for Faculty members & office steno | | | Adequate/Inadequate |
| | Class Rooms and Demonstration rooms | | | Adequate/Inadequate |
| | Specific requirements related to the department (Museum/Mortury/Specialized Investigation etc.) | | | Adequate/Inadequate |

| | | | | |
|----|--|------|---------------------------------------|---|
| 7 | Clinical Material | | | Adequate/Inadequate |
| 8 | No of publications from the department during 3 years | | | |
| 9 | Examination conduct | | | As per norms of MCI/Not as per norms of MCI |
| | Standard of Examination | | | Satisfactory/Not satisfactory |
| 10 | 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 |
| | 2002 | | | |
| | 2001 | | | |
| | 2000 | | | |
| | 1999 | | | |
| | 1998 | | | |
| 11 | Other relevant facilities in the Institution | | | |
| | Radiology facilities | | | Adequate/Inadequate |
| | Bio-Chemistry facilities (24 hrs emergency lab) | | | Adequate/Inadequate |
| | Pathology & Microbiology facilities | | | Adequate/Inadequate |
| | Blood Bank facilities (24 hours open or not blood components available) | | | Adequate/Inadequate |
| | Incinerator | | | Adequate/Inadequate |
| | Laundry | | | Adequate/Inadequate |
| | Hostels for UG & PG students | | | Adequate/Inadequate |
| | Accommodation for Staff | | | Adequate/Inadequate |

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

Signature of the Assessor

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.