

National Medical Commission

**Assessor's Guide for
Postgraduate Assessments
for the
Academic Year 2021-22**

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Introduction

The role of the Assessor in establishing the standards of medical education cannot be overemphasized. The Commission's decisions regarding, permission to start/increase seats and recognition of postgraduate courses are made based on the report submitted by the assessors. Hence, the Assessor is the eye of National Medical Commission and the assessment report should be such that the competent authority can clearly take its decision on whether minimum standard requirements are met or not. You, the Assessor are a medical teacher, with experience and knowledge regarding the needs and complexities of a medical teaching institution. However, the assessment of a college/institution for regulatory purposes is a specific activity that involves verification that the establishment has the minimum standard requirements. These refer to the adequacy of clinical material, teaching faculty & infrastructure. Your final opinion based on your experience will be important for taking the decision and should be unbiased.

Assessments must be evidenced based. Proof in the form of Evidence Sheet signed by Principal/Dean with relevant photographs taken from your camera (Mobile Phone etc.) (even if the assessment is video graphed) will substantiate your findings. All infrastructure must be carefully verified.

Finally, as Ambassador of the profession, you should treat your colleagues with respect and at no time during the assessment process reveal any prejudice or bias. Also, your demeanor should be polite and not reveal your impressions to the host institution.

Assessment Process

- The Assessor should briefly meet the Dean / Director / Principal at the start of the assessment and explain about the plan of Assessment and for making constructive changes / suggestions.
- The assessment process should be completed between 9:00 A.M. and 06:00 P.M. Normal / routine functioning of the institution should not be disturbed.
- Assessors are not to accept any transportation, hospitality and gift in any form from medical college authorities or anybody who is connected with the Medical College. Note that if at any stage they are found to have accepted, the assessment report sent by them would be treated as invalid and the assessor shall be debarred and deleted by the Commission from panel of assessors.
- Videography of assessment is mandatory, to be arranged by the college. It should be supervised by the assessors and submitted along with the assessment report. In case videography is not arranged by the institute or is arranged late, this should be recorded & signed by the assessor and a statement should be obtained from the Dean. In such an eventuality, importance of having photographs from the mobile cameras becomes very important.
- Assessment Form. Assessors are directed to use only the assessment form which is provided to them either by the Commission or they may download the same from the NMC Website. No other format is to be used, as the assessment form has been modified. Institutions have also been advised in this regard. All columns in the assessment form should be duly filled. No unsigned / blank pages to be submitted. Deletion of any point is not permitted.
- Declaration Form. Assessors are required to verify the details at the time of assessment vis-a-vis those found in the declaration form. Ensure that declaration forms as per format, duly filled and signed, are supplied in respect of each member of the teaching faculty and residents. No column should be left blank.
 - (i) *Any teacher who is not present for attendance before 11 a.m. on the day of assessment should not be included in the list of faculty of the college.*
 - (ii) *Only a teacher who is fresh appointee, promoted or transferred since the previous inspection need to be verified again.*
- Attendance Sheet. It is mandatory to submit the attendance sheet duly signed by the faculty and residents countersigned by the Head of Department of the department by 11.00 a.m. It is reiterated that the presence of such Faculty who are on special duties like O.T., Labor Room, Procedure Room, ICUs, Casualty, etc. should be verified by the assessor by visiting such places.
- Clinical Material information is very important. Please ask the institution to submit daily

average clinical data of last 12 months and clinical data of the day of assessment. Bed occupancy is to be verified at 10:00 am whereas OPD, Laboratory and Radiological investigation data etc. are to be verified at 2:00 pm on the day of assessment.

- (i) The actual patient attendance in the indoor and outdoor facilities, numbers of clinical procedures / interventions, and laboratory procedures, teaching activities (classroom and practical) should be verified and documented by the assessor, for e.g., correlation of surgeries performed with number of histopathology specimens sent to the lab.
 - (ii) Computer generated hospital statistics pertaining to outdoor and indoor admissions, x- ray and laboratory investigations should be cross-verified with the hard data (manual register) kept in the respective departments, OPDs, laboratories and operation theatres.
 - (iii) In case it is observed that any patient is not appropriate for clinical teaching purposes, such patients should not be counted in calculation of bed occupancy. The assessor may make an evidence sheet created by taking a ward round, noting the OPD No., date of admission, diagnosis, clinical status and comment on the quality of the patient. This may be signed by the sister I/C of the unit/ward and countersigned by HOD/Medical Superintendent as evidence. This will help in calculating the bed strength/unit, bed occupancy and quality of clinical material as irrefutable evidence.
- *In order to cross-check facts as provided by the Institution, students may be asked about the teachers who are teaching them for various subjects and Senior / Junior Residents may asked to identify wards where they have been posted, their colleagues in the Unit where they are posted and brief history of various patients in the ward. In addition, Bio-metric attendance records may also be checked.*
 - Any instances of non-compliance by the Dean of the host Institute, of instructions given by the Assessor should be reported and signed by the assessor. Also, any instance of misbehaviour or of an act not befitting the dignity of the Commission should also be reported by assessors to the Commission immediately.

FREQUENTLY ASKED QUESTIONS WITH REGARD TO ASSESSMENTS FOR PG COURSES

A. Assessment Process

1. Is it compulsory to do video recording of assessment?

Yes. It is in your and the NMC's interest to do so. This would help to protect you and the NMC from allegations as and this could form a documentable record for any decisions and subsequent claims, refutations and legal issues.

2. Can one do a video recording on the Mobile phone?

In case the college has not provided a videographer and photographer, it is acceptable. This fact of the college not having provided the facility/or delayed provision must be recorded in the comment section.

3. Can one write gist of assessment in the summary?

Yes. You can write a gist of the assessment noting the major points including comments on the quality of clinical material, the faculty, the infrastructure and whatever you feel is important in judging the final outcome. But please do not give any recommendations or commitment. Please do not use adjectives in your language and try to stick to facts and observations.

4. Can the assessor provide a separate report (remarks) to the NMC without getting the signature of Dean/Principal?

Yes, the assessor can. However, it should be appended to the same assessment form being submitted to the Commission and not as a separate communication. This could be kept confidential from the college but make sure that facts pointed by you are substantiated and factual and documented.

5. What if Dean/Principal does not concur with the report?

The Dean/Principal is free to put his signed and stamped note of dissent detailing the dissent reasons on the assessment form itself. In case he/she does not sign; kindly record this and ask the videographer to record the conversation.

B. Timings Mentioned in SAF

6. At 2pm one would be assessing only half of the clinical load. Would it be appropriate in situations where OPDs work up to 4 or 5 pm?

At present the cut off time for OPD load and all clinical load except Bed Occupancy is to be calculated at 2.00PM. The Bed occupancy is to be counted at 10.00am; the casualty load is a 24-hour load and can be taken for past 24 hours. All colleges are aware of this fact and time limit.

7. What if the Dean/Principal office fails to provide / fill in all required details by 5pm?

The Dean/Principal is supposed to provide the data by 2.00 pm. You may make an observation to this effect and sign it in case it is not provided in time. Whenever the data is given, please note the timing and date and get the Dean/Principal to sign and stamp it.

8. In departments with large number of “Day care” surgeries such as in Ophthalmology, 10AM bed occupancy could become fallacious. Can one take data of bed occupancy both at 10 am as well as 5 pm?

No. As of now bed occupancy has to be determined ONLY at 10.00 am. In case of Day care departments,, the patients would be admitted in the pre-op ward by 10.00 am as the surgery would have been planned.

C. Faculty Details

9. In the Faculty table if the faculty mentions themselves as “Part time” in the concerned column, should they be included as teacher for head count or not?

Only full-time appointed faculty is to be counted. However, please note that ad-hoc, contractual faculty can be taken in faculty count. Private practice is permitted but only beyond the duty hours and the letterhead showing the timings at the clinical attachments are to be attached along with the declaration form. *Part time, honorary faculty and visiting faculty is not to be counted towards the teaching faculty count.*

10. Can one include /count faculty joining a week before the date of inspection?

Yes. At present you will count the faculty as on date. But please mention this fact in the report

11. Many institutions follow a 4-tier faculty designation system –Assistant Professor, Associate Professor, Additional Professor and Professor. For the purposes of our assessment, which has only 3 levels, where does one equate the Additional Professor?

Additional Professor is to be equated to a Professor

12. If the faculty has been promoted from Assistant Professor to Associate Professor in 2012 without any publications, can one consider him/her as eligible?

Yes. The cut-off for publications became mandatory from Associate Professor to Professor from 24.07.2013 onwards and from Assistant Professor to Associate Professor from 24.07.2014 onwards.

13. If a Senior resident is 50 years of age now but was appointed before 45 years of age, can they be considered as eligible?

No. Senior Resident is one who is doing his/her residency in the concerned post graduate subject after obtaining PG degree/Diploma (MD/MS/DNB/Dip.) and is below 45 years of age.

14. Can faculty transferred only for the purpose of assessment from another government medical college where assessment was not conducted that year be considered and counted towards eligible faculty?

Attention is drawn to the below regulation.

The following proviso is added to Regulation 11.1(a) in terms of Gazette Notification dated 9th December, 2009:

23. "Further provided that no teacher shall be considered as a postgraduate teacher in any other institution during the period till the postgraduate course at the institute which has been granted permission considering him as a postgraduate teacher is recognized u/s 11(2) of the Indian Medical Council Act, 1956."

Therefore, while considering recently transferred faculty, information regarding the PG course status i.e. that is permitted or recognised in his earlier place of posting, has to be sought. Hence if they fulfil the criterion as above, they may be considered.

15. In pre and para clinical subjects where no Senior Residents are required, can such teachers be appointed directly as Assistant Professor after completing their postgraduate degree?

As per the TEQ, this is not so. One-year SR/Tutorship after post-graduation in a medical college in the respective specialty is needed.

16. Can a faculty promoted to post of Professor only on the basis of years of experience and publications be considered a PG teacher even though they have never worked in a department with PG students?

Yes. The current TEQ regulations for being considered a PG teacher only considers post PG experience and publications.

17. Who is a PG Teacher?

Any person who after their postgraduate degree in Broad speciality has 5 years of teaching experience of which at least 4 years is as an Assistant Professor in a recognised/permitted medical college can be considered as a PG teacher.

In the case of Super speciality subjects, any person who after their postgraduate degree in Super speciality has at least 2 years of teaching experience as an Assistant Professor can be considered as a PG teacher.

18. Can an Assistant Professor become an eligible PG teacher without getting promoted as Associate Professor?

Yes. If the Assistant Professor has completed 4 years of experience as Assistant Professor and has the required eligible publication for promotion as an Associate Professor, the person can be considered to be an eligible PG teacher.

19. Can faculty posted in Department of Emergency Medicine be considered in broad speciality Department also?

No. The faculty for the department of Emergency Medicine has to be dedicated to it and cannot be rotated from the parent speciality department.

20. What are the current Publication criteria? Can we accept the publications in other journals other than own speciality journal?

Type of Publication	Authorship				Transition period	
	Before 24.07.2009	24.07.2009-02.11.2010	3.11.2010-02.09.2015	03.09.2015 - 07.06.2017	8.06.2017 - 10.02.2022	11.02.2020 onwards* (From 11.2.2022 only this column criteria shall be eligible)
Research Papers	Any authorship	First author only	First/Second author	First/Second author	First/Corresponding	-
Case series/case reports	-do-	-do-	-do-	Not eligible	Not eligible	-
Review Articles	-do-	-do-	-do-	Not eligible	Not eligible	-
New Criteria	-	-	-	-	-	a) <u>Authorship</u> : First three or should be the Corresponding author. b) <u>Type of publication</u> : Original research papers, meta-analysis, systematic reviews, and case series that are published in journals included in: Medline, Pubmed Central, Science Citation index, Science Citation index Expanded, Embase, Scopus, Directory of Open access journals (DoAJ). AND <u>In addition meet the following criteria</u> i. Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI. ii. Should have completed the Basic course in biomedical research from Institution(s) designated by MCI/NMC

*During transition period both criteria from 08.06.2017-10.2.2022 OR that from 11.02.2020 can be used.

Prior to notification dt 11.2.2020, the journal had to be only print journals. The articles need not be published only in the concerned speciality journals.

21. Are faculty who have been granted equated designations to be accepted?

Yes, they can be accepted provided their equated designation has been granted or approved by the affiliating university. The document must be produced and attached.

D. Infrastructure

22. Should both CT and MRI be owned by college/institution or PPP mode can also be considered?

CT scan machine is mandatory for all medical colleges and has to be owned by it. MRI is mandatory for all colleges with intake of 200 and 250, but a PPP model can be acceptable for MRI. In case the college is having a PG course in Radio diagnosis, then

both CT and MRI have to be owned, and operated by the college and under administrative control of the Department of Radio-diagnosis.

23. If the Laboratory for clinical investigation of the hospital is outsourced in a medical college, would it be considered eligible?

The laboratory services of the college & hospital have to be owned, operated and run by the college and its faculty. A few specialised tests may be outsourced due to need based reasons.

24. If the blood bank facilities are outsourced, would it be considered acceptable?

No. The Blood Bank facility has to be owned and managed by the college and its affiliated hospital.

25. Can Intensive care beds be counted towards bed strength of a department?

Intensive care beds under the administrative control of the department can be counted towards the bed strength of a department only when accounting for the additional 10 beds beyond the minimum prescribed 30 beds/unit for the department when planning for higher PG intake of up to 5/unit.

26. Can the casualty beds be considered as emergency medicine beds or they should remain separate?

The details of the emergency medicine department are mentioned in the “Minimum Requirements for Annual M.B.B.S. Admissions Regulations, 2020” notified on 28.10.2020. The requirements are detailed there. It may be noted that the emergency medicine department is mandatory in all medical colleges by 2022 and at the start of colleges and increase in seats from 2021 itself. The casualty and emergency beds will be subsumed in the department of emergency medicine.

E. Clinical Material

27. What is adequate clinical material?

The guidelines for Quantification of Clinical Material/ Laboratory Workload for PG courses in Broad specialities as approved by the erstwhile MCI dated 15.01.2013 is annexed for Ready reference (*see Annexure*)

28. Is it important to consider the lack of essential drugs, instruments, injections for patients under treatment while assessing adequacy of clinical material?

Yes. They could be a basis for analysing the clinical material quality and the issue of false patients.

29. If stable patients are shown as patients in Casualty, do they have to be considered?

You may mention this fact in your comments in the report. This would help in evaluating the clinical load.

30. As many hospitals have been converted in part or completely as COVID care facilities, departments might report a smaller number of bed occupancy during the current year. How does then one assess the bed occupancy status?

You may report the actual figures existing. The NMC would take a call on them. The Governmental order converting/taking over of the hospital as a COVID hospital should be seen and attached with the assessment report along with the dates, the area taken over and the terms and conditions also need to be mentioned in the order. Also make sure to collect the past 3-4 years clinical data including bed occupancy status from the college for comparison purposes.

31. 2nd and 3rd post-op day patients are not traceable in the wards on the pretext of discharge on request. Can we record the same?

Yes, you can. Their OT records/anaesthesia records, etc. may be evaluated. The details of the patient's address, etc. can also be noted.

F. Miscellaneous

32. Can DNB and MD courses in a specialty be run in same institution?

No. DNB and MD/MS cannot run in the same department in the same institution. However, they may be run in the same institution in a different department not conducting the MD/MS course. However, there may be a little overlap in case where LOP for start of MD/MS courses is given. This may be permitted till the current batch of DNB passes out. An undertaking from the department and the Dean is to be taken to this effect that DNB course will be restricted till such time only. No fresh batches can be taken after grant of LOP for the PG course.

33. As per new NMC guidelines can a Broad Speciality Department also have a concurrent course in Super-speciality subject?

From the AY 2021-22 they can subject to the conditions stipulated in the notification dated 22.07.2020 which is reproduced below:

Provided that Super speciality courses can also be started in the Independent parent broad speciality Department, subject to fulfilling the staff, infrastructure and clinical material requirement for that Super speciality course. The dedicated Faculty for the Super-Speciality course shall not be considered for allocation of postgraduate seats in the Broad speciality course. Further provided that not more than three Super-Speciality courses can be started in parent Broad Speciality Department. Provided further that this proviso shall not be applicable for well established Super Speciality courses of Cardiology, Endocrinology, Medical Gastroenterology, Medical Oncology, Neonatology, Nephrology, Neurology, Cardio Thoracic & Vascular Surgery, Neurosurgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Surgical Gastroenterology, Surgical Oncology and Urology/Genitourinary surgery.

34. If the Ethics committees not as per standards prescribed by ICMR's GCP guidelines, would it be acceptable?

As of now the MCI/NMC had never issued such guidelines to the colleges. Hence, this cannot be a criterion for acceptance or otherwise.

35. If the documents are in the vernacular language and not in English, how does the assessor ascertain its contents?

An attested translated transcript must be provided by the college.

36. Should we count the Day care beds also while assessing bed strength of a Radiotherapy/Radiation Oncology unit

Yes. Day care beds to be counted.

37. Is it mandatory to mention number of beds in DNB hospital from where the faculty has done post-graduation?

Yes. This is because the equalization criterion is different for different bed strengths in NBE accredited hospitals. Example: NBE from 500 bedded hospitals does not need the additional year as Senior Resident in medical college for equalization.

38. Is it OK to have 2 DM courses in a super specialty department e.g. DM Endocrinology and DM Pediatric endocrinology in department of Endocrinology?

No. The regulations currently provide for up to 3 super specialty courses in the parent broad specialty department (vide notification dated 22.7.2020)

39. Can one have DM (Pulmonary Medicine) Course in addition to MD (Respiratory Medicine) in the same Department of Respiratory Medicine (or TB and Chest Diseases) if there is more infrastructure than that needed for the MD course?

Yes (in accordance with notification dated 22.7.2020) provided the department fulfils the requirement for the MD course and has additional faculty and infrastructure as per DM course requirements.

40. Will research publications reporting multi-centric trials with multiple co-authors be accepted as an eligible publication?

Yes, provided the authorship criteria as notified from time to time is fulfilled.

41. Can departments having PG courses such as MD/MS also have Ph.D students?

Yes

42. Does department of Pharmacology still need animal house?

As per notification dated 2.12.2019 animal experimentation would continue to be part of PG courses in Physiology and Pharmacology and they must comply with statutory regulations.

43. Can a person with Ph.D in Biophysics be still considered as part of non-medical faculty of Physiology department?

No

ANNEXURE

Recommendations for Qualifications of Clinical Material/Laboratory Workload for Postgraduate Courses in Broad Specialities (as issued by erstwhile MCI on 15th January 2013)

As laid down in the “Postgraduate Medical Education Regulations, 2000” amended up to December 2010, clause 11.4, ‘to determine the number of students who may be admitted for training, outpatient attendance, work turnover and ambulatory care also have to be taken into consideration.’

For consideration of starting/increase of seats/recognition of postgraduate courses in various broad specialities in Medical Council of India recognized medical institutions running MBBS course, the following criteria pertaining to the clinical material/investigative/diagnostic workload are prescribed:

As laid down in the “Minimum Standards Requirements for the Medical College for 50/100/150 Admission Annually Regulations, 1999” amended up to November 2010 as per clause B1.7, “the minimum total OPD attendance of the teaching hospital shall be 08(eight) patients (old & new) per day per student intake annually at the end of fourth year” and clause B1.8* “Indoor bed occupancy-Average Occupancy of indoor beds shall be an minimum of 75% per annum”. (* As per the terms of Notification published on 03.11.2009 in the Gazette of India.)

In view of the above and as consistent practice based upon experience while evaluating the inspection reports, the minimum clinical material/laboratory workload required in various clinical disciplines has been quantified by the Postgraduate Committee of the Council.

These recommendations were submitted by the PG Committee I on 20th December 2012 and later approved by Board of Governors, MCI. The PG Committee I & II deliberated on the Recommendations and agreed to improvise it further. The following corrections as at 5 & 7 and inclusions at 12 and in the note has been proposed.

SI. No.	Parameter	Starting of PG Course (for annual intake of maximum 03 (Three) Postgraduate students)	Increase of each additional PG seat
1	OPD attendance	Average daily OPD attendance of not less than 100 in major clinical disciplines like General Medicine, General Surgery, Paediatrics, Orthopaedics & Obst. & Gynae. In other clinical disciplines, it should be at least 50.	At least 10% increase

2	Bed occupancy	<p>The average bed occupancy for the department in the clinical disciplines should be at least 75% in the major clinical specialities including General Medicine, General Surgery, Paediatrics, Obst. & Gynae. And Orthopaedics.</p> <p>In other clinical disciplines, the bed occupancy should be at least 75% including day care surgeries/procedure, wherever applicable.</p>	Same as for starting of PG course.
3	Operative workload	<p>In all surgical disciplines the operation theatre must be functional on a daily basis.</p> <p>In major surgical disciplines (General Surgery, Obst. & Gynae. And Orthopaedics), there should be minimum of 3 major and 6 minor operations per day for each operating unit. Thus, in a week having six working days, the operating workload for an institution running a postgraduate course should be minimum of 18 major and 36 minor operations.</p> <p>If more than one unit are allocated operations theatres on a given day, the number of the operations should increase proportionately.</p> <p>In the other surgical disciplines, the minimum operative workload including major /minor/day care surgeries should be at least total of 09(nine) surgeries per operating day.</p>	At least 10% increase
4	Anaesthesia workload	<p>The Anaesthesia workload should be commensurate with the number of operations being performed in the institution daily.</p> <p>The number of General Anaesthesia and Spinal Anaesthesia taken together should correlate with the number of major surgeries.</p>	Same as for starting of PG course.
5	Delivery including LSCS workload	42 per week	At least 10% increase

6	Radiological workload*	<p>a. Plain X-Rays at least 100 per day b. Ultrasound at least 30 per day c. Ct Scan at least 10 per day d. Special investigations at least 5 per day</p> <p>MRI facility is mandatory for starting of postgraduate course in Radio- diagnosis and super- specialities, with daily workload of at least 05(five)MRI scans per day.</p>	At least 10% increase
7	Histo-pathology workload*	Total number of histopathology investigations should be at least 30% of major surgeries performed in all disciplines in institute.	Proportionate increase with surgical load
8	Cyto-pathology workload*	Total number of Cytopathology investigations should be at least 1% of the total daily OPD load of the hospital.	Proportionate increase with OPD load
9	Haematology workload*	Total Haematological investigations should be least 15% of the total daily OPD load of the hospital.	Proportionate increase with OPD load
10	Biochemistry workload*	Total Biochemical investigations should be at least 15% of the total daily OPD load of the hospital	Proportionate increase with OPD load
11	Microbiology workload*	Total Microbiological investigations should be at least 5% of the total daily OPD load of the hospital.	Proportionate increase with OPD load
12	Research work and Publication	The department should have at least 3 publications in indexed journals during the preceding 3 years.	Same as for starting of PG course.

Note: For the purpose of counting the laboratory and diagnostic investigations, fractions of routine and standard laboratory tests should not be counted as a separate investigation.