

## Verification of compliance submitted by institute on 17<sup>th</sup> and 18<sup>th</sup> Jan 2017

Sr. No.	Deficiencies pointed out by Council Assessors/MCI	Submission of College on deficiencies, if any	Remarks
1	Deficiency of faculty is 10.70% as detailed in this report.	On the day of inspection the institute is having 100% required faculty for the 1 <sup>st</sup> renewal inspection who were present for the head count. However the assessors have taken in to consideration the faculty required for LOP. The 10.70% deficiency of Faculty is due to lack of salary statements and local address proofs which were provided to the assessors which were not accepted. The same was differed and submitted with objection to the assessors which was acknowledged. Salary Statements and Address Proofs resubmitted.	Annexure – I
2	<p>a) Dr Ravi Teja &amp; Dr Ravi Shanker both tutors in Anatomy are not accepted as their signature is not matching.</p> <p>b) Six faculty are not considered because salary proof is not provided 2 faculty are not accepted as address proof is not provided.</p>	<p>a) Dr. Ravi Teja, Dr. Ravi Shanker who were working in the Department of Anatomy signed in the morning 10 AM on 11.11.2016 in the attendance sheet of the Assessor in the Lecture Hall 1. The assessor verified identity proof of the faculty prior to signature. Again in the afternoon during head count they signed in the declaration form. Assessor noticed some variation of signature compared to morning signature. A minor difference is there in the morning and afternoon signature which is common human error. Appointment order, Joining Report and Relieving Letter, Staff Photograph of Anatomy taken during inspection and Photograph with the assessor taken in the college council Enclosed. The same was differed and explanation submitted with acknowledgment of the assessor.</p> <p>b) The Salary proof of 6 faculty members and residence proof of 2 faculty members' which was differed and submitted with objection to the assessor which was acknowledged. Salary Statement and Address Proofs resubmitted.</p>	<p>Annexure – II a</p> <p>Annexure – II b</p>
3	Details of administrative experience of	Dr. Aravind Kumar Dhage promoted as Associate	Annexure – III

	<p>Dr. Aravind Kumar, Medical Superintendent are not provided. Hence it is not possible to verify whether his appointment is as per Regulations or not as minimum 10 years administrative Regulations are required as per Regulations.</p>	<p>Professor in Gandhi Medical College in August 1999 and promoted as Professor in November 2009. He worked as Professor and HOD of General Medicine and Principal at Gandhi Medical College from February 2008 to June 2008.</p> <p>He has worked as Professor and HOD of General Medicine at Medciti of Medical Sciences from July 2008 to 30<sup>th</sup> June 2010.</p> <p>He has worked as Professor and HOD of General Medicine at Malla Reddy Institute of Medical Science from Sep 2011 to August 2012.</p> <p>As per the Gazette of India Amendment Notification dated 1<sup>st</sup> July, 2015. Associate Professor/Professors are appointed as Heads of the Unit.</p> <p>So as per the MCI guidelines Dr. Aravind Kumar Dhage has got 13 years of administrative experience as Associate Professor, Professor and HOD of General Medicine.</p> <p>Experience Certificates are enclosed.</p> <p>Copy of Gazette of India enclosed.</p>	
4	<p>Dr. Dhruv Kumar was performing Ante-natal USG but he is not on roster of the medical college and PCPNDT forms do not have his registration number or designation. Evidence is attached.</p>	<p>Dr. Dhruv Kumar Rai has been working as consultant of Radiology Department and he is not shown as faculty member for MCI. He has submitted resignation at Sadan Institute of Medical Sciences. He has been relieved from Sadan Institute of Medical Sciences and appointed as SR in the Radiology Department. Copy of Relieving Order from Sadan Institute of Medical Sciences Enclosed.</p> <p>His name has been forwarded for registration to DM&amp;HO for PC&amp;PNDT Act. The registration was delayed due to reorganization of districts in the state of Telangana. Our medical college which was in Medak District was reallocated to Siddipet District. Due to reorganization there was delay in the appointment of DM&amp;HO for the Siddipet district who has to issue the certificate.</p> <p>Copy of PC&amp;PNDT Certificate enclosed</p>	Annexure – IV

5	There is not mention of salary or payment in appointment orders issued. No proof of salary was provided. No bank statement was provided.	Revised Appointment orders issued for the faculty mentioning the salary particulars. Revised Appointment letter and Bank statement enclosed.	Annexure – V
6	Shortage of Residents is 13.04% as detailed in the report.	2 Senior Residents of General Medicine, 1 SR of General Surgery, 1 SR of Radio Diagnosis, 1 SR of DVL and 1 JR of Pediatrics were not accepted due to lack of salary statement. They have been working in the respective department and they also present for the head count. The salary statement and resident proof of all the senior and junior residents enclosed.	Annexure – VI
7	Senior Residents do not stay in campus.	Senior Residents are staying in the campus and a copy of allotment list enclosed and Senior Residents Photographs enclosed.	Annexure – VII
8	Residents & staff quarters list was provided at 3.45 pm. And it did not match with occupants.	The assessor has asked for the quarter allotment list of Staff and Residents at 3.30 pm and list was submitted by 3.45 pm.	Annexure – VIII
9	Department wise daily attendance registers are not maintained or sent for Dean's signature.	For each pre and para clinical departments of the college (8 departments) separate register is maintained which is signed by Dean every day. Similarly separate registers are been maintained for all the 13 clinical departments of the hospital. Prior to this one register was maintained for College staff and one register was maintained for hospital staff which was signed by the dean every day. Copies of attendance register enclosed.	Annexure – IX
10	Bed Occupancy as observed by assessors is 30%, although as claimed by Institute, it is 73%.	Bed occupancy on 11 <sup>th</sup> Nov 2016 was 73%. The 30% bed occupancy mentioned by the assessors was differed and necessary documents showing bed occupancy as 73% were submitted to the assessors which was acknowledged. Some of the patients who were referred to lab and radiological investigation were also not considered.	Annexure – X

		The bed occupancy for last six months an average more than 70%. Statistics enclosed. Same resubmitted with photographs.	
11	OPD attendance claimed by the institute is 620. However as observed by assessors, it appears to be around 250 – 300. Evidence is enclosed.	As per our records OPD attendance on the first day of inspection up to 2 pm 620. The assessors have taken the OPD attendance in the morning hours. The OP figures were differed and documentary proof of OP Attendance 620 is submitted to the assessor which was acknowledged. Same resubmitted with photographs of OP attendance.	Annexure – XI
12	There was only 1 Minor Operation on day of assessment.	Photograph taken by the assessor in the operation theatre showing the list of operations major and minor performed on 11 <sup>th</sup> November. 2016. There were 5 Major operations and 9 Minor operations on the day of inspection. Photograph enclosed.	Annexure – XII
13	There was NIL Normal Delivery, NIL Caesarean Section on day of assessment. There was NIL women in Labor room.	No normal delivery and no caesarean section on day of assessment. But our average LSCS 20 to 24 and deliveries per month 30. Second day of the inspection we did one LSCS and one normal delivery.	Annexure – XIII
14	Birth records were provided only in the form of a chart of Month of March 2016 with no names. No record of information of births & deaths send to authorities was provided.	Birth record certificate issued to the patients enclosed. All Births & Deaths are informed to Secretary, Grampanchayath Laxmakkapally Village and the birth certificates are issued by the concern government authorities. The same documents was shown to the assessor in the afternoon. Data enclosed.	Annexure – XIV
15	There was NIL patient in ICCU, NICU/PICU & only 1 patient in MICU on day of assessment.	There were 5 patients in SICU, 1 patient in ICU as mentioned in the page number 18 of the assessor report A-II.	Annexure – XV Page No. 18 A-II
16	Data of Laboratory investigations are highly inflated. At 12 noon, there were only 25 samples across all laboratories. There was no culture or Histopathology sample in 3 days.	The out-patient timings are 9.00 am to 5.00 pm. The assessor has taken the data at 12.00 noon. Most of the In-patients are referred for lab investigations after rounds by the consultants and the out patients are referred after consultations for blood samples. Hence the maximum collection of the samples usually between 12.00 noon to 2.00 pm. We differed with the lab data and the actual lab	Annexure – XVI

		data figures up to 2.00 pm were submitted to the assessors which was acknowledged. Same resubmitted. The histopathology specimens are sent to the labs after the completion of surgeries in the afternoon. The list of the histopathology samples of 3 days enclosed.	
17	Most of patients in General Surgery did not warrant admission.	Most of the patients with surgical problems are admitted and some of the patients who need conservative treatment and observation are also admitted in general surgery wards.	Annexure – XVII
18	O.T.: Only 3 Major O.T.s are available against requirement of 4. There is no Nurse in O.T.	There are 4 Operation theaters available. All the operation theaters photographs enclosed. Sister In-charge of theatre was assisting a case in the operation theatre. 4 Operation theatre photographs enclosed.	Annexure – XVIII
19	OPD: Enquiry Desk is not available. In Ophthalmology OPD, Dressing room / Minor Procedure room is not available.	OPD enquiry desk is available. Photographs enclosed. Ophthalmology OPD, Dressing room photographs enclosed.	Annexure – XIX
20	Wards: Psychiatry & Dermatology wards have no infrastructure & facilities.	Made available	Annexure – XX
21	CSSD: It was found locked at time round. It was just an empty room without any equipment or personnel.	Purchased Invoice of CSSD equipment and photograph of CSSD equipment enclosed.	Annexure – XXI
22	Students' Hostels: Available accommodation is for 110 students against requirement of 113. They are not furnished. There is overcrowding as the rooms are small.	Hostel accommodation is made available for 226 students. List of the students staying Boys & Girls enclosed. All rooms are furnished Photographs enclosed.	Annexure – XXII
23	Residents' Hostels: Available accommodation is for 30 residents against requirement of 46.	30 Rooms available in Residents Quarters to accommodate 60 Residents. Photographs enclosed of the Residents Quarters.	Annexure – XXIII
24	Residential Quarters: NIL quarters are available for NON-teaching staff in the campus against requirement of 20.	20 Non-teaching staff quarters Available from the starting of institution and 10 more quarters have been constructed. Photographs enclosed.	Annexure – XXIV

25	Anatomy department: There are only 2 cadavers for 150 students which is inadequate.	The Government of Telangana has created a separate GO for procuring cadavers for private medical college. As per the GO we applied for supply of extra cadavers from Gandhi Medical College and supply of cadavers under process Copy of the GO and Letter enclosed.	Annexure – XXV
26	Website: Monthly statistics of clinical material & infrastructure details are not provided.	Monthly statistics of clinical material & infrastructure are updated regularly. Screenshots enclosed.	Annexure – XXVI
27	Details of MEU are not provided.	MEU details are enclosed. A-II form page no. 3 & 4 enclosed.	Annexure – XXVII
28	Other deficiencies as pointed out in the Assessment Report.	Occupancy Certificate enclosed. 100 MA X-ray purchased. Invoice and Photograph enclosed.	Annexure – XXVIII

✓ Annexures 1 to 28 submitted to Govt of india Ministry of health and family welfare

Sd/-

Principal

**Dr. A. Hemantha Rao**

RVM Institute of Medical Sciences & Research Centre