Dy. No-141643

MEDICAL COUNCIL OF INDIA

ASSESSMENT FORM FOR 100 - MBBS ADMISSIONS REPORT

(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Verification of Compliance

Part - A-III (2019-20)

(to be filled by the Assessors)

1.1 1. Type of Asses	sment
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U/S 10A-regular/compliance:Letter of Permission(),1st renewa	l(),2 nd renewal (),3 rd renewal (),4 th renewal (
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U/S 10A-Increase Admission Capacity: Regular/Compliance: Letter of Permission(),1st renewal(), 2^{nd} renewal(), 3^{rd} renewal(),4th renewal()

U/S 11- Recognition - Regular/Compliance

Continuation of Recognition-Regular / Compliance (**)

Any	Other:	

2

Name of the Institution	:	Karuna Medical College, Pallakad, Kerala			
Address	:	Vilayodi, Chittur, Palakkad, Kerala - 678 103		• .	
Telephone No.		04923 221050, 04923223428, 04923522300,			
E-mail	•	karunamedicalcollege@gmail.com, principal.karuna@gmail.com		100	

Signature of Assessors

Date 28/11) 2018

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Signature of Dean/Principal Washing

Dr. Kamlesh Shah

College Website:		www.karunamedic	alcollege.edu.in		
Council Letter No.& Date	:	No. MCI-34(41)(U	G)/2012/Kerla/Med/ D	ate: 22.11.2018	
Assessment Date:	28/	11/2018	Last Assessment Date:	08/02/2018.	
PG Courses	:	Yes- Anatomy, Physiology, Biochemistry, Pathology, Microbiology & Pharmacology			

3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr.Abhimanyu Basu (Co-	Professor,Deptt. of Surgery,Institute of	Mob: 9230812270, 9433336732	ovmanyubasu@yahoo.co.in
ordinator)	Postgraduate Medical		
	Education		
	&Research,Kolkata, West		·
	Bengal.		
Dr. Kamlesh Shah	Professor, Deptt. of	Mob 08980038085	44:-40040
	Pathology,GMERS Medical	Wob. — 00900038080	drkjs1964@gmail.com
	College, Valsad, Gujarat.		
Dr. Ivethi M.D. D.O.			
Dr. Jyothi M.P. D-Souza	Associate Professor, Deptt. of	Mob 09743702678	jyothimpdsouza@yahoo.com
	Biochemistry, Andaman &Nicobar Islands Institute of		
	Med. Sciences.		

Signature of Assessors

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Date 28 11-18

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Signature of Dean/Principal

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Port-Blair, Andaman & Nicobar Islands.		
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4. Verification of compliance submitted by institute:

Karuna Medical College, Palakkad, Kerala - COR Compliance

SI. Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of the assessment	Assessors after	the
as detailed in the report.	When the inspection was conducted by the MCI assessors, required percentage of faculty were present in the respective departments as prescribed by the Medical Council of India. But unfortunately, Majority of the faculty members erroneously submitted the declaration form in the format introduced for the year 2017-2018 by the MCI, instead of 2018-19 declaration form format. The MCI, assessing team also acknowledged this and could not record the faculty attendance as per the old declaration form and the declaration form of only some of the faculty members could be collected by the MCI in the old format and majority of the declarations were left without verification. Moreover, some of the faculty members who were off duty could not submit their	31.19 % (34 out 109)		

Signature of Assessors

Signature of Dean/Principal Woundtry

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		faculty members who reported late to submit their attendance before	
		the MCI assessors could not get a chance to do so.	
:	The state of the s	We hereby express our deep regret in this regard.	
2	Shortage of Residents is 83.87	Such a high shortfall of residents highlighted in the inspection does	45.16 % (28 out of 62)
	% as detailed in the report.	seem to be in order as in the case of Resident Doctors also the issue	, , , , , , , , , , , , , , , , , , , ,
		of declaration form in the format introduces for the year 201718 by	
		the MCI, instead of 2018-19 declaration form format was responsible	
		apart from late reporting and rest given to night duty doctors.	
		However, process to fill the vacant positions is also in progress.	
3	Most of faculty & Residents do	Being surprise inspection at a very short notice, the majority of	Newly appointed faculty and residents did
	not have bank salary proof	faculty members were unable to collect updated statements from the	not show bank salary account.
	from July 2017 onwards.	respective banks and produce for verification by the assessors at the	not show barns salary account.
		time of inspection. Even available banks statements furnished to the	
		assessors were also not the updated ones. The faculties requested to	
		the assessors to give an opportunity to collect and submit the bank	
		details within a short time. But the learned assessors did not allow	
		the request.	
		Now the said statements are available for verification.	
4	OPD attendance upto 2 p.m.	As per the mandatory norms of the MCI, the OPD attendance	OPD attendance upto 2 p.m. on day of
	on day of assessment is 729	required is 800 numbers during the 24 hrs. of hospital working time.	assessment is 864 against requirement of 800
1	against requirement of 800.	On the day of inspection, the OPD strength of the 24 hrs census was	assessment is 604 against requirement of 600
		982. Data from MRD section is enclosed for your reference and this	
		figure is sufficient to comply with the Medical Council of India	
		Norms/Criteria.(Annexure-1)	
		So the discrepancy reported in this regard has been rectified and	
		may please be dropped.	
5	Casualty attendance was NIL	There being computerization of casualty department, at the time	01
	on day of assessment.	when assessors visited the casualty, there were inward entries in the	
	on adjoint the	which assessors visited the casualty, there were inward entries in the	assessment in last 24 hours (up to 10am on
		computerized system of patient's registration into the casualty who	28.11.2018)
		were either referred to OPD (being functional at that time) given	
		primary treatment as per emergency protocols, admitted/discharged	
		or referred to some other super speciality hospitals for which KMC	
		was not having required facilities/expertise. We are maintaining only	
		computerzed data. As all data/records are kept in the electronic	
		form, when the MCI assessors visited the casualty, we were unable	in the contract of the contrac
		to substiate with the very little record maintained in the manual	
		registers/records.	
		Relevant data in this regard is enclosed for ready reference.	
		(Annexure-2)	
	Signature of Assessors	Date 681.18 Signatu	ire of Dean/Principal Warmillo

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<u>.</u>	I D. J.O.		
6	Bed Occupancy at 10 a.m. on	On the day of inspection, when the MCI assessors visited the	
	day of assessment was 45 out	hospital only first floor patients have been taken into account	22.12% (104 out of 470 beds)
	of 470 beds – i.e. 9.57 %.	whereas indoor patients at third floor where major wards function	
		have been left out. Unfortunately, due to miscommunication, the	
		entire floor was not visited by the assessors at that time. As a result,	
	·	only first floor ward patients there were counted at the inspection	
		time.	
	·	Medical record data of the inspection day is enclosed herewith for	
		ready reference please. (Annexure- 3)	
7	Paramedical & Non-teaching	At the time of inspection, a separate list of Para Medical and non-	Non-Teaching and Paramedical
	staff: Only 78 Paramedical &	teaching staff was handed over to the assessors. But we apprehend	in Hospital 436
	Non-teaching staff are	that the assessors due to over sight might have recorded the number	In College 390
	available against requirement	of staff members contained in one list only. The actual number of	
	of 179.	staff in paramedical and non-teaching is 315.	
		It has been mentioned category wise in the form A of the MCI also.	
		Copy of the same is enclosed herewith for kind reference (Annexure-	
		4)	
3	There were only 3 Major & 2	On the day of inspection one of the assessors visited the OT complex	6 Major and 6 Minor operations upto 2 PM
	Minor Operations on day of	at 11.30 am. at that time 3 major operations were in progress and	On 28/11/2018
	assessment.	other operations which were already scheduled on that day, were	,
		cancelled in view of the faculty verification and visit of the MCI	
		assessors as most of the in-house surgeons and anesthetics were	·
		engaged with the inspection. The remaining cases were posted for	
		the next day.	
	. 	Details of patients whose surgery was posted on the day next to the	
		inspection day is enclosed herewith for kind consideration please.	
)	Cytopathology workload is NIL.	We are maintaining only the computerized data in the service labs as	Cyto pathology workload is 6
		well. But at the time of inspection we were not able to show the hard	
. 1		copy of the OPD attendance within the time fixed by the assessors	
		due to printer problem. Alternative printing facilities are available	
		with MRD section only and as per the rule of the institution all the	
		data connected to the patient are issued from medical record	
		department only. So is the reason we were not able to provide hard	
j		copies of such records. The technical glitches occurred in this regard	
		may please be ignored.	
		Now we are maintaining manual register along with computer data.	
.0	Radiological & Laboratory	On the day of inspection, less number of radiological and laboratory	No of the investigation done in Radiology &
	Investigations workload is	investigations were completed as most of doctors were associated	Laboratory are clearly written in Clinica
-	inadequate.	with inspection by MCI team, OPD functioning was hampered	Material Date Sl. No. 5
1		leading to less number of cases being examined and undergoing any	

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		further pathological or radiological investigations.			
11	OPD: Registration counters are	As pointed out,	OPD: Registration counters are separate for		
-	not separate for	a) separated registration counters have been provided for	males/females. Waiting area is adequate.		
	males/females. Waiting area is	male/female patients.	Injection rooms for males/females are		
	inadequate. Injection rooms for males/females are not	b)adequate waiting area has been provided.	available. Child Welfare clinic, Child		
	available. Child Welfare clinic.	c) Injection rooms for males/females patients have been provided separately.	Rehabilitation clinic are available in Pediatrics		
	Child Rehabilitation clinic are	d) Child welfare clinic, child rehabilitation clinic are made available	OPD. Cancer Detection clinic is available in OG OPD.		
	not available in Paediatrics	nearby pediatric OPD.	00010.		
	OPD. Cancer Detection clinic	e) Cancer detection in OG OPD is available and functional.			
	is not available in OG OPD.				
12	Wards: Ancillary facilities are	Ancillary facilities such as ward lab, treatment room, pantry etc. are	Ancillary facilities are available.		
	not available in several wards as detailed in the report.	available and functional in most of the wards. In some of the wards,			
	as detailed in the report.	upgradation of such facilities in progress and being complied with as pointed out in the inspection report.			
13	Casualty: Separate Casualty	Separate casualty for O.G was available nearby in the OG OPD for	Separate Consolar for O.C. is available		
-	for O.G. is not available.	Separate casualty for O.G was available nearby in the OG OPD for Separate Casualty for O.G. is available ensuring the senior doctors care and now it has arranged adjacent to			
		the casualty department.			
14	ICUs: There was NIL patient in	3 patients in MICU, 2 patients in SICU and 4 patients in ICCU were	ICCU- 2 patient (10 AM)		
	MICU, SICU & only 1 patient in ICCU on day of assessment.	available at the time of inspection. We fear that due to oversight of			
	in reco on day or assessment.	the honorable assessors, they might have missed to record the data	, Paragraph		
		while preparing the inspection report details of the patients who were in the MICU, SICU and ICCU are enclosed herewith.	PICU-0 Patients		
		was in the specific and root are chelosed nerewith.	NICU-01 Patients		
15	There was NIL woman in	At the time of MCI oppositions 2 minital and the control of	SICU-01 Patients		
	Labour Room at time of visit.	At the time of MCI assessors' visit, 3 primi labour patient, one 2 nd gravid labour patient and 2 third gravid labour patients are waiting	There were 2 patients in the labor room.		
		for delivery in the pre-labour procedure rooms. As such labour room	4 Beds are available.		
		beds were vacant at the time of the inspection whereas it was not the			
		case.			
1.		Details of the above said patients are enclosed herewith.			
	`				
		그들의 요즘이 좋은 그리고 불통한 기능을 하면 모르게 되었다. 그리			
		그리고 없이 제가 보는 그리고 살을 살을 하는데 없을데 없게			
			사람들이 남자의 이 나는 이 방법이 어떻네?		
·	Signature of Assessors	×-11-14			
	Signature otiAssessors/	Date NA 1. Signatur	re of Dean/Principal		

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Laboratory Investigations - No. of Patients/samples	O.P. D	I.P.D	
Biochemistry	423	59	
Microbiology	433	33	
Serology	42	3	
Hematology	584	103	
Clinical Pathology	321	23	
Histopathology	Nil	5	
Cytopathology	5	1	

Date 18:11.18

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Signature of Dean/Principal
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6.	Medical	College-Staff Strength:
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Name of College: Karuna Medical College, Pallakad, Kerala

Number of students: 100

PG Courses (Yes/No):1.Anatomy 2.Physiology 3.Biochemistry 4. Pharmacology 5.Pathology

6. Microbiology 7._______ 8. ______ 9. _____ 10.

11. ______12. _____13. ______14. _____15.

16. ______17. _____18. ______19. _____20.

Calculation Sheet (Date: 28/11/2018)

Signature of Assessors

Date 20:11:18

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Signature of Dean/Principal

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3.0	COOD D		
16	CSSD: Receiving &	In the CSSD department, separate receiving and distribution points	ETO sterilizer Available
1	Distribution points are not	were available at the time of section also. But the signage/name	
	separate. ETO Sterilizer is not	boards were damaged and alternative labeling arrangement was not	Separate Distribution point is available in
	available.	done at the time of inspection. That is why the name boards could	CSSD
		not be noticed by the inspectors. Now proper sign boards have been	
		affixed. ETO sterilizer was available in the area separately provided	
		for on the day of inspection also but presumably could not be	
	· .	noticed by the assessor.	
17	Lecture Theaters: Out of 4	Total 5 lecturer halls are available in the institution, out of which	Lecture Theaters: Out of 4 Lecture Theaters
	Lecture Theaters available, 1	four are in college and one in hospital. All these lecture halls are	available, 1 has capacity of 108 against
	has capacity of 104 against	gallery type. In one of the lecture halls which had 100 seating	requirement of 120 and is of flat type.
	requirement of 120 and is of	capacity at the time of inspection has now been rearranged with 120	requirement of 120 and 18 of hat type.
	flat type.	seating capacity.	
18	Central Library: Only Internet	Entire library area has been now been air-conditioned. Outside	All areas are AC
	area is air-conditioned; rest of	student reading area has been modified with 100 seating capacity.	25 internet nodes are available
-	Central Library is not air-	Computer room adjacent to the central library has now been	
	conditioned. Capacity of	equipped with 25 computers with internet nodes and required	Capacity of Students' reading room (Outside)
	Students' reading room	furniture are also available and functional at present.	is 100 against requirement of 100.
	(Outside) is 36 against	the second secon	
	requirement of 100. 17		
	Internet Nodes are available		
1	against requirement of 25.		
19	Central Photography section is	At the time of inspection, central photography section was not	Central Photography goation is evallable
	not available.	functioning due to the repair of the camera and is now functional at	Central Photography section is available
		present.	
20	Anatomy department: Cold	One cold storage out of total 3 numbers was not working at the time	Cold storage is functional.
	storage is not functional.	of inspection due to the mechanical problem of the equipment.	Cold Storage is infictional.
		Now facilities are available in the working condition.	
21	Other deficiencies as pointed	and the morning contractors.	
	out in the assessment report.		

Date 28:11:18

5. Clinical material:

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.PM on	864	Upto 2 PM on 28/11/2018
first day		
Casualty attendance	11	Upto 10 Am on 28/11/2018 (24 Hrs Data)
(24 hrs. data)		
No of admissions	50	
No. of discharges	41	
Bed occupancy% at 10.00 AM on first day	22.12	104 patients available at the time of assessment 28/11/2018
Operative Work		
No, of major surgical operations	06	Upto 2 PM
No. of minor surgical operations	06	Upto 2 PM
No. of normal deliveries	01	Upto 2 PM
No. of caesarian sections	Nil	Upto 2 PM
Radiological Investigations (No. of patients)	O.P. D I.P.D	
X-ray	59 7	
Ultrasonography	15 1	
Barium, IVP etc.	Nil Nil	
C.T. Scan	4 1	

Signature of Assessors

Date 18:16:18

wiSignature of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor Assoc. Prof. Asstt.Prof. Tutor	1 1 3		1 1 1 3	3 0 4 0	
Physiology	Professor Assoc. Prof. Asstt.Prof. Tutor	1 1 1 3		1 1 1 3	1 0 3	1
Biochemistry	Professor Assoc. Prof. Asstt.Prof. Tutor	1 1 1 3		1 1 1 3	1 2 3	
Pharmacology	Professor Assoc. Prof. Asstt.Prof. Tutor	1 1 1 2		1 1 1 2	1 0 1 3	1
Pathology	Professor Assoc. Prof. Asstt.Prof.	1 2 3	1	1 3 4	2 0 4	2 0
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						100-100-100-100-100-100-100-100-100-100
		Pograficant	Additional faculty required for running PG	Total		
Department	Designation	Requirement as per MSR (UG)	courses (if any)	(UG + PG)	Accepted	Deficiency
	Tutor	4	1	5	0	5
	Professor	1		1	1	
Microbiology	Assoc. Prof.	1		1	1	
1,2,101,101,000	Asstt.Prof.	1	·	1	2	
and the second s	Tutor	3	erzi, a en la companio de la companio	3	3	ata ang ang ang ang ang ang ang ang ang an
	Professor	1		1	1	
Forensic Medicine	Assoc. Prof.	0		0	0	
1 OTCHOIC MICARIA	Asstt.Prof.	1		1	1	
-1	Tutor	2		2 .	1	1
	Professor	1		1	1	
	Assoc. Prof.	2		2	1	1
	Asstt.Prof.	2		2	1	1
Community Medicine	Epidemio-Logist-Cum- Asstt Prof.	1		1	. 1	
	Statistician-Cum-Tutor	1	-	1	1	
and the state of t	Tutor	3		3	3	
	Professor	1	The second secon	1	2	<u>. 44</u>
General Medicine	Assoc. Prof.	3	4	3	2	
	Asstt.Prof.	4	<u>-</u>	4	0	4

Date 20:11:18

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			Additional faculty			
Denedance		Requirement as per	required for running PG	Total		
Department	Designation	MSR (UG)	courses	(UG + PG)	Accepted	Deficiency
,			(if any)	(00.10)		
* *		4 - 1	(
						·
				;		
	Sr. Resident					
	Jr. Resident	8		4	2	2
				8	6	2
	Professor	1		1	1	
	Assoc. Prof.	1		1	1	
Paediatrics	Asstt.Prof.	2		2	1	1
	Sr. Resident	2		2	1	1
	Jr. Resident	4		4	4	
	Professor	1		1	0	1
	Assoc. Prof.	0		0	0	1
Tuberculosis &	Asstt.Prof.	1		1	0	1
espiratory Diseases	Sr. Resident	1		1	0	1
spiratory Diseases	Jr. Resident	1		1	-0	
		-		1 .	· U ,	1
		. :				
	Professor	0	The state of the s	0	0	
Dermatology,	Assoc. Prof.	1		1	0	1
Venereology &	Asstt.Prof.	1		1	0	1
Leprosy	Sr. Resident	1		1	0	
	Jr. Resident	1		1	0	1
ature of Assessors	att	Date 28:11:18 Mysth Jysth	Sign K Wilayo	ature of Dean	/Principal	proportion

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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
	Professor	0		0	0	
1_	Assoc. Prof.	1		1	0	1
Psychiatry	Asstt.Prof.	1		1	1	
	Sr. Resident	1		1	1	
Terrent to the second of the s	Jr. Resident	1		1	1	
	Professor	1	The state of the s	1	1	
	Assoc. Prof.	3		3	- 3	
General Surgery	Asstt.Prof.	4		4	3	1
	Sr. Resident	4		4	1	3
	Jr. Resident	8		8	5	3
	Professor	1	State and the st	1	0	1
	Assoc. Prof.	1		1	0	1
Orthopaedics	Asstt.Prof.	2		2	2	<u> </u>
	Sr. Resident	2		2	2	
	Jr. Resident	4		4	4	
	Professor	1		1	The second secon	and the second second
Oto-Rhino-	Assoc, Prof.	1		1	1	<u> </u>
Laryngology	Asstt.Prof.	1		1	0	1
	Sr. Resident	1		1	0	.1

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				·		
• •			Additional faculty			
D		Requirement as per	required for running PG	Total		
Department	Designation	MSR (UG)	courses	(UG + PG)	Accepted	Deficiency
			(if any)			
				′		-
•						
•		·				
	Jr. Resident	1		1.	2	
				1	-	
	Professor	1		1	0	1
	Assoc. Prof.	1		1	0	1
Ophthalmology	Asstt.Prof.	1		1	0	1
	Sr. Resident	1		1	0	1
Commence of the commence of th	Jr. Resident	1		1	0	1
	Professor	1		1	1	######################################
Obstetrics	Assoc. Prof.	1		1	2	
&Gynaecology	Asstt.Prof.	2		2	1	
& Gynaecology	Sr. Resident	2		2	0	2
	Jr. Resident	4		4	3	1
	Professor	1		1	1	The State St
	Assoc. Prof.	2		2	3	
Anaesthesiology	Asstt.Prof.	4		4	0	3
	Sr. Resident	3		3	2	1
	Jr. Resident	4		4	0	4
Radio-Diagnosis	Professor	1		1	1	A to the state of
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Signature of Dean/Principal

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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	0	1
	Asstt.Prof. Sr. Resident	1 2		1	0	1
	Professor	1		2	1	1
Dentistry	Assoc. Prof.	1		1	0	1
	Asstt.Prof.	1		1	0	1
The same of the sa	JR	1		1	0	1 .

Signature of Dean/Principal

Notes:

For purpose of working out the deficiency:

(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 IR.
- (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

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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 Reghu Ram	Senior Resident	Orthopedics	DNB -2 Years Experience in private non-teaching hospital. Joined on 16/09/2018 before MCI Notification on 31/10/2018
2	Dr.Midhun Mohandas	Senior Resident	ENT	Diploma Holder, No PG Degree

- 8. 1) Deficiency of Teaching Faculty: 31.19 % (34 out 109)
 - 2) Deficiency of Resident doctors:_45.16 % (28 out of 62)
 - 9. Any other deficiency/remarks: Attendance Sheet who signed after 11am. Is attached.

Shah

Date

Most

Signature of Dean/Principal

Signature of Assessors



KARUNA MEDICAL COLLEGE

Karuna Institute of Medical Sciences Post Vilayodi, Chittur, Palakkad-678103 Ph: 04923 221050, 221060 Fax: 04923 221794

E Mail: karunamedicalcollege@gmail.com

No.KMC/MCI/12-2018/07

To

The Secretary General, Medical Council of India, Pocket-14, Sector -8, Dwarka Phase – I, New Delhi-110077 भारतीय जायुर्विश्चान परिषद् Medical Council of India हायरी जनुसाग/DIARY SECTION 0 6 DEC 2018 DI/2018. 142179 01.12.2018

W

Sir,

Sub:- Medical Council of India – compliance verification – deficiency pointed out – clarification submission – reg.

Ref:- MCI letter No.MCI-34(41)(UG)/2012/Kerala/Med. dated 22.11.2018

We would like to submit the following facts for your favorable consideration and necessary action.

On 28.11.2018 three Assessors of Medical Council of India inspected this institution for verifying the compliance of deficiencies rectified which was pointed out by the previous assessors of Medical Council of India on 07 & 08.02.2018. The Assessors handed over to us one copy of the current assessment report as institution copy for reference.

All other deficiencies other than clinical material and faculty shortage have been verified and certified in this report that which have been rectified. Details of the deficiencies and remarks of the assessors are given below (Extract of the Assessment report).

Sl. No.	DEFICIENCIES	REMARKS OF THE ASSESSORS
1	Deficiency of faculty is 38.53% as detailed in the report	31.19% (34 out of 109)
2	Shortage of Residents is 83.87	45.16% (28 out of 62)
3	Most of faculty & Residents do not have bank salary proof from july 2017 onwards	Newly appointed faculty and residents did not show bank salary account.
4	OPD attendance upto 2 p.m. on day of assessment is 729 against requirement of 800.	OPD attendance upto 2pm on the day of assessment is 864 against requirement of 800
5	Casualty attendance was NIL on day of assessment	Casualty attendance is 11 on the day of assessment in last 24 hours (up to 10am on 28.11.2018)
6	Bed Occupancy at 10 a.m. on day of assessment was 45 out of 470 beds – i.e. 9.57 %.	22.12% (104 out of 470 beds)

7	Paramedical & Non-teaching staff: Only 78 Paramedical & Non-teaching staff are	B arra i aramedical
•	available against requirement of 179	Willespital 450
8	There were only 2 Maior 0 2 45	in College 390
	There were only 3 Major & 2 Mino. Operations on day of assessment	6 Major and 6 Minor operations upto 2 pm or 28.11.2018
9	Cytopathology workload is NIL.	
10	Radiological & Laboratory Investigations	Cyto pathology workload is 6
	workload is inadequate.	The state of the s
	nomicua io madequale.	Laboratory are clearly written in Clinical
11	000.0-16	Material Date Sl.No.5
TT	OPD: Registration counters are not	OPD: Registration counters are separate for
	separate for males/females. Waiting area	males/females. Waiting area is adequate.
	is inadequate. Injection rooms for	I Injustion Health 5
	males/females are not available. Child	available of the second contacts are
	Welfare clinic, Child Rehabilitation clinic	B I I III I I I I I I I I I I I I I I I
	are not available in Paediatrics OPD	
	Cancer Detection clinic is not available in	Paediatrics OPD. Cancer Detection clinic is
	OG OPD.	available in OG OPD.
12	Wards: Ancillary facilities are not	
	available in several wards as detailed in	
	the report	Ancillary facilities are available
13	Casualty: Separate Casualty for O.G. is	
	not available.	Separate Casualty for O.G. is available.
14	ICUs: There was NIL patient in MICU,	
	SICU & only 1 patient in ICCU and a	ICCU – 2 patients (10 AM)
	SICU & only 1 patient in ICCU on day of assessment.	ICU/MICU - 0 patient
	dosessment.	RICU – 0 patient
		PICU - 0 patient
		NICU - 01 patient
		SICU - 01 patient
15	There was NIL woman in Labour Room	
•	at time of visit.	There are 2 patients in the labor room.
16	CSSD: Receiving & Distribution points	4 Beds are available.
	are not separate ETO Starillar :-	ETO Sterilizer available.
	are not separate. ETO Sterilizer is not available.	Separate Distribution points is available in
		CSSD Social action points is available in
17	Lecture Theaters: Out of 4 Lecture	
.	Theaters available, 1 has capacity of 104	Lecture Theaters : Out of 4 Lecture Theaters
	against requirement of 120 and is of flat	available, 1 has capacity of 108 against
	type.	requirement of 120 and is of flat type.
18	Control Library Out 11	All average are A.C.
ļ	conditioned; rest of Central Library is not	All areas are AC
ļ	air-conditioned. Capacity of Students'	25 internet nodes are available
	to a dia a	,
]	rocuromont as ion in	Capacity of Students' reading room (Outside)
	are available against requirement of 25	is 100 against requirement of 100.
19	(Ontrol Dhata	
	available,	Central Photography section is available.
20	Anotomy donotomy to O I I	
	Anatomy department: Cold storage is not functional.	Cold storage is functional.

Regarding the clinical materials and faculty shortage

Karuna Medical College is situated in a rural area which is in the most backward Panchayath (Perumatty Panchayath) notified by the Central Government.

Institution is suffering financially due to the acute shortage of funds. Fees of the four batch students who are now studying in the institution has not been remitted till date due to the reason that, the matter is pending before the Hon'ble High Court of Kerala. The petitions are filed by the individual managements and management association. The Government of Kerala has sanctioned only 5 lakhs as annual fee per student, while the Medical Colleges in other states are getting higher fee annually per student. Even in Amritha Institute of Medical Sciences, Kochi, Kerala, which is a deemed university is also collecting rupees 19 lakhs and thirty thousand as fee annually in the allotment process by the Central Government. It is in this circumstances, we filed WP(C) No: 17/2018, WP(C) No: 642/2018 and WP(C) No: 20804/2018 before the Hon'ble High Court of Kerala for reasonable and sufficient fee to which we are entitled. In this matter detailed argument is already over and judgement is awaited soon.

Moreover, the Trust is arranging funds for meeting day to day expenses by disposing the properties owned by the Trust. The present financial crisis has affected the regular payments like salary, statutory bodies remittances, bank remittances and even welfare activities meant for the poor people.

The salaries were pending until October 2018 and now the process of clearing all dues has been done with the Trust's own fund. The situation is gradually returning to normal. This financial crisis has affected the smooth functioning of the institution. 20% of the faculties resigned even without giving notice and the Trust immediately took efforts to appoint new faculties after giving advertisements through newspaper and some other mediums (copy is enclosed). This situation was informed to the previous assessors deputed by the Medical Council India when they came for inspection and they have reported the fact to the Medical Council of India after being convinced of the situation.

Now we have appointed all faculties and clinical load is reaching to the previous strength. All community activities such as screening of school children by department of Pediatrics, early cancer detection camp by department of Surgery and allied departments are carried out by the institution. OPD strength is being maintained at the figure as per the MCI norms and the inpatient strength is reaching to the figure required. We are conducting regular camps and awareness programs for poor patients. This will help to meet the necessary requirements and to a level which was maintained earlier. In the case of clinical materials, the requirements will be met soon to the level being maintained during the last 12 years.

I specifically point out our grievance with due respect that, in the last compliance verification inspection (i.e. on 28.11.2018) the assessors did not count the names of the faculties of 5 main departments (Skin & VD, Ophthalmology, Psychiatry, Dentistry and other department Residents) in spite of being present in the OPD when the assessors were inspecting the hospitals, stating the reason that the faculties had not reported before the assessors while taking the head count. The fact is that all faculty members were present in front of the council hall where the head count was going on.

As it was a surprise inspection, the majority of the faculty did not have their documents like photo ID, bank details, regarding salary accounts etc. with them. Some faculties had kept their documents in their cars and were hurrying to show the documents before the assessors for considering their names. Unfortunately, the coordinator announced that, the time was over and they stopped faculty document verification and head counting. They allowed only few faculty members who had already entered into the council hall to present themselves for head counting and document verification. They did not count the faculties who were waiting outside the council Hall for their chance. This has happened due to some unfortunate communication gap and it may please be considered as our genuine grievance.

Hence it is requested respectfully that a lenient view may be taken in this regard and necessary action may be considered for obtaining the renewal of recognition to this institution.

Thanking you,

AKKAD, KERALA

Yours faithfully,

Principal

Karuna Medical College

Vilayodi, Chittur, Palakkad, Kerala, Adia.



