

# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



## Inspection Proforma for PG courses: Subject: Radio-therapy (Summary)

- Note:*
1. Please read the proforma carefully before completing
  2. Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
  3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy
  4. Inspector to give his final remarks after the summary in the proforma. No separate confidential letters be sent.
  5. The college will be responsible for filling all columns and signing at appropriate places.

**Date of Inspection:** \_\_\_\_\_ **Name of Inspector:** \_\_\_\_\_

<b>1. Name of Institution</b> (Private / Government)	<b>Director / Dean / Principal</b> (Who so ever is Head of Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Subject	

<b>2. Department inspected</b>	<b>Head of Department</b>	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	

<b>3. (a). Number of UG seats</b>	Recognised (Year: )	Permitted (Year: )	First LOP date
<b>(b). Date of last inspection for</b>	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

#### 4. Total PG Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Addl./Assoc Professor				
Asstt. Professor				

*Note: Count only those teachers who are physically present.*

5. Number of Units with beds in each unit:

<b>6</b>	<b>Number of patients on the day of inspection</b>	OPD	IPD	Casualty	Bed occupancy

Signature of Inspector

## 7. Year-wise available clinical materials (during previous 3 years) for department of Radio-therapy

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Operations Major Minor			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> <li>• Radiology</li> <li>• Biochemistry</li> <li>• Pathology</li> <li>• Microbiology</li> </ul>			
Average daily consumption of blood units in the department			

## 8. Investigative work load on the day of inspection (Entire hospital)

Radiology		Biochemistry	Pathology		Microbiology	Blood units consumed
MRI			Histopathology			
CT			FNAC			
USG			Haematology			
Mammography			Others			
IVP/ Barium etc						
Plain X-Rays						
DSA						
Any other						

9. Publications from the department during last 5 years:  
(Give only full articles published in indexed journals)

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10.	<b>Blood Bank</b>	License valid	Yes / NO(enclose copy)
		Blood component facility available	Yes / NO
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

11. Specialized services provided by the department: Adequate / not adequate

12. Specialized Intensive care services provided by the Dept: Adequate / not adequate

13. Specialized equipment available in the department: Adequate / Inadequate

14. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

15.	Library		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

16. Casualty Number of Beds \_\_\_\_\_ Available equipment \_\_\_\_ Adequate / Inadequate

## 17. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:

Signature of Inspector

- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced/ any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used
- Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and No. of Deaths during last one year			
In the entire hospital		In the department of Radio-Therapy	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

- Number of Births in the Hospital during the last one year:

Note: The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (*Photocopy of all such forms be obtained.*)

18. Accommodation for staff Available / Not available

19.	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						

20.	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted	Date of permission
		Degree				
		Diploma				

21. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

22.	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

23. The stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. Colleges by the State Govt.	Stipend paid by the Institute
Ist		
IInd		
IIIrd		
IVth		

24. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

Signature of Inspector

**25.** Faculty deficiency, if any

<b>Designation</b>	<b>Faculty available (number only)</b>	<b>Faculty required</b>	<b>Deficiency, if any</b>
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

**26.** Final remarks by the Inspector.

(No recommendations regarding permission / recognition be made. Give only factual position).

**Signature of Dean/ Principal/Director**

Signature of Inspector

Inspection Proforma for Postgraduate courses  
**(Radio-therapy)**

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

BFUHS Reference No.: \_\_\_\_\_

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

<p>Name .....</p> <p>Designation .....</p> <p>Specialty .....</p> <p>Name &amp; Address of Institute/College</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Residential Address (with Pin Code)</b></p> <p>.....</p> <p>.....</p> <p>Phone .(Off) .....(Resi.) .....</p> <p>(Fax).....</p> <p>Mobile No. ....</p> <p>E-mail: .....</p>
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**3. (Institutional Information)**

**Particulars of college**

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

Signature of Dean/Principal

Signature of Inspector

**PART – I**  
**(Institutional Information)**

**1. Particulars of Director / Dean / Principal:**

(Who so ever is Head of Institution)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Subject	Year	Institution	University
Recognised / Not Recognized				

**Teaching Experience**

Designation	Institution	From	To	Total experience
Asstt. Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

**2. Central Library**

- Total number of Books in library: \_\_\_\_\_
- Books pertaining to Radio-Therapy: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total: \_\_\_\_\_ Radio-Therapy books \_\_\_\_\_
- Journals:

Journals	Total	Radio-Therapy
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: \_\_\_\_\_
  - Year / Month up to which latest Foreign Journals available: \_\_\_\_\_
  - Internet / Med pub / Photocopy facility: available / not available
  - Library opening times: \_\_\_\_\_
  - Reading facility out of routine library hours: available / not available
- (obtain list of books & journals duly signed by Dean)

**3. Casualty:/ Emergency Department**

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

**4 Blood Bank**

(i)	Valid License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily as on inspection day ( give distribution in various specialties)	Average daily	On Inspection day

Signature of Inspector

**5. Central Research Lab:**

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

**6. Central Laboratory:**

- Controlling Department:
- Working Hours:
- Investigative workload:

(Approximate number of investigations done daily)

<b>Radiology: On inspection day</b>		<b>Average (monthly)</b>		<b>Microbiology: On inspection day</b>		<b>Average (monthly)</b>	
Plain X-Rays				Bacteriology			
CT Scans				Serology			
MR Scans				Mycology			
Mammography				Parasitology			
Barium studies / IVP				Virology			
Ultrasonography				Immunology			
DSA							
Others							

<b>Pathology On inspection day</b>		<b>Average (monthly)</b>		<b>Biochemistry On inspection day</b>		<b>Average (monthly)</b>	
Haematology				Blood chemistry			
Histopathology				Endocrinology			
FNAC				Other fluids			
Cytology							

<b>Radiotherapy (Optional)</b>	
Radiotherapy	
Teletherapy	
Brachy therapy	
Chemotherapy	

**7. Operation Theatres:**

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Total
Post-Anaesthetic care area			
Resuscitation arrangements	Adequate /Inadequate	Equipments	

- 8. Central supply of Oxygen / Suction: Available / Not available
- 9. Central Sterilization Department Adequate / Not adequate
- 10. Laundry: Manual/Mechanical/Outsourced:
- 11. Kitchen Gas / Fire
- 12. Incinerator: Functional / Non functional Capacity: Outsourced
- 13. Bio-waste disposal Outsources / any other method
- 14. Generator facility Available / Not available
- 15. Medical Record Section: Computerized / Non computerized
  - ICD10 classification Used / Not used
  - Total number of OPD, IPD and Deaths in the Institution during the last one year:

<b>OPD, IPD and No. of Deaths during last one year</b>			
<b>In the entire hospital</b>		<b>In the department of Radio-Therapy</b>	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

Signature of Inspector

- Number of Births in the Hospital during the last one year:

Note: The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (*Photocopy of all such forms be obtained*)

16. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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17	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						

18. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate

19. Ethical Committee (Constitution):  
*(Specify number of meetings held annually & minutes thereof)*

20. Medical Education Unit (Constitution)  
*(Specify number of meetings held annually & minutes thereof)*

Director/ Dean/ Principal

Signature of Inspector



**PART – II (Departmental Information)**

1. **Department inspected:** **Radio-therapy**

2. **Particulars of HOD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

**Teaching Experience**

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats /  
Renewal of recognition/Compliance Verification

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

\_\_\_\_\_

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

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

(Copy of MCI letter & University letter be attached)

3. **Mode of selection** (actual/proposed) of PG students.

4. **If course already started, year-wise number of PG students admitted and available PG teachers during the last 5 years:**

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

5. **Departmental General facilities:**

- Total number of beds in the department:.....
- Number of Units in the department:.....
- Unit wise teaching Resident Staff (Annexed).....

Signature of Inspector

### Unit wise teaching Resident Staff:

Unit \_\_\_\_\_

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

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Benefit of publications in promotion Yes/No, if yes List publications	

*Note: Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.  
Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns  
\*Publications : Give only full articles in indexed Journals published during the period of promotion*

Signature of Inspector

\* Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2014. If yes, give details.

**6** List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

**7** List of Non-teaching Staff in the department: -

S. No.	Name	Designation

**8** Available Clinical Material: **(Give the data only for the department of Radio-Therapy)**

- No of units available for clinical service on inspection day:
 

	On inspection day	Average of 3 random days
• Daily OPD	.....	.....
• Daily admissions	.....	.....
• Daily admissions in Deptt. Through Casualty	.....	.....
- Average daily Brachytherapy
  - (1) Radiotherapy
  - (2) Teletherapy
  - (3) Brachytherapy
  - (4) TPS Plain
  - (5) Mould Room procedures
  - (6) Chemotherapy
- Bed occupancy in the Deptt. ....Percentage.....
- No. of Indoor patients on inspection day .....
- Weekly clinical work load for OPD & IPD (define it per unit) -

**9** Year-wise available clinical materials (during previous 3 years) for department of Radio-Therapy

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Total number of patients given <ul style="list-style-type: none"> <li>(a) Radiotherapy</li> <li>(b) Teletherapy</li> <li>(c) Brachytherapy</li> <li>(d) TPS Plain</li> <li>(e) Mould Room procedure</li> <li>(f) Chemotherapy</li> </ul>			
Average daily investigative workload of the Department and its distribution <ul style="list-style-type: none"> <li>• Radiology</li> <li>• Biochemistry</li> <li>• Pathology</li> <li>• Microbiology</li> </ul>			

Signature of Inspector

Average daily consumption of blood units in the department			
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**10 Intensive Care facilities****I. ICU (High dependency beds)**

- No. of beds: .....
- Beds occupied on inspection day: .....
- Average bed occupancy .....
- Available equipment .....

II. Dialysis section .....

III. Any other intensive care service provided: .....

**11 Specialty clinics and number of patients in each, being run by the department.**

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1					
2					
3					
4					
5					
6					
7					

**12. Services provided by the Department.****13. Departmental Library:**

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

**14. Departmental Research Lab.**

- Space
- Equipment
- Research projects utilizing Deptt research lab.

**15. Departmental Museum (Wherever applicable).**

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

**16. Space:**

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

OPDIPD

Signature of Inspector

## 17. Office space:

<u>Departmental Office</u>	<u>Office Space for Teaching Faculty</u>
• Space	HOD
• Staff (Steno /Clerk).	Professors
• Computer/ Typewriter:	Assoc. Prof
	Asstt. Prof.
	Residents

## 18. Accommodation for the Therapy Department

		Area (Sq.m.)	Functional status
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 simultor 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		

## 19. Clinico- Pathological conference

## 20. Death Review Meetings

## 21. Submission of data to national authorities if any -

## 22. Publications from the department during the last 3 years in indexed and non-indexed journals.

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

## 23. 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

Signature of Inspector

- 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.

**24. Safety Protocol followed for monitoring and prevention of Radiation Hazards**

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 dose during last year.
- What measures have been taken.

**25. AERB approval.**

**26. Letter of Permission/Approval from the competent authority for Radiation Therapies ‘ (BARC)**

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

Signature of Inspector

**27. 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                          |  |  |  |

**28. Give numbers of Radiodiagnostic and imaging work in the department during last three years.****29. Academic outcome based parameters**

- |   |  |
|---|--|
| (a) Theory classes taken in the last 12 months –<br>(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____<br>Available & Verified/<br>Not available |
| (b) Clinical Seminars in last 12 months<br>(Dates, Subjects, Name & Designation of teachers, Attendance sheet)          | Number _____<br>Available & Verified/<br>Not available |
| (c) Journal Clubs held in last 12 months<br>(Dates, Subjects, Name & Designation of teachers, Attendance sheet)         | Number _____<br>Available & Verified/<br>Not available |

Signature of Inspector

- |   |  |
|---|--|
| (d) Case presentations held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet) | Number _____<br>Available & Verified/<br>Not available |
| (e) Group discussions held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)  | Number _____<br>Available & Verified/<br>Not available |
| (f) Guest lectures held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)     | Number _____<br>Available & Verified/<br>Not available |

**30.** Any other information.

**Head of Department**

**Director / Dean / Principal**

Signature of Inspector



**PART III**

**POSTGRADUATE EXAMINATION (Only At the Time Of Inspection)**

1. Minimum prescribed period of training.
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University.
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:
  
10. Year of 1<sup>st</sup> batch pass out (mention name of previous/existing University)

Degree Course -----

**Signature of Dean/Principal/Director**

- Note: (i) Please do not appoint retired faculty as External Examiner  
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.

Signature of Inspector