

As per direction of the Oversight Committee dated 27-08-2016, the compliance in respect of deficiencies pointed out by MCI letter no. MCI-37(1)(Recg)(UG)/2014-Med./119068 dated 04-07-2016 for Subharti Medical College, Meerut is updated on 10<sup>th</sup> September 2016 as follows:-

<b><u>Deficiencies</u></b>	<b><u>Compliance</u></b>																
<p><b><u>Teaching Beds</u></b></p> <p><i>Teaching beds are deficient by 25 no. as under:</i></p> <p>(a) General Medicine : 6;</p> <p>(b) Skin &amp; VD : 01;</p> <p>(c) Psychiatry : 02;</p> <p>(d) General Surgery : 02;</p> <p>(e) Ophthalmology : 08;</p> <p>(f) ENT : 06.</p>	<p><b><u>Factual Status:</u></b> The allegation is wrong because the Assessors of MCI did not count the beds and wrote their observations arbitrarily. The number of teaching beds is 750 and not 725.</p> <p><b><u>Explanation:</u></b></p> <p>Initially the number of required teaching beds as per MCI norms for the hospital of a College with 150 UG annual admissions and with PG seats; was 820 (700 for UG and additional 120 for PG). Inspections by MCI were conducted on 11-12 April 2014 and on 16-17 March 2015. In both the inspections the Assessors found 820 teaching beds in the hospital. Relevant pages of inspections report are <b>ANNEXURE NO. 1 &amp; 2</b>. The requirement of teaching beds was reduced to 750 (650 for UG and additional 100 for PG) by gazette notification dated 1<sup>st</sup> July 2015.</p> <p>An inspection was conducted on 21-09-2015 by Assessors of MCI. The relevant page of the inspection report is <b>ANNEXURE NO. 3</b> which confirms that the hospital had 750 beds. Another inspection was conducted by the MCI on 19-04-2016. The relevant page of the inspection report is <b>ANNEXURE NO. 4</b>. Under point no. 9 of the compliance verification report the Assessors have clearly mentioned that the hospital of the College had 750 beds.</p> <p>It is to state that the hospital has still 750 teaching beds and not 725 teaching beds. The correct department wise position of units &amp; beds along with their numbers is given herein below in the form of a chart:</p> <table border="1"> <thead> <tr> <th><b>Department</b></th> <th><b>No. of Units</b></th> <th><b>Total Beds</b></th> <th><b>Bed Numbers</b></th> </tr> </thead> <tbody> <tr> <td>Psychiatry</td> <td>01</td> <td>30</td> <td><u>G-1 to G-30</u></td> </tr> <tr> <td>Obstetrics &amp; Gynecology</td> <td>03</td> <td>90</td> <td><u>G-31 to G-120</u></td> </tr> <tr> <td>General Medicine</td> <td>05</td> <td>150</td> <td><u>G-121 to G-145,</u></td> </tr> </tbody> </table>	<b>Department</b>	<b>No. of Units</b>	<b>Total Beds</b>	<b>Bed Numbers</b>	Psychiatry	01	30	<u>G-1 to G-30</u>	Obstetrics & Gynecology	03	90	<u>G-31 to G-120</u>	General Medicine	05	150	<u>G-121 to G-145,</u>
<b>Department</b>	<b>No. of Units</b>	<b>Total Beds</b>	<b>Bed Numbers</b>														
Psychiatry	01	30	<u>G-1 to G-30</u>														
Obstetrics & Gynecology	03	90	<u>G-31 to G-120</u>														
General Medicine	05	150	<u>G-121 to G-145,</u>														

				<u>G-366 to G-390,</u> <u>G-591 to G-615,</u> <u>G-676 to G-750</u>	
	Pediatrics	03	90	<u>G-421 to G-450,</u> <u>G-561 to G-590,</u> <u>G-646 to G-675</u>	
	Tuberculosis & Respiratory Diseases	01	30	<u>G-616 to G-645</u>	
	Dermatology	01	30	<u>G-531 to G-560</u>	
	General Surgery	05	150	<u>G-146 to G-245,</u> <u>G-451 to G-500</u>	
	Orthopedics	03	90	<u>G-246 to G-305,</u> <u>G-336 to G-365</u>	
	Ophthalmology	02	60	<u>G-306 to G-335,</u> <u>G-391 to G-420</u>	
	Otorhinolaryngology (ENT)	01	30	<u>G-501 to G-530</u>	
	<b>TOTAL</b>	<b>25</b>	<b>750</b>		

**Patients on leave**

*In Pediatrics ward 3, on duty sister told the assessors that 2 patients were on leave. This is not permissible. Either the patient has to be in the ward or be discharged.*

**Factual Status:** The allegation cannot be considered as deficiency because there is no regulation of MCI which puts any bar on the doctor that he cannot send the patient on leave for a day or two.

**Explanation:**

Sometimes there is a situation when a patient is advised some procedure/investigation/surgery for which the patient is likely to stay for a longer period than initially thought by the patient/attendants. It also happens that they had not come with arrangement of money or after making necessary arrangements of safety & security of their house in the village for a longer stay. There may be many such type of short term problems with the patients/attendants. In view of this they want to go back home for a day or two. To avoid repetition of all formalities of admission and ensuring that they remain under treatment of the same doctor; they request the concerned doctor to be sent on leave for a day or two. Each doctor is authorized to send a patient on leave for a day or two without taking any permission from any other authority.

In case any inspection is conducted by any authority during that period, such patients are not counted in the indoor patients count. On 11<sup>th</sup> May also

those two patients who were on leave in the Pediatrics ward III, were neither counted by the hospital management nor by the Assessors while calculating the bed occupancy.

This may also be taken into account that there is no regulation of MCI wherein it is provided that patient cannot be sent on leave. Copies of regulations of MCI are not sent as annexure because these are already available with the MCI. However, in view of the letter of the MCI showing this also as a deficiency, instructions have been given to the faculty members to discharge the patient rather than sending them on leave.

We hope that the MCI is satisfied with our explanations & proofs submitted herein above.