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NATIONAL MEDICAL COMMISSION  
NEW DELHI



# Assessor Guidelines

## 2024-2025

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## Abbreviations

AEBAS	Aadhar Enabled Biometric Attendance System
AETCOM	Attitude, Ethics and Communication
AERB	Atomic Energy Regulatory Board
CBME	Competency Based Medical Education
DOAP	Demonstrate Observe Assist and Perform
FDP	Family adoption program
ICMR	Indian Council of Medical Research
ICT	Information, Communication and Technology
LOP	Letter of Permission
MARB	Medical Assessment and Rating Board)
MBBS	Bachelor Of Medicine and Bachelor of Surgery
MSR	Minimum Standard Requirements
NMC	National Medical Commission
OPD	Out-Patient Department
RHTC	Rural Health Training Centre
SLO	Specific learning objective
STS	Short Term Studentship
UHC	Urban Health Centre
TEQ	Teachers Eligibility Qualifications

## 1. Introduction

The assessment of medical colleges in India is carried out by NMC's pool of empaneled assessor(s) led by Team Coordinator. The assessment is carried out systematically for comprehensive review of adequacy and quality of infrastructure, clinical case load, operational systems, teaching facilities, faculty, and staff of medical colleges. The collected evidence forms the basis for arriving at a judgment for recommendation by the assessor. This guide has been prepared based on the minimum standard requirements (MSR), assessment practices followed and the experience of experts. This guideline acts as a crucial tool to strengthen and streamline the assessment process.

The role of the assessor in establishing the standards of medical education cannot be overemphasized. However, the assessor should be expected to be unbiased, keep in mind the minimum standard of requirement. The NMC's decisions regarding establishment of college, permission for renewals, and recognition or continuation of recognition at various stages are made based on the report submitted by the assessors. Hence, the Assessor is the eye of the NMC 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.

This guideline aims to:

- Provide guidance to the assessors during the assessment of medical colleges.
- Ensure uniformity of assessment and reporting.
- Eliminate ambiguities or doubts regarding the assessment process.



## 2. Types of Assessment

NMC MARB (Medical Assessment and Rating Board) may opt for different assessment methods depending on the need of the hour.

- A. For assessment purpose following parameters should be considered
1. For LOP- Infrastructure, Manpower, and Clinical material.
  2. For Renewal-Infrastructure, Manpower, Clinical material, and Quality of Medical Education.
  3. For Recognition-Infrastructure, manpower, clinical material, quality of medical education and examination.
- B. Assessment types could be.
1. Physical assessment
  2. Virtual assessment

*(Each of these must be supplemented with video data for decision making.)*

NMC MARB (Medical Assessment and Rating Board) may opt for different assessment methods depending on the need of the hour.

## 3. Roles and Responsibilities of Assessment Team

The role of Assessment team is to conduct assessment of medical college assigned by MARB under the purview of National Medical Commission and provide the report to NMC based on the findings. The assessment team plays a vital role in determining the credibility of the medical college. The role of assessors should be as a facilitator.

The objective of the assessment is to obtain evidence on compliance with respect to latest Minimum Standard Requirements (MSR) and CBME (Competency Based Medical Education) guidelines along with applicable laws and regulations. Assessments must be evidence based with relevant photographs that substantiate the findings.

To make the assessment process smooth and unambiguous, the assessment team needs to consider conformances as per the standard guidelines. The roles and responsibilities of assessors have been enlisted in further sections.

**Qualities of an Assessor**

All assessors should treat their colleagues with respect and at no time during the assessment process reveal any prejudice or bias. He/she should not reveal the team's impression to the host institution. Assessors should focus on the task allotted to them and should avoid arguments.

- Professional Demeanour
- Impartiality
- Active Listening
- Empathy and Sensitivity
- Effective Questioning
- Confidentiality
- Anonymity

#### 4. Important Notes

1. The assessor should maintain confidentiality about the assignment and do not communicate any information either before or after about the assessment/process of assessment/ findings or observations about the college / or visit to the city on the social media. In case it is observed that comments/photos have been posted on the social media sites, it could be viewed seriously.
2. The assessments should be done as per the guidelines of latest MSR, CBME guidelines and relevant gazettes.
3. Assessment Form consists of two Parts: Part A1 to be filled in by the college/ institution and Part AII to be filled in by the assessor. Compliance verification assessment is to be filled in Part A III.
4. Assessors are directed to use only the assessment form for the current academic year which may be downloaded from the NMC Website.
5. All columns in the assessment form should be duly filled. The final report should be jointly prepared and signed by all assessors. No unsigned / blank pages to be submitted. All Assessors must stay till the end of assessment.
6. While formulating the report, it should be ensured that no column in Part A II is deleted by the college/ institute.



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7. 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 first 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 first day of assessment. Kindly ensure that the above-mentioned timings are adhered to during assessment process.
8. Assessors need to cross check data provided by the college with their own observations at the time of assessment e.g. number of operations performed with the OT register / number of blood bags / components issued by blood bank, investigations – Microbiological, Pathological, Bio-chemical & Radiological etc. with the Bed occupancy / OPD attendance. Histopathological investigations record should be verified with the number of specimens/containers. Patient safety, privacy, and treatment are utmost priority, should not be hampered during the time of assessment.
9. Please add the PG compliment for faculty requirement/ Beds per Unit wherever applicable.
10. Confidential remarks / recommendation to be added based on the assessment in the same report but on a separate page which should not be signed by the Dean/Principal/Director, all statements may be justified by creating adequate evidence. Assessor should only write observations on the SAF form.
11. Videography of assessment is mandatory to be arranged by the college. It should be supervised by the assessors & handed over by the college to the assessment team to be 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 all assessors in the assessment form under the “Remarks” heading and a statement should preferably be obtained from the Dean. In such an eventuality, importance of having photographs from the mobile cameras becomes very important. which should be carried by assessors.
12. A hard copy of the assessment report, signed on all pages by all assessors & the Dean/Principal/Director of the Institute, containing the name of the assessors, should be submitted in a sealed envelope to the NMC within 24 hours of completion of the assessment. The soft copy of report should be uploaded on the links provided by NMC within the given time frame. All assessors must stay till the report is submitted.
13. It is possible that the Dean may have some objections to assessor’s report, and he/she may refuse to sign the report. In such a case, he/she may be asked to state the objections and then be asked to sign. If he/she still refuses, it should be recorded by all assessors and

signed. The Dean may write, sign, and stamp a dissent note with his comments on the assessors form itself.

14. Any instances of non-compliance by the Dean of the host college/ Institute, of instructions given by the Assessors should be reported and such report should be signed by all the Assessors.
15. Every Assessor must fill self – declaration form. **(Annexure 9)**
16. The Assessors should report any instance of misbehaviour or commission of an act not befitting the dignity of the NMC or any instance of doubtful integrity by the other Assessors / by college to the NMC immediately. Any case of established cheating / defrauding would be enough to stall the process of assessment. The coordinator has the right to call off the assessment after informing the Medical Assessment & Rating Board (MARB) or the helpline number provided by the MARB and taking necessary advice and directions from the Council or seek police protection in case of undue stress, obscene behaviour, or threats.

#### 4. Code of Conduct

##### DO's

1. Disclose to NMC if there is any conflict of interest including (but not limited to) current or prior working or personal relationships that may affect the neutrality of the assessment. Assessor must fill self-declaration form for impartiality, confidentiality & integrity.
2. Assess as per the scope of assessment. Always keep the intent of the assessment in focus.
3. Strive to continually improve proficiency and the effectiveness and quality of assessment skills
4. Be objective, consistent, and accurate in evaluations of data obtained through documentation, interviews, and observation.
5. Strive to complete assessments and avoid any omissions.
6. Separate facts from opinion, clearly and concisely in the assessments.
7. Commit to honest, thorough, and straightforward communication in the performance of assessment activities.
8. Be professional, cordial, courteous and honest in all dealings with members of the team.
9. Respect the hierarchy laid down for the assessment team.
10. Promptly inform the Team coordinator regarding difficulties encountered during the assessment





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11. Co-operate fully with any enquiry in the event of any complaint about them.
12. performance as an assessor or any alleged breach of this code
13. Fill up and submit the various assessment related forms and formats.
14. mandated by NMC in a timely manner.
15. Take receipts for local transport (where applicable) to be handed over to the NMC and claim reimbursement.
16. Adhere to the schedule. All the assessments (UG & PG courses) for a college should be completed on the same day. All the assessors should be present till the assessment report submission.
17. The Assessors / Team coordinator should report any instance of misbehaviour or commission of an act not befitting the dignity of the NMC or any instance of doubtful integrity by the other Assessors / by college to the NMC immediately.

#### **DON'Ts**

1. Do not accept any transportation, hospitality, or gift in any form from medical college authorities or anybody who relates to the medical college. Note that if at any stage assessors are found to have accepted, the assessment report sent by them would be treated as cancelled and invalid and the assessors shall be debarred by NMC from panel of assessors/assessor's bank.
2. Do not use assessment information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of NMC.
3. Do not knowingly be a party to any illegal activity or engage in acts that are discreditable to the assessment process or to NMC.
4. Do not communicate false, erroneous or misleading information that may compromise the integrity of any assessment.
5. Do not market, promote or represent any business interests, whilst conducting assessment.
6. Do not provide/offer to provide consultancy at any time to the assessed organization either during the assessment process or later.
7. Do not get into arguments or confrontations with the medical college.
8. Do not get into a preaching/teaching mode and throw on them your perceived highest level of knowledge.



9. Do not break the continuity of assessments by going out repeatedly for breaks.
10. Do not have confrontations / unhealthy arguments amongst the assessment team. Under such circumstances, team coordinator should amicably sort out the differences.

## 5. Assessment Process

All the assessments (UG & PG courses) for a college will be ordinarily conducted on the same day barring exceptional situations. For UG course, assessment will be conducted for one day by a team of 5 assessors (In case of non-availability of 5 assessors, MARB may allow inspection to be conducted by at least 3 assessors) and for PG courses, assessment will be conducted for one day by a team of 2 assessors per specialty. (In case of non-availability of two assessor per specialty for PG course, MARB may allow inspection to be conducted by one assessor). The team of assessor will conduct the assessment to examine the infrastructure, quality of medical education, faculty, AEBAS data, clinical indicators, and financial status (solvency certificate) of the college to ensure compliance with latest NMC guidelines. It may also conduct interviews with staff & all students during the assessment. (Refer to Assessment form <https://www.nmc.org.in/information-desk/for-colleges/procedure-to-start-new-college/>)

The team will also conduct interviews with the students and faculty to gather information and feedback regarding the operation of the medical college and the curriculum.

The seniormost faculty shall be the preferred coordinator of the UG assessment team. UG coordinator will be the overall team coordinator for UG and PG assessment. The team should plan activities in such a manner that the assigned task is accomplished within the allotted time. The tasks need to be coordinated in such a manner that visit to RHTC, UHC, Hospital Clinical departments and pre & para clinical departments in the medical college are all visited within the time available.

Assessment team shall reach the Dean / Principal office and give the official order of assessment. A brief opening meeting with the Dean/ Director/ Principal of the institution shall be conducted to discuss the scope, objectives, process and required constructive changes/ suggestions for the inception of assessment.



The assessment process should be conducted from **9:00 A.M. till 06:00 P.M.** Normal / routine functioning of the institution should not be disturbed. It May extend till the completion of final SAF report.

*The responsibilities and tasks of each team may be assigned by the team coordinator.*

### **Role of the team coordinator**

- The team coordinator shall collect the affidavit, make sure that it has been uploaded on NMC website and made accessible to all other assessors.
- After the introductory opening meeting with the Dean/Director/Principal of the college, the team coordinator may constitute teams with different responsibilities and tasks to carry out the assessment process, as required. Hospital infrastructure, facilities and clinical material, infrastructure of college, hostel etc, evaluation of quality of medical education and verification of the assessment process of the students)
- Shall collect the hospital statistics from the college authority and verify it with information mentioned in SAF filled by the Dean/Director/Principal.
- Verify all legal licences (as per the SAF) such as:
  - Registration license
  - Blood bank licence
  - Biomedical waste authorization
  - PNDD
  - AERB (Radiology)
  - Solvency certificate etc.
- Ensure that college/institute authority arrange for video recordings and photographs.
- Check the functionality of the cameras, Bio-metric attendance, HIMS system.
- Shall ensure that common information of UG SAF and PG SAF form is same.
- Shall ensure that all columns in SAF are duly filled, all pages are signed by assessors and Dean/Principal and the report is timely submitted/ mailed to



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NMC In case college authority do not do so please put remark and it should be communicated to NMC via email or telephonically.

**Role of assessor:**

**A. Verification of Teaching faculty and residents**

- Only the medical colleges having at least 75% faculty attendance on AEBAS for three months prior to the last date of application will be eligible for physical inspection.
- In case of establishment of new medical college AEBAS registration for the faculty should be complete before inspection. AEBAS attendance of registered faculty for ten working days prior to (and including) the date of inspection will be an essential criterion to be taken into consideration during the inspection.
- Attach the list of faculties who are on maternity leave, childcare leave, medical leave, conference leave etc. Proof of their **PRIOR SANCTIONED** leave, conference registration, air/ train ticket, boarding pass etc. to be attached.
- Please adhere to instructions regarding time very strictly. However, it has been observed that some time faculty coming after the permissible time slot insists to be verified. To avoid unpleasant situations, you may verify them, but you must mention in the remarks that the faculty/resident signed the attendance after the permitted time and note the time of signing. You may then not count him in the faculty count and inform to NMC in writing in a last page as note.
- Verification of teaching faculty shall be as per **TEQ guidelines mentioned in the latest gazette.**
- In case a teacher is not able to show the Registration Certificate of additional qualification at the time of assessment, the Dean should be requested to submit the same at the earliest. A letter, specifying the names of such teachers, should be submitted by the Dean/Director to NMC for consideration.
- Medical College-Staff Strength - Faculty / Resident data should be calculated and entered in the assessment form (A-II). Please compute faculty requirement for UG and add PG compliment if PG Course is running in a particular department.
- Excess of Professor and Associate Professors can be counted towards deficiency of Associate Professor and Assistant Professor respectively but not vice versa. Excess

of teaching faculty cannot be counted against the deficiency of Senior/Junior Resident doctors and Tutors/Demonstrators. It should be noted that as per the new MSR's for new colleges & increase of seats, tutors will not be counted as a part of the faculty compliment and therefore the tutor deficiency cannot be compensated by the higher designation.

- Courses which are not permitted/recognized by NMC or which do not come within the purview of NMC need not be taken into consideration for calculating the teaching faculty.
- In case there is an attached Dental College running within the same campus or outside, separate staff including faculty and residents for the Dentistry Department may not be insisted upon.

**B. Verification of hospital infrastructure and Clinical Material**

- Bed occupancy till 10:00 A.M and OPD attendance up to 2:00 P.M** must be considered, without any exceptions. It should be cross verified with HIMS. Real patient load should be checked by physical rounds.
- Please note department wise no. of units, number of beds in each unit and infrastructure/teaching facilities.
- Please create an evidence sheet for clinical material assessed in the wards and get it signed by nursing staff in-charge and counter signed by the Unit Head/HOD/Medical Superintendent.
- Randomly 10 case sheets of indoor patients from Medicine, Surgery, OBGY, Paediatric department etc. to be assessed as per **annexure 2**. The details to be checked shall include indoor case sheets, nursing charts, consultation instructions with relevant investigation reports and signatures/stamp of senior resident, junior resident, and faculty. 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. Such patients should be randomly selected, and their details recorded, if possible, along with documentary proof. The signature of the Dean/Principal should be obtained at the relevant place.
- Collect Information from MRD Department as **per annexure 3**.

- Assessor for **Surgical** departments to collect the **List of Major Surgeries (department wise) done in last 7 working days as per Annexure 4.**
- Assessor for **OBGY** department to collect the **List of deliveries conducted in the last 7 working days as per Annexure 5.**
- Assessor for **Emergency/Casualty** to collect data **as per annexure 6.**
- 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 blood bags being issued by blood bank.
- 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.
- The clinical material and data w.r.t the OPD attendance, OT records, Lab data, etc must be as that obtained at 2.00 pm on the first day of assessment while the Casualty/Emergency data is for a 24-hour period. However, in case you have seen the factual clinical data observed at earlier times, you may mention it along with the time, but the 2.00 pm data must be the one for calculation. In case you feel that the data at the earlier time observed by you and that provided at 2.00 pm do not match or are not in acceptable proportions, please mention it in the remarks for the comparison purposes as it will help to analyse the report and may form a basis for the authenticity of the clinical material.
- Any discrepancy observed between statements made in Assessment Form A-I & Clinical material supplied by the institute and the actual position as observed during assessment, should be clearly marked and brought to the attention of the Dean/Principal of the institute and her/his signature should be obtained at the relevant place.

### **C. Verification of Medical College infrastructure and Teaching Facilities**

- Assessor should verify the infrastructure of the medical college during physical rounds to the LTs, practical labs, demonstration rooms, libraries, student hostels, etc.

- Collect Teaching programmes of last 3 completed months as per **annexure 1**.
- For verification of quality of teaching in the institute, feedback from medical students may be taken about number and quality of lectures conducted by the faculties in different subjects and names of the faculties may also be verified. Feedback forms shall be collected from the students as per **annexure 7**.
- Begin the interview by explaining its purpose and ensuring the students & faculty understands the confidentiality measures in place. Allow the student to freely express their opinions, experiences, and suggestions regarding the medical college.

#### ***D. Verification of the Quality of Medical Education***

The teaching curriculum, methodology of imparting medical education and student assessment, faculty, and student interaction etc shall be evaluated during the assessment process as per **annexure 8**.

##### ***i. Assessment of Quality of Medical Education***

The Quality of medical education can be assessed using Quantitative and Qualitative indicators:

##### **a. Quantitative Indicators –**

1. Total number of scheduled weeks for the complete educational programme.
2. Examination results for the three most recently completed academic years.
3. Pass percentage / Graduation completion (for the last five years).

##### **b. Qualitative indicators -**

1. Implementation of the competency-based curriculum.
2. Adoption of newer methods of teaching-learning.
3. Implementation of overall student development program.
4. Implementation of faculty development program.
5. Regular feedback taken from the students.
6. Required Internship Courses with educational methods as stipulated in the required course internship forms.
7. Whether Students gain experience in the following areas.
  - a. Communicating with patients and patient families.

- b. Communicating with colleagues (medical and non-medical)
  - c. Medical consequences of common societal problems.
  - d. Cultural and socio-economic issues.
8. Institution-level programmes to enhance the teaching and evaluation skills of graduate students, postdoctoral fellows, or residents.
  9. Roles of central college bodies, e.g. the Medical education unit, Curriculum Committee and individual disciplines in designing and implementing assessments.
  10. Maintenance of standards and the fairness of assessments of students.
  11. Methods used to assess student performance are appropriate to achieve its institutional and course or clerkship-specific objectives.
  12. Composition of various college committees and mechanisms for selecting its members and chair.
  13. Review and revision of the curriculum.  
Following parameters should also checked.
  14. Whether curriculum contains formal experiences in problem solving and clinical reasoning, provide examples and indicate how student achievement?
  15. Whether mid-course assessments occur or not provide formative feedback.  
(Methods, such as review of test results, formal written comments, oral comments)?
  16. Whether any standard form(s) used by faculty members or resident physicians to assess students during required clinical clerkships?
  17. Whether the college assesses the personal qualities of students and interactions with patients and colleagues?
  18. Whether the college ensures that content is coordinated and integrated within and across academic periods of study?
  19. Whether the Curriculum Committee monitors the content of required courses and clerkships, and gaps and unwanted redundancies?

**ii. Assessment of the evaluation process of students:**

1. Supervision and monitoring of students in clinical learning situations.
2. Streamlined mechanism to maintain quality of standards and fairness while taking assessments.



3. Three internal formative assessments in 1st phase and 2nd phase while two internal assessments are taken in 3rd MBBS part-1 and 3rd MBBS part-2 phases.
4. In subjects which are taught in multiple phases like Community Medicine, one internal assessment in 1st MBBS, one in 2nd MBBS while 2 internal assessments are taken in 3rd MBBS part-1.
5. Based on internal assessment marks, slow learners, and advanced learners should be identified.
6. Remedial/ extra classes for the slow learners.
7. Research projects for advance learners, like Short Term Studentship (STS) projects by Indian Council of Medical Research (ICMR)
8. Regular conduction of objective Structured Practical Examination (OSPE) and Objective Structured Clinical Examination (OSCE) in all subjects.
9. Introduction of 20 multiple choice questions with clinical scenario in theory question paper.
10. Theory question papers in both formative and summative assessments.
11. Assessment of cognitive, affective, and psychomotor domain is ensured in both formative and summative examinations.
12. AETCOM based short answer questions in formative and summative assessment in all phases of MBBS course.
13. Separately mentioned internal assessment marks in the mark sheet and are not added to the main examination.

Note: Schedule of assessments, question papers, OSCE/OSPE, compiled marksheets, ward leaving marks etc. may be verified and attached

***Additional role of PG Assessor:***

- PG assessor shall verify department wise infrastructure, equipment, unit wise distribution of faculty and residents. Equipments down time (non-functional status) should be noted.
- PG assessor shall verify the clinical material of the concerned department.
- The hospital clinical data mentioned in the SAF should be same for UG and PG.
- PG assessor shall fill the SAF form of PG as per available PG seats.

## 6. Video recording and photos for evidence

- Video recording of the college, hospital, hostel infrastructure & facility.
  - One Video should be at Entrance gate (9:00 AM to 1:00 PM).
  - Video recording is compulsory during the signature of Principal/Dean.
- After completion of inspection, the videos shall be submitted to the NMC.

## 7. Submission of Report

- ❑ Each assessor should complete the part of report they have been allotted and handover to the team coordinator. The final report should be jointly made by all UG team members and signed by all UG assessors and Dean/Principal/Director of the concerned college. No unsigned / blank pages to be submitted.
- ❑ It will be the responsibility of the team coordinator to ensure that whatever information is provided by the college authorities to them is properly formatted and filled in and to submit the same information along with the assessment report, in a sealed envelope, to NMC.
- ❑ No separate letter / page to be submitted with the main report. In case of dissent a small note / remark may be added in the main report, and this could be from any one of the signatories.
- ❑ The PG SAF form shall be signed by the individual PG assessor (and /or Team coordinator) and Dean/Principal/Director of the concerned college.
- ❑ **Assessor should only write his/her observation in SAF form. No recommendation should be written in any SAF form.**
- ❑ In case, the applicant College finds grounds of disagreement with any findings of the assessor, the former would be free to record its observation on the assessment report.
- ❑ The assessment report should be submitted by the assessors through the NMC web portal according to the following schedule: -
  - The AEBAS attendance sheet (department wise) should be uploaded using the **first link**, which will be active from **11 am to 12 pm on the day of the assessment by college authority** (After validation by assessor)



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- The details of the clinical material should be uploaded using the **second link**, which will be active from **2 pm to 3 pm on the day of the assessment by the assessors.**
  - The complete SAF should be uploaded using the **third link**, which will be active till 12.00 am midnight on same day of assessment along with video and photographs (Photographs to be uploaded with comments and college name with location)
- 
- In case the inspection is extended beyond one day the link may be activated on second day (maximum up to 12pm) with the permission of MARB joint committee. The committee shall record reasons for allowing such extension.
  - Assessors are required to upload duly filled SAF with detailed summary along with evidence as per rules & regulations of NMC. Assessors shall also upload confidential report(s).
  - Additionally, each assessor also required to upload following duly signed document on provided link.**
    - a) Recommendations with evidence as per the rules and regulations of NMC.
    - b) Confidential report and feedback on fellow assessors.
  - All the assessors must stay till the time assessment report and other documents are uploaded.

**Note:**

*Relevant documents e.g., SAF Forms should be download from the official website as per below:*

<https://www.nmc.org.in/information-desk/download-application-forms-nmc/>

*Refer to MSR guidelines from the link below:*

<https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/18-8-2023.pdf>

*Refer to TEQ guidelines from the link below:*

<https://nmc.org.in/wp-content/uploads/2018/01/FAQ-TEQ.pdf>

## Annexure 1

Name of a College/Institute -

### Teaching programmes of Last 3 completed months

S. N.	Month	Name of the faculty	No. of the classes allotted	No. of the classes taken by the faculty	Total no. of UG/PG Classes	No. of students attend the classes as per the attendance sheet

### Note:

- Last 3 completed months along with remaining days of assessment month from the date of inspection (example: Inspection month- September, then last 3 months will be June, July, August).
- Hard copy of the notification/attendance register (student and faculty both).
- Document verification of faculty wise classes (Practical and Theory) as per the schedule.

**Head of the Department    Dean/Principal**

**Verified by:**

**Assessor 1**

## Annexure 2

### Random Selection of the Case File

S. N.	UHID No.	Indoor case sheets with date of admission (Yes or No)	Nursing Chart (Yes or No)	Hand over - Taken over charge by the Nursing as per the Nursing Duty Roster	Senior Residence Progress Note and Signature (Yes or No)	Faculty Progress Note and Signature (Yes or No)	Relevant Investigation Report (Yes or No)
1		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
5		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
6		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
7		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
8		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
9		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
10		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

### Annexure 3

#### Information Collected from MRD Department

- Verify records from MRD Department of last 3 years UHID number (1 January to 31<sup>st</sup>

S. N.	Name of the Year (Last 3 years)	Starting UHID Number on 1 <sup>st</sup> January (A)	Closing UHID Number on 31 <sup>st</sup> December (B)	Total Number of Files (B-A)	Total Number of Indoor patients as per HIMS system
1	1 <sup>st</sup> January- 31 <sup>st</sup> December 202--				
2	1 <sup>st</sup> January- 31 <sup>st</sup> December 202-				
3	1 <sup>st</sup> January 202– as on date - December 202 ).				

**Any Comments:**

## Annexure 4

For **Surgical** dept

Institute to provide data of last 7 working days of the Major Surgical branches  
(department wise)

S.N.	Date	No. of Major Surgery as per the OT Register	Name of the procedure as per the OT Register	All Present Faculty Names as per the OT Register (at the time of surgery)	Cross Verification as per the MRD Report
1					
2					
3					
4					
5					
6					
7					

Assessor to verify-

- 1) number of surgeries per week- Major----- Minor-----
- 2) Variety of clinical cases- satisfactory- **Yes /No**

**Signed by college/institute Dean/ Principal/Head**

**Verified by assessor**

## Annexure 5

For OBGY Department-

List of deliveries of the last 7 working days

S.N.	Date	No. of Deliveries (Normal)	No. of Deliveries (LSCS)	No. of other gynaecological surgeries
1				
2				
3				
4				
5				
6				
7				

Few copies of birth records may be collected for cross verification .

Signed by college/institute Dean/ Principal/Head



## Annexure 6

### Emergency/Casualty Department

S.N.	UHID No.	Diagnosis	Discharge Date/Transfer Date	Patient shift to the concerned department	Verify from the record (Yes or No)

Note: Last 3 days including assessment day.

## Annexure 7

### Feedback Form by the students

**Confidential**

Name of the College:

Year:

- All the classes have been taken on regular basis as per schedule Yes / No
- Whether the schedule of the classes displayed on Notice Board Yes / No
- Regular classes are taken by faculty e.g. Prof., Associate/Asstt. Prof. Yes / No
- Regular clinics are taken by Resident/Tutor/Demonstrator Doctors Yes / No
- Are you satisfied with the classes taken by faculty / resident Yes / No
- Whether sufficient exposure to the patient, procedure, and techniques Yes / No
- Are you satisfied with the Hostel facilities Yes / No
- Are you satisfied with the Mess facilities Yes / No
- Are you satisfied with the library facilities Yes / No
- Whether the recreation / sport facilities available Yes / No
- Are you aware of Internal Grievance Committee Yes / No
- Are you aware of Anti Ragging Committee Yes / No
- Are you paying over and above the prescribed fees as per NMC, GOI Yes / No
- Are you aware about the mentor mentee programme available in institute Yes/ No
- Is Family adoption program (FDP) being implemented Yes/ No

#### Any Suggestions for improvement:

1.

2.

-

## Annexure 8

### Verification of the Quality of Medical Education

The teaching curriculum, methodology of imparting medical education and student assessment shall be evaluated during the assessment process.

#### i. Assessment of Quality of Medical Education

The Quality of medical education can be assessed using following Quantitative and Qualitative indicators:

#### Quantitative Indicators –

- Total number of scheduled weeks for the complete educational programme.

(Taking into account 4.5 years of MBBS and one year of internship)

- Provide the examination results for the three most recently completed academic years. Eg:

Year	No. examined	% passing	% Distinction
2022-23			
2021-22			
2020-21			

- Pass percentage / Graduation completion (for the last five years)

	Last Year		2 Years Prior		3 Years Prior		4 Years Prior		5 Years Prior	
	No.	%	No.	%	No.	%	No.	%	No.	%
Number of students graduated per year										
Number of students failed										
Graduates placed in internship										
Graduates successfully completed internship										

### Qualitative indicators -

#### 1. Implementation of the competency-based curriculum

- Whether latest National Medical Commission (NMC), Competency Based Curriculum implemented in all phases (1<sup>st</sup> MBBS, 2<sup>nd</sup> MBBS, 3<sup>rd</sup> MBBS part-1 and 3<sup>rd</sup> MBBS part-2) of MBBS program: Yes/ No
- A notice regarding teaching timetable for first MBBS, Second MBBS, Third MBBS Part-I and Third MBBS Part-II is released from the office of Principal and Controller which clearly mentions the time and day allotted for theory lecture, demonstrations, clinical posting and practical classes in various subjects: Yes/ No
- Is Competency based teaching schedule with specific learning objectives being followed: Yes/ No
- Is Horizontal and vertical integration across one and multiple phases done: Yes/ No
- Is the Orientation/ foundation course implemented: Yes/ No
- Is AETCOM (Attitude, Ethics and Communication) being implemented in all phases: Yes/ No
- Is the teaching for AETCOM done in small groups using innovative teaching learning methods: Yes/ No
- Is Family adoption program (FDP) being implemented from 1<sup>st</sup> MBBS where every MBBS student has to adopt families in the community and has to continue follow up of these families till their internship: Yes/ No
- Two months electives are being introduced after 3<sup>rd</sup> MBBS part-1 where student is given an opportunity to select any two subjects, one from basic sciences while another from clinical subjects where he/she will be posted for one month each: Yes/ No
- Does the college ensure that all the aspects of clinical medicine are included as part of required clinical instruction: Yes/ No
- Does the college conduct interactive tutorials of small batches, bedside discussion of small groups (8 to 10) and group discussions within the students: Yes/ No
- Is the regular updating of student attendance done: Yes/ No
- Are the Competency based logbooks being implemented in all subjects of MBBS course in all the phases including electives and family adoption program: Yes/ No
- Is it ensured that all the students complete their logbooks before appearing in the University examination: Yes/ No
- Does the college ensure that the curriculum is circulated to all medical students of all phases of MBBS, 1<sup>st</sup> MBBS, 2<sup>nd</sup> MBBS, 3<sup>rd</sup> MBBS part-1 and 3<sup>rd</sup> MBBS part-2 and the copy of the same posted on the college and department notice boards: Yes/ No

- At the start of the session, in the lesson plan the concerned faculty member displays the specific learning objective (SLO), which clearly mentions what is desired from the undergraduate student at the end of this teaching session: Yes/ No
- Is evidence-based teaching done (eg: through bedside case discussion and presentation by students): Yes/ No
- Do the students participate in required laboratory exercises (real or simulated) that oblige them to make observations of biomedical phenomena and collect or analyse data: Yes/ No

Note: Department wise competency-based timetable with horizontal and vertical integration, copy of student logbook and other documentary proof supporting the above may be verified and attached

## 2. Adoption of newer methods of teaching-learning

- Are the newer teaching learning methods like case-based learning, problem-based learning, Demonstrate Observe Assist and Perform (DOAP), Skill based learning and others being implemented in all the subjects of MBBS programs: Yes/ No
- Is Small Group Discussion (SGD), Self-Directed Learning (SDL), Early Clinical Exposure (ECE) and AETCOM module followed: Yes/ No
- Does the college provide opportunities for self-directed learning through – Library books/journals, Computer lab/internet access, skill labs and peer group discussions of clinical cases: Yes/ No
- Is regular Mentor-mentee program being conducted where mentors are available 24\*7 to solve any problem encountered by the students: Yes/ No
- Is the college using optimal technology as teaching aid for medical education: Yes/ No
- Are the lecture theatres, demonstration rooms ICT (Information, Communication and Technology) enabled: Yes/ No
- Does the college have State-of-the-art skill lab with all the necessary mannequins and equipment for basic and advanced training of all the students: Yes/ No

Note: Support with documentary evidence

## 3. Implementation of overall Student development program

- Are Extracurricular activities adopted at the institute for 360 degree development of Students: Yes/ No
- Are students encouraged for taking part in sport/ yoga/other physical activities: Yes/ No

- Does the college have a program for making the students aware of societal needs and demands on health care (through field visit, industry visit and family adoption program): Yes/ No

Note: Support with documentary evidence

#### **4. Implementation of faculty development program**

- Are the faculty members trained for revised Basic Course Workshop (rBCW)/ Basic Course in Medical Education (BCME)/ Advanced course in Medical Education (ACME): Yes/ No
- Are faculty members trained for Curriculum Implementation Support Program (CISP): Yes/ No
- Are any faculty development activities (e.g. workshops) available for faculty members to enhance their skills in the assessment of student performance: Yes/ No
- Are the teachers trained to develop a lesson plan which clearly mentions the specific learning objectives: Yes/ No
- Does the Medical Education unit continuously update all the faculty members regarding the curriculum and CBME: Yes/ No
- Do the curriculum committee members ensure that all the departments of 1<sup>st</sup> MBBS, 2<sup>nd</sup> MBBS, 3<sup>rd</sup> MBBS part-1 and 3<sup>rd</sup> MBBS part-2 phase implement competency-based curriculum: Yes/ No
- Do the Curriculum Committee members take regular meetings with all head of departments and ensure that competency-based curriculum is followed strictly in each and every department: Yes/ No

Note: Support with documentary evidence

- 5. Is regular feedback taken from the students (using google forms) as well as teachers and necessary modifications in teaching, learning and assessment are done with time to time: Yes/ No**
- 6. Supply a copy of the Required Internship Courses with educational methods as stipulated in the required course internship forms. Attach a copy of Interns logbook.**
- 7. Describe where in the curriculum (specific course or clerkship) students gain experience in the following areas. Include the settings in which instruction occurs (e.g., classroom, clinical) and the format(s) used (e.g., lecture, small-group, standardized patient, role play, etc.).**

- a. Communicating with patients and patient families.
- b. Communicating with colleagues (medical and non-medical)

Indicate where in the curriculum students learn about the medical consequences of common societal problems.

College authority should submit following aspects in implementation of CBME curriculum-

8. Does the curriculum entail whether students learn about cultural and socio-economic issues?
9. Are there any institution-level programmes to enhance the teaching and evaluation skills of graduate students, postdoctoral fellows, or residents available? If yes brief mention should be submitted.
10. What are the respective roles of central college bodies, e.g. the Medical education unit, Curriculum Committee and individual disciplines in designing and implementing assessments?
11. How does the college ensure the maintenance of standards and the fairness of assessments of students?
12. Describe how the college ensures that the methods used to assess student performance are appropriate to achieve its institutional and course or clerkship-specific objectives.
13. Does the curriculum contains formal experiences in problem solving and clinical reasoning, provide examples and indicate how student achievement is assessed?

14. Describe how the college ensures that mid-course assessments occur. Include methods (such as review of test results, formal written comments, oral comments) used to provide formative feedback.
15. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students during required clinical clerkships.
16. Describe how the college assesses the personal qualities of students and interactions with patients and colleagues.
17. Describe the composition of various college committees and mechanisms for selecting its members and chair.
18. Describe the roles of the Curriculum Committee and any subcommittees, chief academic officer or associate dean for educational programmes. How do the committees ensure use of appropriate teaching methods or instructional formats?
19. Describe how the college ensures that content is coordinated and integrated within and across academic periods of study?
20. Describe how the Curriculum Committee monitors the content of required courses and clerkships, and how gaps and unwanted redundancies are identified.
21. Summarize the principal features of last major revision of the curriculum including the reasons for the change and the specific goals that the change was designed to accomplish.
22. Describe the process of formal review of the curriculum with respect to required courses, academic periods and timetable. Include in the description how often such reviews are conducted, how they are conducted,



and under what auspices (e.g., the department, the curriculum committee) they are undertaken.

**ii. Assessment of the evaluation process of students:**

- Whether students in clinical learning situations adequately supervised and monitored? Yes/ No
- Does the college have a streamlined mechanism to maintain quality of standards and fairness while taking assessments? Yes/ No
- Are three internal formative assessments in 1<sup>st</sup> phase and 2<sup>nd</sup> phase and two internal assessments taken in 3<sup>rd</sup> MBBS part-1 and 3<sup>rd</sup> MBBS part-2 phases? Yes/ No
- In subjects which are taught in multiple phases like Community Medicine, one internal assessment in 1<sup>st</sup> MBBS, one in 2<sup>nd</sup> MBBS while 2 internal assessments are taken in 3<sup>rd</sup> MBBS part-1 or not? Yes/ No
- Are slow learners and advanced learners being identified based on internal assessment marks? Yes/ No
- Does remedial/ extra classes are being conducted for the slow learners while advanced learners are encouraged to do research projects like Short Term Studentship (STS) projects by Indian Council of Medical Research (ICMR)? Yes/ No
- Are Objective Structured Practical Examination (OSPE) and Objective Structured Clinical Examination (OSCE) being regularly conducted in all subjects? Yes/ No
- Are theory question paper includes 20 multiple choice questions with clinical scenario? Yes/ No
- Does in theory question papers both in formative and summative assessments clinical scenario based multiple choice questions, long answer questions and short answer questions are included (to check medical problem-solving capability of the students)? Yes/ No
- Is assessment of cognitive, affective, and psychomotor domain ensured in both formative and summative examinations? Yes/ No
- Does every question paper both in formative and summative assessment in all phases of MBBS course have AETCOM based short answer question? Yes/ No
- Are internal assessment marks mentioned separately in the mark sheet and not added to the main examination? Yes/ No

Note: Schedule of assessments, question papers, OSCE/OSPE, compiled marksheets, ward leaving marks etc. may be verified and attached

## Annexure 9 – Assessor self-declaration form

### DECLARATION OF IMPARTIALITY, CONFIDENTIALITY & INTEGRITY

(to be filled in by each Assessor and enclosed with the Assessment report)

<b>Name</b>		<b>Assessor ID</b> :
<b>Designation</b>		
<b>Organization</b>		
<b>Address</b>		
<b>Capacity</b>	<i>Assessor</i>	
<b>Medical College Assessed</b>		
<b>Date of visit(s)</b>		
<b>Type of visit</b>	<i>Assessment</i>	

I \_\_\_\_\_, hereby declare that

- I have not offered any consultancy, guidance, supervision, or other services to the medical college in any way.
- I am/ am not\* an ex-employee of the medical college and am/ am not\* related to any person of the management of this medical college.
- I will declare to the NMC my and/ or my immediate family's association with any of the organization that can affect the impartiality of the assessment process. I shall also keep the NMC informed about changes in the status of my association with the medical college before every assignment.
- I got an opportunity to go through various documents of the above medical college and other related information that might have been given by NMC. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by NMC.

Date:	Signature
Place:	

\* Strike out which is not applicable

### Annexure 10 - Lab Details

Lab name	Available / Not Available	Number of Lab	AV aids	Internet facility	Number of Investigations
Histology					
Clinical Physiology					
Biochemistry					
Histopathology & Cytopathology					
Clinical Pathology & Hematology					
Microbiology					
Clinical pharmacology					<b>Not Applicable</b>
Computer Assisted Learning (CAL) in Pharmacology					<b>Not Applicable</b>
Radiology X Ray- CT Scan- MRI-			<b>Not Applicable</b>		

**Annexure 11 – Checklist to be verified or carried at the assessment and submitted at the time of report.**

1) AEBAS attendance	Yes/No
2) MEU (medical education unit) -	Yes/No
3) Details of college council attached-	Yes/No
4) Curricular committee attached	Yes/No
5) Pharmacovigilance committee	Yes/No
6) Blood bank licence	Yes/No
7) AERB of Radiology dept	Yes/No
8) Ethical committee	Yes/No
9) Scientific committee	Yes/No
10) Gender harassment committee	Yes/No
11) Anti-ragging committee	Yes/No
12) Website page	Yes/No
13) Books /journal list in Library list	Yes/No
14) Number and Functioning by Biometric units	Yes/No
15) Number of deliveries of the last 7 working days – Caesarean..., Normal -----and copies of birth records .	Yes/ NO
16) List of Major Surgery (department wise) of the last 7 working days	Yes/No
17) Details of RHTC/ UHTC	Yes/No
18) Data about bed occupancy at 10am	Yes/No
19) Data about OPD at 2 pm	Yes/No
20) List of faculties on leave on various grounds as per guidelines	Yes/No
21) List of residents on leave on various grounds as per guidelines	Yes/No
22) SAF forms A-I	Yes/No
23) SAF part -II	Yes/No

**Significant Contributors:**

S. No.	Name	Designation
1	Dr. J. L. Meena	Member, MARB, National Medical Commission, New Delhi
2	Dr. L.H. Ghoteker	Director Professor & Head, Dept. of Medicine, Dept. of Neurology, Lady Hardinge Medical College, New Delhi
3	Dr. Vandana Saini	Professor, Dept. of Biochemistry Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi
4	Dr. Neha Kawatra Madan	Professor, Dept. of Pathology Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi
5	Dr. Tribhuvan Pal Yadav	Professor, Dept. of Pediatrics ESIC Medical College, Faridabad
6	Dr Monika Gupta	Professor , Dept of OBGY Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi