**National Board of Medical Specialties**

**Self-appraisal for Specialty and Subspecialty Programme 2022 (2079BS)**

***( This form can be downloaded and sent by email as attached file. Space in the Form can be adjusted as per the content as required , original documents can be scanned and attached )***

[**www.mec.gov.np/**](http://www.mec.gov.np/) Self appraisal

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| ***1* Date of application :** |
| **2 *.Institutional Information:*** |
| Full Name of institution: |
| **Nature of organization:** Public organization / Government organization / Cooperative / Trust/ Private company limited/ Non-governmental organization |
| Year of establishment of institution: |
| **Accreditation of the Institute affiliated hospital intended for NBMS programme :**  Accreditation Organization: Government /Others No of beds accredited: |
|  |
| ***3.Statement of mission, goal and objectives:*** |
| *Define mission, goal and objective:* |
| *Knowledge of mission, goal and objectives in stakeholders of the organization/Institute:* |
| *Policy on academic independence in the Institute :* Complete autonomy/ Affiliations |
| *Social accountability:* |
| *Networking and recognition:* |
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| *4.* ***Academics:*** |
| *Academic section present in the Institute :*  *Name of Head of academic section and designation:* |
| *Medical education program if running at present ( If applicable) Name of the Course and level of Course :*  *Course duration :*  *Name of University /Board affiliated/NBMS Programme :* |
| *Student selection and admission process of existing programme :*  *Number of students enrolled annually :* |
| ***5.Non – academic activities of students:*** |
| ***6. Information Regarding National Board of Medical Specialties (NBMS )***  *Objectives for NBMS affiliation :* |
| ***7.Individual departmental information of intended NBMS programme proposed and applied for)***  *Name of Programme applied for / No of Faculties available / No of beds available/ 1 Specialty level*  *2 Subspecialty level* |

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| ***8 Faculties present in applied Specialty and Subspecialty programme:*** *( Please attach the CV and scan copy of Original documents of council registration and Academic qualification of faculties)*  *Please mention (Proposed ) Name /Specialty/Subspecialty Registration with date / NMC Number and registration date / Academic Degree*  *Senior Faculty: Faculty : Junior faculty :* | | | | |  |
| ***9.Medical education department If present :*** | | | | |
| *Proposed Teaching learning methodology for NBMS Programme :* | | | | |
| *Learning resources available :* | | | | |
| *Clinical teaching facilities: Community teaching centers if any :* | | | | |
| *Other (if applicable) e.g. skill labs/IT etc :* | | | | |
| ***10. Hospital Statistics (monthly ):***  *Total no of patients :*  *Total No of OPD Patients :*  *Total No of Inpatients :*  *Monthly turnover of proposed Specialty department :* | |  | *inpatient* | *outpatient* |
|  | *Monthly Turnover of proposed Sub specialty department :* | *:* | *inpatient* | *Outpatient* |
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| ***11.Hospital Services*** | | | | |
| *Emergency Services:* | | | | |
|  | *Operation Theaters:* | | | |  |
|  | *ICU/CCU/NICU etc* | | | |  |

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|  | *Essential hospital supplies and facilities:* |  |
|  | ***12 .Academic and professional development activities in the hospital***  *Trainings : Research activities :*  *Publications/Journal:* |  |
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| ***13.Monitoring and evaluation system in the institution if any:*** | |  |
|  | ***14 Principal hospital proposed for NBMS programme :***  *Name of hospital*  *Physical infrastructure available Availability of land*  *Financial status* |  |
| ***15. Interaction and coordination with Government health services*** | |  |
| ***16.Governing board and administration:***  *Head of the Institution : Name of Director /CEO:*  *Academic head of the Institute:* | |
| *Academic cordinator for NBMS Programme (proposed):* | |
| ***17.Future plan*** | |
| ***18. Stamp of Institute Designation Name***  *Signatories:*  *Date:* | |