



Bangladesh College of Physicians and Surgeons (BCPS)

Mohakhali, Dhaka 1212

Website: www.bcpsbd.org

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Training Accreditation form -01

(To be filled in by the Institutes)

Part-A: General Information

(Please tick (✓) the appropriate Box)

1. Name of the institute:

2. Name of the department:

3. Status of the institute: Government

☐

Non-Government A.

☐

B.

Trust

Foundation

Ltd. Co.

Others

4. A.*Recognition of BMDC:

Recognized	<input type="checkbox"/>
Not Recognized	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

(If yes, please provide supporting document)

5. License by DGHS:

Yes

No

Not Applicable

(If Yes)

License No.

6. Affiliation with University:

Yes

No

Not Applicable

(If yes)

Name of the University

7. Institutional Research monitoring Committee:

Existent

Non Existent

8. Information about Hospital Bed:

Total number of beds of the institute	
Number of paying beds	
Number of non-paying beds	
Number of Cabins	

Signature

9. A. Availability of emergency services:

Yes

No

B. Availability of ICU services:

Yes

No

If yes,

Number of beds

Number of Ventilators

Number of ICU doctors

Number of ICU Nurse & Paramedics

C. Availability of CCU services:

Yes

No

10. Present Accreditation status :

Accredited

Not Accredited

A. If Accredited, Please give details:

Name of the departments	Period of training Recognized by BCPS	Valid Upto-

(Use separate sheet as required)

11. Observation made at last inspection by BCPS team:

Applicable

Not Applicable

If applicable, please submit copy of the observation for each department separately.

12. Measures taken to address the observations:

Applicable

Not Applicable

If applicable, please mention measures taken using separate sheet for each department.

Went:

Part-B Information about the relevant Department

I. The department applied previously

Yes

No

II. The department was accredited previously but required re-accreditation

Yes

No

Not applicable

III. The department was NOT CONSIDERED for accreditation due to short comings

Yes

No

Not applicable

1. Number of beds in the department :

Total number of beds	
Number of paying beds	
Number of non-paying beds	
Number of Cabins	

2. A. Availability of the sub-specialty of the relevant department:

Yes

No

B. If yes, name of the sub-specialties:

C. Number of beds in the sub-specialty departments : (use separate sheet if required)

Total number of beds	
Number of non-paying beds	
Number of paying beds	
Number of Cabins	

3. A. Facilities for emergency admission in the department requesting for accreditation

Yes

No

B. *Availability of ICU service

Yes

No

If yes

Number of beds

Number of Ventilators

Number of ICU doctors

Number of ICU Nurse & Paramedics

4. Records:

4.1. In-patient records of the department (last one year):

Period: From ----- to -----

Number of non-paying beds	
Number of paying beds	
Number of cabins	

Wing:

Number of patients admitted in non-paying beds	
Number of patients admitted in paying beds	
Number of patients admitted in cabins	

4.2. Disease profile of in-patients in the department (last one year): (Please use separate sheet)

4.3. *Out-patient records of the department applying for accreditation (last one year)

Period: From ----- to -----

Duration of OPD patient care (In hours per week)	
Numbers of patients attending the OPD per day	
Number of minor operations done in OPD per week (For surgery)	

4.4 Disease profile of patients of OPD in last year (please use separate sheet)

5.1 Operation theater:

- i. Separate sterilization area: ☐ Yes ☐ No
- ii. Sterilization facilities: ☐ Yes ☐ No If yes, provide details
- iii. Resuscitation equipment : ☐ Yes ☐ No If yes, provide details
- iv. Anesthetics equipment: ☐ Yes ☐ No If yes, provide details
- v. Surgical instrument : provide list with number (please use separate sheet)
- vi. Specialty surgical instrument: ☐ Yes ☐ No If yes, provide list
- vii. Recovery room: ☐ Yes ☐ No If yes, mention number of beds
- viii. Number of operating sessions per week:
- ix. Average number of major operations performed per session:
- x. Average number of minor operations performed per session:
- xi. Average number of Emergency operation done per week:

5.2 Procedure records (please use separate sheet if required)

Records of Invasive procedure/investigation done in the department (last one year):

Period: From ----- to -----

Name of invasive procedure done in the department	Number of procedures

Wang

5.3 Following parts are to be filled in by only Surgery and allied departments for which accreditation is requested:

Total number of operations performed by the department during the last year:

Period: From to

A. Records of Major operation of the department (last one year) (use separate sheet)

Period: From to

Name of Major operations done in the department	No. of operations

B. Records of Minor operation of the department (last one year) (use separate sheet)

Period: From----- to -----

Name of Minor operations done in the department	Nos. of operations

C. Records of the Emergency operation of the department (last one year) (use separate sheet)

Period: From -----to-----

Name of Emergency operations done in the department	Nos. of operations

D. Records of the Minors operation in OPD of the department (last one year) (use separate sheet)

Period: From -----to-----

Name of Minor operations done in OPD in the department	Nos. of operations

6. Following parts are to be filled by basic science departments:

A. Records of routine work of the department applying for accreditation: (last one year), (use separate sheet if needed)

Period: From----- to -----

Name of routine laboratory work done in the department	Total no.

B. Records of the Emergency laboratory work of the department (last one year) (use separate sheet if needed)

Period: From -----to-----

Name of Emergency laboratory work done in the department	Total no.

Part-C: Faculty Information (Use separate sheet for each faculty member)

7. *Academic staff of the department:

Name	Designation	Full /part time	Qualification	BMDC Reg. No With validity	Teaching experience in the rank of Asst. Prof. and above*	List of publications

8. * Work load of academic Staff -

Duties	working hours (per week)
In-patient care	
Ward round	
Laboratory work load	
On call frequency	
Emergency attendance	
Teaching (and related works)	

a. Number of teaching unit of the department

b. *No. of beds in each of the service/teaching unit of the department:

9. Research related information

Nil

Yes

If yes, provide detailed information

A. No. of on-going Research

B. No. of research conducted last year

9.1 Research projects conducted by the department.

(Please use separate sheet if required)

Sl.No	Name of project	Sponsoring agency	On-going/proposed

Handwritten signature

9.2 Publication/s by the faculty members of the department in the last 3 years: (Use separate sheet if needed)

Title	Journal	Year

10 *Trainees' Clinical/Laboratory work attachment

Duties	Frequency/Week
OPD care	
In-patient care	
History taking	
Follow up	
Emergency	
OT	
ICU	
CCU	
Post Operative care	
Laboratory work	

11 *Trainers' Academic Involvement

Duties	Frequency per month
Lecture	
Tutorial	
Group discussion	
Bed side teaching	
Teaching at OT	
Journals Club	
Seminar	

Went:

Part-D: Support services of the department

1. Departments and services (For clinical departments only) (Use separate sheet if necessary)

Facility	Number of academic staff available*	Number of support staff (Technologist)	Essential equipments (provide list)	Service offered to department
Pathology				
Biochemistry				
Microbiology				
Virology/Immunology				
Radiology and imaging				
Blood bank				
Nuclear medicine				
Anaesthesiology				
Oncology				

2. Library:

Library Services	
Number of seats	
Hours of service available	/day

Books / Journals / Periodicals	Titles	Total books
Books (Title of books)		
Journals		
Periodicals		

(Use separate sheet)

Electronic version of books

Yes	No
-----	----

Students' accessibility to the internet

Yes	No
-----	----

Does the library have any link with other library?

Yes	No
-----	----

Access to electronic journal and publications

Yes	No
-----	----

Link to WHO web site (HINARI)

Yes	No
-----	----

3. Teaching Infrastructures:

Physical facilities	Number	Accommodation/Seats
Class room		
Seminar room		
Students' common room		
Museum		
Name and number of audio-visual aids		
Skill Lab		

Head/Chairman of the department
(Official Seal)

Head of the Institute
(Official Seal)

[Signature]