

**Inspection – Assessment & Evaluation of the Centre & Teacher for MOGS
Certificate Course on “Gynaecological Endoscopy & Minimal Access Surgery”**

1. Name of the place or Centre : _____
with location & address : _____

2. Name of the Teacher of the _____
above mentioned course (MOGS/ _____
FOGSI member) _____
3. Brief Experience & Basis Stand _____
by of the teacher in the Subject _____

4. Name & Qualification of other _____
Trainers in the team & their _____
qualification _____
5. Name of the Inspector _____ 1) _____ 2) _____
6. Date of Assessment _____
7. Type of Hospital (tickmark) Private Multispeciality Institute Nursing Home

Detail Information of the Centre

- * Total No. of beds _____ inclusive beds for Endoscopy & Minimal Access Surgery alone
- * No. of Consulting rooms: _____ * Average No. of OPD patients seen per month _____
- * Ultrasonography Facilities (tickmark) Yes _____ No _____
- * If yes which make _____

Facilities in the Operation Theatre:-

No. of OT: _____ Sizes of each OT _____

1. Anaesthesia Machine _____ Ventilator: _____
2. Multi Parameter Machine available _____
- i) O₂ ii) ET CO₂ iii) ECG iv) NIBP v) Temp _____
3. Full set of Operative Laparoscopy instruments available _____ any standby _____

4. Full set of Operative Hysteroscopy instruments available – any standby

5. Type of Operation table – Mechanical / Electronic

Modified lithotomy Position can be given Yes / No

6. Endo Camera: Make: _____ Type: _____

7. Light Source: Type _____ Number _____ Standby _____

8. Insufflators: Mechanical / Electronic / Semi Electronic

Make: _____ Type: _____ Number: _____

9. Diathermy Machine

Make: _____ Type: _____ Number: _____

10. Any Vessel Sealing Devices:- _____

11. Harmonic Scalpel: Old or New Version _____

12. Morcellator: Electronic / Semi Electronic / Mechanical

Make: _____ Type: _____ Number: _____

13. Defibrillator Yes ___ No ___ Functioning _____

14. Backup Generator for Electricity – or UPS or Invertors Yes: ___ No ___

15. Recovery Room _____

16. ICU facilities in the hospital or very close by Yes ___ No ___

17. Full set of open surgery with trained persons to perform _____

18. Suction & Irrigation System:

Specific companies or modified _____

19. Adequate Emergency drugs / injections ready to use Yes ___ No ___

20 Experienced Nursing staff or Endoscopy > 5 years Yes ___ No ___ Number: _____

Record Maintenance & Surgery details:

i) Maintenance of OT Register Yes ___ No ___

ii) Total No. of Laparoscopic Surgeries done in one year:- _____

iii) Total No. of Hysteroscopic Surgeries done in one year:- _____

- iv) Total No. of MIS-SUI/ Prolapse Surgeries done in one year:- _____
- v) Total No. of Laparoscopic Surgeries done other than Hysterectomies in one year: _____
- vi) Total No. of Laparoscopic Surgeries done for Fertility Enhancement in one year: _____
- vii) Total No. of Laparoscopic Surgeries done for Myomectomy in one year: _____
- viii) Total No. of Laparoscopic Surgeries done for Hysterectomy in one year: _____
- ix) Total No. of Laparoscopic Surgeries done for Adnexal Mass, Ov. Cyst, Ectopic Pregnancy in one year: _____
- x) Total No. of Hysteroscopic Surgery for Septum, Adhesions, polyps, fibroids, Cannulation in one year:- _____
- xi) Total No. of Diagnostic Hysteroscopy/Laparoscopy for with/without tube ligation per year _____
- xii) Total No. of Minimally Invasive Surgery done for SUI- Prolapse in one year: _____
- xiii) Audio Visual detail records of these surgeries maintained since
 > 2years > 3 years .> 5 years > 10years
- xiv) No. of Complications in Endoscopic Surgery & Minimal Invasive Surgery done in one year:- _____
- xv) Video Records are they accessible to do training at present Yes ____ No _____

- Log book maintenance for each trainees

COMMENTS OF INSPECTING EXPERT: _____

ASSESSMENT & RECOMMENDATION OF INSPECTING EXPERT _____

**Signature of teacher
Chief of the Centre**

**Inspecting / Assessing
Expert**

MOGS President

MOGS Secretary

Signature

Signature

Date: _____

Criteria:

- **Should be MOGS / FOGSI member**
- **A DD of Rs. 15,000/- in favour of MOGS.**

NEFT Details of MOGS

Name as per Bank Account: The Mumbai Obstetric & Gynecological Society
Bank Account No: 24480100012858
Bank Name: BANK OF BARODA
Bank Branch: JACOB CIRCLE BRANCH, Mumbai 400 011
RTGS/NEFT/IFSC Code: BARB0JACOBC