

DERMATOLOGY SERVICES IN HOSPITAL

	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE (Non Teaching)	Remarks
1	Scope	Skin Diseases , Skin surgeries (Biopsy) , Nail Surgeries, Electrocautery / Radiofrequency), LASER TREATMENT	Skin Diseases , Skin surgeries, LASER TREATMENT;all advanced dermatology procedures	
	Services Provided			
	1.1 General purpose	Yes		
	1.2 Single Speciality		Yes	
	1.3. Multispeciality		Yes	
2	Human resources			
	2.1 Doctors			
	Med person incharge	MD/DNB/DIPLOMA DERMATOLOGY	MD/DNB /DIPLOMA DERMATOLOGY	M ; indoor full time Dermatologist / on visiting basis
			M.D. Dermatology, D.V.D, D.N.B Dermatology. LASER Surgeries including Chemical Peels can be performed only by a registered M.D./ DNB/ Diploma holders in Dermatolgy with a certificate of training from recognised institution for 6 months duration (as part of MD Training)	Addtion of 6 months training in advance Dermatology as part of MD to be considered by MCI
	Duty Doctors	MBBS doctor for round the clock medical cover	also MBBS-1 (with 6 months house job in Dermatology)	M; part of Hospital
	2.2 Nurses			
	General nurses	Yes	Yes	M; part of Hospital
	Trained Nurses for ICU/OT/HDU	Yes	Yes	M; part of Hospital
	2.3 Pharmacist	Yes	Yes*	*M; in advance dermatology hospital
	2.4 Para Medical staff			
	a.Lab Tech	DMLT/SMEAR TECHNICIAN	DMLT/ SMEAR TECHNICIAN	M-Mandatory; part of Hospital
	b.X-ray Technician	Yes	Yes	part of Hospital
	c.Dietitian	Yes	Yes	D; part of Hospital
	d.Physiotherapist	Yes	Yes	D; part of Hospital

	e. Psychologist	Yes	Yes	M IF PSYCHIATRIST; part of Hospital
	f. Medicosocial worker	No	Yes*	*D; part of Hospital
3	Equipment			
	a. Therapeutic	yes	Microdermabrader , Dermabrader, Phototherapy (Desirable), LASER	D
	b. Surgical	yes	Electrocautery/ Radiofrequency	D
	c. Diagnostic	yes	as required for Biopsy procedures, Microscope, Dark Ground Microscope	M
	d. Emergency	yes	narrow band or phototherapy chamber	M
	e. Sterilizing	yes	facility for Autoclaving	M
	f. Drugs, Medical devices and consumables	yes	Chemical Peels*, Stains for microbiological examination, CO2 laser*	* D Also refer to documents on hospital
	g. List of disposables	yes	Biopsy punch PUVA therapy optional	M
	h. Annual Maintenance records of equipment	yes	yes	M
4	Support Services			
	4.1. Laboratory	Yes	Yes	own / Outsourced
	4.2. Imaging	Yes	Yes	own / Outsourced
	4.3. Pharmacy	Yes	Yes*	*M
	4.4. sterilization/CSSD	Yes	Yes	M
	4.6. Medical Gas/Manifold	Yes	Yes*	*M
	4.7. Blood storage unit/blood Bank	Yes	Yes	D
	4.8. Amb service	Yes	Yes*	Yes*

M-Mandatory

D-Desirable