



# SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

(Affiliated to the Tamil Nadu Dr.M.G.R. Medical University)

Chikkarayapuram, Near Mangadu, Chennai - 600069

Ph: 044 - 66344044, 66344000 Fax: 66344055, 66344050

E-Mail : [smmchri2009@gmail.com](mailto:smmchri2009@gmail.com), [smmchri@yahoo.com](mailto:smmchri@yahoo.com)

Website : [www.smmchri.res.in](http://www.smmchri.res.in)

## INTERNAL QUALITY ASSURANCE CELL STANDARD OPERATING PROCEDURE

### 1.Objectives:

To establish quality standards by implementing quality initiatives and quality sustenance in the academic, administrative and student support activities of the institution.

To warrant adherence to the norms and regulations of the statutory bodies (Affiliating University and the National Medical Commission).

To facilitate continuous development by implementing quality radars and robust feedback systems.

### 2.Structure of the IQAC:

Dean ,Chairperson

IQAC coordinator

Co coordinator

Faculty Representative

Student Representative

Alumni Representative

Management Representative

Administrative Representative

Industrial Expert

External Expert

Legal Expert



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- a. Chairperson: Dean, who will be in charge of the IQAC's general management and direction.
- b. IQAC Coordinator: An enthusiastic faculty member not less than the cadre of Associate Professor with experience in quality control, oversees daily operations and acts as a point of contact for the IQAC and other committees.
- Role of co-coordinator: To conduct periodic committee meeting and to maintain committee related documents including Minutes of Meeting (MOM).
- c. Faculty Representatives: Academicians from many fields provide their experience in quality assurance for research and teaching.
- d. Student Representatives: Student delegates from several academic cycles. Participate in the feedback process and offer insights into the viewpoint of the learner.
- e. Administrative Representative: An administrative staff member participates in the evaluation of administrative procedures.
- f. External Expert: An outside authority on accreditation or quality assurance who provides direction and an outside viewpoint.

## **Committee constitution:**

The Internal Quality Assurance Cell is constituted with the following members with effect from 15.11.2021. The members are appointed for a period of 4 years from date of 1st committee meeting. Members will be rotated or replaced after the completion of 4 years or any other members retire or resign during their tenure.

## **Terms for Reference:**

This committee will convene biannually under the leadership of the Chairperson. The coordinator will be responsible for organizing the committee meeting and documenting the minutes.

**Quorum:** 50% of the members should be present for the Committee meeting

  
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## UPDATED COMMITTEE MEMBERS

S.no	Name	Designation/Department	Position Held
1.	Dr.Kasinathan B	Dean	Chairperson
2.	Mr. Akash	Managing Director	Management Representative
3.	Dr. V. Srisanthanakrishnan	Associate Professor,CM, Vice Principal	Coordinator
4.	Dr. Roselin V	Associate Professor, CM	Co-coordinator
5.	Dr.Nithyalakshmi	Professor, Microbiology	Member
6.	Dr. E. Prema Devi	Professor, Pathology	Member
7.	Dr. Uaganth Subash	Associate Professor, Orthopedics	Member
8.	Dr.JaiVinod Kumar	Associate Professor, General Surgery	Member
9.	Dr. V. Raju	Associate Professor, Pediatrics	Member
10.	Dr.V.U.Karthigeyan	Associate Professor, Psychiatry	Member
11.	Dr.B. Vijay Krishnan	Associate Professor, Ophthalmology	Member
12.	Dr.Timsi Jain	Professor, CM	Member
13.	Dr. T. Swetha	Associate Professor, CM	Member
14.	Dr. S. Muthukumar	Professor, Physiology	Member
15.	Dr. M. Sunitha	Professor, ENT	Member
16.	Dr.N.Krithigalakshmi	Assistant Professor, Respiratory Medicine	Member
17.	Dr.T.Fahad Affan	Assistant Professor, Microbiology	Member
18.	Dr. M. Kawin Kumar	Associate Professor, Anesthesiology	Member
19.	Dr.N.Sowmya	Professor, Microbiology	Member
20.	Dr.D.Gnanam	RMO	Industrial Expert
21.	Mr.Prabeese	Director, PSQC	External Expert
22.	Dr. Sundari	PG student	Student representative
23.	Mrs. Saraswathi	Admin Staff	Admin Staff representative
24.	Mrs. Deepa	Legal representative	Legal Expert
25.	Dr. Eswar Ramakrishnan	Alumni representative	Alumni Member

  
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### 3.Roles and Responsibilities:

- a. IQAC meetings are presided over by the chairperson. Offer strategic guidance for raising quality. Represent the IQAC in forum.
- b. IQAC Coordinator: Oversee the application of policies and procedures pertaining to quality assurance be in charge of the yearly quality assurance report's preparation.
- c. Faculty Representatives: Take part in creating and executing quality standards. Participate in the evaluation of research projects and academic programs. Promote faculty growth in fields linked to improving quality.
- d. Student/Alumni Representatives: Take part in surveys and feedback systems. Promote student viewpoints in efforts to improve quality.
- e. Representative of Administrative Staff: Participate in the evaluation of administrative procedures. Work together with other employees to guarantee the Caliber of administrative tasks.
- f. Optional External Expert, Legal Expert, and Industry Expert (optional): Offer advice on quality assurance best practices. Examine and comment on the institution's quality control procedures.
- f. Management representatives: Endorses the initiatives related to quality assurance.

### 4.Functions

- Establish and implement quality standards and guidelines for the administrative and academic activities of the institution.
- Encourage the development of a learner-centred environment that supports high-quality instruction and informing all stakeholders about different quality parameters.
- Serve as the institution's point of contact for documentation of activities and quality-related matters.

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- Plan and organize workshops and seminars on quality initiatives
- Make sure that quality standards are institutionalized and that the institution's varied activities are coordinated and enhanced.
- Function as a flexible framework for the institution's quality improvements;
- Create and approve the institution's quality improvement programs, policies, SOPs, manuals, and activities
- Determine quality indicators for quality monitoring
- Suggest best practices for implementation
- Examine and determine accreditation requirements and devise strategies to meet them.
- Designate a working group to carry out academic and administrative audits on a regular basis and implement corrective measures based on the audit reports
- Develop and oversee quality improvement initiatives throughout the institute
- Advise departments on issues pertaining to accreditation and quality in medical education.
- Prepare and submit Annual quality assurance report to NAAC.

## 5.Key Activities and Processes:

a. Benchmark: - The process of developing quality benchmarks involves setting standards and benchmarks for administrative, academic, and research operations in compliance with accreditation standards.

b. Feedback Mechanisms: - Devise and implement systems for getting feedback from stakeholders. Examine feedback data to identify areas in need of development.

c. Ongoing Monitoring and Assessment: - Continuously monitor and assess administrative and scholarly activities of the institution on a regular basis. And implement remedial actions into action in accordance with evaluation results.

  
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d. Faculty and Staff Development: - Organize training sessions and workshops on topics related to quality. Encourage staff and academic members to pursue continuous professional development activities.

e. To make sure curriculum enrichment with new programmes like value-added courses, add on courses, capability enchantment programmes are on track for the benefit of the students.

f. AQAR preparation: Gather information and draft the Annual quality assurance report and submit them to the relevant accrediting agencies and authorities.

g. Evaluations of external quality: - Work together with outside organizations to conduct quality evaluations and accreditation, MOUs - Adopt external stakeholders' recommendations into practice.

h. Documentation and Record-Keeping: - Document the assessment reports, feedback, and quality benchmarks. - Guarantee the privacy and safety of data pertaining to quality.

## 6. Communication

Communicate quality policies, benchmarks, and improvement initiatives to all its stakeholders.

To maintain transparency and collaboration in quality enhancement.

## 7. Review and Evaluation

Conduct periodic reviews of the IQAC's activities and effectiveness.

Seek feedback from stakeholders and make necessary adjustments in SOP.

  
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## 8. Amendments

The SOP may be amended based on evolving needs or changes in institutional policies.

All amendments should be documented and communicated to relevant stakeholders.

## 9. Schedule of meeting:

IQAC members will meet at least four times in a year or as and when required.

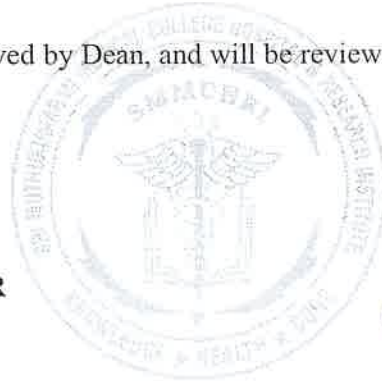
## 10. Review and Revision

Regularly assess the SOP applicability and efficacy, and make necessary revisions to account for modifications to college architecture or academic regulations.

## 11. Approval

This SOP has been approved by Dean, and will be reviewed annually or as required.

**IQAC COORDINATOR**



**DEAN**

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