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January 2026

GOVERNMENT MEDICAL COLLEGE Wayanad



GOVERNMENT MEDICAL COLLEGE

Wayanad

**Health and Family Welfare Department
Government of Kerala**

KERALA.HEALTH

GOVERNMENT MEDICAL COLLEGE
Wayanad
Comprehensive Institutional Documentation

Health and Family Welfare Department
Government of Kerala

KERALA.HEALTH



Message



GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

No.109/Press/CMD/26

24 January, 2026.

MESSAGE

Kerala's public health system has long been recognised for its commitment to quality, equity, and people-centred care and support. Medical College Hospitals play a key role, functioning not only as apex institutions for tertiary care but also as centres of excellence for medical education, research, and innovation.

The Government is developing Kerala as a 'Knowledge Economy' by laying a strong edifice of various institutions including Medical Colleges. The Medical College Hospital document showcases this commitment through its comprehensive clinical services, specialised departments, and advanced diagnostic and therapeutic facilities developments. It is playing a crucial role in training generations of doctors, nurses, and allied health professionals who serve both within Kerala and beyond all over the world.

This document is an important effort to present the services, achievements, academic activities, innovations, and future vision of the Medical College Hospital to people. It provides valuable insights for policymakers, administrators, and health professionals striving to strengthen Medical Colleges and make them Centres of Excellence.

I commend the dedicated efforts of the entire team who have contributed to the growth of this institution and in preparing this document.

I wish all the success to future endeavours.

Pinarayi Vijayan

The Addl. Chief Secretary
Health Dept.
Email: acskeralahealth1@gmail.com



Smt. Veena George

Minister for Health &
Family Welfare
and Woman & Child Welfare
Development
Government of Kerala

Message

Medical College Hospitals form the backbone of the tertiary health-care delivery system, serving a dual role as centres of advanced patient care and as institutions for teaching, training, and research. Over the years, the Medical College Hospitals have evolved into comprehensive health-care hubs, providing specialized services to people and nurturing generations of competent medical and allied health professionals.

The Medical College Hospital stands as a testimony to the strength of the public health infrastructure, and access to quality tertiary care. Medical Colleges with its multidisciplinary departments, advanced diagnostic and therapeutic facilities, and dedicated workforce, are playing a pivotal role in addressing the complex health needs, and responding effectively to the tertiary healthcare.

This document systematically captures the services, achievements, innovations, academic activities, and future directions of the Medical College Hospital. It guides not only for institutional review but also for sharing best practices, and proposing policy decisions aimed at further improving health outcomes.

I appreciate the collective efforts of the Medical College Team who have contributed to the growth of this institution.

I also appreciate the contribution of the doctors, paramedical staff and support staff for preparation of such an extensive document.

I wish success in all future endeavours.



Veena George



Preface

The Government has been taking various initiatives to build up a 'knowledge economy'. It gives mandate to build institutions entrusted with the responsibility of knowledge transfer in the respective domain areas. The Department of Health and Family Welfare has been taking a multipronged approach for development of health sector. Aardram Mission-1 focused at infrastructure development and Aardram Mission – Nav Kerala Karma Padhathi-2 continued its focus on various health programs and health system improvement measures.

The Department has given utmost importance towards the foundational field of Medical Education. Over time, our various medical colleges and medical college hospitals have been further developed by improving infrastructure, designing patient focused facilities, procuring various modern diagnostic equipment and measures and implementing state-of-the-art treatment avenues. These initiatives are supported by human resource management as well as human resource development. Strong governance of medical education and tertiary healthcare institutions development have resulted into qualitative improvement in health service delivery to all.

While discussing with the team, it was felt that a detailed document of these developments will not only inform regarding developments but it will also help to plan pragmatic future developments in medical colleges and improve health service delivery. The present generation of students will know their institution better and will take a pride in the fact the way these institutions are delivering the results.

This Medical College documentation initiative has been taken with the objective of providing a comprehensive overview of the institution's academic, clinical, administrative, and developmental dimensions. The documentation follows a structured framework covering institutional history, academic offerings, departmental facilities, human resource profile, infrastructure development, specialised programmes, research initiatives, and financial allocation. This approach enables systematic assessment of institutional performance, facilitates benchmarking across medical colleges, and supports informed decision-making at the departmental and policy levels.

Government Medical Colleges are complex institutions that integrate education, service delivery, and research. Effective planning for such institutions demands clarity on capacities, gaps, and future priorities. The preparation of this document has also strengthened internal coordination, data consolidation, and accountability

mechanisms within the institution. Medical Colleges are the worlds within worlds. This was not a simple task. It took months to prepare the documents! Even though to begin with there were questions regarding need of documenting, the teams took continuous efforts and the documents are prepared. The reader may feel that there a few things missed out but these documents will be always the foundation for the next editions and the posterity will understand about its value and utility.

I commend the collective efforts of those who have taken committed efforts to complete the tasks. Principals, hospital superintendents, faculty, administrative teams, and departmental units involved in this exercise.

The institutions are built by all working in the institutions right from the cleaners, security guard to the Principal and Superintendents. The students, both the undergraduate and postgraduate, have the idealism and energy. They should also contribute in a big way to betterment of systems and processes. The seniors should build such enabling environment that encourages taking initiatives in various field of medical science. It is our confidence that such 'thinking students' will not only understand the deeper meaning of gaining knowledge and skills but also put it to practice for the betterment of the society.

I am confident that this document will serve as a valuable reference for policymakers, administrators, and academic leaders, and will contribute meaningfully to the continued strengthening of Government Medical Colleges in Kerala and become the Centre of Excellence.

Dr Rajan Khobragade IAS

Additional Chief Secretary
Health & Family Welfare and
AYUSH Department
Govt of Kerala.



Message

Government Medical College, Wayanad is steadily developing as an institution of medical education, healthcare, and research. Since its inception, it has focused on building essential services and training medical professionals to serve the region and state.

This Health Document outlines its foundational journey, highlighting academic programs, clinical services, infrastructure, and emerging research initiatives. It reflects the institution's commitment to quality care and medical advancement.

I commend the principal, faculty, and staff for preparing this comprehensive report. It will serve as a valuable reference for planning and policy, supporting the Directorate of Medical Education in strengthening Government Medical Colleges across Kerala. I am confident that this compilation will aid the Government Medical College, Wayanad in furthering its contributions to medical training, research, and patient care.

Dr. K. V. Viswanathan
Director of Medical Education
Government of Kerala

Message

It is with immense pleasure and a profound sense of responsibility that we present this vital health document from Government Medical College, Wayanad.

Wayanad is a land of rich cultural heritage, shaped by its indigenous tribal communities, age-old traditions, close harmony with nature, and a strong sense of social cohesion. This vibrant socio-cultural fabric, while a source of strength, also necessitates a healthcare approach that is sensitive, inclusive, and responsive to local needs.

Established with the vision of serving this diverse population while also achieving excellence in medical education, research, and patient care for the people of Wayanad district, the institution serves a region marked by unique challenges arising from its hilly terrain, dispersed settlements, and distinctive population characteristics. At the same time,

We remain firmly committed to upholding the highest standards of medical practice and education, ensuring that every individual receives compassionate, ethical, and high-quality healthcare.

This document, a culmination of the dedicated efforts of our faculty and staff since the inception of the institution, serves as a crucial resource for documenting the developmental trajectory and future aspirations of Government Medical College, Wayanad, as well as ongoing public health initiatives. It provides essential health guidelines and reports on annual health outcomes, reflecting our commitment to curative services, preventive healthcare, and the promotion of healthy lifestyles within our community. Special emphasis has been placed on addressing region-specific health concerns, including those affecting tribal populations, challenges related to human-animal interactions, and genetic disorders such as sickle cell disease.

Government Medical College, Wayanad, has made significant progress in developing core infrastructure, clinical facilities, and academic resources to serve the district's healthcare and educational needs. While some areas still require expansion and enhancement, efforts are underway to address these systematically. It is hoped that this document will support the continued growth of Government Medical College, Wayanad, ultimately contributing to the health and well-being of society.

We place on record our heartfelt gratitude to Smt. Veena George, Honourable Minister for Health and Family Welfare, Government of Kerala, for her visionary leadership and steadfast commitment in guiding the establishment of Government Medical College, Wayanad. We also extend our sincere appreciation to Shri O. R. Kelu, MLA and Honourable Minister for Welfare of Scheduled Castes, Scheduled Tribes and Backward Classes, Government of Kerala, for his invaluable guidance, support, and encouragement, which have been instrumental in realizing this important initiative. Their combined efforts have ensured the creation of a robust institution that will enhance healthcare access and medical education for the people of

Wayanad. We take this opportunity to express our sincere appreciation to Dr. Rajan N. Khobragade, IAS, Additional Chief Secretary, Health & Family Welfare Department, Government of Kerala, for his guidance and administrative support in the establishment of Government Medical College, Wayanad. We also acknowledge the valuable contributions of Dr. K. V. Vishwanathan, Director of Medical Education, and Dr. Premalatha T. K., Joint Director of Medical Education and Dr. Anuja U., Special Officer, DME whose academic leadership and constant support were instrumental in this endeavour.

Sincere appreciation is due to Smt. Meghashree D. R., IAS, District Collector, Wayanad, and Shri Atul Sagar, IAS, Sub-Collector, Mananthavady, Wayanad, for their unwavering guidance and support. Their leadership, meticulous planning, and consistent oversight of the development of the college infrastructure have been instrumental in ensuring the establishment of a well-planned and functional institution, poised to meet the healthcare and educational needs of the people of Wayanad.

We appreciate the sincere support extended by the District Medical Officer throughout the development process of Govt Medical College, Wayanad. We also remember the invaluable guidance and encouragement by the District Programme Manager.

The administration of Government Medical College, Wayanad, acknowledges with deep appreciation the invaluable cooperation and assistance of Dr. C. K. Jeevanlal, Superintendent, District Hospital, Mananthavady, and Dr. Fesin G R, Resident Medical Officer, District Hospital, Mananthavady. Their dedicated efforts and collaborative approach with the medical college administration have been instrumental in the successful conversion of the district hospital into a fully functional medical college, laying a strong foundation for quality medical education and healthcare services in the district.

We would like to especially acknowledge the faculty members and all the supporting staffs who have continuously contributed from the inception of Government Medical College, Wayanad, whose dedication, perseverance, and academic commitment have laid a strong foundation for the institution's growth.

We extend our heartfelt appreciation to all those who have contributed to the preparation of this document and to the entire team at Government Medical College, Wayanad, and District Hospital, Wayanad, for their tireless efforts in serving the public.

“Perfection is not attainable, but if we chase perfection, we can catch excellence.”

Let us continue to strive for excellence in all our endeavours, in service of humanity and the people of Wayanad.

Prof. (Dr.) Chandni R
Principal, Government Medical College
Wayanad, Kerala

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VISION & MISSION

Government Medical College, Wayanad, aspires to be a centre of excellence in medical education, healthcare delivery, and research, committed to advancing equitable, compassionate, and culturally sensitive healthcare, with special focus on the healthcare needs of tribal communities, while contributing to the overall health system of Kerala and the nation.

The following statements outline the mission and vision of Government Medical College, Wayanad, reflecting its objectives in medical education, healthcare services, and community health initiatives

- Provide accessible, affordable, and patient-centred healthcare services, with special emphasis on the tribal and remote populations of Wayanad, while developing Government Medical College Hospital into a premier healthcare institution in the district, reducing the need for the population of Wayanad to seek specialized care in neighbouring districts.
- Provide high-quality medical education and training to produce competent, ethical, and socially responsible healthcare professionals, and develop a well-established, self-sufficient teaching institution.
- Promote inclusive and culturally respectful healthcare practices, adapting to tribal culture, traditions, and beliefs.
- Encourage community-oriented research and public health initiatives aimed at improving health outcomes in rural and tribal settings.
- Coordinate the activities of primary health centres, community health centres, and other peripheral health facilities with tertiary care services.
- Address mental health issues, as well as challenges related to early marriage and pregnancy.
- Provide preventive, curative, and rehabilitative healthcare services across all levels of care.
- Implement preventive strategies in nutrition targeting the underserved populations of Wayanad

CHAPTER 1

MEDICAL COLLEGE HOSPITAL - OVERVIEW

1.1 Introduction

Wayanad, which came into existence as the 12th district in Kerala on 01 November 1980, is a hilly district situated between 700 to 2100 metres above mean sea level. It is nestled on top of the Western Ghats bordered by Tamil Nadu and Karnataka States. Spread over an area of 2132 sq. kms, it has a population of 817,420 (Male: 401,684 & Female: 415,736) as per the 2011 census. Wayanad has the largest tribal population in Kerala (18.5%) with 8 scheduled tribes making it the district with highest tribal population including Particularly Vulnerable Tribal groups (PVTGs) such as the Paniya, Adiya and Kattunayakan communities.

As a hilly area and ecologically fragile region, Wayanad faces lot of limitations in healthcare access and patients are often forced to travel long distances for tertiary care. The region is also prone to public health challenges and natural disasters. Compounding these issues is the rising man – animal conflict resulting in both physical injuries and psychological trauma

The Government of Kerala had thus decided to establish a Government Medical College in Wayanad District for providing comprehensive medical services in Wayanad and neighbouring districts. To achieve the aim, the Government sought infrastructure feasibility available in Wayanad district. Accordingly, the Government decided temporarily to convert District Hospital Mananthavady Wayanad to a Government Medical College Hospital as per GO(Ms)No.32/2021/H&FWD dated 12.02.2021. It was also decided to earmark the three-storey building near the district hospital earlier functioning as the general medicine ward for educational purposes.

Thus, Wayanad Government Medical College was established envisaging to fulfil the mission of providing excellent services to the poor and rural folk for comprehensive health improvement and to ensure equitable treatment for the underprivileged population. Government Medical College, Wayanad comprises multiple clinical, academic, administrative, and support facilities within its campus, extending over 8.74 acres of land. The major areas and buildings included under the Medical College are the Casualty Block with CT Scan Centre, Outpatient (OP) Blocks, Surgery Block, Gynaecology and Paediatrics

Blocks, Pay Ward, Palliative Care Centre, Mortuary, Prisoners' Block, Male and Female Wards, Kitchen, Crime Branch Office, Resident Medical Officer (RMO) Quarters, Nurses' Quarters, Superintendent's Office, Deputy Medical Officer (DMO) Office, Karunya Pharmacy, School of Nursing, NABARD Building, Dialysis Unit, and the Ophthalmology Block. Together, these facilities support comprehensive patient care, medical education, and administrative functions of Government Medical College, Wayanad.

Subsequently, the Government has issued an order GO (Ms) 45/2021/ H&FWD on 19.02.2021 to create 140 posts in Government Medical College, Wayanad. According to the said order, 115 posts were created in the teaching category and 25 in the non-teaching category. The posts were created intending student intake and appointments were done. The creation of the post from Assistant Professor to Professor has helped to expand the work of various departments requiring specialist treatment and better care.

As per GO(Rt) No.3173/2024/H&FWD dated 27.12.2024 Govt have granted 10 crore rupees from Kerala State Medical Council fund to Govt. Medical College Wayanad to for equipping infrastructure facilities to start MBBS course during the academic year 2025-26.

An expert committee constituted by the Govt visited Wayanad Medical College on 01.03.2024 and 03.05.2024 to assess the possibility of starting an MBBS course for 50 students during the academic year 2025. To achieve this objective, they identified 3, 4, 5 & 6 floors of multi storied NABARD buildings, male and female wards in the Hospital and presently functioning Principal office to this purpose. Consequently, As per GO (Ms) No.391//2024/H&FWD dated 30.12.2024 Govt. Medical College Wayanad got permissive sanction from the Director of Medical Education department for using the land of the Mananthavady District Hospital located in the Mananthavady village under the survey numbers 493/131 and 493/132 and to moveable and immoveable properties situated there including the building constructed with NABARD assistance fully for the purpose of starting the students admission in the Medical College for 50 students.

As per order No. GO(Ms).186/2024/H&FWD dated 01.08.2024 one post of Assistant Professor and one post of Senior Resident in Cardiology has been shifted from GMC Trivandrum to GMC Wayanad. Cardiology department of GMC Wayanad was established on

25/03/2024. It became a giant leap in the realm of treatment of cardiological ailments in Wayanad district. Consequently, the Cardiology department of GMC Wayanad provides Angioplasty, Angiogram, Echo, POBA, Holter, TMT treatments to the patients.

Sickle Cell Anaemia unit of GMC Wayanad was inaugurated by Hon'ble Minister for Health & Family Welfare Smt. Veena George on 22.03.2025. This function was presided over by the Hon'ble minister for SC's, ST's & Backward communities Sri. O R Kelu. A significant milestone was reached when the Orthopaedics department performed bilateral hip replacement on a 31 years old woman who had been bedridden and denied surgery at Higher Hospitals, due to her complex deformities. This successful surgery has installed a renewed sense of confidence among the staff and patients.

Letter of permission for 50 MBBS seats was obtained on 2nd September 2025 under section 28(3) of NMC Act,2019. On 25th October 2025, Government Medical College, Wayanad was granted provisional affiliation by the Kerala University of Health Sciences (KUHS) for the admission of 50 MBBS students for the academic year 2025–2026, following the Letter of Permission issued by the National Medical Commission (NMC) after final inspection and scrutiny.

1.2 History

1.2.1 Historical Milestones

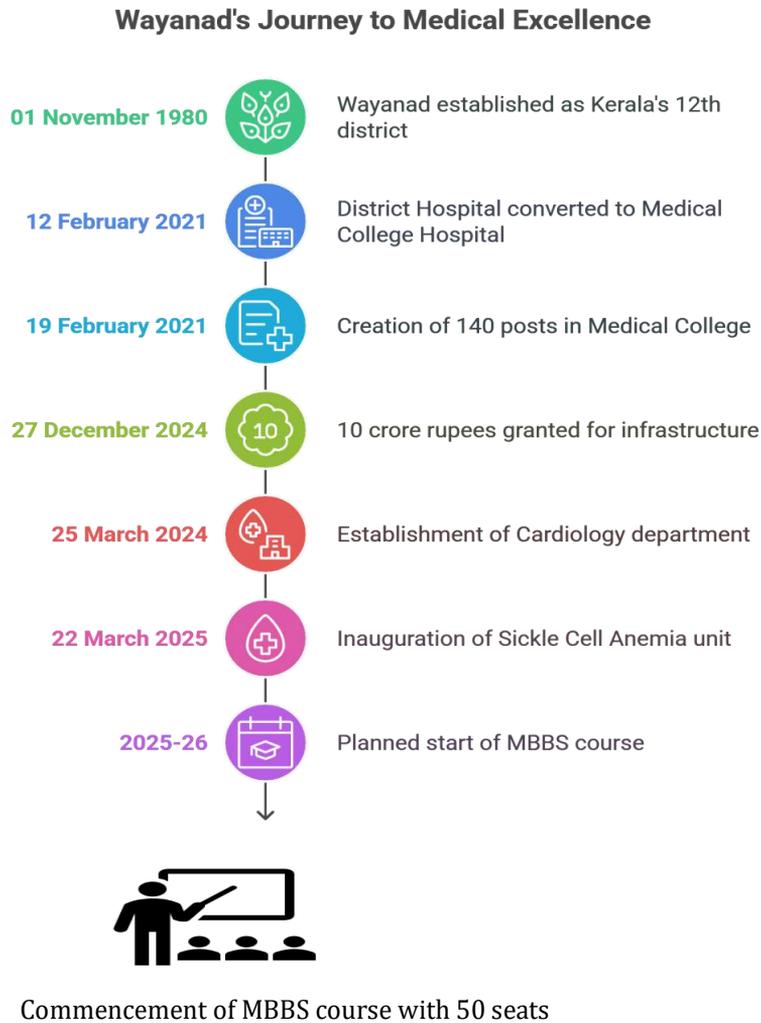


Figure 1.1: Historical Milestones

1.2.2 Institutional Identity

Government Medical College, Wayanad is situated on Hospital Road in Thazhe Angadi, Mananthavady, in the scenic Wayanad district of Kerala, India. The campus lies within the town limits of Mananthavady, which is a prominent settlement in the north-eastern part of

Wayanad and is connected by road to other major towns and districts. This location places the college in a rural yet accessible setting amidst the lush landscapes of the Western Ghats, providing both a serene learning environment and close proximity to the surrounding communities it serves. The institution is affiliated to the Kerala University of Health Sciences (KUHS) and is recognized by the National Medical Commission (NMC).

1.3 Administration

As per Go (Ms)No.45/2021/H&FWD, dated 19.02.2021 the necessary posts to carry out the administrative functions were created. Accordingly, general administration, expenditure of plan & non-plan funds, the necessary works for the admission of students, the submission of reports etc are being conducted smoothly. The necessary posts have been designated to review the recommendations and reports prepared at the above levels for approval and availability of various funds required for the progress of the work. To improve the physical conditions of the Wayanad Government Medical College, the administration has been working in an efficient manner. The procurement processes of equipment, reagents, furniture etc ensures high quality for giving better care for the public. The administration is also providing appropriate levels of support in providing novel treatment measures for better functioning of Wayanad Government Medical College.

The administrative philosophy of Government Medical College, Wayanad is guided by the regulations of the Kerala University of Health Sciences (KUHS) and the norms of the National Medical Commission (NMC), in accordance with the policies of the Government of Kerala. The institution functions under a defined governance structure comprising the Principal/Dean, Medical Superintendent, Heads of Departments, and statutory committees as prescribed by KUHS and NMC. Academic administration, clinical services, and hospital management are carried out through standardized procedures to ensure compliance, transparency, and accountability. The governance framework emphasizes maintenance of academic standards, ethical clinical practice, student welfare, faculty development, and continuous quality improvement, with a focus on delivering competent medical graduates and quality healthcare services to the community.

1.3.1 Administrative structure

The institution functions under the administrative control of the Directorate of Medical Education (DME), Government of Kerala, operating within the Health & Family Welfare Department. Overall governance is exercised by the State Government through relevant Government Orders (G.O.s) issued from time to time. Academic administration of the medical college is vested with the Principal, while hospital and clinical services are overseen by the Medical Superintendent. In addition, several other administrative and academic functionaries work under the supervision of the Principal, the details of which are presented below.

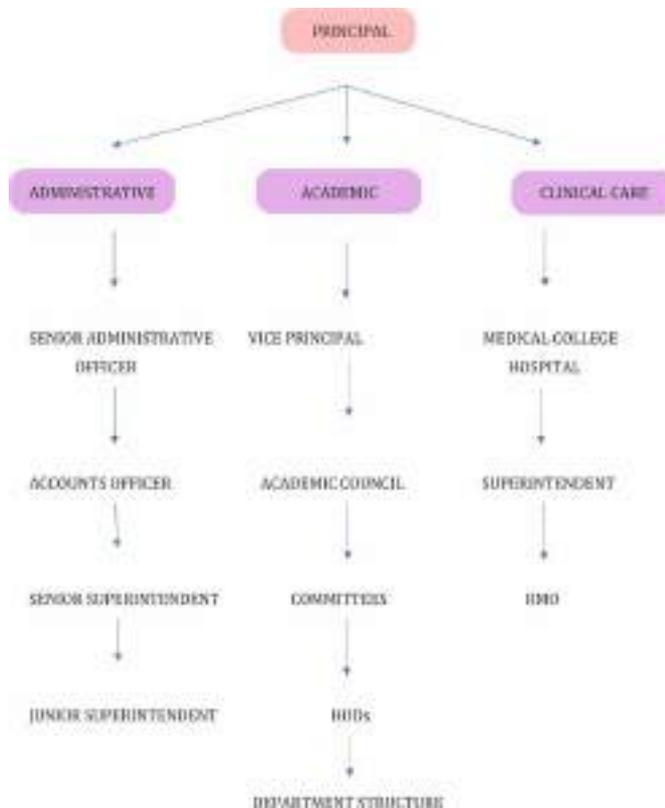


Figure 1.2: Organisational Matrix

1.3.2 Roles & Responsibilities

1. Principal

The Principal is the overall head of the institution, responsible for governance, strategic planning, and coordination across all wings of the college, including administration, academics, and clinical services.

2. Administrative Wing

The administrative wing ensures smooth institutional operations and compliance with regulatory and financial guidelines. Key roles include:

Senior Administrative Officer (SAO): Manages day-to-day administrative activities, supervises staff, and ensures policy implementation.

Accounts Officer: Responsible for financial management, budgeting, auditing, and maintenance of accounts as per government regulations.

Senior Superintendent: Oversees administrative personnel, maintains official records, and ensures proper documentation and correspondence flow.

Junior Superintendent: Supports senior superintendents in clerical tasks, file management, and interdepartmental coordination.

3. Academic Wing

The academic wing governs educational programs, research, and faculty development. Its structure includes:

Dean / Principal Academic: Leads curriculum planning, academic programs, and faculty management.

Academic Council: Formulates academic policies, approves curricula, and ensures quality of medical education.

Committees: Responsible for examinations, research, ethics, and student affairs, ensuring compliance with national medical education standards.

Heads of Departments (HODs): Supervise departmental activities, faculty, and students; ensure quality teaching and research.

Department Staff: Includes faculty, lecturers, and teaching staff who deliver lectures, practical training, and mentorship.

4. Clinical Care Wing

The clinical wing provides healthcare services and facilitates clinical training for students. Key roles include:

Medical College Hospital Superintendent: Oversees hospital administration, patient care services, and ensures adherence to clinical protocols.

Resident Medical Officers (RMOs): Deliver round-the-clock patient care, supervise junior staff, and integrate clinical practice with teaching.

Other Doctors (Specialists, Consultants, and Junior Doctors): Provide specialized medical care, participate in clinical education, and contribute to hospital-based research and audits.

1.3.3 Institutional Committees

In accordance with institutional and regulatory requirements, the following committees have been constituted at Government Medical College, Wayanad.

- a) IRC (Institutional Research Committee)
- b) Anti-Ragging Committee
- c) Medical Education Unit
- d) Cancer Care Core Committee
- e) Quarters Committee
- f) Technical Committee
- g) Canteen Committee
- h) Infection Control Committee
- i) Men's Hostel Committee
- j) Ladies Hostel committee

- k) Biomedical Waste Management Committee
- l) PIED Cell Committee
- m) College Council Committee
- n) Gender Harassment Committee
- o) College Redressal Grievance Committee (CRGC)
- p) PTA Executive Committee

1.4 Conclusion

Government Medical College, Wayanad, stands as a vital institution in the north-eastern region of Kerala, aiming to provide comprehensive medical education, specialized healthcare services, and research opportunities. With a well-defined governance structure, ongoing administrative development, and efforts to establish a robust, well-equipped, and efficient infrastructure, the college is striving to enhance academic and clinical facilities to better serve the district and neighbouring areas. The establishment of specialized units, creation of academic posts, and progressive infrastructural development reflect a strong commitment to quality medical education and equitable patient care. Moving forward, the college is prepared to contribute significantly to the training of competent medical professionals and the improvement of public health outcomes in this ecologically sensitive and underserved region.

CHAPTER 2

MCH ACADEMICS OVERVIEW

2.1 MCH fact sheet regarding the department and facilities

Table 2.1 MCH Fact sheet regarding the facilities

Domain	Key Information
INSTITUTION NAME	GOVERNMENT MEDICAL COLLEGE, WAYANAD
LOCATION	Hospital Rd, Thazhe Angadi, Mananthavady, Kerala 670645
GOVERNANCE & CONTROL	DME, Health & Family Welfare Department, Govt. of Kerala, Principal & Hospital Superintendent
REGULATORY APPROVAL	National Medical Commission (NMC)
ACADEMIC AFFILIATION	Kerala University of Health Sciences (KUHS)
ACADEMIC PROGRAMME	MBBS
INFRASTRUCTURE CAPACITY	Hospital services are operational across multiple blocks. The academic block functions in the 3rd to 6th floors of the multi-storied NABARD building, while the Principal's Office and administrative offices are accommodated on the ground floor of the Nursing College building. This arrangement has been formalized through a Government Order allotting the Nursing College building for the said purpose. Further infrastructure development as and when land acquired.
PATIENT SERVICE STATISTICS	OPD and IPD services are witnessing a progressive increase in patient attendance; emergency and specialty consultations are

	functional, with district-level referral services operational. Detailed department-wise patient statistics are provided in Chapter 3 of this document.
MATERNAL & CHILD HEALTH SERVICES	Round-the-clock labour room & OT services are functional, with 24-hour casualty and triage services attending obstetric emergencies, including medico-legal cases (MLC).
SUPER-SPECIALITY AVAILABILITY	Cardiology department with CATH LAB facility, Blood Centre, Dialysis unit
ADVANCED MEDICAL EQUIPMENT	<p>The institution is equipped with advanced diagnostic, anaesthetic, surgical and teaching equipment including video laryngoscopes, ultrasonic surgical systems, C-arm, colour Doppler, bronchoscope, defibrillators, fetal monitors, advanced electrosurgical units, laser systems, ophthalmic diagnostic equipment, laboratory analysers, histopathology and embalming facilities.</p> <p>Detailed department-wise equipment requirements are outlined in Chapter 3.</p>
COMMUNITY OUTREACH PROGRAMMES	
MAJOR INFRASTRUCTURE SUPPORT SCHEMES	PMSSY and NHM funds were not utilised due to land constraints. Infrastructure development was carried out through renovation of the NABARD multipurpose building using Plan funds (details in Chapter 10). An ambulance was provided through CSR support from the Central Warehousing Corporation.

FUTURE DEVELOPMENT FOCUS	<p>To build infrastructure facilities for administrative and academic block and residential blocks in the identified land for the Medical College.</p> <p>To build / re-structure the clinical departments as per the master plan</p>
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2.2 Undergraduate Courses

Table 2.2: UG Courses in MCH

Course	Seat	Duration	Qualifying & Eligibility Criteria
MBBS	50	Four and half years of academic years plus 1 year of compulsory rotatory residential internship (CRR)	Admission made strictly based on NEET-UG merit through counselling conducted by MCC/CEE Kerala, subject to KUHS and Government of Kerala norms.

Recognition for 50 MBBS seats was granted in September 2025. The approval was given after the college demonstrated that it had met the necessary infrastructure and academic facilities and standards set by NMC.

The classes commenced with online session on 3rd October 2025 and offline classes started on 6th October 2025. 41 students had taken admission as on 06/10/2025 A white coat ceremony was conducted for the students and all of them adorned their white coats. Inaugural ceremony of the course (Praveshanotsavam) was graced by Honourable Health Minister Smt. Veena George.



Figure 2.1: White coat ceremony conducted for MBBS students



Figure 2.2: Students taking oath after white coat ceremony



Figure 2.3: Hon'ble Health Minister addressing the gathering during Praveshanotsavam

The multipurpose block (Academic block) was set up for the students with 2 lecture halls and Departments including Physiology, Biochemistry, Microbiology, Pharmacology and Pathology with lab facilities, small group demo rooms, departmental libraries and faculty rooms.



Figure 2.4: Lecture halls for MBBS students

2.3 Postgraduate Courses

Courses are yet to commence.

2.4 Super Speciality Courses

Courses are yet to commence.

2.5 Proposals for Academic Development

As Government Medical College, Wayanad is a newly established medical institution, there are currently no immediate proposals for increase in MBBS intake, introduction of postgraduate (PG) courses, super speciality programs, international collaborations, or novel academic programmes at this stage. Such academic expansions are anticipated to evolve progressively in accordance with regulatory prerequisites and institutional maturity.

The institution proposes to align all future academic expansion strictly with NMC and KUHS regulations, ensuring that growth in student intake and academic programmes is quality-driven, sustainable, and compliant. Government Medical College, Wayanad shall submit proposals for MBBS seat enhancement, postgraduate courses, and other academic initiatives only after achieving the prescribed benchmarks and receiving statutory clearances from the competent authorities.

2.6 Conclusion

Government Medical College, Wayanad is a newly established institution that has commenced undergraduate medical education with due regulatory approvals and functional clinical and academic infrastructure. The college is currently focused on strengthening service delivery, consolidating teaching facilities, and ensuring compliance with NMC and KUHS standards. Future academic and infrastructural expansion is planned in a phased and sustainable manner, aligned with statutory requirements and the evolving healthcare needs of the district.

CHAPTER 3

DEPARTMENT-WISE HEALTH FACILITIES

3.1 Overview of facilities

The Government has declared this Medical College as a Mother and Baby Friendly Hospital (MBFH). After strenuous efforts MBBS course has started and the regular academic sessions have commenced. The MBBS students are currently engaged by the Department of Anatomy, Physiology, Biochemistry and Community Medicine. Department of Paediatrics, Wayanad Medical College conducts many training programs and awareness seminars across the district. Many difficult and complicated surgeries have been successfully completed. Laparoscopic surgeries for Appendix, gall bladder hernia and various other organs, cancer surgeries for breast cancer, stomach cancer, rectal cancer and other various malignancies are being done. Training programs and awareness are being conducted as part of infection control activities. Prescription audit, antibiotic audits and antibiotic smart initiatives are being implemented in hospitals by the microbiology department. Wild animal attack cases also treated in this hospital giving prime priority. General Medicine, Respiratory Medicine, Orthopaedics, Radiodiagnosis, Transfusion Medicine, Gynaecology, Ophthalmology, ENT, Anaesthesia, Psychiatry, Forensic Medicine, Physical Medicine & Rehabilitation, Dermatology, OMFS and Cardiology (super specialty service) departments are working efficiently to provide better and expert patient care.

An Ambulance has also been allotted from Hon'ble MP's fund for the functioning of the hospital; another Ambulance has been made available through the CSR fund of Central Warehousing Corporation. Equipment and furniture in the Cath lab were purchased by using the allocation of Rs 2.6 crore from the Hon. MLA fund. Construction of the parking area was completed by utilizing MLA fund.

3.2 Department-wise Details

3.2.1 Department Of Anaesthesiology

A. Introduction

The department of Anaesthesia under DME started on 22/05/2022 with the posting of an Associate Professor. There were already 2 consultants in DHS service and tables were given on limited days. We collaborated with them in clinical work. In 2023 an Assistant Professor joined in 2023. Another Associate professor joined in 2024 who requested for transfer which was sanctioned and transferred to GMC Manjeri. The senior Associate professor was transferred to GMC Kozhikode from where another senior Associate Professor joined on October 2024. At present we have 1 Associate Professor, 2 Assistant professors and 2 SRs. The post of Professor is lying vacant.

B. Equipment & Facilities

We are equipped with 5 anaesthesia workstations with equal number of multipara monitors. We have 2 USG machine for regional blocks and central line canulations. We have 2 VLS machines for difficult airway management. We provide Anaesthesia in 3 OT and one in OBG side.

C. Clinical Services

We provide clinical anaesthesia to various surgical departments like General Surgery, Orthopaedics, OBG, ENT, OFMS. General surgery cases are done on Tuesday, Wednesday, and Friday. Orthopaedics cases are done on Mondays and Thursdays. ENT done on Mondays and Thursdays. OBG cases are done on Wednesday and Saturday. OMFS cases done as per availability on Mondays. We provide emergency services round the clock for OBG cases and surgical emergencies. We provide expert care in Central line cannulation and difficult IV access and postop ICU care

D. Specialty Clinics

No specialty clinics due to shortage of manpower

E. Operational Statistics

Table 3.1: Average number of Major cases done per month

Department	No. of cases
General Surgery	80
Orthopedics	30
ENT	30
Obstetrics & Gynaecology	40
OMFS	2
Emergency Cases	
General Surgery	35
Obstetrics & Gynaecology	50

F. Special Initiatives

For sickle cell anaemia patients, THR and TKR DONE. Shoulder Arthroscopy also done

G. Key Gaps / Future Requirements

- A post of Professor is vacant which is necessary according to NMC norms.
- There is lack of HOD and faculty rooms.
- No Clerk or CA for the department.
- No classrooms or seminar rooms for students.
- Shortage of changing rooms in the operation theatre.
- Lack of advanced equipment like FOB, Airway exchange catheter, and other latest anaesthesia equipment.

3.2.2 DEPARTMENT OF ANATOMY

A. Introduction

The Department of Anatomy started in the year 2021. Since its establishment, the department has been gradually developing its academic and infrastructural facilities in accordance with the norms laid down by the National Medical Commission (NMC).

The department received the Letter of Permission (LOP) from NMC in the year 2025, following which the first batch of MBBS students has been admitted and academic activities have commenced.

Faculty Position

The present faculty strength in the Department of Anatomy is as follows:

- Professor – 1
- Associate Professor – 1
- Assistant Professors – 2
- Senior Residents – Nil (No sanctioned post)

One Professor posted in the department is currently on long-term leave due to serious health issues, resulting in increased academic and administrative workload on the remaining faculty.

Non-Teaching Staff Position

- There are no sanctioned posts for non-teaching staff in the Department of Anatomy.
- Dissection for MBBS students has been initiated with the help of one Dissection Hall Attender posted from HDS.
- Embalming facilities have not been started due to the non-availability of a Theatre Assistant.

B. Equipment & Facilities

The Department of Anatomy is provided with the following infrastructure:

- Dissection Hall
- Embalming Room
- Cadaver Storage Rooms with Tanks
- Two Demonstration Rooms
- Histology Laboratory
- Store Rooms
- Faculty Rooms

Essential equipment has been made available as per NMC norms, except for anatomical models required for the museum.

Museum and Library Facilities

- A single shared museum is available for the department.
- No Curator has been appointed for the museum.
- Only minimal furniture is currently available.
- A departmental library exists, but adequate furniture and shelving facilities are lacking.

C. Clinical Services/Academic Activities

- Dissection for MBBS students has been initiated.
- Teaching and demonstrations are being conducted using the available facilities and resources.

D. Key Gaps

1. One Professor on prolonged medical leave.
2. No sanctioned Senior Resident (SR) post.
3. Three Junior Residents are required, but only one Junior Resident is currently posted.
4. Non-availability of non-teaching staff.

5. No Curator for the Anatomy museum.
6. Embalming facility is non-functional due to lack of Theatre Assistant.
7. Space for burial pit has not identified yet due to limited area

E. Future Requirements

1. Procurement of anatomical models for museum and teaching purposes.
2. Furniture for the departmental library, including book racks, tables, and chairs.
3. Creation and sanction of non-teaching staff posts, including:
 - Dissection Hall Attender
 - Theatre Assistant
 - Laboratory Attendant
 - Museum Curator
4. Sanction of Senior Resident and additional Junior Resident posts as per academic and NMC requirements.

Conclusion

Despite limitations in manpower and infrastructure, the Department of Anatomy has commenced academic activities for the first MBBS batch. Addressing the identified gaps and fulfilling future requirements is essential for the smooth functioning of the department and for maintaining academic standards in accordance with NMC guidelines.

3.2.3 Department Of Biochemistry

A. Introduction

At present, the Department of Biochemistry, GMCW, is staffed with one Professor, one Associate Professor, one Assistant Professor, one tutor.

B. Equipment & Facilities

Instruments for students' practical classes available are:

- Boiling Water Bath
- Glucometer
- Hot Air Oven
- Laptop
- Refrigerator
- Semi auto analyser
- Vortex Mixture
- Chromatography
- Water bath constant temperature
- Incubator
- Urinometer
- Vacutainer
- Analytical balance
- Digital analytical balance
- Digital Colourimeter
- Variable volume Micropipette
- Bottle Dispenser
- Electrophoresis Apparatus
- pH Tester
- Spectrophotometer
- Centrifuge (8 Tubes)
- ELISA
- Binocular Microscope
- Dropper
- Autoanalyzer
- ISE Analyzer
- ABG Machine
- Thermometer
- Urine strip for glucose and protein
- Micro Balance

The Department of Biochemistry at Government Medical College, Mananthavady functions on the fifth floor of the academic building, with the Biochemistry students' laboratory located on the sixth floor. At present, the department is equipped with a functional students' laboratory, a departmental library, a seminar room, the Head of the Department's room, and faculty rooms.

C. Clinical Laboratory Services/Academic Activities

Conduct classes for MBBS and BSc nursing students.

Biochemical investigations performed at the Biochemistry Central Laboratory under DHS are:

1. Glucose
2. Cholesterol
3. HDL
4. LDL
5. VLDL
6. Triglycerides
7. T. Bilirubin
8. D. Bilirubin
9. SGOT
10. SGPT
11. ALP
12. T. Protein
13. Albumin
14. Globulin
15. A/G Ratio
16. Urea

17. Creatinine
18. Uric acid
19. Amylase
20. Sodium
21. Potassium
22. Magnesium
23. Calcium
24. Phosphorus
25. Other Body fluid investigations
26. Beta HCG
27. Ferritin
28. Iron
29. Vit B12
30. CKMB
31. Troponin I
32. Lipase
33. CA 125
34. Vit D

D. Specialty Clinics

Special investigations for diagnosis and research not started as deficiency of infrastructure and technical staff.

E. Operational Statistics

Table 3.2: Statistics of the investigations performed at the Central Biochemistry Laboratory

Biochemistry Central Laboratory Investigations - 01.01.2025 to 31.05.2025yy			
Sl. No.	Test	Average per month	Average per day
1.	Glucose	2799	93
2.	Cholesterol	197	7
3.	ADL	128	4
4.	LDL	128	4
5.	VLDL	128	4
6.	Triglycerides	128	4
7.	T. Bilirubin	1710	57
8.	D. Bilirubin	1710	57
9.	SGOT	1790	60
10.	SGPT	1827	61
11.	ALP	1566	52
12.	T. Protein	1514	50
13.	Albumin	1515	51
14.	Globulin	1402	47
15.	A/G Ratio	1389	46
16.	Urea	1859	62
17.	Creatinine	1945	65

18.	Uric acid	180	6
19.	Amylase	80	3
20.	Sodium	1624	54
21.	Potassium	1676	56
22.	Magnesium	52	2
23.	Calcium	365	12
24.	Phosphorus	136	5
25.	Other Body fluid investigations	2	0
26.	Beta HCG	34	1
27.	Ferritin	49	2
28.	Iron	71	2
29.	Vit B12	0	0
30.	CK-MB	0	0
31.	Troponin I	343	11
32.	Lipase	81	3
33.	CA 125	5	0
34.	Vit D	62	2
	TOTAL NO. OF TESTS PER MONTH AND PER DAY	26,495	883

F. Key Gaps / Future Requirements

- Lab technician and Junior Lab Assistant
- 1 Assistant Professor post is lying vacant

3.2.4 Department Of Cardiology

A. Introduction

Department of cardiology GMC, Wayanad started functioning in September 2024. Now functioning with 1 assistant professor and 1 senior resident posted from GMC Calicut for 14 days on rotation basis.

B. Equipment & Facilities

Department has a Cath lab for angioplasty.

Cardiology department of GMC Wayanad provides Angioplasty, Angiogram, Echo, POBA, Holter, TMT treatments to the patients.



Figure 3.1: Treadmill Test machine

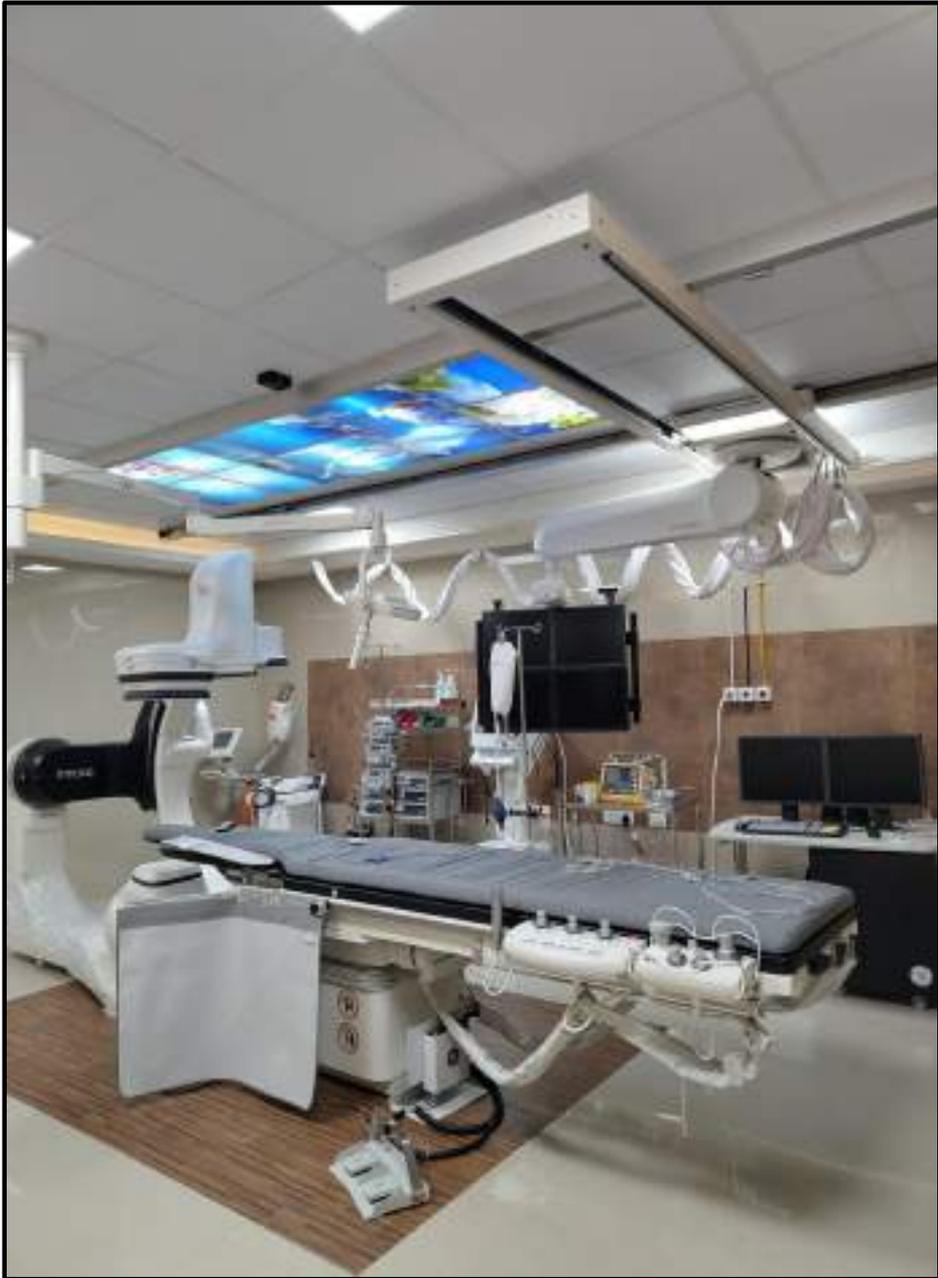


Figure 3.2; Cath Lab



Figure 3.3: Cardiology ICU

C. Clinical Services

IP Facility: we have 7 bedded Cath ICU and admit cardiology patients from our OPD in medical wards.

At present conducting OPD on Tuesday and Thursday catering 70 patients per OP day. We do angiogram and angioplasty on Tuesday, Wednesday and Thursday. Echo and holter on all days except Sunday.

D. Operational Statistics

Table 3.3: Procedure and No. of cases as of December 2025

Sl. No.	Procedure	No. of cases as of December,2025
1.	Angiogram	617
2.	Angioplasty	300
3.	POBA	10
4.	Echocardiogram	4805
5.	Holter	185
6.	TMT	165

E. Key Gaps / Future Requirements

- We need permanent senior resident to run the department smoothly.
- We also need to fill an Assistant Professor and Associate Professor post newly created.
- TMT machine presently non-functional for past 6 months need to be made functional.

3.2.5 Department Of Community Medicine

A. Introduction

At present, the Department of Community Medicine at Government Medical College is staffed with one Assistant Professor and one Tutor.

B. Equipment & Facilities

Currently available equipment & facilities:

- Vaccine centre
- Water testing kit

- Iodine testing kit
- Soil kit
- Microscopic Glass Slides
- Mosquito catching kit
- First Aid Kit
- MUAC Tape
- Bottle reagents NM
- Bottle reagents
- Weighing machine adults
- Baby weighing machine
- Salters baby weighing machine
- Harpenden callipers for skin fold thickness
- Chloroscope
- Horrocks Apparatus
- Digital BP Apparatus
- BP apparatus
- Incubator electric
- Centrifuge clinical
- Haemoglobin meter
- Glucometer
- Otoscope
- Ophthalmoscope
- Stethoscope
- Needle Destroyer (Manual)
- Refrigerator Samsung
- Kata thermometer
- Globe thermometer
- Anemometer
- Sling Psychrometer
- Hemoglobinometer

- Hydrometer, Milk
- Balance for weighing food stuff
- Needle shredder (Hub cutter)
- Clinical thermometer
- Sound level meter
- Height Measuring stand
- Revolving chair
- Office chair
- Plastic chair

C. Clinical /Academic Services

UG activities

1. Theory classes completed for MBBS students
2. Essay writing competition for MBBS students as part of World diabetes Day 2025

Foreign Medical Graduates

1. Postings for FMG interns arranged at CHC Periya and GH
2. Complete Posting schedule has been put for the interns
3. Research methodology classes has been taken for FMG interns
4. Research Methodology classes taken for Clerkship students
5. Hands on Training for Protocol preparation for FMG interns and Clerkship students
6. Clerkship students being actively involved in preparation of department museum like poster making and chart preparation

Activities planned for next one month

1. Seminar schedule put for UGs
2. Posting schedule of current FMG interns in the peripheral institutions has been put
3. Clerkship students has been given health education topics for preparing IEC materials

D. Specialty Clinics

NIL

E. Operational Statistics

1. Field assessment of Malaria under IHIP in Wayanad district along with WHO Consultant and DHS staff
2. Attended district level inter-departmental workshop on school health
3. Rabies prevention training for doctors and nurses at St Josephs Hospital Mananthawady
4. Awareness session to public on Diabetes prevention and Health camp in association with IMA Wayanad as part of World Diabetes Day
5. Awareness session on Antimicrobial resistance as part of World Antiicrobial resistance week in association with Department of Microbiology
6. Awareness on Organ Donation at Panamaram Vyapar Bhavan
7. Rabies prevention training for nurses at GMC Wayanad, Mananthawady

F. Key Gaps / Future Requirements

Requirements

1. Vehicles for transport of students / interns / faculty / paramedical staff to the RHTC and UHTC
2. Smart TV
3. Multimedia projector with screen
4. Public address system (2 portables for field-based activities and one each for RHTC & UHTC)
5. Treatment kits as per various national health programs

Other requirements

1. Jefferson chairs: 55

2. Table: 10
3. Computer with printer: 1
4. OHP (Over Head Projector): 1
5. Alamara: 7

Faculty requirements:

1. 1 Associate professor & 1 Professor post lying vacant.
2. 1 senior resident post creation required.

3.2.6 Department Of Dermatology, Venereology & Leprosy

A. Introduction

Department of Dermatology & Venereology is dealing cases of Dermatology, Venereology and Leprosy. Department staffs include one Associate Professor, one junior consultant from DHS side and one senior resident posted recently on one-month rotation basis.

B. Equipment & Facilities

1. Electro cautery - wart, pyogenic granuloma, melanocytic nevus, skin tag
2. Radio frequency - DPN, skin tag, nevus, seborrheic keratosis
3. Dermato surgery and biopsy - Excision of dermatofibroma, neurofibroma, plantar corn, nail avulsions
4. Minor procedures- needling for molluscum, phenol cautery for molluscum and xanthelasma
5. Intralesional steroid injections for alopecia areata, Keloid and hypertrophic scars
6. Acne scar revision surgeries and scar remodelling - subcision, microdermabrasion, micro needling, derma roller
7. Hair treatment - PRP injections
8. Iontophoresis for hyperhidrosis

9. Phototherapy- PUVA and NBUVB and Suit PUVA for vitiligo, Psoriasis Vulgaris, Cutaneous T Cell Lymphomas.
10. Cryotherapy - Liquid Nitrogen for wart and other cryo responsive lesions
11. Laser – Diode laser for hair removal and hirsutism

C. Clinical Services

- Conducting OPD and surgical procedures on alternate days.
- Surgical procedures mentioned above.
- E Sanjeevani - Every third week.
- Teaching – nursing students and interns

D. Specialty Clinics

- Pulari clinic- dealing with STD and other high-risk groups. Conducting STD clinics, monitoring functions of STI coordinator and conducting STD camps in remote and tribal areas, Counselling, managing and monitoring of STD patients.

E. Operational Statistics

Table 3.4: Services and No. of cases per month

Services	No. of cases per month
Outpatients	2400
Surgical procedures	150

F. Special Initiatives

- Leprosy related activities - Conducting Leprosy camps in the periphery. Training of Specialists, Medical officers, Nursing staffs and Laboratory staffs.

G. Key Gaps / Future Requirements

- 1) Staff deficiency: Following staffs are urgently needed for the smooth functioning of the department.

- 1) One Assistant Professor and one more senior resident to manage the busy OPD, surgical / cosmetological procedures, teaching / training MBBS, paramedical students and other academic activities.
 - 2) One lab technician for doing AFB smear/vaginal smear/fungal scraping/microscopic examinations essential for diagnosing leprosy, STDs and skin infections
 - 3) One Health Inspector as proper record maintenance, case reporting, contact tracing and follow up of leprosy patients are not possible in the busy OPD and as a result leprosy is under reported in GMC, Wayanad.
- 2) Lecture halls with audiovisual and internet facilities.
 - 3) Consultation / examination rooms, faculty rooms, ward, department library, laboratory.
 - 4) Carbon dioxide laser, hand foot phototherapy unit.

3.2.7 Department of ENT

A. Introduction

Department of ENT was started on April 2021 under DME. Now we have one Assistant Professor, 3 Senior Residents, one Junior Resident in DME side, and one Junior Consultant and one Audiologist under DHS side.

B. Equipment & Facilities

We have one microscope for ear surgeries, one monitor with camera system for FESS, flexible video laryngoscope, rigid scopes 0, 70 and 30 degrees, Direct laryngoscope, rigid esophagoscope, instruments for ear, nose, and throat surgeries and necessary opd instruments. Also, pure tone audiometer and tympanometre are available here.

C. Clinical Services

- Regular OP on Tuesday, Wednesday, Friday, and Saturday. OT on Monday and Thursday. Casualty on call on all days. Medical board on every Tuesday

- Microscopic ear surgeries like cortical mastoidectomy, modified radical mastoidectomy, endoscopic ear surgeries are being done every week.
- FESS, endoscopic septoplasty and endo DCR are routinely done here.
- Direct laryngoscopy and biopsy is done for all malignancy suspected cases, sometimes along with emergency tracheostomy.
- Many cases of esophagoscopy have been done here for foreign body removal

D. Specialty Clinics

NIL

E. Operational Statistics

Table 3.5: Services and No. of cases

Sl No.	Services	No. of cases till December 2025
1.	OPD cases	29359
2.	IP cases	378
3.	Major cases	246
4.	Minor cases	785

F. Special Initiatives

- Hearing aid camp was conducted under NPPCD
- On world hearing day 2025, we conducted an awareness program for anganawadi teachers regarding early identification of hearing loss.

G. Key Gaps / Future Requirements

- One Associate Professor vacancy is there.
- We need Oscopes and headlights for OPD services.
- No operating headlight in the OT.

- We have requested for a new microscope and new medical grade monitor and camera system.
- There is no endoscopy room, so patients need to enter OT for the same which disrupts regular functioning and cleanliness of OT.
- Most of the instruments available in OPD and casualty are in bad condition, need to be replaced.

3.2.8 Department of Forensic Medicine & Toxicology

A. Introduction

The department commenced functioning in January 2023 and is presently staffed with one Assistant Professor. Medico-legal autopsies are being conducted on all working days. In addition, one Assistant Police Surgeon from District Hospital, Mananthavady, is providing support by performing autopsies in coordination with the department. The department has successfully handled autopsies related to mass disasters and multiple deaths arising from single incidents. Training programmes on medico-legal aspects have also been conducted by the department. At present, the Government has sanctioned one Professor post and one Associate Professor post for the department.

B. Equipment & Facilities

- A cold chamber with a capacity of nine bodies is available in the department.
- The autopsy facility is equipped with one stainless steel autopsy table and two tiled autopsy tables.
- Academic infrastructure includes a student practical class area, a demonstration room, and a hall for small group discussions.

C. Operational Statistics

Number of Autopsy per year: 310 to 330.

D. Special Initiatives

NIL

E. Key Gaps / Future Requirements

The department requires the posting of one Professor and one Associate Professor. In addition, one Senior Resident and one Tutor are also required to ensure adequate academic and service delivery.

Supporting staff requirements include two Mortuary Technicians, two Junior Laboratory Assistants (JLAs), one Confidential Assistant/Typist, and two Sweepers/Cleaning Staff.

Further, additional furniture is required to meet the functional and academic needs of the department.

3.2.9 Department of General Medicine

A. Introduction

At present, the department is staffed with one Professor, two Associate Professors, one Assistant Professor, one Senior Resident, and three Junior Residents, ensuring the conduct of academic, clinical, and medico-legal activities of the department.

B. Equipment & Facilities

- IP facilities include 2 wards with 60 beds.
- We have around 60 to 70 IP.
- We have a 9 bedded ICU also.

C. Clinical Services

- OP days from Monday to Saturday
- ICU care facilities are provided to severe tropical fevers like Leptospirosis & Dengue, severe poisonings, acute coronary syndromes (in collaboration with cardiology dept) and sickle cell crises
- In the ward's cases like tropical fevers, cerebrovascular disease, metabolic disorders, viral hepatitis, pneumonias are routinely managed
- The department also conduct training sessions for interns and junior residents

D. Operational Statistics

Table 3.6 Services and No. of cases

Services	No. of cases
Inpatient	70 at a time
Outpatient	90 per day

E. Key Gaps / Future Requirements

- 2 Assistant professor posts and 2 Senior resident posts are vacant
- We have no department office, confidential assistant, no rooms for Faculty & residents or seminar room

3.2.10 Department of General Surgery

A. Introduction

Department of General Surgery has been sanctioned with 1 Professor, 2 Associate Professor, 3 Assistant Professor and 3 Senior resident posts. Now working as 3 units along with the staffs from the Health services department.

B. Equipment & Facilities

As compared to previous years the number of patients visiting OP in S1 unit has almost increased to 100%. The total number of theatre procedures has also increased. Both basic and advanced laparoscopic surgeries, malignancies, trauma, micro vascular surgeries etc are being dealt with.

As we are doing extensive laparoscopic procedures, we installed a laparoscopic training machine in OT for the surgeons to improve skills. General Surgery department conducted 4 CME programs in 2024 for academic upgradation for the surgeons of entire Wayanad

EQUIPMENTS – Department is now equipped with a laparoscopy unit, electrocautery devices, endoscopy unit, recently we have acquired a laser machine.

C. Clinical Services

Provides outpatient services 6 days per week along with 3 Major and 3 Minor theatre days. Department had been providing upper Endoscopy services till recently, as it is now non-functional.

D. Specialty Clinics

NIL

E. Operational Statistics

Table 3.7: Services and No. of cases (2024-25)

Statistics (2024-25)	No. of cases
Outpatients	39487
Inpatients	2650
Major surgeries	856
Minor surgeries	923

F. Special Initiatives

During the year 2024–2025, the department managed several notable and milestone cases. A rare case of isolated splenic hydatid cyst was successfully treated by deroofing and marsupialization.

A case of blunt abdominal trauma was managed laparoscopically, marking one of the first such procedures performed in the district.

Additionally, a complex case of four-finger revascularization following a cutter injury was successfully undertaken.

The department also achieved a significant milestone by completing 200 arteriovenous fistula (AVF) surgeries for patients requiring haemodialysis during the year.

G. Key Gaps / Future Requirements

- Advanced laparoscopy unit, as we are routinely doing those cases and the available unit is outdated (purchase procedures going on).
- Endoscopy unit- as the current unit is non-functional (purchase procedures going on)
- Lack of adequate infrastructure- No department rooms, faculty rooms, clinical examination side rooms or duty rooms.
- No department office, office staffs or system for adequate functioning of the department.
- Inadequate bed strength in postoperative and preoperative wards and inadequate supporting staffs like staff nurse, nursing assistants and grade II.
- No emergency theatre and ICU facility

3.2.11 Department of Microbiology

A. Introduction

The **Department of Microbiology** at Government Medical College (GMC), Wayanad is a core academic and diagnostic unit that forms an essential part of the medical education and healthcare services offered by the institution. DISTRICT AMR lab under **Department of Microbiology**, Wayanad has started functioning at Govt. Medical Collge Hospital, Mananthavady from March 14th, 2024. The lab currently performs culture for urine, exudates, blood, stool (surveillance) and environmental surveillance. This lab also functions as district hub lab for collecting samples from spoke hospitals. Lab received specimen from mainly 4 Spokes till date.

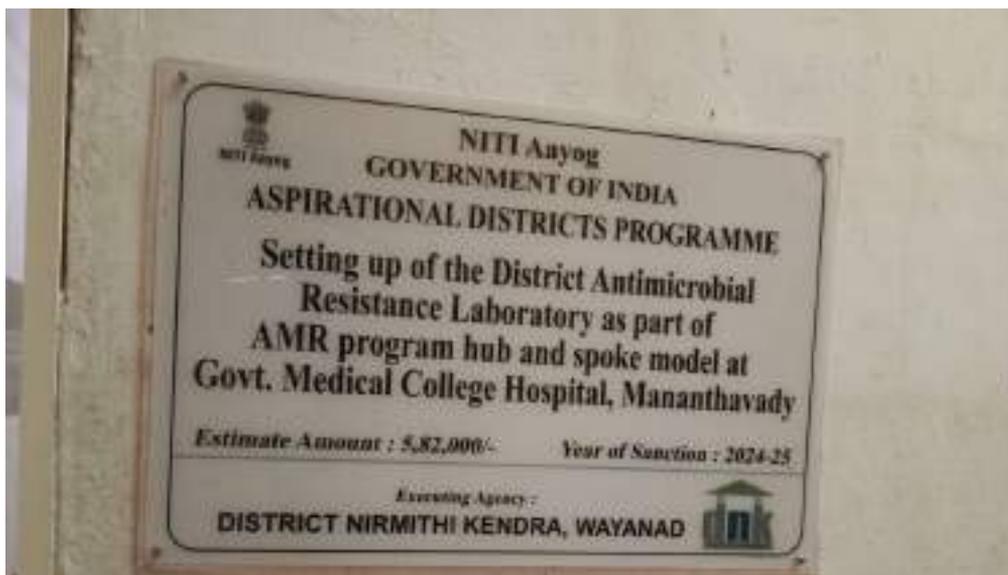


Figure: 3.4: District AMR Laboratory under Dept. of Microbiology, GMC Wayanad

B. Equipment & Facilities

The NABARD 4th Floor Academic Building houses the departmental infrastructure, including rooms for the Head of the Department, faculty, and other staff, as well as offices, a students' practical hall, seminar hall, demonstration room, departmental library, media preparation room, and sterilization room. The departmental museum is accommodated in a shared space within the Anatomy Department complex. In the practical block, rack works, and plumbing works are pending completion.

Equipment available:

- Hot Air Oven - 1
- Microscope - Binocular – 2
- VDRL Rotator – 1
- Centrifuge Machine – 1
- Elisa Reader& washer -1
- Incubator – 2

- Autoclave- 1
- Biosafety cabinet class 2A - 1
- Laminar flow - 1
- Electronic weighing machine - 1
- Automated blood culture system - 1
- Deep freezer -20⁰c - 1

C. Clinical Services

Table 3.8: Investigations available under Microbiology Department

Name of tests
Bacteriology- culture & sensitivity
Urine
Pus
Blood
Stool
Sterility testing
<u>Parasitology</u>
Stool Microscopy
<u>Serology</u>
Dengue IgM/NS1 ELISA
Leptospira IgM ELISA

Hepatitis A IgM ELISA
Hepatitis B-Hbsag (card& CLIA)
Heaptitis C Virus antibody (card & CLIA)
Scrub typhus IgM - ELISA
Chikungunya IgM- ELISA
Widal test
RPR
ASO- latex
CRP- CLIA
RA-latex
Covid 19 antigen

D. Operational Statistics

Table 3.9: District AMR Laboratory – Statistics of Tests 2024

	Urine culture			Environment surveillance	Stool-outbreak	Pus /Throat swabs	
	Hub	Spoke	Culture positive			Number	Culture positive
MARCH	129	0	21				

APRIL	197	0	33	50			
MAY	195	0	39	62			
JUNE	177	0	36	73			
JULY	175	0	34	97			
AUGUST	226	0	38	80	5 (2 Vibrio cholerae)		
SEPTEMBER	164	0	33	77			
OCTOBER	271	9	66	18			
NOVEMBER	190	5	30	74		3	0
DECEMBER-	142	9	39	99	2	33	17

Table 3.10: District AMR Laboratory – Statistics of Tests 2025

Month	Urine culture			Environment surveillance	Stool-Outbreak	Exudate culture		Blood culture	
	Hub	Spoke	Culture Positive			Pus /throat swabs	Culture positive Pus samples	Number	Positive isolates
JANUARY	147	7	27	102	1	17	11		
FEBRUARY	132	10	26	74	4	16	10		
MARCH	131	14	44	76	0	22	9	16	1
APRIL	132	7	25	104	1	20	12	38 (19 patients)	2
MAY	170	10	32	87	0	26	11	62	2
JUNE	176	8	39	94	2	26	11	42	6
JULY	60	5	15	64	0	14	3	6	1
AUGUST	84	0	8	56	0	16	8	5	0
SEPTEMBER	213	16	48	91	0	41	22	22	3
OCTOBER	219	14	53	97	0	46	30	15	0
NOVEMBER	222	13	57	68	0	54	29	19	1
DECEMBER									

E. Special Initiatives

1. Setting up of District AMR lab (Hub and spoke model)

The Microbiology diagnostic laboratory was established at GMCH Mananthavady in March 2024, offering *Culture and Sensitivity* testing. This is the first government facility in Wayanad district to provide such services. The lab functions as a district AMR hub under the KARSAP (Kerala Antimicrobial Resistance Strategic Action Plan) hub-and-spoke model, processing samples from peripheral health centres also.

2. **Antimicrobial Resistance (AMR) Surveillance was started in the district:** Antimicrobial resistance data is compiled and submitted to the KARSAP nodal centre, generating vital resistance data for the district.
3. **District AMR and Clinical Microbiologist Role:** The department's microbiologist serves as a member of the district AMR committee and as the District Clinical Microbiologist, conducting training sessions and awareness programs on AMR and antimicrobial stewardship.
4. **Antimicrobial Stewardship:** The department is a key member of the hospital antimicrobial stewardship committee.
5. **Prescription audit was started** in the hospital with the active participation of clinical departments.
6. **World Antimicrobial Resistance Awareness Week (WAAW) Activities-** observes World Antimicrobial Resistance Awareness Week (WAAW) each November through a series of engaging and impactful activities. The 2025 "Go Blue" campaign emphasized the importance of combating AMR through education, advocacy, and collaboration. Key events included discussions on the One Health approach, antimicrobial stewardship, diagnostic stewardship, and AWARE classification. Additionally, quiz competitions on infection control and AMR heightened awareness among participants.



Figure 3.5: World Antimicrobial Resistance Awareness Week

Outbreak management

- The department processes outbreak-related samples and was instrumental in the prompt detection and reporting of the recent cholera outbreak in Wayanad district.
- Department conducts awareness and training on emerging infections like Nipah virus infections.

IEC/Public awareness activities

Antimicrobial resistance: Strategically placed posters on AMR across the hospital serve as constant reminders to staff, patients, and visitors about the gravity of antimicrobial resistance. Public awareness initiatives have also been spearheaded by students from the Government Nursing College, Wayanad, who conducted flash mobs and poster

displays during WAAW, effectively engaging the community. Department participates in field-level AMR activities and training programs organized by peripheral primary health centres. These outreach efforts extend the hospital's expertise to rural and underserved areas, fostering a district-wide approach to combating AMR.

Hand hygiene day observation – started in the hospital with public awareness activities in association with hospital infection control committee.

Hospital infection control

- Hands on training and workshop on hospital infection control started for nursing students in association with hospital infection control committee.
- Personal Protective Equipment training conducted for hospital staff to face outbreaks like Nipah
- Induction and refresher training to healthcare workers are conducted periodically in the institution
- We also participate in district level infection prevention and control training for nursing officers conducted by Govt. Nursing School. Panamaram

Associate professor of Microbiology Dr Suryakala R Nair and Senior Resident Dr Souparnika R completed certificate course on Infection Prevention and Control for health care professionals conducted by CAHO, India. Dr Souparnika R, bagged bronze medal for the all India level competitive exam conducted by CAHO, India

F. Key Gaps / Future Requirements

Shortage of faculties:

Currently department works with 1 Associate professor and 2 Senior residents who are accommodated in SR posts of other departments.

Table 3.11: Number of faculties per NMC and the number of created posts

Faculty	Number of faculties required as per NMC	Created post
Professor	1	0
Associate professor	1	1
Assistant professor	1	0
Senior resident	1	0
Tutor	2	1

Shortage of Paramedical Staff

1) Technician

No technician post is created from the side of DME.

Lab works with a single technician provided from district health service.

2) Junior Lab Assistant (JLA)

Even though 2 JLA posts are created only 1 JLA is available for lab works.

3.2.12 Department of Obstetrics & Gynaecology

A. Introduction

Department of OBG started functioning in the year 2022. Currently we are functioning along with the DHS staff. The OBG department gives Obstetrics & Gynaecology services to women from the whole of the district of Wayanad, including tribal population with very limited socioeconomic background. These include high risk pregnancy like Anaemia including Sickle cell anaemia, Iron deficiency anaemia, Malnutrition, Pre-eclampsia who need specialised intensive care and support. Women with gynaecological issues like AUB, Malignancies, infertility, Vaginal prolapse, PID, Menstrual and other complaints also seek care from our department.

B. Equipment & Facilities

At present we are functioning along with the DHS doctors (Sanctioned post 3 Senior consultants and 2 Junior consultants - Of which there are only 2 Junior consultants and 1 Senior consultant post filled at present)

Infrastructure

- Labour room with 4 LDR units
- Septic LR 1
- Triage room
- Birth companion room 1
- Minor procedure room
- OT - 2 1 Gynaec and 1 Obstetric
- LR Observation / First stage room
- Gynecology OT

Equipment available:

1. Instruments & equipment for conducting normal & Instrumental delivery
2. Basic Laparoscopic equipment including Light source & display unit for Level 1 procedures
3. Instrument & equipment for performing Gynaecological surgeries - Abdominal & Vaginal procedures
4. Colposcope
5. USG machine for Point of care USG
6. CTG monitors

C. Clinical Services

- The department of OBG, GMC Wayanad has 3 OP days - Monday, Wednesday, Friday. (The other days OP is conducted by DHS staff)
- We have 3 OT days - Tuesday, Wednesday & Saturday

- We have a functioning Labour room facility round the clock, Casualty and triage cases are attended 24 hours including MLC cases

D. Operational Statistics

Table 3.12: Statistics from January to December 2025

Statistics from January - December 2025	No. of cases
Total Outpatients	21533
Antenatal cases	10937
Gynaecological cases	10596
Total Inpatients	4003
Average OP per day	100-200
Total no of deliveries from January - November 2025	1702

E. Special Initiatives

- The department of OBG Labour room and OT was given LaQshya Accreditation by Govt of India with > 90 % score.

We provide quality maternity care keeping the LaQshya standards including Respectful maternity care, early breast feeding, Birth companions, measures for prevention of Neonatal sepsis and Complications of prematurity

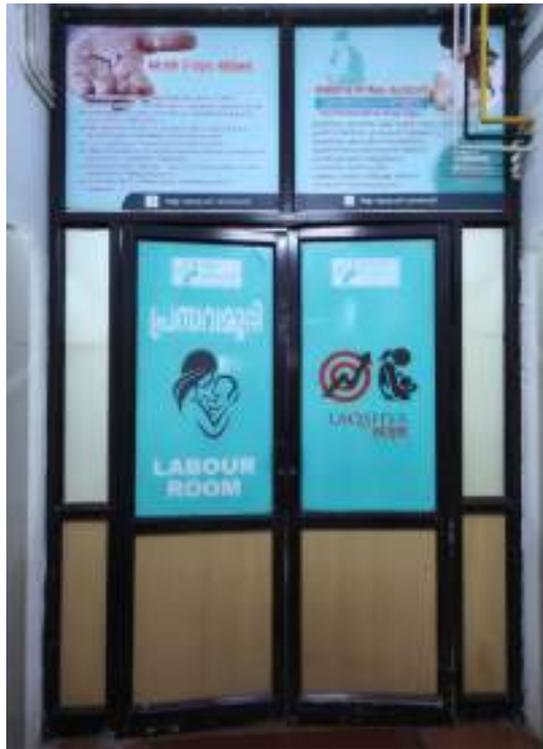


Figure 3.6: LaQshya accredited Labour Room, Dept. of OBG, GMC Wayanad

- Classes were undertaken to the staff nurses on obstetric emergencies at Nursing college Panamaram. Classes were taken to sensitise health care personnel in connection with Laqshya accreditation.
- Ongoing project on quality of life and patient reported outcomes in gynecological cancers.
- Colposcopy screening of highrisk population has started in the department
- PPMD Workshop - Prevent the preventable maternal deaths Workshop was conducted on 29/10/24.
- As part of Arogyam Anandam Cancer screening programme 368 women were screened for Cancer. Breast screening was done for 204 patients and Pap Smears were taken for 164 patients.



Figure 3.7: Arogyam Anandam Cancer screening programme, Dept. of OBG, GMC Wayanad

F. Key Gaps / Future Requirements

Since the MBBS admissions have started from 2025, the first batch of Phase 2 students will reach the Department by around August - Sep 2026. The CBME curriculum mandates competency-based learning which require staff & Infrastructure urgently

Key deficiencies

1. Teaching faculty - Professor & Assistant Professor deficiency to be resolved to ensure academic and clinical work
2. Senior resident to be appointed permanently, if possible, increase the number of SRs to 3
3. Auxillary staff requirement - Confidential assistant / Record keeper as per NMC MSR
4. Office Assistant as per NMC MSR
5. A fully functional Obstetric HDU and Gynaecology ICU with staff.

There is no space or provision for Academic activities or a Department room

We need urgently as per NMC specification

- Department room with furniture.
- Skill lab with mannequins for Skill competencies.
- Clinical demonstration room.
- Desktop / Laptop with WiFi internet connection.
- Storage facilities - Cupboards/ Shelves /Lockers - For storing Confidential and academic documents.
- Updated and advanced Instruments & Equipment for Obstetric procedures and Gynae surgeries.

3.2.13 Department of OMFS

A. Introduction

Started in April 2021 with a single faculty -Assistant professor

2 non-academic junior resident post on contract basis was created on December 2022

We are handling casualty round the clock since then with the limited doctors

B. Equipment & Facilities

Our op days are on Tuesdays and Thursdays

Operation theatre day on Monday (one OT per month) we perform trauma cases on Monday in the department itself under local anesthesia.

Minor oral surgical procedure on Wednesday, Friday and Saturday.

C. Clinical Services

Teeth extractions, surgical tooth removal, cyst enucleation, biopsies, maxillofacial trauma management and other minor oral surgeries

D. Operational Statistics

Table 3.13 Services available and its average number of cases

Services	Average no. of cases per month
Outpatients	950-1000
Inpatients	3-4
Minor surgical procedures	250-300
Major surgical procedures	2-3

E. Key Gaps / Future Requirements

We have been allocated an associate professor post, yet to join 2 senior residents (1 is mandatory as per NMC guidelines)

As we are finding it difficult to manage the OP and casualty round the clock with limited doctors

With the proposed number of faculty and senior residents we shall be able to perform more no. of cases including trauma and major surgeries without referring to a tertiary centre

3.2.14 Department of Ophthalmology

A. Introduction

We have only one Assistant Professor and 2 Senior Resident at present in ophthalmology department at GMC, Wayanad.

B. Equipment & Facilities

Equipment:

- Slit-lamp – 3
- A-Scan – 1
- B-Scan – 1

- Keratometer – 1
- Automated refractometer – 1
- Non-contact tonometer – 1
- Green Laser – 1
- Retcam – 1
- OCT-1
- Phaco machine -1
- Microscope-1
- FACILITIES
- Minor procedure room – 1
- OP Rooms – 1
- Refraction Room – 1
- Dark Room – 1

C. Clinical Services

The OP functions on all days except Sundays.

Services provided are:

- Refractive Error Screening
- Screening and Medical Management of Glaucoma
- Cataract assessment and surgical management
- Diabetic Retinopathy Screening, detection and laser treatment
- ROP Screening
- Minor Procedures (I&C of chalazion, suturing of lid wounds, foreign body removal)
- Treatment of corneal ulcer, uveitis, dacryocystitis

D. Operational Statistics

Table 3.14: Services and No. of cases per month

Services	No. of cases per month
Outpatients	4831
Inpatients	135
Major surgeries	129
Minor surgeries	2

E. Special Initiatives

Mobile Eye Unit

Around 10 eye camps are conducted every month through the Mobile Eye Unit, and approximately 500 persons are screened each month. About 5 cases of diabetic retinopathy and glaucoma are detected every month. In addition, around 25 cataract cases are identified and approximately 98% cases are operated per month



Figure 3.7: Mobile eye unit, Department of ophthalmology, GMC Wayanad.

F. Key Gaps / Future Requirements

- Need Professor/Associate Professor Post
- Staff Nurses
- Optometrists
- Nursing Assistants
- Limited infrastructure and facilities

Future Requirements:

- Restoration of the ophthalmic OT to functional status
- Procurement of two additional operation tables and an operating microscope with adequate manpower
- Facilities for intravitreal injections
- Yag Laser Machine
- HFA Machine

3.2.15 Department of Orthopedics

A. Introduction

The Department of Orthopaedics at Government Medical College, Wayanad, was formally established under the Directorate of Medical Education (DME) in the year **2022**. Prior to this, orthopaedic services were being provided at this institution under the Directorate of Health Services (DHS) with two Junior Consultants. The department now functions as a academic and clinical unit under DME.

The Department of Orthopaedics at Government Medical College, Wayanad, has undergone significant evolution over the past two years. Previously limited to routine trauma surgeries, we now proudly handle complex trauma cases that had previously been referred to Government Medical College, Kozhikode. Our capabilities have expanded to include comprehensive arthroplasty procedures for both knees and hips, as well as revision arthroplasties.

The department's current sanctioned faculty strength is critically below the requirement for a teaching medical college:

- Associate Professor: 1 (In position)
- Assistant Professor: 1 (Post is currently vacant)
- Senior Residents: 2 (In position)

As per National Medical Commission (NMC) guidelines, the post of a Professor is mandatory for an NMC-recognized department and remains an unfulfilled requirement. Furthermore, to manage the high clinical volume and provide essential bedside training, the immediate recruitment of 2 House Surgeons regularly is urgently needed.

B. Equipment & Facilities

- Existing Infrastructure: Basic equipment for essential patient care, inherited from the erstwhile DHS orthopaedic setup, is available.
- Critical Gaps Impacting Functionality & Safety:
 1. Academic & Administrative Deficit: There is no separate office room, dedicated computer system, or Confidential Assistant. This severely hampers all academic activities (teaching material preparation, exam conduction), patient-related document processing, filing, issuance of medical/medico-legal certificates, and day-to-day administration.
 2. Lack of Academic Spaces: There is no dedicated faculty staff room for academic planning and collaboration, and no classroom or seminar hall for structured teaching, clinical discussions, and presentations.
 3. Major Workplace Safety Hazard: Currently, two surgical tables operate in a single operating room. When an Image Intensifier (C-arm) is in use on one table, all medical personnel (surgeons, nurses, anaesthetists, assistants) working at the adjacent second table are exposed to significant radiation scatter. This serious safety violation has persisted for years.
- Immediate Requirement: To eliminate this radiation hazard and ensure staff safety, there is an urgent and critical need to establish a separate, dedicated Trauma Operation Theatre for procedures requiring frequent Image Intensifier use.

C. Clinical Services

The department provides comprehensive orthopaedic care, including:

- Outpatient Services: Consultation, diagnosis, and non-operative management.
- Inpatient Services: ICU and Ward care for trauma and elective orthopaedic patients.
- Surgical Services: A full range of emergency and elective orthopaedic surgeries.
- Academic Training: Clinical teaching and training for undergraduate MBBS students and Foreign Medical Graduates.

D. Specialty Clinics

- Currently, no formal specialty clinics (e.g., Arthritis, Spine, Paediatric Orthopaedics) are operational due to infrastructure and manpower constraints.

E. Operational Statistics

Table 3.15: Activities and monthly average cases

Activity	Volume (Monthly Average)
Outpatient Department (OPD)	~ 3000 patients
Admissions	~ 150 patients
Operating Theatre Days	2 days per week (utilising 4 tables)
Major Surgeries	~ 45 cases
Minor Surgeries	~ 20 cases

F. Special Initiatives

Despite resource limitations, the department is actively performing and developing expertise in advanced orthopaedic sub-specialties, including:

- Trauma & Fracture Care: Management of complex poly-trauma.
- Joint Replacement Surgery: Primary hip and knee arthroplasty.
- Arthroscopic Surgery: Keyhole surgery for knee and shoulder conditions.

Research activity:

Ongoing projects

- A Systematic Review and Meta-Analysis Comparing Injection Trajectories and Guidance Modalities for Lumbar Epidural Steroid Injections in Degenerative Disc Disease - PROPERO registry No: CRD420251175021
- Cemented versus Uncemented Hemiarthroplasty for Displaced Femoral Neck Fractures in Elderly Patients: A Systematic Review and Meta-Analysis of Randomized and Prospective Comparative Studies. — PROPERO registry No: CRD420251175220

G. Key Gaps / Future Requirements

To function as an effective teaching department commensurate with the standards of a Government Medical College, the following are essential requirements:

1. Immediate Manpower Recruitment:
 - Fill the vacant Assistant Professor post.
 - Create and recruit for the mandatory Professor post as per NMC guidelines.
 - Recruit 2 House Surgeons to support clinical services and training.
2. Infrastructure for Safety & Efficiency:
 - Immediate: Creation of a dedicated Trauma OT to eliminate the critical radiation hazard.

- Administrative Hub: Allocation of a departmental office room with computers and internet, and the posting of a Confidential Assistant.

3. Academic & Training Infrastructure:

- Faculty Staff Room for academic work and collaboration.
- A dedicated Seminar Room/Classroom with audio-visual equipment for teaching and clinical discussions.
- Orthopaedic Skill Lab with simulators and models for surgical skill training.
- Departmental Library with key textbooks and online journal access.

4. Clinical Technology & Expansion:

- Equipment for sub-specialties: Arthroscopy Tower, Limb Reconstruction System.
- Future-Capability: To establish a centre of excellence and train surgeons in cutting-edge techniques, a Robot for Robotic Joint Replacement Surgeries is a vital strategic requirement.
- Increased ward beds dedicated orthopaedic ICU, Paediatric ward, Sickle cell ward and dedicated clinic rooms for future specialty clinics.

These interventions are vital to transform the department from a basic service provider into a centre of excellence in clinical care, teaching, and research, ensuring the safety of its healthcare workers and the highest standards of medical education.

3.2.16 Department of Paediatrics

A. Introduction

We have an extremely busy outpatient department with an average of about 200 to 300 patients per day.

Training sessions are conducted for Junior residents (MBBS Doctors), Resident interns, Clerkship students and staff nurses on a regular basis.

B. Equipment & Facilities

Paediatric ICU:

- Total PICU bed strength 12
- Defibrillator 2
- Ventilator 1
- HFNC 6
- Infusion pump 3
- CPAP 4
- Monitor 12
- X-ray lobby 1

Paediatric Ward:

- Total bed strength 29

ADD Ward:

- Total bed strength 5

Isolation Ward:

- Total bed strength 2

SNCU:

- Total bed strength 9

Table 3.16: Equipment and its available number

Equipment	Available Number
Servo controlled radiant warmer with Oxygen Provision	9

Oxygen hood (neonatal or infant size, unbreakable)	7
Infusion pump or syringe pump	6
Electrically operated pressure controlled slow suction	2
Pulse Oxymetre with Neonatal Probe	8
Double outlet oxygen concentrator	4
Double sided light phototherapy	6
Infantometre	1
Transcutaneous Bilirubinometer	1
Emergency Drugs Trolley	1
T piece resuscitator	1
KMC chair	2

C. Clinical Services

- OPD (Monday – Saturday)
- 24x7 emergency paediatric consultation available
- Paediatric ICU
- Inpatient treatment
- ADD Ward
- SNCU

D. Operational Statistics

Table 3.17: Services and corresponding number of cases

Services	No. of cases
Outpatients	200-300 daily
Pediatric ICU	450-500 Admissions per year
Pediatric ward	800-900 admissions per year
SNCU	450-500 admissions per year

E. Special Initiatives

- The SNCU, Paediatric ward and OPD of department of Paediatrics, DH Mananthavady was assessed and obtained quality certification under Musqan programme with an overall score of 95 % on 10th July 2024.
- A children's park and recreational area has been constructed adjacent to paediatric ward.
- A children's library has been set up in the paediatric ward.
- A Play area has been provided attached to the paediatric ward.
- Essential paediatrics textbooks have been purchased and are now available in the Medical colleges Central library.

F. Key Gaps / Future Requirements

- Faculty shortage- Only 1 faculty at present, i.e. Associate Professor (Cadre) who is holding charge of HOD. 1 sanctioned Assistant Professor post is remaining vacant from 17/12/2024 onwards. A new post of Professor has been created last month but faculty has not yet been posted
- SR posts must be increased

- Trained staff nurses [trained in use of Ventilators & modern multipara monitors and other devices] for PICU & NICU to be appointed
- CA/ Stenographer/ Typist-post to be created
- Facility for taking classes - Classrooms, LCD projector, Laptop, Printer/ Scanner
Clinical examination hall for students as MBBS batch will have postings in Paediatrics from September 2026 onwards
- Facilities for referral (ICU ambulance)-For in & out referral services

3.2.17 Department of Pathology

A. Introduction

The Department of Pathology, Government Medical College, Wayanad, started functioning in the year May 2023.

Initially, the following posts were created:

- Associate Professor – 1
- Assistant Professor – 1
- Tutor – 1

At present, one Associate Professor and one Tutor are available in the department.

The department has actively participated in the planning and establishment of the Pathology Department in the NABARD Building. Purchase activities are being carried out as per NMC requirements, along with the provision of available service activities.

Diagnostic laboratory services are being provided through the Central Laboratory, which include routine blood, urine, and stool examinations, peripheral smear reporting, cervical smear reporting, and other special tests.

Academic activities include teaching and conducting examinations for B.Sc. Nursing students.

B. Equipment & Facilities

Equipment and facilities available

- Single Pan Digital Balance (Chemical)
- Centrifuge (8-well)
- Centrifuge (16-well)
- Stopwatch (1/5 second)
- Haemocytometres with Red & White Pipettes
- Haematology Analyzer – 3 Part
- Haematology Analyzer – 5 Part
- Urinometers for Specific Gravity
- Hot Plate
- Manual Microtome
- Coplin Jars
- Tissue Floating Water Bath
- Water Bath
- Chemical Balance with Weights
- Electronic Weighing Machine (Lab Type II)
- Laboratory Incubator
- Organ Weighing Machine
- Centrifuge Tubes

C. Clinical Services

1. Complete Blood Count (CBC)
2. Hemoglobin Estimation
3. Platelet Count

4. Packed Cell Volume (PCV)
5. Erythrocyte Sedimentation Rate (ESR)
6. Absolute Eosinophil Count
7. Bleeding Time (BT) and Clotting Time (CT)
8. Peripheral Smear Examination
9. Urine Routine Examination
10. Stool Routine Examination
11. Body Fluid Analysis (TC, DC)
12. Malarial Parasite Detection
13. Cervical Smear Examination
- 14. HPLC**

D. Operational Statistics

Table 3.18: STATISTICS – JAN 2025- NOVEMBER 2025

	January	February	March	April	MAY	June	July	August	September	October	November
CBC	4489	4094	4249	4247	4299	4376	4252	4960	4997	5321	4761
ESR	727	923	881	874	710	667	949	963	841	811	761
Hb	502	467	454	520	499	437	434	441	448	521	434
Platelet	12	9	12	17	9	21	25	7	12	22	14
BT	634	615	670	722	797	832	869	890	847	973	883

CT	634	615	670	722	797	832	869	890	847	973	883
AEC	35	84	60	38	21	24	27	70	18	14	18
Peripheral smear	162	137	62	132	165	180	205	227	154	233	167
URE	2268	2053	2234	1947	2028	1981	2293	2284	2215	2403	2160
Stool RE	33	36	34	36	38	36	27	24	15	25	51
MPsmear	163	140	67	139	165	182	208	227	177	241	174
PCV	11	13	6	6	24	16	7	20	6	9	4
Fluid (TC,DC)	0	3	1	3	2	6	8	1	2	4	4
Pap smear	62	723	528	1	8	22	14	31	23	16	21
Hb electrophoresis	126	203	217	117	181	202	207	220	196	170	159
HPLC	56	105	118	115	375	108	157	3	186	112	98

E. Special Initiatives

F. Key Gaps / Future Requirements

1. Setting up of the department is incomplete due to pending construction work in the student laboratory and service laboratory.
2. Insufficient teaching and paramedical staff
 - Deficiency is there in teaching faculties as per NMC, which are
Professor-1
Assistant Professor -1
Senior resident -1
Tutor -1
 - More teaching staff are required as this is a Service Department
 - Technicians and other paramedical staff not available
 - Museum curator not available.
3. Major equipment required for the service laboratory is under procurement.
4. Space constraints in the Central Laboratory.

3.2.18 Department of Pharmacology

A. Introduction

The Department of Pharmacology, Government Medical College, Wayanad, is currently functioning with a single Associate Professor.

B. Equipment & Facilities

Regarding infrastructure development, construction of the department building is nearing completion. Minor pending works include laboratory finishing works, electrical fittings, and plumbing works. Most of the essential departmental furniture has already been procured.

Proposals for procurement of various equipments as per NMC guidelines have been submitted. Some student practical teaching materials, including different dosage forms and laboratory glassware, have already been received. Procurement of additional essential items is currently in progress, including computers for the Computer Assisted Learning (CAL) laboratory, mannequins for clinical pharmacology exercises, and audio-visual teaching aids such as projectors, screens, and audio systems.

C. Clinical/Academic Services

The department is actively involved in undergraduate teaching for B.Sc. Nursing students, ensuring delivery of the prescribed curriculum. The department also undertakes prescription auditing activities as part of institutional quality assurance measures and the promotion of rational drug use.

D. Operational Statistics

In the month of August, September, and October 2025, 78 prescriptions were audited. The details are listed below:

Table 3.19: Summary of Prescription Audit Findings at Government Medical College, Wayanad (August–October 2025)

Prescription Audit- Govt Medical College Wayanad (August, September, October 2025)			
Number of OPD prescriptions audited- 78			
Sl. No.	Criteria	Number of Prescriptions	Percentage
1	OPD Registration Number mentioned	78	100
2	Complete Name of the patient is written	78	100
3	Age in years (≥ 5 in years) in case of < 5 years (in months)	78	100
4	Date of consultation -	78	100

	day/month/year		
5	Gender of the patient	78	100
6	Handwriting is Legible in capital letters	3	3.8
7	Brief history Written	57	73
8	Allergy status mentioned	0	0
9	Salient features of Clinical Examination recorded	45	57.7
10	Presumptive / definitive diagnosis written	69	88.5
11	Medicines are prescribed by generic names	70	90
12	Medicine Schedule/ doses clearly written	78	100
13	Duration of treatment written	78	100
14	Prescription duly signed (legibly)	11	14.1
15	Medicines advised are available in the dispensary	66	84.6
16	Antibiotics prescribed	34	43.6
17	OPD Access antibiotics prescribed	28	82.4
18	OPD Watch antibiotic prescribed	6	17.6

E. Special Initiatives

The department plays an active role in the Antibiotic Stewardship Committee, participating in various programmes aimed at promoting rational antimicrobial use and addressing antimicrobial resistance.

F. Key Gaps / Future Requirements

Faculty Requirements:

- Posting of one Professor, one Assistant Professor, one Senior Resident, two tutors

Technical and Support Staff Requirements:

- One Laboratory Technician
- One Junior Lab Assistant (JLA)
- Two Cleaning Staff

Infrastructure and Equipment Requirements:

- Additional departmental furniture (proposal submitted)
- Procurement of remaining essential laboratory and teaching equipment (purchase request submitted)

3.2.19 Department of Psychiatry

A. Introduction

The department started functioning from April 2023 onwards. At present, the faculty strength includes one Associate Professor and two Senior Residents. In addition, two Junior Consultants have been provided through the Directorate of Health Services (DHS).

B. Equipment & Facilities

We have an ECT Machine

C. Clinical Services

- OP services 6 days/week, Emergency services all days
- Inpatient beds: Male 4, Female 4 (in medicine ward)
- De-addiction OP and IP services (adult) along with general psychiatry

D. Operational Statistics

Table 3.20: Services and No. of cases per day

Services	No. of cases
Outpatients	40-60 per day; 5-10 new patients and remaining are follow up
Inpatient consultations	5 per day
Casualty consultations	3-4 per day
Inpatients at any given time	4-8 patients
Medicolegal referrals (police, court, CWC, POCSO etc)	Numbers are variable

E. Special Initiatives

- Effectively involved in providing psychosocial support for victims of Mundakkai natural disaster
- Collaborated with and conducted mental health support activities during the Wayanad Landslide disaster 2024
- Conducted training sessions for first response psychological support team for effective mental health first aid and follow up care
- Conducted awareness programmes/IEC activities in connection with important days like Mental Health Day, Suicide Prevention Day, Alzheimer's day, Schizophrenia Day etc
- Organized the State Conference of Indian Psychiatric Society as the Secretary of Calicut Psychiatric Guild and CME chairman (22-24 August 2025)
- Dr Dayal Narayan presented invited lectures and symposia in the following conferences:

- South Zone CME of Indian Psychiatric Society: invited lecture on De-prescription in Psychiatry May 10, 2025 Yenepoya University Managaluru
- Lecture on De-prescription at MESPSYCON Perinthalmanna on 06 July 2025
- World Alzheimer's Day State CME by IMA Keral at Tirur: Lecture on Pharmacotherapy in Dementia September 21, 2025
- Presented Symposium: Plan Write and Publish- South Zone Conference of Indian Psychiatric Society at Hyderabad 24-26 October 2025
- Publications in 2024-2025 by Dr Dayal Narayan KTP, Associate Professor
 - Reeshma J, Mariyath OKR, Narayan KD, Devi K, Ajithkumar K. Quality of Life and Perceived Stress in Chronic Spontaneous Urticaria: Counting the Burden. Indian Dermatol Online J. 2024 Apr 29;15(3):460-463. doi: 10.4103/idoj.idoj_367_23. PMID: 38845650; PMCID: PMC11152486.
 - Saleem TK, Ameen S, Dayal Narayan KTP. Mental health awareness campaigns: experiment with exhibition and public participatory training. Kerala Journal of Psychiatry 2025; 38(1):74-78.
- Edited and published 2 books
 - Dayal Narayan KTP, Kakunje Anil. Psychiatry in Medical Education. Trichy, Indian Psychiatric Society- South zone Publication. Vol 10, Oct 2024.
 - Ravindra Munoli, Dayal Narayan KTP. ADHD across lifespan. Trichy, Indian Psychiatric Society- South zone Publication. Vol 11, Oct 2025.
- Wrote a Book Chapter:
 - Management of Aggression in Schizophrenia - Dayal Narayan, Midhun Sidharthan in CLINICAL DECISION MAKING IN PSYCHIATRY Editors: Dr Samir Kumar Prahraj, Dr Vikas Menon, Dr Adarsh Tripathi, Dr Sai Krishna Tikka and published by Jaypee Brothers Medical Publishers Pvt. Ltd. 2025

IEC activities:

- Active involvement in discussions, planning and implementation of various government schemes and programmes in mental health, de-addiction and suicide prevention

F. Key Gaps / Future Requirements

- We do not have separate Psychiatry ward, and special areas to treat high risk patients.
- We do not have space for conducting detailed patient evaluation and therapies (privacy) in the wards.
- We need Clinical Psychologist and Psychiatric Social Worker to provide sufficient psycho-social support along with medical treatment (no sanctioned posts): most important to cater to the treatment gap and poor compliance among patients from tribal communities and patients with Substance Use disorders and intellectual disabilities.
- We need space and sufficient furniture for demonstration and clinical classes for MBBS students in OP and wards.
- Need posts of Professor and Assistant Professors and prefer.
- Also need a department office and rooms for faculty and SRs.

3.2.20 Department of Radiodiagnosis

A. Introduction

The Department of Radiodiagnosis at Government Medical College, Wayanad, was formally established under the Directorate of Medical Education (DME) in the year **2022**. Prior to this, Radiodiagnosis services were being provided at this institution under the Directorate of Health Services (DHS) with one Junior Consultants.

B. Equipment & Facilities

Present staffing pattern:

The department's current sanctioned faculty strength

- Associate Professor: 1 (In position)
- Assistant Professor: 1 (Post is currently vacant)
- Senior Residents: 1 (Post is currently vacant)

Equipment:

- 1-X.ray Machine static- Allengers HF-50 KW
- 2 Xray Machine Portable- Adnoid-100
- 3 USG Color Doppler- Voluson P8
4. Mammography
5. OPG

C. Clinical Services

Clinical services provided by the department

- X- ray
- USG
- Mammogram
- OPG
- CT-Not working at present (Purchase of new machine is in progress)

D. Specialty Clinics

Nil

E. Operational Statistics

Table 3.21: Monthly Case Load of Diagnostic Imaging Services

Services	No. of cases per month
XRay	3500
USG	1024

MAMMOGRAM	25
OPG	175
CT	Not working at present

F. Special Initiatives

Nil

G. Key Gaps / Future Requirements

- Fill the vacant Assistant Professor and Senior Resident post.
- Create and recruit one Professor post.

Equipments required:

- X- ray- 1 DR
- MRI-1.5 T machine
- CT – (Purchase in progress)

Training Infrastructure required:

- Faculty Staff Room.
- Seminar Room

3.2.21 Department of Respiratory Medicine

A. Introduction

Department of Respiratory Medicine started functioning in May 2022

At present functioning with 1 faculty post of Associate Professor and 1 senior Resident

B. Equipment & Facilities

IP facility, 14 male and 14 female beds including TB ward and sharing 2 ICU beds in medicine ICU, where patients are managed with invasive and non- invasive ventilation.

C. Clinical Services

At present conducting OP 3 days a week, emergency services all days and round the clock admission from emergency department.

IP care for drug sensitive and drug resistant TB

D. Specialty Clinics

Nil

E. Operational Statistics

Table 3.22 Average Daily Patient Load by Service Type

Services	Average No. of cases per day
Outpatients	50-60
Inpatients	15-20

F. Special Initiatives

Once weekly Spirometry under Swaas Clinic.

Once weekly Bronchoscopy.

Video bronchoscope installed in the Department in February 2024.

G. Key Gaps / Future Requirements

- Need to create a post of at least 1 Assistant Professor
- We do not have a separate Department office or room for faculty and residents

3.2.22 Department of Transfusion Medicine

A. Introduction

The department was licensed for Whole Blood collection in 1997 and later upgraded to include Blood Components. It supplies blood and blood components to various departments in this institute and to other Private and Government hospitals in the

vicinity. Annual Blood collection is approximately 3000 units. Screening for transfusion transmitted diseases is done by the Chemiluminescence method (CLIA) and the department was one among the first in the Government sector of the state to introduce this method for the same. Our Department conducts awareness classes on voluntary blood donation and conducts both out-door and in-house voluntary blood donation camps.

Under DME the posts sanctioned include 1 Associate Professor, 2 Assistant Professors and 2 Senior Residents

B. Equipment & Facilities

All equipment's required as per the licensing regulations for collection, storage and issual of Blood and Blood components are available in the department. Internal and External Quality Control checks of Blood components are maintained as per regulations. Transfusion transmitted disease screening is carried out using the latest chemiluminescence method. All mandated Registers, Standard operational Procedures and Quality Manual are maintained.

The following are the tests done in our blood centre:

- Patients: Blood grouping and crossmatching of all patients requesting for blood transfusion. Indirect and Direct Coombs test, ICT titre, Autoantibody identification.
- Blood donors: ABO and RhD typing, Indirect Coombs test, Screening for Transfusion Transmitted diseases.

C. Clinical Services

Consultation for sickle cell patients requiring partial manual exchange transfusion and for patients with allo-antibodies.

D. Specialty Clinics

Nil

E. Operational Statistics

Annual Operational Statistics (till Dec.2025)

Table 3.23: Blood Bank Services Statistics (January–November 2025)

Jan to Nov 2025	Blood collection	Blood grouping	Crossmatch	ICT/DCT	Blood Issual
	2928	6505	3481	78/325	2962

F. Special Initiatives

Achievements: - Recognition at the State level KSBTC program on National blood donor's day for overall activities during the Chooralmala landslide of July 2024.

Programs conducted by Department- Honoured voluntary blood donors conducted on both World and National blood donors' day (2024&2025).

Conducted flash-mob at Govt. Medical College Wayanad regarding awareness of blood donation as a part of National blood donation day.

G. Key Gaps / Future Requirements

1. Faculty- No Post of Professor.
2. Staff- No Post of Scientific Officer, Blood bank technician, Junior Lab Assistant, Attender, Staff Nurse, Counsellor.
3. No space for expansion or introduction of further facilities including Apheresis.
4. No Seminar Hall / lecture hall for classes.

The details of OP/IP under various speciality departments after formation of Govt. Medical College Wayanad

- Total Sanctioned Bed Strength: 500
- Functioning Bed Strength: 477

Table 3.24: OP and IP Status in 2024

Number of patients treated during the period from 01.01.2024 to 31.12.2024	
Total O. P	610178
Total I. P	17581

Table 3.25 Department-wise Outpatient and Inpatient Statistics with Treatment Outcomes

Name of Department	Total OP	Total IP	Cured/Discharged	Total number of deaths
General Medicine	24523	4538	3734	128
Emergency Medicine	97695	258	-	86
Respiratory Medicine/ Pulmonary Medicine	7411	503	452	60
Psychiatry	8677	362	354	-
Paediatrics	46241	3983	3304	1
Radio Diagnosis	8199	-	-	-
Dermatology & Venerology	27648	1	1	-

Table 3.26: Department-wise Patient Load, Outcomes, and Surgical Procedures

Name of Department	Total OP	Total IP	Cured/Discharged	Total number of deaths	Major operation	Minor operation
General Surgery	39487	2650	2590	50	856	923
Orthopaedics	41778	871	853	-	357	216

Anaesthesiology	802	-	-	-	-	-
ENT	32793	429	425	2	227	917
Ophthalmology	54960	916	912	-	195	72
Obstetrics and Gynaecology	27694	2403	2400	-	864	79
Dentistry (OMFS)	21419	34	33	-	12	495

Total no. of deaths (All dept): 327

The Government has declared this Medical College as a Mother and Baby Friendly Hospital (MBFH). After strenuous efforts MBBS course has started and the regular academic sessions have commenced. The MBBS students are currently engaged by the Department of Anatomy, Physiology, Biochemistry and Community Medicine. Department of Paediatrics, Wayanad Medical College conducts many training programs and awareness seminars across the district. Many difficult and complicated surgeries have been successfully completed. Laparoscopic surgeries for Appendix, gall bladder hernia and various other organs, cancer surgeries for breast cancer, stomach cancer, rectal cancer and other various malignancies are being done. Training programs and awareness are being conducted as part of infection control activities. Prescription audit, antibiotic audits and antibiotic smart initiatives are being implemented in hospitals by the microbiology department. Wild animal attack cases also treated in this hospital giving prime priority. General Medicine, Respiratory Medicine, Orthopaedics, Radiodiagnosis, Transfusion Medicine, Gynaecology, Ophthalmology, ENT, Anaesthesia, Psychiatry, Forensic Medicine, Physical Medicine & Rehabilitation, Dermatology, OMFS and Cardiology (super specialty service) departments are working efficiently to provide better and expert patient care.

CHAPTER 4**HUMAN RESOURCES PROFILE****4.1 Faculty Strength**

Table 4.1 presents the department-wise faculty strength of the institution, detailing sanctioned posts, filled positions, and vacancies across different academic cadres.

Table 4.1:HR Strength (Institutional Wise Details)

Sl. No	Department	Professor			Associate Professor			Assistant Professor	Tutor
		sanctioned	filled	vacant	sanctioned	filled	vacant		
1	Anatomy	1	1	0	1	1	0	2	3
2	Physiology	1	1	0	1	1	0	2	3
3	Biochemistry	1	1	0	1	1	0	2	3
4	General Medicine	1	1	0	2	2	0	3	
5	General Surgery	1	1	0	2	2	0	3	
6	OBG	1	1	0(on leave)	1	1	0	2	
7	Pathology				1	1	0	1	1
8	Microbiology				1	1	0		1
9	Pharmacology				1	1	0		1
10	Respiratory medicine				1	1	0		

11	Dermatology & Venerology				1	1	0		
12	Psychiatry				1	1	0		
13	Paediatrics				1	1	0	1	
14	Orthopaedics				1	1	0	1	
15	Anaesthesia				2	1	1	2	
16	Radiodiagnosis				1	1	0	1	
17	Emergency Medicine				1	0	1	1	
18	Transfusion Medicine				1	1	0	2	
19	Forensic Medicine							1	1
20	Community Medicine							1	1
21	ENT							1	
22	Ophthalmology							1	
23	OMFS							1	
	Total	6	6	0	21	19	2	28	14

- **Teaching/Non-teaching staff position as on 23.12.2025**

Table 4.2 depicts the status of sanctioned, filled, and vacant teaching and non-teaching posts in the institution as on 23 December 2025.

Table 4.2: Details of teaching/non-teaching staff position as on 23.12.2025

Post	Sanctioned	filled	vacant	Remarks
Principal	1	1	0	0
Professor	6	6	0	1 OBG professor on leave from 22.01.2024
Associate professor	21	19	2	
Assistant professor	28	17	11	3 SRs accommodated to AP post
Senior resident	27			
Junior resident/Tutor, Demonstrator	32			2 on deputation from DHS
Ministerial staff	25	23	2	LWA-1(JLA)

4.2 Non-Teaching Staff

At present, the non-teaching workforce, including nursing, technical, and support staff required for the functioning of Government Medical College Wayanad, is largely sourced from the District Hospital, Mananthavady, functioning under the Directorate of Health Services (DHS). These human resources are deployed in a shared and coordinated manner, facilitating the integrated functioning of the medical college and the district hospital for effective delivery of healthcare services and support of teaching and training activities.

Table 4.3 presents the category-wise human resource strength of the institution as on 31 March 2025, detailing the number of sanctioned posts, filled positions, and vacancies across various cadres.

Table 4.3: HR Strength (Category Wise)- As On 31 March 2025

Sl.No.	Name of sanctioned posts	Number of sanctioned posts	No. of Filled posts	No. of Vacant posts
1	Principal	1	1	0
2	Senior Administrative Officer	1	1	0
3	Accounts Officer	1	1	0
4	Senior Superintendent	1	1	0
5	Junior Superintendent	1	1	0
6	Senior Clerk	2	2	0
7	Clerk	2	2	0
8	Typist	1	1	0
9	Office Attendant Gr-2	2	2	0
10	Watchmen	1	1	0
11	Clerical Attender/Library Attender	1	1	0
12	Librarian Gr-IV	2	1	1
13	Sergeant Gr 2	1	1	0
14	Medical Record Librarian Grade II	2	2	0

15	Confidential assistant grade II	1	1	0
16	Junior Lab Assistant	2	1	(1 on LWA)1
17	Full Time Sweeper	2	2	0
18	Part Time Sweeper	2	2	0
	TOTAL	26	24	2

CHAPTER 5

HEALTH INFRASTRUCTURE DEVELOPMENT

5.1 Overview

The medical college came into existence on as per GO(Ms)No.32/2021/H&FWD dated 12.02.2021 in the existing facility of district hospital Mananthavady. No further infrastructure development done in the existing facility from the part of GMCW. The pre and paraclinical departments are accommodated in the administrative block, Academic block and Anatomy block.

5.2 Existing Infrastructure

The multipurpose block (Academic block) consists of 2 lecture halls, Departments of Physiology, Biochemistry, Microbiology, Pathology and Pharmacology with lab facilities, small group demo rooms, departmental libraries, faculty rooms including SR, tutors, and paramedical staff.



Figure 5.1: Biochemistry Students laboratory



Fig: 5.2: Haematology Laboratory, Dept of physiology, Govt. Medical College, Wayanad

The Anatomy block consists of Anatomy department with dissection hall, histology lab, 2 demonstration rooms, departmental library, and faculty rooms. In addition to this, cadaver tanks, embalming room is also available. The same block also contains the Forensic department having faculty room, student lab and demo room. A common museum area is also present in the block. The clinical departments are utilising the existing facilities in the concerned departments.



Figure 5.3 Dissection Hall, Dept. of Anatomy, Govt. Medical College, Wayanad



Figure 5.4 Anatomy Block



Figure 5.5 Multipurpose block (Academic Block)

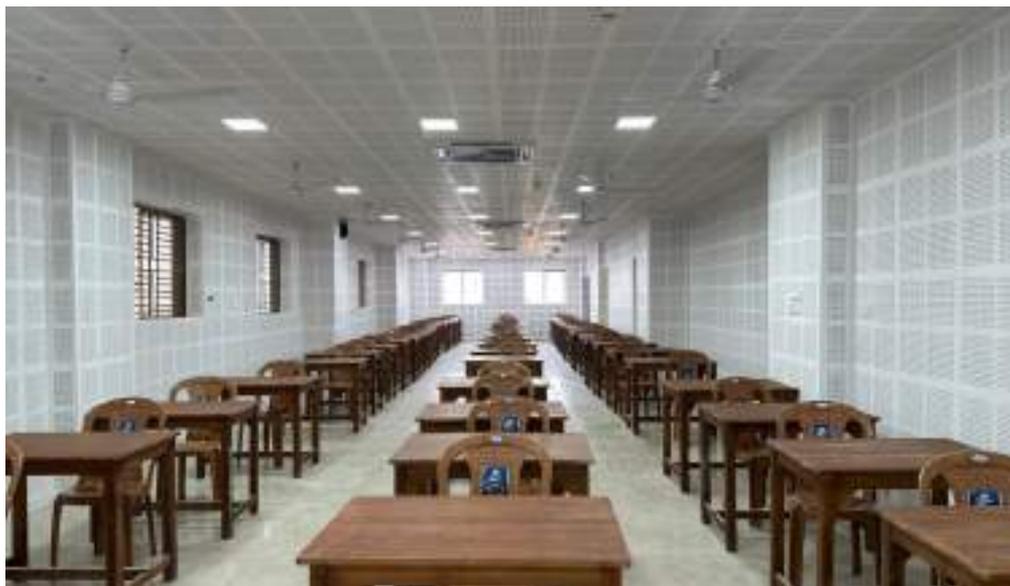


Figure 5.6 Examination Hall, Govt. Medical College, Wayanad

At present, Government Medical College, Wayanad does not have permanent on-campus hostel facilities for MBBS students, which is identified as a deficiency in infrastructure during the initial phase of institutional development. However, recognizing the importance of safe residential accommodation for medical students, the institution has made alternative interim arrangements to ensure that both male and female students are provided with secure, supervised, and administratively monitored hostel facilities until permanent infrastructure is established.

Female MBBS students are presently accommodated at the Kerala State Housing Board (KSHB) – Working Women’s Hostel, Mananthavady. Although this is not a permanent, institution-owned hostel facility, it currently serves as the designated accommodation for girl students. The hostel provides a safe and structured residential environment, and students are accommodated under faculty supervision and institutional oversight, ensuring their welfare and security.

Due to the absence of a permanent boy’s hostel facility, male MBBS students are presently accommodated in private residential facilities located in and around Mananthavady. The

private accommodations are under faculty supervision and administrative monitoring, ensuring safety, discipline, and student well-being.

For ensuring effective hostel administration and student welfare, faculty members have been designated as hostel supervisors for both boy's and girl's hostels. The assigned faculty oversee day-to-day hostel functioning, monitor student safety, welfare and discipline, and coordinate with the college administration on hostel-related matters. This structured supervisory mechanism facilitates smooth hostel operations, timely redressal of student concerns, and ensures uniform standards of care and accountability across all hostel facilities.

The current hostel arrangements are temporary and interim in nature, necessitated by the non-availability of permanent hostel infrastructure. The institution has planned the development of dedicated, permanent hostel facilities as part of its phased infrastructure expansion. Construction of these facilities will be undertaken as and when land is acquired, in accordance with the approved master plan of Government Medical College, Wayanad, to fully address the existing hostel deficiency.

A functional Skill Lab is available at Government Medical College, Mananthavady, providing simulation-based training to support competency-based medical education and clinical skill development; the facility was initially part of the District Hospital and was subsequently handed over to the Medical College.



Fig 5.7: Training programme conducted at skill lab, Govt. Medical College, Wayanad



Fig 5.8: Training Programme conducted at skill lab, Government Medical College, Wayanad

A functional Central Library is available at Government Medical College, Wayanad, located in the Nursing College building, supporting academic, teaching, and research activities of students and faculty.



Fig 5.9: Central Library, Govt Medical College, Wayanad

5.3 Infrastructure Projects (Ongoing & Completed)

PMSSY and NHM funds have not been utilised for infrastructure development at Government Medical College, Wayanad due to land constraints at the present campus location. Major infrastructure works undertaken include the renovation and adaptation of the NABARD multipurpose building for academic purposes, involving the establishment of various departments, construction of laboratories, demonstration halls, and other essential departmental facilities. Details of infrastructure development carried out using Plan funds are provided in Chapter 10 of this document. An ambulance has been made available to the institution through Corporate Social Responsibility (CSR) support from the Central Warehousing Corporation.

5.4 Future Projects / Proposals

- To build infrastructure facilities for administrative and academic block and residential blocks in the identified land for the Medical College.
- To build / re-structure the clinical departments as per the master plan.

CHAPTER 6

SPECIFIC PROGRAMMES

6.1 Introduction

The Government Medical College, Wayanad plays a significant role in delivering comprehensive healthcare services while supporting the implementation of national and state health programmes. Through its outpatient, inpatient, specialty clinics, and outreach activities, the institution actively facilitates various government health schemes aimed at improving access to quality care, particularly for rural, tribal, and underserved population of Wayanad. In addition to mandated programmes, the college undertakes institution-specific initiatives focused on strengthening patient care services, preventive health, and community engagement. These coordinated efforts contribute to improved healthcare delivery, effective public health outreach, and a sustained positive impact on population health in the region.

6.2 Government Schemes Implemented

Table 6.1 outlines the major government health schemes implemented in the institution, along with their objectives and the range of services provided.

Table 6.1: List of Government schemes implemented

Sl No	Govt schemes	Objectives	Services provided
1	Karunya Arogya Suraksha Padhathi (KASP)	Cashless insurance scheme for economically weaker sections	Free treatment for five lakhs per year coverage for serious illnesses.
2	Arogya Kiranam (AK)	1-18 years free	Free OP and IP treatments
3	Rashtriya Bal Saswathiya Karyakram (RBSK)	1-18 years free	Four D's (defects at birth, deficiencies, disease

			s and developmental delays)
4	Comprehensive Tribal Health Care	All Tribal communities.	Free Treatment for all Tribal patients
5	Janani Shishu Suraksha Karyakram (JSSK)	To reduce maternal and infant mortality	Pregnant women, sick new-born (up to 1 year) cashless treatment
6	Karunya Benevolent Fund (KBF)	Help economically disadvantaged family afford treatment for critical illness	Free Service for cancer, haemophilia, kidney disease, hearth diseases and palliative care
7	Medisep	For Govt. Employees	Treatment including all OP & IP Care
8	AWAAS	For migrants	Free Treatment

6.3 Department-Led Public Health and Special Programmes

- Ophthalmology
 - Mobile Eye Unit

Around 10 eye camps are conducted every month through the Mobile Eye Unit, and approximately 500 persons are screened each month. About 5 cases of diabetic retinopathy and glaucoma are detected every month. In addition, around 25 cataract cases are identified and approximately 98% cases are operated per month.

- Community Medicine

- Malaria field assessment along with WHO consultant in selected hospitals of Wayanad district
- Rabies awareness session among doctors at St Joseph mission hospital, Mananthavady
- FMG interns and clerkship students training including health education sessions and health camp
- Peripheral postings to be started for FMG interns
- Attended School health and wellness programme
- NRCP training conducted for the health staff of Wayanad medical College
- Essay Writing Competition conducted for MBBS students as a part of observing World Diabetes Day.
- Surgery
 - Training sessions are conducted for junior residents (MBBS doctors) and staff nurses on a regular basis.
- Medicine
 - Training sessions are conducted for junior residents (MBBS doctors) and staff nurses on a regular basis.
- Obstetrics and Gynaecology
 - IUCD insertion training program was conducted for the health service doctors from 25th June to 28th June 2025. PPMD Workshop for the labour room staff and doctors of the delivery points in Wayanad district was conducted on July 19th, 2025.
 - IEC activities:

Classes were undertaken to the staff nurses on obstetric emergencies at Nursing college Panamaram. Classes were taken to sensitise health care personnel in connection with Laqshya accreditation.

- Several awareness activities were conducted as part of Arogyam Anandam programme within and outside the hospital. Both clinical and paraclinical staff and nursing students participated actively.
- PPMD Workshop – Prevent the preventable maternal deaths Workshop was conducted on 29/10/24.
- As part of Arogyam Anandam Cancer screening programme 368 women were screened for Cancer. Breast screening was done for 204 patients and Pap Smears were taken for 164 patients.
- Transfusion Medicine
 - Includes awareness classes on voluntary blood donation and conduction of both out-door and in-house voluntary blood donation camps.
 - Honoured blood donors on the occasion of World blood donor’s day and various blood donor organisations on the occasion of National Blood Donation Day.
 - Conducted flash-mob at Govt. Medical College Wayanad regarding awareness of blood donation as a part of World blood donor’s day.
- Psychiatry
 - Active involvement in discussions, planning and implementation of various government schemes and programmes in mental health, de-addiction and suicide prevention.
- ENT
 - Special Programmes conducted by ENT Department (Last Year)

The Department of Otorhinolaryngology (ENT) actively organized various community-oriented and academic programmes aimed at improving public health awareness and early detection of ENT-related disorders. One of the key programmes conducted during the last academic year is detailed below.

- Hearing Awareness Camp - A Hearing Awareness Camp was successfully conducted by the ENT Department on 3rd March 2025, in observance of World

Hearing Day. The primary objective of the camp was to create awareness about hearing loss, its prevention, early identification, and timely management.

During the camp, participants were educated on common causes of hearing impairment, the importance of noise protection, ear hygiene, and the need for early consultation. Free hearing screening was provided, and individuals with suspected hearing issues were counselled and referred for further evaluation and treatment.

The programme witnessed active participation from the community and contributed significantly to spreading awareness about hearing health and improving access to ENT care.

- Orthopaedics
 - Training sessions are conducted for junior residents (MBBS doctors) and staff nurses on a regular basis.
- Dermatology
 - Conducted Leprosy detection campaigns on leprosy day. Leprosy screening camps and leprosy awareness classes were conducted for inmates and staff of District sub jail in connection with leprosy day. Leprosy training classes were conducted for medical officers, nurses, laboratory staffs. Numerous leprosy detection camps were also conducted in various parts of the district and are participating actively in the Leprosy case detection campaigns of the government.
- Paediatrics
 - Training sessions are conducted for junior residents (MBBS doctors) and staff nurses on a regular basis.
- Microbiology
 - World Antimicrobial Resistance Awareness Week (WAAW) activities-
Observed World Antimicrobial Resistance Awareness Week (WAAW) each November through a series of engaging and impactful activities. The 2024 “Go Blue” campaign emphasized the importance of combating AMR through education, advocacy, and collaboration. Key events included discussions on the

One Health approach, antimicrobial stewardship, diagnostic stewardship, and AWARE classification. Additionally, quiz competitions on infection control and AMR heightened awareness among participants.

- Strategically placed posters on AMR across the hospital serve as constant reminders to staff, patients, and visitors about the gravity of antimicrobial resistance. Public awareness initiatives have also been spearheaded by students from the Government Nursing College, Wayanad, who conducted flash mobs and poster displays during WAAW, effectively engaging the community. The department participates in field-level AMR activities and training programs organized by peripheral primary health centers. These outreach efforts extend the hospital's expertise to rural and underserved areas, fostering a district-wide approach to combating AMR.
- Hand hygiene day observation –
started in the hospital with public awareness activities in association with the hospital infection control committee.
- Hospital infection control
Hands on training and workshop on hospital infection control started for nursing students in association with the hospital infection control committee.
- Personal Protective Equipment training conducted for hospital staff to face outbreaks like Nipah.

6.4 Research and Surveillance Programs

- Antimicrobial Resistance (AMR) Surveillance was started in the district:
Antimicrobial resistance data is compiled and submitted to the KARSAP nodal centre, generating vital resistance data for the district.
- Prescription auditing is actively done with the help and coordination of the clinical departments.
- Research papers published:

- Qualitative Analysis of the Student Perspective On Anavu – A Three-Dimensional Stereoscopic Neuroanatomy Visualisation Tool
-Dr Umesan Kannanvilakom Govindapillai, Professor and Head, Department of Anatomy
- Comparative Study of Cerebralarterial Lumen Narrowing Due To Atherosclerosis In Suicidaland Non-Suicidal Deaths. – Dr Krishna Kumar. S, Associate Professor, Department of Forensic Medicine, Dr. Shali A S, Associate Professor, Department of Pathology
- Guratimod: A Novel Small Molecule Disease-Modifying Antirheumatic Drug for Seropositive Rheumatoid Arthritis-A Prospective Observational Study-
Dr Lima Koruthara Mohanan, Associate Professor, Department of Pharmacology
- George And Doto's Five-Step Method Versus Video Assisted Teaching-Learning Method For Acquisition Of Basic Clinical Skills. -Dr Ahammed Naseem V H, Professor (Cap), Department Of Physiology

Ongoing projects

1. Clinical trial- -CTRI/REF/2023/01/062213 ---A comparison on the efficacy of low volume versus high volume injection of epidural steroids in the management of back pain and radiculopathy associated with lumbar degenerative disc disease - A Randomised superiority clinical trial.
2. A Systematic Review and Meta-Analysis Comparing Injection Trajectories and Guidance Modalities for Lumbar Epidural Steroid Injections in Degenerative Disc Disease---PROSPERO registry No: CRD420251175021
4. Cemented versus Uncemented Hemiarthroplasty for Displaced Femoral Neck Fractures in Elderly Patients: A Systematic Review and Meta-Analysis of Randomized and Prospective Comparative Studies. --- PROSPERO registry No: CRD420251175220

6.5 Community Outreach Activities

Outreach Ophthalmology Camp, TMMU Camp, Palliative, District Mental Health Programme, RBSK counselling, School health programme, PP Unit outreach immunisation, Public health-oriented activities.

6.6 Academic and Clinical Support Initiatives

Table 6.2 shows the details of training programs conducted in 2023 along with the number of participants.

Table 6.2: Training Programs conducted in the year 2023

Year: 2023	
Name of The Program	Number of Participants
Training for JRs and staff nurses about emergency triage assessment and treatment	21
Training for JRs and staff nurses about diabetic ketoacidosis in children	29
Peritoneal dialysis training for mlsp staff nurses	13
NRCP training for staff nurses	19
Patient care for colostomy, tracheostomy, mastectomy training for MLSP staff nurses	23
Waste management	19
Protein energy malnutrition	24

Rabies immunisation dilemmas and solutions	29
Asha refresher training	33
Disorders of sexual development paediatric academic session	17
NTEP training	25
ASHA training	35
ASHA worker training	43
NIPAH	41
Dressing	22
Nipah and PPE plus hand washing machine	12
Post DNO meeting	28
Wound dressing	13
Snake bite how to proceed	19
HIC quality meeting	23
BMW	18
NTEP	33
Wayanad Medical College NTT core committee meeting	13

NPCB district conference	11
AMR week awareness program	35
NPCB send-off function	30
World AIDS Day awareness session for staff in the institution	15
Fire and safety	17

Table 6.3 shows the details of training programs conducted in 2024 along with the number of participants.

Table 6.3: Training Programs conducted in the year 2024

YEAR : 2024	
Name of The Program	Number of Participants
Structure lifestyle modification intervention through JAK training program for MLSPs	55
Anaemia in children (academy session)	8
MRSA	8
Peer education training arogya keralam Wayanad	38
Disaster management training for staff	28
Seizures in a neonate	33

HMS (e-health)	34
World hand wash day	23
Nurses week	35
A training for internship students about HICC	8
E-office training for ministerial staff	11
District level workshop for Gynaecologist and labour room nurses	73
Radiology day celebration	47
World Antimicrobial Resistance Awareness Week (WAAW)	71
WAAW awareness session day 2 Clinical approach for prescribing Antimicrobials	19
WAAW Day 3 workshop on infection control	60
NSSK training	19

Table 6.4 shows the details of training programs conducted in 2025 along with the number of participants.

Table 6.4: Training Programs conducted in the year 2025

Year : 2025	
Name Of The Program	Number Of Participants
NSSK training	19
HMC, RSBY meeting	93
World hearing day awareness campaign	49
Clinical establishment visit for permanent registration	25
War preparation	40
Medical college academic section inauguration	24
IUCD training medical officers	17
MMA training medical officers	9
PPMD training	78
A training about infection control practices for nursing officers	29
Palliative medical officers training Mananthavady area	28
Nrcp training for nursing officers	20
IHCI training	44

BEMP basic awareness program	23
Peer education training	70
Training for FMGE	25
AMR train	26
HIC, AMR training	53
NRCP training	20
Cervical cancer HPV vaccine awareness class for staff	93

6.7 Summary

Government Medical College, Wayanad implements a range of institutional programs, government health schemes, and department-led initiatives aimed at strengthening patient care, public health outreach, and population health outcomes. National and state health schemes are effectively operationalised to support preventive, promotive, and curative services, while departments contribute through disease surveillance, specialty clinics, telemedicine, and early intervention activities. The institution actively participates in research and surveillance programs aligned with state and national priorities, including antimicrobial resistance and communicable disease monitoring. Community outreach through field-based training, medical camps, health observances, and academic-clinical support initiatives ensures integration of teaching, service delivery, and public health impact across the region.

CHAPTER 7

EDUCATION DEVELOPMENT PLANS

7.1 Introduction

The institution adopts a comprehensive and learner-centric approach to academic development aligned with Competency Based Medical Education (CBME) as prescribed by the National Medical Commission (NMC). Academic activities are systematically structured to ensure the overall development of students through the acquisition of knowledge, clinical and procedural skills, communication abilities, professionalism, ethical values, and attitudes conducive to lifelong learning. Quality teaching–learning processes are strengthened through faculty development programmes, regular academic reviews, and strict adherence to the prescribed curriculum. The institution also provides a supportive and inclusive learning environment that encourages active learning, self-directed study, early clinical exposure, and continuous formative assessment. Emphasis is placed on professionalism, ethics, patient safety, teamwork, and effective communication, supported by well-established student mentoring systems, regular feedback mechanisms, and academic guidance to create a positive and enriching educational climate.

7.2 Undergraduate Education

Undergraduate (MBBS) Training Structure

The MBBS programme is conducted in accordance with National Medical Commission (NMC) norms under the Competency Based Medical Education (CBME) framework. It is structured into Phase I, Phase II, and Phase III (Part 1 and Part 2), followed by a Compulsory Rotatory Residential Internship (CRRRI). The curriculum integrates foundational, para-clinical, and clinical subjects through vertical and horizontal integration, early clinical exposure, AETCOM modules, electives, and skill-based training.

Teaching–Learning Methods

A combination of conventional and innovative teaching–learning methods is employed, including didactic lectures, small group discussions, tutorials, practical and clinical demonstrations, integrated teaching sessions, problem-based learning, self-directed

learning, and simulation- or skill lab-based training. Continuous formative assessments and structured feedback mechanisms are used to monitor learner progress and enhance learning outcomes.

Academic Performance

Information on pass rates and academic performance is not available, as the first batch of MBBS students commenced the programme on 03/10/2025. Postgraduate education not started yet.

7.3 Summary

Academic strength and future development plans

The institution has demonstrated academic strength by commencing its first batch of MBBS students with an intake of 50 on 03/10/2025. Faculty strength is in accordance with National Medical Commission (NMC) requirements, ensuring effective implementation of the Competency Based Medical Education (CBME) curriculum. Although sanctioned posts for non-teaching staff are currently not available and facilities are limited, the faculty is making sincere efforts to conduct all academic and teaching-learning activities without compromising quality. Future development plans include the phased strengthening of infrastructure, enhancement of teaching-learning resources, and creation of adequate teaching and non-teaching manpower to further improve academic standards and student learning outcomes.

CHAPTER 8

HOSPITAL DEVELOPMENT SOCIETY DETAILS

8.1 Introduction to HDS

The Hospital Development Society (HDS) of Government Medical College, Wayanad is constituted with a structured governance framework. The Executive Committee is constituted by Sri O. R. Kelu, MLA, Mananthavady Constituency, the Chairperson of the HDS is the District Collector, while the Hospital Superintendent functions as the Secretary. Other members of the Executive Committee include the PA of Hon'ble Minister for Health, the District Panchayat President, Municipality Chairman, Block Panchayat President, Executive Engineers from PWD, Electrical Wing, Kerala Water Authority (KWA), and Kerala State Electricity Board (KSEB), along with the Lay Secretary, Nursing Superintendent, and the Principal. The General Body comprises all Executive Committee members in addition to nominees representing all recognized political parties of Wayanad District.

The Hospital Development Society (HDS) is an institutional body constituted to support the effective management, development, and quality improvement of hospital services. It acts as a link between hospital administration, healthcare providers, and the community to ensure efficient utilization of resources and continuous enhancement of patient care.

Role and Mandate of HDS

- To plan and oversee hospital development activities and infrastructure improvement.
- To support quality assurance, patient safety, and service excellence.
- To mobilize and manage resources for hospital growth and sustainability.
- To facilitate efficient hospital administration and interdepartmental coordination.
- To promote patient-centred care and responsiveness to community health needs.
- To monitor performance, review outcomes, and ensure compliance with relevant policies and guidelines.

Facilities Available

Speciality services

- General Medicine
- General surgery
- OBG (Obstetrics and Gynaecology)
- Paediatrics
- Orthopaedics
- ENT
- Ophthalmology
- Dermatology
- Radio diagnosis & Radio therapy
- Anaesthesia
- Psychiatry
- Physical Medicine & Rehabilitation (PMR)
- Respiratory Medicine
- Blood centre
- Forensic
- Sickle cell
- Dental

Super speciality services

- Cardiology

Cath lab, Echo, TMT, Holter Monitoring, Angiogram & Angioplasty (During OP hours)_24 hours facilities available

- Emergency Department
- Modern computerized laboratory
- Radiology services
 - X-Ray
 - USG, Orthopantomogram (OPG), Mammogram (OP Hours)
- Operation Theatres
- Blood Centre
- Dialysis unit
- Ambulance services

Ambulance

Table 8.1 Categories of ambulances

Category	On road	Off road
ALS	1	0
BLS	2	0
Patient Transport	7	1
Total	10	1

Facilities which were inaugurated this year

- Sickle cell unit
- AMR LAB
- New oxygen plant

Bed strength

Sanctioned Bed Strength: 500

Functioned Bed Strength: 477

Table 8.2 Units and its numbers

SL NO	UNITS	NOS
1	Male Medical Ward	65
2	Female Medical Ward	65
3	Sickle Cell Ward Male and Female	5+5
4	Medical ICU	9
5	Male Surgical Ward	27
6	Female Surgical Ward	24
7	Male Post-Operative Ward + Female Post-Operative Ward	6+6
8	Pediatric Ward + ADD Ward	34
9	Pediatric ICU + HDU	12
10	Anti-natal Ward + Post-natal	28+2 0
11	Gynaec Post-operative Ward	25
12	SNCU Mother Side Ward	10
13	OBG HDU (LR)	10
14	DAY CARE IP (ED)	24
15	Cath Lab CCU	7

16	SNCU	10
17	Dialysis	32
18	COVID19 Special Ward	21
19	Pay ward (KHRWS)	32
	TOTAL	477

Table 8.3 HDS HR details

Sl. No	Designation	Strength
1	Staff Nurse	1
2	Dialysis Technician	8
3	Pharmacist	4
4	ECG Technician	4
5	Anaesthesia Technician	1
6	Lab Technician	2
7	Lab Assistant	5
8	Radiographer	2
9	Plumber	2
10	Electrician	2

11	Security	20
12	Driver	6
13	Cash Counter Staff	5
14	Op Ticket Cashier	3
15	Nursing Assistant	8
16	Cleaning Staff	22
17	Clerk Cum Accountant	1
18	Data Entry Operator	3
19	Biomedical Engineer	1
	TOTAL	100

8.2 HDS-supported Infrastructure

Civil works on going

Table 8.4 Civil works on going

Sl No	Project Name	Source of Fund	Agency	Implement by	Amount	Present Status
1	360 DEGREE NCD Centre	15 TH FC	LSG	Secretary Municipality	7,50,000	Items received on 18/08/25

				AE Municipality	15,00,000	Civil works completed, electrification pending
				Superintendent	22,50,000	Real exp: Rs: 13,01,582/- purchase under process Rs: 9,48,418/-
2	Modern Mortuary	NHM	KSCC	NHM	260 LAKHS	Proposed site changed and DPR under process
3	LAQSHYA Additional Building	NHM	HLL	NHM	34 LAKHS	Civil Works started on 10/08/25 50% completed
4	New Dialysis	MLA FUND			50 LAKHS	Civil works

	Unit		KMSCL			80%, electrification on going
		15 TH FC	KMSCL	NHM	43.93 LAKHS	All equipment's installed

CHAPTER 9

INNOVATIVE PROGRAMMES

Innovative clinical procedures were introduced to enhance diagnostic and therapeutic capabilities within the healthcare system. These initiatives focused on adopting minimally invasive and advanced visualization techniques to improve patient care and clinical outcomes. The key innovations implemented are outlined below:

- Fiberoptic laryngoscopy procedures
- Arthroscopic procedures in orthopaedics

These innovative programmes represent important steps toward strengthening specialized clinical services through the adoption of advanced medical technologies.

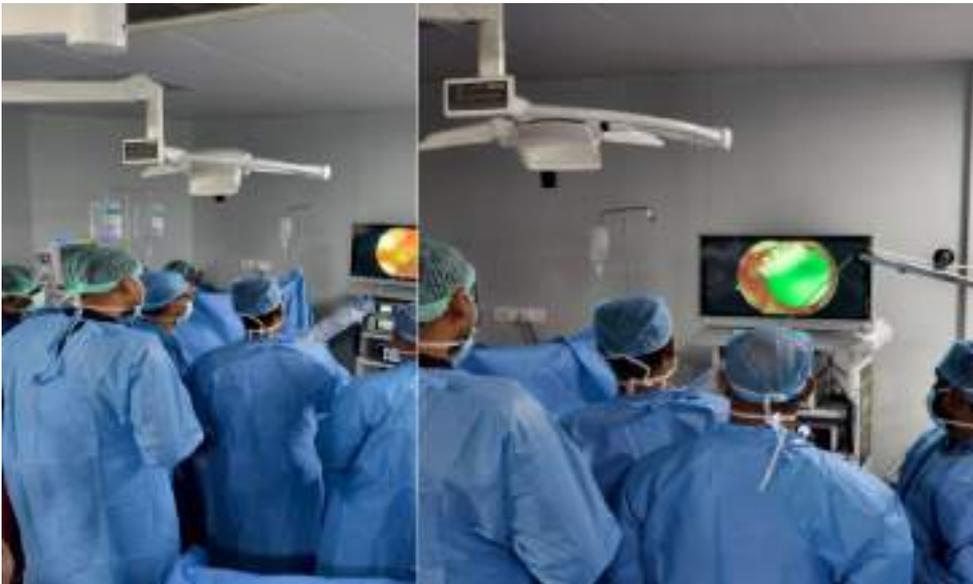


Figure 9.1 Demonstration of innovative minimally invasive procedures using video-assisted technology

CHAPTER 10

FUND UTILIZATION (PLAN, PMSSY, NHM, CSR etc)

10.1 Overview

Funds are systematically planned, allocated, and monitored to ensure transparency, accountability, and optimal use of resources in line with institutional objectives and regulatory requirements.

10.2 Year-wise Expenditure Summary

10.2.1 Financial allocation and utilization for the last 10 years

Table 10.1 Details of Fund Allotted in the Year of 2021-22 Non Plan Head of Account

SL NO.	Head of Account	Item	Allotted Amount	Expenditure	Balance
1	2210-05-105-71-00-04-01	Tour TA	25000	24891	109
2	2210-05-105-71-00-04-02	Transfer TA	25000	25000	0
3	2210-05-105-71-00-05-01	Water Charge	15000	0	15000

4	2210-05- 105-71-00- 05-02	Electricity Charge	15000	15000	0
5	2210-05- 105-71-00- 05-03	Telephone Charge	25000	13907	11093
6	2210-05- 105-71-00- 05-04	OE	100000	100000	0
7	2210-05- 105-71-00- 34-03	OC	500000	500000	0
	TOTAL		705000	678798	26202

The table titled “10.1 Details of Fund Allotted in the Year 2021–22 (Non-Plan Head of Account)” presents the allocation, expenditure, and balance of funds under various non-plan budget heads for the financial year 2021–22. It includes details of the Head of Account, corresponding items of expenditure, the amount allotted, actual expenditure incurred, and the remaining balance. Funds were allotted mainly for routine operational and administrative expenses such as Tour TA, Transfer TA, Water Charges, Electricity Charges, Telephone Charges, Office Expenses (OE), and Other Charges (OC). The total fund allotted during the year was ₹7,05,000, out of which ₹6,78,798 was utilized, leaving an overall balance of ₹26,202.

Table 10.2 Details of fund allotted in the year of 2022-23 non plan

SL NO.	Head of account	Item	Allotted amount	Available amount	Expenditure	Balance
1	2210-05-001-91-00-00-00-N-V	Inspection	413000	413000	413000	0
2	2210-05-105-71-00-01-04-N-V T	Medical reimbursement	100000	100000	0	100000
3	2210-05-105-71-00-02-04-N-V	Consolidated pay	1332000	1332000	0	1332000

4	2210-05- 105-71-00- 02-05-N-V	Daily wages	1000	1000	0	1000
5	2210-05- 105-71-00- 04-01-N-V	Tour TA	25000	25000	25000	0
6	2210-05- 105-71-00- 04-02-N-V	Transfer T A	25000	25000	25000	0
7	2210-05- 105-71-00- 04-04-N-V	Leave travel concession (LTC)	10000	3300	0	3300

8	2210-05-105-71-00-05-01-N-V	Water charge	15000	15000	0	15000
9	2210-05-105-71-00-05-02-N-V	Electricity charge	52000	52000	51864	136
10	2210-05-105-71-00-05-03-N-V	Telephone charge	50000	25985	16605	9380
11	2210-05-105-71-00-05-04-N-V	OE	100000	78000	77895	105

12	2210-05- 105-71-00- 34-03-N-V	OC	500000	165000	153353	11647
13	2210-05- 105-71-00- 24-00-N-V	M&S	1961000	1961000	1954328	6672
		TOTAL	4584000	4196285	2717045	1479240

The table presents the details of funds allotted and utilized during the financial year 2022–23 under the Non-Plan head. It lists various heads of account and expenditure items along with the allotted amount, available amount, actual expenditure, and the resulting balance for each item. Overall, the total fund allotted for the year amounts to ₹45,84,000, out of which ₹41,96,285 was available. The total expenditure incurred is ₹27,17,045, leaving an overall balance of ₹14,79,240 at the end of the financial year

Table 10.3 Details of fund allotted in the year of 2022-23 plan

SL No.	Head of Account	Item	Budget Provision	Administrative Sanction Accorded	Allotted Amount	Expenditure	Balance	Remarks
1	2210-05-105-71-00-17-00-P-V	Minor Works	11538000	503000	503000	481562	21438	AS Cancelled vide order no GO(Rt) No.54/2023/H&FWD Dated 09.01.2023. Rs 4487000 is surrendered on 20-03-2023
2	2210-05-105-71-00-19-00-P-V	Machine ry and Equipme nt (M&E)	15385000	15384797	5077050	4948688	128362	
3	2210-05-105-71-00-24-00-P-V	Material s and Supplies	11538000	11538000	11538000	11537220	780	

		(M&S)						
4	2210-05-105-71-00-34-03-P-V	OC	11538000	9594000	3807540	3632434	175106	
		TOTAL	49999000	37019797	20925590	20599904	325686	

The table shows the details of funds allotted during the financial year 2022–23 under the Plan head. It provides item-wise information on the budget provision, administrative sanction accorded, allotted amount, expenditure incurred, balance available, and remarks for each head of account. Overall, the total budget provision for the year is ₹4,99,99,000, against which ₹3,70,19,797 received administrative sanction. The total amount allotted is ₹2,09,25,590, with an expenditure of ₹2,05,99,904, leaving a final balance of ₹3,25,686 at the end of the financial year.

Table 10.4 Details of fund allotted in the year of 2023-24 non- plan

Sl No.	Head of Account	Item	Allotted Amount	Expenditure	Balance
1	2210-05-105-71-00-01-04-N-V	Medical Reimbursement	15900	0	15900

2	2210-05- 105-71-00- 02-04-N-V	Consolidated Pay	19,162,65 0	0	19,162,650
3	2210-05- 105-71-00- 04-01-N-V	Tour TA	16,250	13334	2,916
4	2210-05- 105-71-00- 04-02-N-V	Transfer T A	16,250	12714	3,536
5	2210-05- 105-71-00- 04-04-N-V	Leave Travel Concession (LTC)	5,300	0	5300
6	2210-05- 105-71-00- 05-01-N-V	Water Charge	3,866,000	3866000	0
7	2210-05- 105-71-00- 05-02-N-V	Electricity Charge	16,486,00 0	16485467	533
8	2210-05- 105-71-00- 05-03-N-V	Telephone Charge	25,000	18093	6907

9	2210-05- 105-71-00- 05-04-N-V	OE	65,000	52665	12,335
10	2210-05- 105-71-00- 34-03-N-V	OC	326,500	326307	193
11	2210-05- 105-71-00- 24-00-N-V	M&S	3,801,000	3788488	12,512
		TOTAL	43785850	24563068	19222782

The table presents the details of funds allotted and utilized during the financial year 2023–24 under the Non-Plan head. It provides item-wise information on the head of account, nature of expenditure, allotted amount, actual expenditure, and balance remaining. Overall, the total amount allotted for 2023–24 Non-Plan expenditure is ₹4,37,85,850. Against this, the total expenditure incurred is ₹2,45,63,068, resulting in an overall balance of ₹1,92,22,782 at the end of the financial year.

Table 10.5 Details of fund allotted in the year of 2023-2024 plan

Sl No	Head of Account	Item	Budget Provision	Administrative Sanction Accorded	Allotted Amount	Expenditure	Amount Not Passed at Treasury	Balance
1	2210-05-105-71-00-19-00-P-V	Machinery and Equipment (M&E)	15000000	14195622	9750000	8364691	85441	1299868
2	2210-05-105-71-00-24-00-P-V	Materials and Supplies(M &S)	11500000	8250282	7475000	2184172	7275	5283553
3	2210-05-105-71-00-34-03-P-V	OC	10999000	9302689	7149350	3027904		4121446
4	2210-06-001-	Hospital Waste Manageme			999625	992613		7012

	99-34-00-P-V	nt in Medical Colleges						
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The table presents the details of funds allotted during the financial year 2023–24 under the Plan head. It provides item-wise information on the budget provision, administrative sanction accorded, allotted amount, actual expenditure, amount not passed at the treasury, and the balance remaining for each head of account.

Overall, the table highlights the extent of fund utilization and balances under various Plan heads for 2023–24, indicating areas of high utilization as well as heads where significant balances are yet to be utilized by the end of the financial year.

Table 10.6 Details of fund allotted in the year of 2024-2025plan

Sl No.	Head of Account	Item	Budget Provision	Proposed Amount in Budget	Administrative Sanction Accorded	Allotted Amount	Expenditure	Balance
1	2210-05-105-71-00-19-	Machinery and Equipment(M&E)	9500000	9299863	9299863	8291293	6891982	1399313

	00-P-V							
2	2210-05-105-71-00-24-00-P-V	Materials and Supplies(M&S)	5000000	4498234	4498234	3729690	3694190	35500
3	2210-05-105-71-00-34-03-P-V	OC	5500000	5269094	5269094	4738800	4738423	377
4	2210-06-001-99-34-00-P-V	Hospital Waste Management in Medical	1000000	1000000	1000000	850000	848658	1342

		Colleges						
		Total	21000000	20067191	20067191	17609783	16173253	1436530

The table presents the details of funds allotted during the financial year 2024–25 under the Plan head. It provides item-wise information on the budget provision, proposed amount in the budget, administrative sanction accorded, allotted amount, actual expenditure, and the balance remaining for each head of account.

Overall, the total budget provision for 2024–25 amounts to ₹2,10,00,000, against which ₹2,00,67,191 was proposed and sanctioned. The total amount allotted is ₹1,76,09,783, with an expenditure of ₹1,61,73,253, resulting in an overall balance of ₹14,36,530 at the end of the financial year

Table 10.7 Details of fund allotted in the year of 2024 -2025 non-plan

Sl No.	Head of Account	Item	Budget Allocation	Allotted Amount	Expenditure	Balance
1	2210-05-105-71-00-01-04-N-V	Medical Reimbursement	18000	12960	4500	8460
2	2210-05-105-71-	Tour TA	25000	24,925	24000	925

	00-04-01- N-V					
3	2210-05- 105-71- 00-04-02- N-V	Transfer T A	25000	18,000	8232	9,768
4	2210-05- 105-71- 00-05-01- N-V	Water Charge	15000+2471 000	2,486,000	2,486,000	0
5	2210-05- 105-71- 00-05-02- N-V	Electricity Charge	35000+8000	43,000	42599	401
6	2210-05- 105-71- 00-05-03- N-V	Telephone Charge	25000	25,000	18124	6,876
7	2210-05- 105-71- 00-05-04- N-V	OE	100000	72,000	71139	861

8	2210-05- 105-71- 00-34-03- N-V	OC	400000	288,000	193487	94,513
9	2210-05- 105-71- 00-24-00- N-V	M&S	1575000	1,563,549	1563394	155
		TOTAL		2288543 4	4411475	184739 59

The table presents the details of funds allotted and utilized during the financial year 2024–25 under the Non-Plan head. It provides item-wise information on the head of account, nature of expenditure, budget allocation, allotted amount, actual expenditure, and balance remaining.

Overall, the table indicates that for 2024–25 Non-Plan, a total amount of ₹2,28,85,434 was allotted, out of which ₹44,11,475 was expended, leaving an overall balance of ₹1,84,73,959. The table reflects prudent utilization in essential utility services while showing significant unspent balances under several heads.

10.3 CSR-funded Activities

An Ambulance has also been allotted from Hon'ble MP's fund for the functioning of the hospital, another Ambulance has been made available through the CSR fund of Central Warehousing Corporation. Equipment and furniture in the Cath lab were purchased by using the allocation of Rs 2.6 crore from the Hon. MLA fund. Construction of the parking area was completed by utilizing MLA fund.

CHAPTER 11

RESEARCH INITIATIVES & ACHIEVEMENTS

At present, the institution has not established any research collaborations, and no funded research studies have been undertaken so far.

11.1 Publications

- 1) comparative study of cerebral arterial lumen narrowing due to atherosclerosis in suicidal and non-suicidal deaths.

Dr. Vidhu Prabhakar* Assistant Professor, Forensic Medicine, AIIMS CAPFIMS Centre, Maidan Garhi. *Corresponding Author Dr. Krishna Kumar. S Associate Professor, Forensic Medicine, Govt. Medical College, Wayanad, Kerala. Dr. Shali A.S Associate Professor, Pathology, Govt. Medical College, Wayanad, Kerala. Vol. 4. Issue 5. May 2025 International Journal of Science and Research.

- 2) Applied physiology of surgical decompression in diabetic neuropathy: microangiopathy, neural compression, and limb salvage

Ashraf Usman¹ , Binny John² , Ahammed Naseem V H³ , Ajitha B K⁴ ¹Assistant Professor, Department of Cardiovascular and Thoracic Surgery, Government Medical College, Thrissur (previously Assistant Professor, Government Medical College, Kottayam, Kerala, India ²Professor and Head of Department, Department of General Surgery, Government Medical College, Kottayam, Kerala, India ³Professor, Department of Physiology, Government Medical College, Wayanad, Kerala, India ⁴PhD Statistics, Department of Community Medicine, Government Medical College, Kozhikode, Kerala, India. Int J Acad Med Pharm 2025; 7 (5); 715-719

- 3) George and doto's five-step method versus video assisted teaching-learning method for acquisition of basic clinical skills.

Ahammed Naseem V H Professor (CAP) In Physiology, Government Medical College, Wayanad, Kerala, India. Harikrishnan R Assistant Professor In Physiology, Government Medical College, Kozhikode, Kerala, India. Vinitha V Assistant Professor In Physiology, Government Medical College, Kozhikode, Kerala, India. Dr Geethu Das B K Assistant

Professor in Physiology, Government Medical College, Kozhikode, Kerala, India. Ajith A Assistant Professor In Physiology, Government Medical College, Kozhikode, Kerala, India. Sandra Christina George Senior Resident In Physiology, AIIMS, New Delhi. Harish Kumar K G Assistant Professor In Physiology, Government Medical College, Kozhikode, Kerala, India. Prayaga Prabhu Assistant Professor In Physiology, Government Medical College, Kozhikode, Kerala, India. International Journal Of Scientific Research. Volume - 14 | Issue - 05 | May - 2025 | PRINT ISSN No. 2277 - 8179 | DOI: 10.36106/ijsr

- 4) Iguratimod: a novel small molecule disease-modifying antirheumatic drug for seropositive rheumatoid arthritis-a prospective observational study

Lima Koruthara Mohanan¹, Jijith Krishnan², Sanalkumar K B³, Sujatha M B⁴, Shiby T G⁵ ¹Associate Professor of Pharmacology, Government Medical College, Wayanad, Kerala, India. ² Professor of General Medicine, Government Medical College Manjeri, Kerala, India. ³ Professor and HOD of Pharmacology, Government Medical College, Thrissur, Kerala, India. ⁴ Professor and HOD of Pharmacology, Government Medical College, Kottayam, Kerala, India. ⁵ Professor of Physical Medicine and Rehabilitation, Government Medical College, Thrissur, Kerala, India. Int J Acad Med Pharm.2025; 7 (3); 707-710

- 5) Qualitative Analysis of the Student Perspectives on Anavu – A Three-dimensional Stereoscopic Neuroanatomy Visualization Tool

Nithin Kadakampallil Raju, Doris George Yohannan¹, Aswathy Maria Oommen², Amruth S. Kumar³, S. Devanand³, U. T. Minha Resivi³, Navya Sajan³, Neha Elizabeth Thomas³, Nasreen Anzer³, Bejoy Thomas⁴, Jayadevan Enakshy Rajan⁴, Umesan Kannanvilakom Govindapillai⁵, Pawan Harish⁶, Tirur Raman Kapilamoorthy⁴, Chandrasekharan Kesavadas⁴, Jayanthi Sivaswamy⁷ Assistant Professor, Department of Anatomy, Pushpagiri Institute of Medical Sciences and Research Centre, Thiruvalla, ¹ Assistant Professor, Department of Anatomy, Government Medical College, Thiruvananthapuram, ² Associate Professor, Department of Anatomy, Government Medical College, Idukki, ³ Medical Student, Government Medical College, ⁴ Professor, Department of Imaging Sciences and Interventional Radiology, Sree Chithra Institute

of Medical Sciences and Technology, Thiruvananthapuram, 5 Professor and Head, Department of Anatomy, Government Medical College, Wayanad, Kerala, 6 CEO, Muni Animation, New Delhi, 7 Professor, International Institute of Information Technology, Hyderabad, Telangana, India. National Journal of Clinical Anatomy | Volume 14 | Issue 1 | January-March 2025

- 6) Indirabhai RM, Leela C, Rahul A, Anish TS. The bittersweet experiences of providers of Home-Based Palliative Care (HBPaC): a qualitative study on the provider perspectives of HBPaC in Kerala, India. *Int J Equity Health*. 2025 Feb 14;24(1):44. doi: 10.1186/s12939-024-02354-6. PMID: 39953595; PMCID: PMC11827355.
- 7) Anish TS, Aravind R, Radhakrishnan C, Gupta N, Yadav PD, Cherian JJ, Sahay R, Chenayil S, A S AK, Moorkoth AP, Ashadevi, Lathika VR, Moideen S, Kuriakose SL, Reena KJ, Mathew T. Pandemic potential of the Nipah virus and public health strategies adopted during outbreaks: Lessons from Kerala, India. *PLOS Glob Public Health*. 2024 Dec 19;4(12):e0003926. doi: 10.1371/journal.pgph.0003926. PMID: 39700307; PMCID: PMC11658523
- 8) As AK, Sahay RR, Radhakrishnan C, P S, Kandath S, Patil DY, Shete AM, M S, Ramakrishnan G, Moorkoth AP, Gupta N, Yadav PD, Godbole S, Ramakrishnan LV, Vadakkandiyil S, Ekkalayil D, V N, Balakrishnan A, Pullor NK, Asokan N, Joseph RK, Nair PR, Purayil SM, Mathew T, Kizhakkekandiyil R, Poovullathil JK, Ps KS, Pt U, George K, Rahim A, Kumar S, S S, Mohandas S, Rajan LS, Ramachandran SP, Thampi SP, Ashadevi, Anish TS, Chandran P, Mohan A, Vadakkayil B, Korothe SC, Hafeez N, Sasi RR, Abraham M. Clinico-epidemiological presentations and management of Nipah virus infection during the outbreak in Kozhikode district, Kerala state, India 2023. *J Med Virol*. 2024 Mar;96(3):e29559. doi: 10.1002/jmv.29559. PMID: 38529536.
- 9) John AS, Ganapathi S, Harikrishnan S, Lekha TR, Stanley A, Soman B, Anish TS, Hadaye R, Cherian JJ, Tandon N, Prabhakaran D, Jeemon P. Within-Trial Cost-Effectiveness Analysis of a Family-Based Structured Lifestyle Modification Intervention Program for Cardiovascular Risk Reduction: Results from the PROLIFIC Trial. *Glob Heart*. 2025 Jul

31;20(1):65. doi: 10.5334/gh.1450. Erratum in: Glob Heart. 2025 Oct 21;20(1):99. doi: 10.5334/gh.1490. PMID: 40757252; PMCID: PMC12315683

Ongoing Projects

1. A Systematic Review and Meta-Analysis Comparing Injection Trajectories and Guidance Modalities for Lumbar Epidural Steroid Injections in Degenerative Disc Disease. - PROPERO registry No: CRD420251175021
2. Cemented versus Uncemented Hemiarthroplasty for Displaced Femoral Neck Fractures in Elderly Patients: A Systematic Review and Meta-Analysis of Randomized and Prospective Comparative Studies. PROPERO registry No: CRD420251175220

CHAPTER 12

SKILL DEVELOPMENT, SIMULATION LEARNING & CAPACITY BUILDING

1. Emergency triage assessment and treatment for Staff Nurse, Doctors and Staff Nurse-
21 participants
2. Diabetic keto acidosis in children for Doctors and Staff Nurse-29 participants
3. National Rabies Control programme for Staff nurse participants -19
4. Care of patients with colostomy tracheostomy mastectomy for staff nurse
participants- 23
5. Waste management for grade 2, participants- 23
6. Protein energy malnutrition for Doctors and Staff Nurse, participants -24
7. Rabies immunisation, dilemmas, and Solution for Doctors and Staff Nurse, participants
-29
8. Disorders of sexual development, Doctors and Staff Nurse participants- 17
9. Dressing for Nursing assistant participant -22
10. Training on Nipah for grade 2, participants- 12
11. Wound dressing for grade 2, participants- 13
12. HPV vaccine awareness class for all staff
13. AMR training
14. BEMP Awareness Program
15. Nssk training
16. HIC
17. Hand wash
18. Seizures in a neonate
19. Disaster management

20. Fire and Safety

21. Awareness class on World AIDS day

Contact information

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