



NEPAL MEDICAL COUNCIL

# Guidelines:

**Clinical fellowship  
acknowledgement  
& registration**



**Nepal Medical Council**

31<sup>st</sup> Baisakh 2082  
(14<sup>th</sup> May 2025)



## NEPAL MEDICAL COUNCIL

### Guideline for Clinical fellowship registration with Nepal Medical Council

Guidelines for recognition of Fellowships by Nepal Medical Council (NMC) shall be implemented as per the NMC Full-house meeting decisions dated, 2077.02.20 BS (2020 June 02) and 2082.01.31 BS (14 May 2025)

All academic and non-academic institutions should follow the provisions in this guideline to get registration of clinical fellowship with Nepal Medical Council (NMC).

#### Definition:

For the purpose of discussion and understanding, the fellowship means any structured training in an academic institute or in a hospital setting, not leading to the award of postgraduate degree. Any degree with title fellow fulfilling the criteria of postgraduate degree is not included in this guideline.

- 1) **Duration of fellowship:** Must be at least of 1 year (by date).
- 2) **Subject affiliation:** Only subjects or subspecialties, stemming off the main specialty will be considered. Fellowship in a clinical subject after a postgraduate degree in nonclinical stream will not be entertained.
- 3) **Aims and objective:** The aims and objective of fellowship should be mentioned clearly with expected outcome after the completion of the training.
- 4) **Fellowship committee and faculties:** Details of the fellowship committee and faculties involved must be listed and all the faculties involved must be registered with Nepal Medical Council. The degree of faculties, current designation, work experience and all other experiences should be mentioned.
- 5) **Minimum requirement for faculty:**
  - a. **Junior faculty:** Should have a postgraduate degree in the specified specialty with at least 3 years of working experience in the subject/discipline or has worked as Assistant Professor in an academic institution.
  - b. **Faculty:** Should have a postgraduate degree in the specified specialty with at least 6 years of working experience in the subject/discipline or has worked as Associate Professor in an academic institution
  - c. **Senior Faculty:** Should have a postgraduate degree in the specified specialty with at least 10 years of working experience in the subject/discipline or has worked as Professor in an academic institution





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### 6) Faculty set requirements for a fellowship program:

- 1 senior faculty (SF), 1 faculty (F) and 1 junior faculty (JF) OR
- 1 Senior faculty (SF), and 2 junior faculties (JF) OR
- 2 faculties (F) and 2 junior faculties (JF) OR Allocation will be as follows:
  - i)  $1SF + 1F + 1JF = 2$  students per year.
  - ii)  $1SF + 1F = 1$  student per year.
  - iii)  $1SF + 2JF = 1$  student per year.
  - iv)  $2F + 2JF = 1$  student per year.

### 7) Institution and Training Site:

- a) The clinical fellowship site must have a mixed multi-specialty hospital with at least one hundred beds capacity and/or subspecialty hospital with at least fifty beds capacity functioning for more than three years (university, academy or institute or hospital running structured program will be considered). The training site should be affiliated to an academic institution or have approval from national regulatory agency for the fellowship training.
- b) The training site must be providing the specified specialty service for 5 consecutive years. The training site must have adequate patients flow adequate for clinical exposure during the training.
- c) The training sites must provide training on all mandatory CPD modules to the fellows during the fellowship period. The trainings sites/ institutions must follow the NMC CPD guidelines while delivering training on the mandatory modules.
- d) Online fellowship training shall not be valid.

8) **Entry criteria:** The candidate must be registered with NMC in the specific specialty and must fulfil the pre-requisite knowledge, skills, qualifications, and other requirements with at least one-year experience in related subject/discipline that without which, admission in the programme would be denied. The fellow must have a recognized mainstream specialty postgraduate degree

9) **Selection criteria:** The admission in the fellowship program must be advertised in public news portal with provision of entrance examination (written or oral or both) for selection of the candidate.

10) **Learning outcomes:** Institute should mention about the learning outcome. A Learning outcome is a statement that a participant is expected to know, understand and be able to perform/demonstrate by the end of the learning period. It is therefore concerned with the achievements of the learner including communicating skills, knowledge, understanding, clinical skills and technical knowhow.







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**11) Logbook and records:** A logbook must be maintained with details of the academic competency, clinical competency, skills obtained and other related activities. The details of the clinical competencies must be mentioned with minimum number of cases, procedures, presentations, participation in trainings of NMC – CPD mandatory modules and journal club meeting. The logbook should be maintained with detailed statement outlining the content, structure and timetable of the programme. Each topic and subtopic should be given with a reference used by presenter and facilitator to reflect the topic.

**12) Job description, post and salary:** Details about the duties, responsibilities and salary of the fellow must be mentioned and explained before enrolment in the program.

**13) Clinical rotations and leave:**

- a) The posting in various unit and duration should be mentioned with core specialty/subspecialty not less than 8 months out of the 12 months' rotation. Remaining duration can be used in elective posting, research and related supporting disciplines with the duration of each not more than 1 month.
- b) Minimal requirements and criteria in each individual discipline can be developed or modified, if felt necessary, with prior permission to the licensing authority.
- c) The annual leave should not exceed more than 15 days in a year not exceeding 7 days in one stretch. Leave taken more than 15 days should be compensated to consider the program duration valid.
- d) A minimum of two 24-hour duty in a week time is expected but not more than three 24-hour duty in a week. 24-hour duty is exempted during last two weeks of fellowship program.
- e) The details of attendance, leave and clinical rotations must be recorded in the logbook.

**14) Method of assessment and evaluation:**

- a) There should be at least two formal internal assessments during one-year clinical rotation in three months apart.
- b) After completion of one year of clinical fellowship training, a final exit examination MUST be taken that includes written examination (minimum three hours, 100 marks, to be corrected by external examiner) and clinical examination with at least one external and one internal examiner (long case, short case, OSCE and viva with total 100 marks)
- c) Candidates MUST secure 50% in theory and 50% in clinical exam to pass the final fellowship Examination and shall be awarded Clinical Fellowship Certificate by the organizing institution.





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### 15) Certification from NMC:

#### a. Certification of institutions/ training sites:

- i. The training institute must submit a detailed proposal in the NMC Self-Appraisal form (Annex – 1) including description of the training structure, course curriculum, faculties, existing clinical services, administrative and academic management, entry and exit criteria, evaluation of the trainee and the training program proposed along with prescribed fees.
- ii. The training sites must fulfil all the requirements mentioned in this guidelines, in order to maintain the certification after approval from the NMC.
- iii. The NMC shall assign an inspection team to assess the institution to ensure the appropriateness of the fellowship training. The inspection team will inspect the institution and, based on the Fellowship Program Inspection Report (Annex – 2), make recommendations
- iv. The validity of accreditation will be two (2) years. Upon expiry of the validity period, the institution must reapply using the same process, as mentioned in this guidelines.

#### b. Certification of Fellowship for Fellows:

The fellows can apply to NMC for registration of the fellowship fulfilling the requirements as mentioned below:

##### 1. In case of Fellowship taken from Institutions accredited by National bodies (Nepal Medical Council)

- a. Application form of NMC
- b. Pre-requisite for Specialty Registration form
- c. Covenant letter (NMC format)
- d. Result of final examination
- e. Certificate of Fellowship
- f. Copy of Logbook

##### 2. In case of Fellowship taken from abroad Institutions.

- a. Application form of NMC
- b. Pre-requisite for Specialty Registration form
- c. Covenant letter (NMC format)
- d. Registration certificate or prior approval letter for admission to the fellowship program from the regulatory body of the host country
- e. Result of final examination
- f. Certificate of Fellowship
- g. Copy of Logbook
- h. Eligibility certificate

After verification of all documents NMC shall acknowledge the fellowship training in a separate letter head and this additional training listed as area of interest in the specialty registered with NMC.





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**16) Inspection fee:** Rs. Fifty thousand (Rs. 50,000) per institution visit and additional Rs. Five thousand (Rs. 5000) for per subject

**17) Additional requirements for dental implant fellowship:**

- a) Faculty requirements remain same (mentioned above)
- b) The training site/centre should have its own OPG machine and CBCT (radio diagnosis facilities)
- c) The training site/centre should have performance record of minimum 30 implants per month.
- d) Faculties of oral and maxillofacial surgery, periodontics, prosthodontics and Master of Dental implantology shall be considered for dental implant fellowship.

**18) Additional requirements for other dental specialty fellowship:**

- a. Faculty requirements remain same (mentioned above)
- b. Number of dental chair- 10
- c. Monthly outpatient load 100 or more per day.

**Note:**

NMC shall acknowledge the fellowship of one year or more duration from abroad provided the course and the candidate is registered with regulating authority of the respective country.







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### फेलोशीप दर्ता सम्बन्धि सूचना

Guidelines for recognition of Fellowships by Nepal Medical Council (NMC)

(Full-house decision of meeting held on 2077.02.20 BS /2020 June 02 AD and revised 2082.01.31 BS/15 May 2025 AD)

#### Definition:

For the purpose of discussion and understanding, the 'fellowship' means any structured training in an academic institution or a hospital setting, but NOT leading to the award of a postgraduate degree. Any degree with a title of 'fellow' and meets the criteria of a postgraduate degree are not included in this guideline.

#### Duration of Fellowship:

NMC shall recognize a fellowship of at least one year. Fifteen days of leave of absence with permission is acceptable at any stage of the training, provided the certificate is provided for the full year.

#### Training Site:

Only the training completed in an academic institution (university, academy or institute) or hospitals running structured training programs will be considered. The training site should be affiliated to an academic institution or have approval from a national regulatory agency for the fellowship training.

#### Subject affiliation:

Only subjects or sub-specialties, stemming off the main specialty will be considered. Fellowship in a clinical subject after a PG degree in a non-clinical stream will not be entertained.

For example: fellowship in rheumatology after MD in Internal Medicine shall be ACCEPTABLE and fellowship in cardiology after MD/MS anatomy shall NOT be ACCEPTABLE.

Eligibility letter for the fellowship:

NOT required

#### Certification:

NMC will, after verification of all the documents, acknowledge the additional training and provide its documentation in a separate letter head, BUT will not add in the main specialty certificate. This additional training will be listed as an area of interest of the specialist.

#### Note:

Formal training programs of equal to, or more than 3 years leading to award of a postgraduate degree, recognized as a specialist by the official accrediting body of the respective country, regardless of the name or title, will be considered for a specialist registration, as per the NMC guidelines. (for example: FRCS, MRCP, FRCS, FRCSA, US ACGME certified residencies). These degrees may need additional thesis writing or a publication in an indexed Journal as per NMC regulations.

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**ANNEX -1: Self -Appraisal Form**



**Nepal Medical Council**

**SELF APPRAISAL FORM**



<b>SUBMITTED TO:</b> Nepal Medical Council, Bansbari, Kathmandu	
<b>SUBMITTED BY:</b>	
<b>Name of the organization:</b>	
<b>Submission date:</b>	

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GENERAL INFORMATION	
Name of the Organization:	
Address:	
Official contact details:	
Establishment date:	YYYY/MM/DD [AD]
Type of Organization:	<p>Please click on check box to mark the suitable answer</p> <p><input type="checkbox"/> Academic institution</p> <p><input type="checkbox"/> Government Hospital</p> <p><input type="checkbox"/> Private Hospital</p> <p><input type="checkbox"/> NGO</p> <p><input type="checkbox"/> Professional Society</p> <p><input type="checkbox"/> Other, please specify _____</p> <p>(Please attach copy of registration document of the organization)</p>
Type of training site	<p>Please click on the check box to mark the suitable answer</p> <p><input type="checkbox"/> Mixed multi-specialty hospital</p> <p><input type="checkbox"/> Subspecialty hospital</p>
Affiliated to	<p>Please click on the check box to mark the suitable answer</p> <p><input type="checkbox"/> Government of Nepal</p> <p><input type="checkbox"/> Medical Education Commission</p> <p><input type="checkbox"/> University</p> <p>Please mention name of the University: _____</p> <p><input type="checkbox"/> Other, please specify _____</p> <p>(Please attach copy of evidence of affiliation)</p>
Name of Head of the institution	
Name & Designation of Fellowship Coordinator	
Bed capacity:	





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LIST OF FELLOWSHIP PROGRAMS APPLIED FOR APPROVAL (Instruction: Please list out the fellowship programs and proposed sets below)			
Serial No.	Fellowship Program	Proposed seats	Remarks





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COURSE DETAILS	
Serial no. (Please refer to the Fellowship program list)	001
Fellowship Program	
Duration of the course	
No. of proposed seats	
Specialty service duration:	From: YYYY/MM/DD [AD] To: YYYY/MM/DD [AD]
Name & designation of the Subject In charge	
Patient flow of respective subject for clinical exposure: (Case load)	<u>Number of Inpatient:</u>
	<u>Number of Outpatient:</u>
Eligibility/ Entry criteria for candidates	<u>Minimum qualification:</u>
	<u>Minimum experience:</u>
	<u>Other requirements (if any):</u>
Selection criteria (admission process)	
Fee structure:	





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CURRICULUM				
TITLE	DESCRIPTION			
Introduction of the program:				
Objectives of the program:	General Objective:  Specific Objectives:			
Teaching learning methodology:				







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### OUTLINE OF THE SYLLABUS





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### CLINICAL ROTATION/ TIME ALLOCATION:

*[Instruction: Please mention the activities (e.g., description of clinical exposure, elective posting, research, and other related supporting disciplines), along with the time duration allotted for each activity.]*

Duration/ Rotation	Clinical rotation: Description

### METHOD OF ASSESSMENT & EVALUATION:

#### Eligibility of final examination:

*[Instructions: Please mention the requirements to be eligible to sit for final examination]  
(for e.g. minimum attendance, logbook completion, no. of internal exams passed, pass percent etc.)*

#### Final Examination & Evaluation

*[Instruction: Please mention the format of theoretical and practical exams adopted by the institution]*

*[for e.g. –Formative/ Summative evaluation, Theoretical exams: MCQ, short answer /Practical exams: OSCE, technology based simulation etc.]*





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### DETAILS OF FELLOWS

[Instruction: Please mention the Job description, post and salary of the fellow. Please refer to Clause no. 13 of NMC Fellowship guidelines.]





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### PHYSICAL INFRASTRUCTURE: CLINICAL

[Instructions: Please list out the clinical infrastructures/ equipment/machineries and required number of such infrastructures to run the respective fellowship program]

PHYSICAL  
INFRASTRUCTURES

DESCRIPTION







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GENERAL INFRASTRUCTURE: ADMINISTRATIVE/ ACADEMIC			
Particulars	Yes	No	If yes, please mention the number of rooms/infrastructure/ equipment
Audio visual/Seminar room			
Library			
Practical room/s (Research lab)			
Audio-visual facilities			
Skill lab			
DEPARTMENT STRENGTH			
Particulars	Yes	No	Remarks
Units with faculty listed publicly (with name)			
Equipment (see below)			

#### 4. Academic activities/performance: Learning facilities in the department

Facilities	Yes	No	Remarks
Internet facility			
e-library facility			
Journals			
Departmental library			



### 1. Copy of appointment letters

## 2. Curriculum Vitae





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CHECKLIST OF REQUIRED DOCUMENTS			
Please tick 'Yes' if the document has been attached to this form for submission.		Yes	No
1.	Curriculum		
2.	CV & Appointment letters of Faculties		
3.	Statistics of inpatient and out patients		
4.	Subject fees (Rs. 5000 per subject)		
5.	Inspection fees amounting to Rs. 50,000		
6.	Copy of registration document of the organization of evidence of affiliation		
7.	Copy of document related to affiliation from University/ Government authority		

Name & Designation of Authorized Official:	
Official Stamp	

**Please put signature of authorized official and stamp of organization (in every page and additional documents) and send to Nepal Medical Council at: [cpd@nmc.org.np](mailto:cpd@nmc.org.np) Or please submit the hardcopies at NMC Office at Bansbari, Kathmandu**





# Fellowship Program Inspection Report







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### Section I: Evaluation of the Fellowship Program

**Note:** This section is to be duly completed by the Inspection Team during their official visit to the applicant institution

#### A. General Information

Name of the institution	
Address	
Affiliation	
Type of organization	
Contact details	
Email	
Head of institution	
Hospital type:	<input type="checkbox"/> Multi-specialty (100+ beds) <input type="checkbox"/> Sub-specialty (50+ beds)

#### B. List of Fellowship Programs applied for approval

SN	Fellowship program	Duration





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## EVALUATION OF THE FELLOWSHIP PROGRAMS

<b>Fellowship Program:</b>	
<b>Duration of the program:</b>	
<b>Proposed seats:</b>	

COMPLIANCE WITH NMC FELLOWSHIP GUIDELINES				
SN	Fellowship Guidelines: Criteria	Did the institution meet the requirement?	Major observation	Remarks
1.	<b>Fellowship committee and Faculty</b>			
a.	Faculty details provided (degrees, designations, experience)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	Faculty registered with NMC	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c.	Fellowship committee formed and listed	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.	<b>Faculty requirements:</b>	<b>Did the institution meet the requirement?</b>	<b>Major observation</b>	<b>Remarks</b>
a.	Senior Faculty (10+ years' experience)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	Faculty (6+ years' experience)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c.	Junior Faculty (3+ years' experience)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d.	Faculty-to-student ratio maintained	<input type="checkbox"/> YES <input type="checkbox"/> NO		





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3.	Institution and Training Site	Did the institution meet the requirement?	Major observation	Remarks
a.	Hospital operational for 3+ years	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	Specialty service provided for 5+ years:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c.	Adequate patient flow for clinical exposure	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4.	Curriculum and Training Structure	Did the institution meet the requirement?	Major observation	Remarks
a.	Detailed curriculum and course structure provided	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	Includes core specialty/subspecialty rotations (8+ months)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c.	Logbook format specified	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d.	Exit and evaluation criteria mentioned	<input type="checkbox"/> YES <input type="checkbox"/> NO		





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5.	Physical infrastructure	Did the institution meet the requirement?	Major observation	Remarks
a.	<b>Equipment and Devices Availability</b>			
i.	Adequate medical equipment available for training	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ii.	Equipment specific to the specialty/subspecialty available	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iii.	Necessary diagnostic devices (e.g., imaging, pathology lab tools) operational	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iv.	Emergency equipment available (defibrillators, ventilators, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
v.	Specialized devices	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	<b>Equipment Functionality and Maintenance</b>	Did the institution meet the requirement?	Major observation	Remarks
i.	Equipment inspected regularly for functionality	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ii.	Maintenance log maintained for all major equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iii.	Backup power supply available for critical devices	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iv.	Clear protocols for reporting and repairing faulty equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO		







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c.	Human Resources to Operate Equipment	Did the institution meet the requirement?	Major observation	Remarks
i.	Adequate number of trained staff available to operate the equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ii.	Evidence of training provided to staff on the use of advanced devices	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d.	Space and Infrastructure	Did the institution meet the requirement?	Major observation	Remarks
i.	Dedicated clinical space available for training	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ii.	Sufficient number of operating rooms and procedure areas	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iii.	Dedicated library available	<input type="checkbox"/> YES <input type="checkbox"/> NO		
iv.	Research labs and skill labs are available	<input type="checkbox"/> YES <input type="checkbox"/> NO		

6.	Teaching learning methodology	Did the institution meet the requirement?	Major observation	Remarks
a.	The teaching learning methods are compatible to the curriculum of the fellowship programs	<input type="checkbox"/> YES <input type="checkbox"/> NO		





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6.	Assessment and Evaluation	Did the institution meet the requirement?	Major observation	Remarks
a.	Formal internal assessments conducted (2 per year)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b.	<b>Final exit exam structure:</b>  Written exam (100 marks, external correction)  Clinical exam (long case, short case, OSCE, viva)	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO		

Additional remarks/ recommendation: (if any)





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### Section II: Fellowship Program Evaluation Form/ Feedback

**Note:**

This section is to be duly completed by the fellow(s) enrolled in the NMC-accredited Fellowship Program during the NMC's mid-term evaluation/inspection.

Name of the Fellow:	
NMC No.	
Institution Name:	
Fellowship Program Name:	
Fellowship Duration:	
Batch Year:	
Fellowship completion date:	
Date of Feedback Submission:	

### Section 1: Overall Educational Experience

1. Were you provided with a clear curriculum and learning objectives at the start of the program?  
☐ Yes  
☐ No  
☐ Partially
2. Did you receive adequate exposure to bedside discussions and clinical interventions?  
☐ Yes  
☐ No  
☐ Partially





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3. Were you given opportunities to perform or assist in clinical procedures related to your fellowship?

☐ Always

☐ Often

☐ Rarely

☐ Never

4. Was the teaching-learning methodology effective (lectures, case presentations, journal clubs, etc.)?

☐ Excellent

☐ Good

☐ Satisfactory

☐ Poor

### Section 2: Faculty and Guidance

5. Did the faculty members provide proper guidance and mentorship throughout the fellowship?

☐ Always

☐ Often

☐ Rarely

☐ Never

6. Were the faculty members approachable for academic or clinical discussions?

☐ Yes

☐ No

7. Did you feel the faculty demonstrated sufficient expertise in the subject?

☐ Yes

☐ No





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8. How would you rate the faculty's behavior and attitude toward fellows?

- ☐ Excellent
- ☐ Good
- ☐ Satisfactory
- ☐ Poor

### Section 3: Infrastructure and Equipment

9. Were there adequate and functional medical devices and equipment available for your training?

- ☐ Yes
- ☐ No

10. Did you face any issues due to lack of equipment or infrastructure during your fellowship?

- ☐ Yes
- ☐ No

11. Were the clinical facilities (e.g., wards, ICUs, laboratories) adequate for your training needs?

- ☐ Yes
- ☐ No

### Section 4: Patient Load and Exposure

12. How many patients, on average, did you assess per day related to your fellowship specialty?

- ☐ <5
- ☐ 5-10
- ☐ 10-20
- ☐ >20







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13. Do you feel the patient load was adequate to provide sufficient clinical exposure?

☐ Yes

☐ No

14. Do you believe this fellowship program is necessary to meet the country's healthcare needs in your specialty?

☐ Yes

☐ No

### Section 5: Stipend and Work Environment

15. Were you provided with an adequate salary or stipend during the fellowship?

☐ Yes

☐ No

16. Was the work environment supportive and conducive to learning?

☐ Yes

☐ No

17. Were you treated respectfully and fairly by the institution's staff and administration?

☐ Yes

☐ No





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### Section 6: Suggestions and Additional Feedback

18. What did you like the most about the fellowship program?

19. What challenges or issues did you face during the program?





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20. Do you have any suggestions to improve the fellowship program?

21. Would you recommend this fellowship program to other medical professionals?

☐ Yes

☐ No

---THANK YOU---

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