

# PUNJAB INSTITUTE OF MENTAL HEALTH, LAHORE.

PHONE # 042-99203776-7 FAX # 042-99203775  
www.pimh.edu.pk edpimh@yahoo.com



NO. BR16 /PIMH

DATED: 14/03/26

To

- Chairman Academic Council, PIMH Lahore
- All Heads of Departments, PIMH Lahore
- The Chairman (PGMEC).
- The Director Finance, PIMH, Lahore.
- The AMS Admin PIMH, Lahore

**Subject: INSTITUTIONAL POLICY FOR POSTGRADUATE MEDICAL  
EDUCATION, PUNJAB INSTITUTE OF MENTAL HEALTH,  
LAHORE.**

Please refer to the above noted subject.

The Institutional Policy for Postgraduate Medical Education, (MD, FCPS, MCPS Psychiatry) Punjab Institute of Mental Health, Lahore, as approved by the Academic Council in its meeting on 19-02-2026, shall remain a dynamic document, subject to amendments periodically.

The complete policy is attached herewith for information and strict compliance.

*Aysha*  
*14/3/26*  
EXECUTIVE DIRECTOR  
Punjab Institute of Mental  
Health, Lahore.

# PUNJAB INSTITUTE OF MENTAL HEALTH, LAHORE.

PHONE # 042-99203776-7 FAX # 042-99203775  
www.PIMH.edu.pk edPIMH@yahoo.com



NO. 8217 PIMH

DATED 24/03/26

## Institutional Policy for Postgraduate Medical Education, Punjab institute of mental health, Lahore.

### Preamble and Executive Authority

This document constitutes the binding Institutional Policy for Postgraduate Medical Education (MD, FCPS, MCPS Psychiatry) at PIMH, Lahore. This policy, complies with the PM&DC Postgraduate Education Regulations 2023, UHS Level III and IV Regulations 2024, and CPSP training directives. The primary objective of this policy is to operationalize a unified governance framework that harmonizes the dual-track training systems (university-based MS/MD and College-based FCPS) while securing sustainable funding through the **Specialized Healthcare and Medical Education Department (SHC&MED)**, Government of Punjab. This document serves as the master compliance manual for institutional accreditation, outlining the precise mechanisms for curriculum delivery, trainee induction, supervisor eligibility, and financial resource allocation via the schedule of new expenditures (SNE). All faculty members, administrative staff, and postgraduate trainees are mandated to adhere to the protocols established herein. This policy supersedes all previous institutional notifications regarding postgraduate training and shall remain in force until revised by the Institutional Postgraduate Medical Education Committee ((PGMEC)).

### Chapter 1: Institutional Governance and Statutory Framework

#### 1.1 Legal Status and Affiliation

PIMH is a public sector medical institution recognized by the SHC&ME. The hospital is accredited training site for its FCPS, MCPS and MD, Psychiatry programs by CPSP and UHS.

#### 1.2 The Postgraduate Medical Education Committee ((PGMEC))

In accordance with PM&DC Regulation Part X (Governance), the supreme academic authority for postgraduate training at PIMH shall be the **Postgraduate Medical Education Committee ((PGMEC))**. This committee is responsible for the strategic oversight of all residency programs, ensuring compliance with accreditation standards and optimizing resource utilization.

##### 1.2.1 Constitution of the (PGMEC)

The (PGMEC) shall be constituted as follows, ensuring representation from all key stakeholders:

- **Chairperson**
- **Secretary**
- **Convener**
- **Members**

## 1.2.2 Terms of Reference (TORs) for (PGMEC)

### **TERMS OF REFERENCE (ToRs)**

#### **PREAMBLE**

The PIMH Postgraduate Medical Education Committee ((PGMeC)) is a standing committee that is responsible for supporting the Convener, (PGMeC) in planning, organizing and evaluating all aspects of residency education for:

- a) CPSP Training Programs
- b) UHS / MD Programs
- c)

#### **OFFICE AND LOGISTICAL SUPPORT**

- (PGMEC) office will be set up with all available resources including a stenographer, functional PC system and printer available.
- Functioning of the office will be monitored through (PGMEC).
- This office will also document, keep record and distribute minutes of meeting of (PGMEC).
- This office will bear the responsibilities of carrying out correspondence between academic council, executive director office, PGS, program directors and supervisors.
- It will also be a facilitation center for induction of PGTs.
- This office will also keep record of all PGTS
- It will also keep record for rotation of PGTs

#### **GOVERNANCE**

- The PGME Committee reports to the academic council, PIMH.
- The institutional (PGMEC) will include representation from all PGME programs within PIMH.
- Each PGME program in turn constitutes a departmental or program (PGMEC), which include the program director/Unit supervisor or coordinator and the trainees.
- The Postgraduate Medical Education Committee shall establish a mechanism for evaluation of the training program that monitors the training process, facilities and progress of the trainee, and ensures that concerns are identified and addressed.
- Frameworks for regular evaluation of Trainees, Trainers and Programs will be established and the process institutionalized as an integral part of the quality assurance of the training. This framework will include following components:
  - 1) Internal review: The (PGMEC) of PIMH will develop, implement, and oversee an internal review process as follows:
    - a) An internal review committee(s) for each program will include at least one faculty member and at least one resident from within the PIMH but not from within PGME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the (PGMEC). Administrators from outside the program may also be included.
    - b) Internal reviews must be documented in the (PGMEC) minutes
  - 2) Feedback from trainers and trainees:
    - a) Feedback about program quality from both trainers and trainees will be systematically sought, analyzed and acted upon.

- b) Trainers and trainees will be actively involved in planning program evaluation and in using its results for program development and improvement.

### **Membership**

- 1) (Professor) Convener, Postgraduate Medical Education Committee (Chair)
  - 2) Professor: Member (Ex-officio)
  - 3) Associate professor: Member (ex-officio)
  - 4) Associate professor: member (ex-officio)
  - 5) Associate professor: Secretary (ex-officio)
  - 6) Focal person UHS (Appointed)
  - 7) Focal person CPSP (Appointed)
  - 8) Two resident representatives selected by (PGMeC), preferably one from MD and one from FCPS program (Appointed)
  - 9) (PGMEC) staff member (note-taker, non-voting)
- All members listed above are considered voting members unless specified as “non-voting”.

### **MEETINGS**

The PGME Committee will meet 10 times per year from September to June. The agenda and minutes will be circulated to the PGME Committee members.

### **QUORUM**

The quorum for the PGME shall be at minimum one half (50%) of the total number of voting members.

### **RESPONSIBILITIES**

- a) Develop, adopt and disseminate general policies and processes for all aspects of residency and fellowship education in PIMH.
- b) Policies include, but are not limited to, policies related to resident and fellow selection, assessment, supervision, promotion, information management, and trainee and patient safety.
- c) Ensure that policies are regularly reviewed and updated.
- d) Provide oversight of the academic progression of residents, trainees and fellows, including remediation.
- e) Facilitate program directors, residency programs in meeting the specific standards as stipulated in UHS and CPSP.
- f) Advocate for adequate resources and support to allow residency programs to meet accreditation standards.
- g) Approve of the allocation of residency positions for individual programs.
- h) Oversee the internal review process for residency.
- i) Promote a positive learning environment free of harassment and intimidation.
- j) Regularly review and improve the postgraduate structure and governance, including learning sites and residency
- k) Maintain effective working relationships with residency and fellowship education stakeholders, including:
  - 1) Program Directors
  - 2) Residency Committees
  - 3) Program Administrators
  - 4) Continuous Professional Development
  - 5) Faculty Development

- 6) Learning Sites
- 7) Certifying Colleges
- 8) Medical Regulators
- 9) International Sponsors as Appropriate

## **Departmental Governance Structure**

The policy mandates a decentralized governance model where each accredited Clinical Unit functions as a semi-autonomous training entity under a **Program Director**.

**Program Director (PD):** The senior-most Professor or Associate Professor in the unit shall be designated as the PD. The PD is personally responsible for the unit's logbooks, rotation rosters, and adherence to the "80-hour work week" rule.

## **Chapter 2: Academic Regulations - The UHS Track (MS/MD)**

### **2.1 Program Structure and Duration**

The Doctor of Medicine (MD) programs at PIMH follow the **UHS Level-III Regulations 2024** and **Level-IV Regulations 2025**. These are 4 to 5-year degree programs designed to produce clinician-scientists.

#### **2.1.1 The Induction and Registration Phase**

- **Eligibility:** Candidates must have passed the Joint Centralized Admission Test (JCAT) or equivalent entry exam conducted by UHS.
- **Registration:** Successful candidates inducted through the Punjab Residency Program (PRP) must register with UHS within three months of joining. The (PGMeC) office shall facilitate this process, ensuring all documents (MBBS degree, PM&DC registration, House Job certificate) are verified.

#### **2.2 Curriculum Implementation**

adopts the "Outcome-Based Education" (OBE) model mandated by UHS.

##### **2.2.1 Study Guides**

Every FCPS/MCPS/MD trainee must be provided with a specific Study Guide for their upon induction. These guides, available from the UHS website, detail the "Table of Specifications" (TOS) for intermediate and final exams.

- **Policy Requirement:** HODs must map their unit's clinical routine to the Study Guide.

##### **2.2.2 Intermediate Module (IMM)**

The IMM examination is a critical milestone held after two years of training.

- **Institutional Support:** PIMH shall conduct a "Mock IMM" three months prior to the university exam. Trainees failing the mock exam will be placed on remedial rotation.

**Progression Rule:** Passage of the IMM is mandatory for progression to the final years of training. Trainees who fail to clear the IMM within the attempts prescribed by UHS regulations will be recommended for de-registration to the SHC&MED.

### **2.3 Research and Thesis Management**

Unlike the fellowship track, the MD degree is heavily research-oriented. The "Thesis" constitutes a significant component of the final assessment.

### 2.3.1 Synopsis Submission Timeline

- The Research policy of UHS will be adopted as research policy of this institution.
- **Deadline:** Trainees must submit their research synopsis to the **PIMH Institutional Review Board (IRB)** within **four months** of induction.
- **UHS Submission:** The approved synopsis must be submitted to the UHS Advanced Studies and Research Board (AS&RB) within **six months** of induction.
- **Supervisor Responsibility:** Supervisors are mandated to guide the trainee in topic selection during the first month. Failure to meet the synopsis deadline will result in a formal explanation call to the supervisor by the principal.

### 2.3.2 Thesis Defense and Evaluation

- **Research Culture:** The supervisors will pay special attention to individual trainee for his thesis defense in IRB, PIMH.
- **Evaluation:** The thesis is evaluated by external examiners appointed by UHS. PIMH administration must ensure that trainees are relieved from clinical duties for at least two weeks prior to their thesis defense date to focus on preparation.

## Chapter 3: Academic Regulations - The CPSP Track (FCPS)

### 3.1 Alignment with CPSP Directives

PIMH is a CPSP-accredited institution for FCPS-II training in Psychiatry. This policy enforces strict adherence to the **CPSP Training Guidelines 2025**.

### 3.2 Registration and RTMC Protocols

- **Mandatory Registration:** All FCPS trainees inducted via the Central Induction Policy (CIP) must register with **the Research and Training Monitoring Cell (RTMC)** of CPSP within one month of joining.
- **Stipend Linkage:** The release of the monthly stipend is conditional upon the submission of the "RTMC Registration Number" to the PIMH Accounts Office. This ensures that no trainee works in an unrecognized capacity.

### 3.3 The E-Logbook System

CPSP has fully transitioned to a digital monitoring system.

- **Daily Entry Mandate:** Trainees are required to enter their clinical activities (OPD cases, procedures, emergencies) into the CPSP E-Logbook portal daily.
- **Supervisor Verification:** Supervisors must log in to their CPSP portals weekly to verify trainee entries. Supervisors with a verification lag of more than one month will be barred from taking new trainees in the subsequent induction.

**3.4 Mandatory Workshop Completion:** Trainees must complete four CPSP workshops within the first two years of training:

1. Research Methodology & Biostatistics (essential for synopsis writing)
2. Communication Skills (critical for patient interaction and exams)
3. Introduction to Computer & Internet (vital for e-logbook usage)
4. Primary Surgical Skills (mandatory for surgical and allied specialties)

HODs can grant "Academic Leave" for these workshops. PIMH administration will coordinate with the CPSP Regional Center Lahore to organize these workshops on campus to minimize travel disruption.

**3.5 Research and Publication Requirements:** The research policy of CPSP is adopted as the research policy of this institution.

- **Publication Mandate:** Every FCPS trainee must publish at least one original research article as a first author.
- **Journal Category:** The article must be published in an internationally indexed journal (with Impact Factor) or an HEC-recognized 'W' or 'X' category journal. 'Y' category journals are only acceptable if also listed by PM&DC.
- **Institutional Facilitation:** The Institutional Review Board maintains a list of approved journals and provides editorial support. A "Manuscript Writing Workshop" will be added to the academic calendar.

## **Chapter 4: Human Resources, Induction, and Disciplinary Policy**

**4.1 Central Induction Policy (CIP):** Admissions to all PG slots at PIMH are governed by the Punjab Residency Program (PRP) Central Induction Policy, managed by SHC&MED.

- **Merit Determination:** Selection is based on MBBS marks, JCAT/FCPS-I score, and experience marks.
- **Role of PIMH:** PIMH administration cannot induct trainees outside the CIP list; its role is limited to verifying credentials and issuing joining orders.

**4.2 Induction Capacity and Slot Management:** The number of inductees must align with PM&DC regulations and available resources.

- **Bed: Trainee Ratio:** The (PGMEC) shall calculate the induction capacity for each unit based on the 1:10 bed ratio (for Level III programs). For example, a Unit with 50 beds can accommodate a maximum of 5 new trainees per year (distributed across two induction cycles)
- **Supervisor: Trainees Ratio:** no supervisor shall have more than 8 concurrent trainees. If a supervisor retires or leaves, their trainees must be redistributed immediately to other eligible supervisors to prevent "orphan trainee" status.

## **4.3 Duty Hours and Working Conditions**

PIMH is committed to preventing burnout and ensuring patient safety through humane working hours, as mandated by PM&DC Regulations 2023. The data of trainee regarding education, sickness, and disciplinary committee will be handled confidentially.

- **80-Hour Rule:** Residents' duty hours are capped at 80 hours per week, averaged over a four-week period.
- **Rest Periods:** There must be a minimum break of 10 hours between shifts. In-house calls should not be more frequent than every third night.
- **Implementation:** Chief Residents are responsible for preparing duty rosters that comply with these rules. These rosters must be countersigned by the HOD and displayed on the notice board.

#### 4.4 Leave Rules

- **Casual Leave:** As per government rules (25 days per year).
- **Maternity Leave:** Female trainees are entitled to 90 days of maternity leave with full stipend, available once during the training period. This leave does not count as a break in training but may extend the training completion date depending on the DAI's attendance requirements.
- **Ex-Pakistan Leave:** Allowed for Hajj/Umrah (up to 28 days) or paper presentation at international conferences (subject to (PGMEC) approval).

#### 4.5 Disciplinary Code

Trainees are subject to the Punjab Employee Efficiency, Discipline and Accountability (PEEDA) Act 2006 and institutional codes.

- **Unauthorized Absence:** Absence from duty without approved leave will result in the immediate stoppage of the stipend. Continuous absence for more than 14 days may lead to termination of training after a show-cause notice.
- **Harassment:** PIMH maintains a zero-tolerance policy for harassment. The "Disciplinary Committee" is empowered to investigate complaints and recommend severe penalties, including expulsion, for offenders.

#### 4.6 Faculty recruitment, selection, promotion and retention policies

- Faculty recruitment, selection, promotion and retention policies based on PMDC and degree awarding institutions will be governed by the SHC&ME department.

### 5: Financial Management and Resource Acquisition (SHC&MED Framework)

Sustain a high-quality training environment, PIMH must effectively leverage the financial instruments of the Punjab Government.

#### 5.1 Schedule of New Expenditure (SNE) for PG Seats

The creation of paid PG trainee slots is a budgetary process driven by the Schedule of New Expenditure (SNE).

- **Process:** The Executive Director PIMH must submit an SNE proposal to the SHC&MED Finance Wing biannually. This proposal justifies the need for new seats based on bed occupancy rates and the induction of new supervisors.
- **Policy Requirement:** Induction figures for the CIP must match the number of sanctioned SNE posts. Inducting trainees without sanctioned posts (honorary training) is strictly prohibited by PM&DC and Punjab Govt policy.

- **Actionable Step:** The Finance Department at must maintain a live "Vacancy Ledger" to track vacant PG slots as trainees graduate, ensuring accurate data is fed into the CIP portal.

## 5.2 Program Development for Infrastructure

Upgrading training infrastructure (libraries, skills labs, hostels) requires capital investment via the Annual Development Program (ADP).

- **Scheme Identification:** The (PGMEC) shall identify infrastructural gaps (e.g., lack of MRI at GTH, need for a laparoscopic simulator).
- **PC-1 Preparation:** The Planning & Development (P&D) Department of PIMH must prepare PC-1 documents for these schemes and submit them to the Provincial Development Working Party (PDWP) via SHC&MED.

## 5.3 Stipend Management via PHF Portal

The disbursement of stipends is centralized through the Punjab Health Foundation (PHF) Web Portal.

- **Monthly Verification:** The Executive Director of PIMH has nominated a Postgraduate Focal Person and a Postgraduate Clerk who are responsible for uploading each trainee's monthly attendance to the PHF portal by the end of each month.
- **Wedlock/Transfer Cases:** For trainees transferring to PIMH under the Wedlock Policy, the Admin Officer must ensure the immediate transfer of their "Stipend ID" from the previous institution to prevent payment lapses.

## Chapter 6: Quality Assurance and Accreditation Standards

6.1 Program Evaluation Committee at PIMH is the custodian of training quality. It acts independently of the clinical departments to provide unbiased assessments.

- **Feedback Loops:** The PEC shall conduct anonymous "Resident Satisfaction Surveys" biannually. The data regarding supervision quality, workload, and academic environment will be analyzed and presented to the (PGMEC).

## Chapter 7: Record keeping policy

7.1 The institution shall maintain accurate, complete, and confidential physical and electronic records of all clinical, administrative, academic, and financial activities.

7.2 All records must be documented promptly, stored securely, and will remain confidential by their respective offices and protected from unauthorized access. Access to records will be restricted to authorized personnel only

- Executive Director, Office Superintendent, AMS Admin
- Chairman And Secretary of Postgraduate Committees.
- Chairman And Secretary to Academic Council.
- Supervisor For Trainee Academic Record.

7.3 Institutional, Academic and training records shall be maintained for a period of at least 10 years.

## **Chapter 8: Access to record and appeal process**

8.1 Mechanism of appeal and review for a medical graduate/resident regarding their academic record can be structured as follows:

### **Mechanism of Appeal and Review**

- Initial Review Request

The resident may submit a written request for review of their academic record, evaluation, or examination result to the Head of Department (HOD) or Program Director within a specified period (e.g., 7–14 days of notification).

- Departmental Review

The Program Director/HOD will review the concern along with relevant faculty members or the Program Evaluation Committee, examine the documentation, and communicate a decision to the resident.

- Formal Appeal

If the resident is not satisfied with the departmental decision, they may submit a formal appeal to the Academic Council /

Post Graduate Medical Education Committee (PGMEC) within a defined timeframe.

- Independent Review

The Academic Council or designated Appeals Committee will review all records, hear the resident if necessary, and evaluate the case objectively.

- Final Decision

The committee's recommendation will be forwarded to the Head of Institution / Principal / Dean for final approval, and the decision will be communicated in writing. This decision will be considered final and binding.

This process ensures transparency, fairness, and due process in academic evaluation.

## **Chapter 9: Faculty Development Policy**

**Institution:** Punjab Institute of Mental Health (PIMH), Lahore

**Implementation & Monitoring:** PIMH Academic Council & Postgraduate Medical Education Committee (PGMEC)

**Effective Date:** March 2026

### **1. Policy Statement**

In alignment with PM&DC Teaching Regulations 2025, PIMH mandates that all clinical supervisors, trainers, and faculty members engaged in training house officers and postgraduate trainees must participate in structured Faculty Development. This policy ensures that educators maintain high standards of clinical practice, pedagogical competence, and ethical professionalism, serving as role models for trainees. The PIMH Academic Council has approved the implementation of a CPD Points System to formalize this requirement.

## 2. Governance and Oversight Structure

To ensure rigorous adherence and effective execution, the following governance hierarchy is established:

- **Primary Oversight:** The **PIMH Academic Council** serves as the apex body for approving CPD policies, ensuring they align with national standards and institutional goals.
- **Implementation & Monitoring:** The **Postgraduate Medical Education Committee (PGMEC)**, operating under the Academic Council, is responsible for the day-to-day monitoring, accreditation of activities, and verification of trainer compliance.
- **Regulatory Alignment:** All activities must comply with PM&DC's updated regulations enforced in 2025, which emphasize competency-based education and faculty development.

## 3. Mandatory Requirements

- **Lifelong Learning:** All practicing doctors at PIMH, specifically those holding supervisory roles, are required to engage in lifelong learning to maintain their registration and teaching eligibility.

## 4. Core Competency Focus Areas

The CPD curriculum for supervisors is designed to enhance personal, professional, and educational competencies through the following focus areas:

- **Pedagogical Skills:** Training in modern teaching methodologies, including adult learning principles and curriculum delivery.
- **Assessment Techniques:** Proficiency in workplace-based assessment tools such as **Mini-CEX** (Mini-Clinical Evaluation Exercise), **DOPS** (Direct Observation of Procedural Skills), and **OSCE** (Objective Structured Clinical Examination) management.
- **Mentorship & Feedback:** Developing skills in constructive feedback, remediation strategies, and pastoral care for trainees.
- **Ethics & Professionalism:** Reinforcing ethical standards, boundary management, and the supervisor's role as a professional role model.

## 5. Structure of CPD Activities

PIMH shall offer a blended learning approach to accommodate diverse learning styles and clinical schedules:

- **Workshops & Seminars:** Regular in-person faculty development workshops organized by the Department of Medical Education.
- **Online Accredited Activities:** Utilization of PM&DC-accredited online platforms and webinars, reflecting the shift towards digital learning ecosystems.
- **Reflective Practice:** Encouraging supervisors to maintain a reflective log of their teaching experiences and challenges, to be reviewed during annual appraisals.

- **Trainers/Supervisors**

- **Compliance:** Actively participate in mandated CPD activities and maintain accurate records.

### **8. Review Mechanism**

This policy shall be reviewed biennially by the PGMEC and the Academic Council to incorporate updates from PM&DC regulations and emerging best practices in medical education.

### **Chapter 10: HR Policy**

#### **Procedure for Human Resource Planning – PIMH**

1. Each Head of Department (HOD) shall assess the manpower needs of their department biannually.
2. The HOD shall submit the identified HR requirements to the Administration Office and the Postgraduate Medical Education Committee (PGMEC).
3. PGMEC will review the request and forward its recommendations to the Academic Council.
4. The Academic Council, along with the Executive Director and relevant administrative staff, will review the request.
5. After review, a formal proposal may be generated for approval and submission to the Health Department or the concerned authority for further action.

### **Chapter 11: Policy Co-Curricular Activities (Annexure-I)**

### **Chapter 12: Regional and International student exchange mechanism**

This institution adopts the policy of CPSP, UHS and policy and procedural manual of post graduate residency level III program.

### **Chapter 13 : Transfer Policy from other National and International Programs**

This institution adopts the policy of CPSP, UHS and policy and procedural manual of post graduate residency level III program.

*Aysha*  
*14/3/26*

**EXECUTIVE DIRECTOR**  
Punjab Institute of Mental  
Health, Lahore.

**CC:**

1. Chairman, Academic Council, PIMH
2. Chairman, (PGMEC), PIMH, Lahore.
3. All Heads of Departments, PIMH
4. The Director Finance, PIMH, Lahore.
5. The AMS Administration, PIMH, Lahore.
6. Office Copy.

## **GOVERNANCE AND THE COMMITTEES.**

### **ADMINISTRATIVE COMMITTEE**

- (1) Function of the committee: -
- a) Approve overall plans, policies and programs of the institution in accordance with the approved policy of the Government;
  - b) Approve the annual development and non-development budget of the institution;
  - c) Examine and approve the annual report and evaluation report of the institution for submission to the Government;
  - d) Ensure that the Government servants are provided treatment according to their Entitlement
  - e) Determine user charges and fees for admission, clinical and procedural services and facilities with the prior approval of the Government;
  - f) Ensure that poor patients and vulnerable sections of society receive adequate health care and
  - g) Determine modalities for treatment of private patients.
- (2) The Board requests the Government to sanction additional grant-in-aid on case-to-case basis.
- (3) The Board is responsible for generating resources for the Institution through grants, donations, contributions and other such means.

#### **4. Meeting of the Board: -**

- (1) The Board meets once a month.
- (3) The decisions shall be taken by a majority vote and in the event of equality of votes the Chairman shall have a casting vote.

### **ACADEMIC COUNCIL**

- (1) In matters relating to the academia, all Professors and Heads of the Department are members of the Academic Council.
- (2) Functions of the Academic Council include-
  - (a) All academic matters including curriculum.
  - (b) Professional audit/Medical/Clinical/Managerial);
  - (c) Exchange and promotion of research through international collaboration or Affiliation with leading institutions;
  - (d) All disciplinary matters relating to students; and
  - (e) Inviting guest speakers for lectures.
- (3) The ED presides over meetings of the Academic Council.

#### **The members are**

- 1. Prof. Dr. Aysha Rashid (Professor of Psychiatry)
- 2. Prof. Dr. Ammara Butt (Professor of Psychiatry)
- 3. Prof. Dr. Ali Madeeh Hashmi (Professor of Psychiatry)
- 4. Prof. Dr. Nauman Mazhar (Professor of Psychiatry)
- 5. Dr. Farasat Ali (Associate Professor of Psychiatry)

6. Dr. Ghulam Hassan (Associate Professor of Psychiatry)
7. Dr. Ali Anjum (Assistant Professor of Psychiatry)

### **HEAD OF INSTITUTION**

(1) Head of Institution (Executive Director) is the chief executive of the Medical Institution.

(2) He is responsible for the administration and management of affairs of Institution.

(3) He is assisted by the Heads of the Departments, the Director Finance, and Additional Medical Superintendents in their respective spheres.

### **THE COMMITTEES**

1. Post Graduate Medical Education Committee
2. Post graduate Curricular and Assessment Committee
3. Program Evaluation Committee
4. Disciplinary committee
5. Institutional Review Board
6. Counselling Department
7. Grievance Committee

# LIST OF ANNEXURE

## 1. Annexure A

Punjab Medical and Health Institutions Act, 2003

<https://share.google/8RDMkDFsuPXqSxg7v>

## 2. Annexure B

Post Graduate Medical Education Program Policies

Revised Final Draft Policy Procedure Manual 2024

<https://share.google/qlouZFveHqC4VIgmS>

## 3. Annexure C

PAKISTAN MEDICAL AND DENTAL COUNCIL

Postgraduate Medical/Dental Education Standards and Regulations

<https://share.google/3zkfrBvHkuyZGuJsB>

## 4. Annexure D

Teaching Regulations

Regulations For the Appointments /Promotions of Faculty / Teaching Staff / Examiners / Principals / Deans / Vice Chancellors in Undergraduate & Postgraduate Medical & Dental Institutions / Medical Universities of Pakistan 2025

<https://share.google/DcfFrpHybGFD6IffH>

## 5. Annexure E

CPSP Training Guidelines

<https://share.google/0s1uwicsxBcJE03uG>

Notification Rules of National Residency Program

<https://share.google/0pFn9q2V2iCIbtT5a>

Guidelines for registration with RTMC, CPSP (for FCPS-II and MCPS candidates)

<https://www.cpsp.edu.pk/supervisory-criteria.php>

## 6. Annexure F

UHS Level-III MD/MS/MDS Courses (Amended Regulations 2024)

<https://share.google/E2IIMzTOjdux63Kdt>

## 7. Annexure G

Punjab Employees' Efficiency, Discipline and Accountability Act, 2006

<https://tinyurl.com/2wn9t28z>

## 8. Annexure H

The Post Graduate Committees. (TORs & SOPs)

## 9. Annexure I

Policy Co-Curricular Activities

# **Annexure A**

Punjab Medical and Health Institutions Act, 2003

**THE PUNJAB MEDICAL AND HEALTH INSTITUTIONS ACT  
2003  
(IX OF 2003)**

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**<sup>1</sup>THE PUNJAB MEDICAL AND HEALTH INSTITUTIONS ACT 2003**

**(IX of 2003)**

*[9<sup>th</sup> June, 2003]*

**An  
Act**

*to provide for the establishment and management of Medical and Health Institutions  
in the Punjab.*

**Preamble.**— Whereas it is expedient to make provisions for the establishment and efficient management of the Medical and Health Institutions in the Punjab and to provide for matters connected therewith or ancillary thereto;

It is hereby enacted as follows:-

**1. Short title, extent and commencement.**— (1) This Act may be called the Punjab Medical and Health Institutions Act 2003.

(2) It extends to the whole of the Punjab.

(3) It shall come into force at once.

**2. Definitions.**— In this Act, unless there is anything repugnant in the subject or context—

(a) “Board” means the Board of Management of the Medical & Health Institutions;

(b) “Government” means the Government of the Punjab;

(c) “Health Institution” means a Hospital with or without Training Centre/Centres, a laboratory or a medical facility notified as such;

(d) “Medical Institution” means Medical College or Medical Institute along with the attached Hospital/Hospitals and Training Centre/Centres notified as such; and

(e) “Prescribed” means prescribed by rules made under this Act.

**3. Establishment of Institutions.**— (1) The Government may, by notification—

(i) establish such Medical Institutions or Health Institutions as it may deem fit; or

(ii) apply this Act to any existing Medical Institution or Health Institution.

(2) The notified Medical Institution shall be a body corporate having perpetual succession and a common seal with power to acquire, hold and dispose of property as prescribed and may, by its name, sue and be sued:

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<sup>1</sup> This Act was passed by the Punjab Assembly on 30 May 2003; assented to by the Governor of the Punjab on 5 June 2003; and, was published in the Punjab Gazette (Extraordinary), dated 9 June 2003, pages 1019 to 1022.

Provided that the disposal of land and any structure thereon shall be subject to the approval of Government.

**4. Objects.—** The objects of the Institution shall be—

- (a) to undertake all functions required for providing medical education and training and health facilities to the people; and
- (b) to perform such other functions as are assigned to it by the Government.

**5. Administration of Institutions.—** (1) The administration and management of the affairs of a Medical Institution shall vest in the Board appointed by the Government in accordance with the provisions of this Act.

(2) The administration and management of a Health Institution shall, subject to the directions of the Government, vest in such body or person as may be notified.

**6. Board of Management.—** (1) The Board of a Medical Institution shall be the principal governing body of the Institution and shall comprise the following:-

- (a) Secretary to Government of the Punjab, Health Department or his representative not below the rank of Additional Secretary;
- (b) Secretary to Government of the Punjab, Finance Department or his representative not below the rank of Additional Secretary;
- (c) The Principal/Head of the Institution;
- (d) The Chairman of the Academic Council and, if he is not the Principal, then a representative/nominee of the Academic Council;
- (e) Six non-official members <sup>2</sup>[including at least two women] from amongst eminent retired professors of medical colleges, renowned retired doctors from the general cadre, management experts/retired civil and military officers, distinguished citizens, notable jurists and financial experts.

(2) The Medical Superintendent of the main teaching hospital shall be the Secretary of the Board.

(3) The selection of non-official members shall be made from a panel of three individuals, for each vacancy, prepared by the Health Department and approved by Government.

(4) The non-official members shall hold office for a term of four years and shall be eligible for reappointment.

(5) The non-official members shall not be entitled to any perks and privileges under this Act.

(6) The Government may remove a non-official member of the Board, without assigning any reason, before the expiry of his tenure.

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<sup>2</sup> Inserted by the Punjab Fair Representation of Women Act 2014 (IV of 2014); and published in the Punjab Gazette (Extraordinary), dated 12.3.2014, pages 2733-2744, s.2 and Schedule, at serial No.40.

(7) The Chairman of the Board shall be elected by all the members of the Board from amongst the non-official members at the first meeting.

(8) No act or proceeding of the Board shall be invalid merely on the ground of the existence of any vacancy or defect in the constitution of the Board.

(9) Any non-official member of the Board may, by a notice in writing under his hand addressed to Government, resign his office.

(10) The Chief Minister of the Punjab may constitute an Administration Committee to perform functions of the Board till such time the Board becomes functional or for the period the Board is unable to perform its functions due to any reasons.

**7. Principal/Head of Institution.—** (1) The Government shall appoint a whole time Principal or, as the case may be, Head of the Medical Institution from the Teaching Cadre possessing such qualifications and on such terms and conditions, notwithstanding anything contained in any law, as it may determine, from a panel of three individuals recommended by the Board.

(2) The Principal or, as the case may be, Head of the Institution shall exercise such powers and perform such functions as may be prescribed.

**8. Medical Superintendent.—** (1) The Government shall appoint a whole time Medical Superintendent of the Institution possessing such qualifications and on such terms and conditions, notwithstanding anything contained in any law, as it may determine, from a panel of three individuals recommended by the Board.

(2) The Medical Superintendent shall exercise such powers and perform such functions as may be prescribed.

**9. Appointment of officers and employees.—** (1) The Government or, as the case may be, the Board may appoint such persons in the service of Institution, as may be necessary, on the recommendations of the Special Selection Board:

Provided that Government or, as the case may be, the Board may temporarily fill up an existing vacancy on *ad hoc* basis for a period of six months or till the arrival of the new incumbent recommended by the Special Selection Board, whichever is earlier.

(2) The existing employees shall continue to be governed by the Punjab Civil Servants Act, 1974 and the rules made thereunder.

**10. Special Selection Board.—** (1) As soon as may be, after the commencement of this Act, Government shall constitute a Special Selection Board which shall recommend appointment of persons in the service of Institution.

(2) The Special <sup>3</sup>[Selection] Board shall consist of such number of members <sup>4</sup>[including at least thirty three percent women] as may be determined by Government.

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<sup>3</sup> Misprinted in the Gazette as "Section".

<sup>4</sup> Inserted by the Punjab Fair Representation of Women Act 2014 (IV of 2014); and published in the Punjab Gazette (Extraordinary), dated 12.3.2014, pages 2733-2744, s.2 and Schedule, at serial No.40.

(3) The terms and conditions of service of the members shall be such as may be prescribed.

**11. Committees.**— The Board of Management may constitute such committees as it may deem necessary for giving effect to the provisions of this Act.

**12. Institutional private practice.**— Procedure for institutional private practice shall be as prescribed.

**13. Delegation of powers.**— The Board of Management may delegate to any person or a committee any of its powers, duties or functions.

**14. Fund.**— (1) There shall be a fund, to be known by the name of the Institution, which shall vest in the Institution and to which shall be credited all sums received by the Institution.

(2) The fund shall be kept in such custody and shall be utilized and regulated in such manner as may be prescribed.

**15. Budget, audit and accounts.**— (1) The budget of a Medical Institution shall be approved and its accounts shall be maintained and audited in such manner as may be prescribed.

(2) The Government may order financial, medical and managerial monitoring and audit on quarterly basis, through a third party nominated by Government and paid for by the Medical Institution, and the Board shall comply with the directions, which may be issued thereon.

**16. Annual reports.**— (1) The annual performance reports of all Medical and Health Institutions in the Punjab shall be submitted to the Government within three months of the conclusion of the calendar year to which the report pertains.

(2) The Government shall cause a copy of the report to be laid before the Provincial Assembly.

**17. Public servants.**— All persons acting or purporting to act in pursuance of any provision of this Act shall be deemed to be public servants within the meaning of section 21 of the Pakistan Penal Code, 1860 (XLV of 1860).

**18. Rules.**— The Government may make rules for carrying out the purposes of this Act.

**19. Regulations.**— The Board may make regulations, not inconsistent with the provisions of this Act and the rules framed thereunder, for carrying out the purposes of this Act.

**20. Removal of difficulties.**— If any difficulty arises in giving effect to any of the provision of this Act, the Government may give such directions as it may consider necessary for the removal of such difficulty.

**21. Repeal.**— The Punjab Medical and Health Institutions Ordinance, 2002 (VIII of 2002) is hereby repealed.

# **Annexure B**

Post Graduate Medical Education Program Policies  
Revised Final Draft Policy Procedure Manual 2024



GOVERNMENT OF THE PUNJAB  
SPECIALIZED HEALTHCARE &  
MEDICAL EDUCATION DEPARTMENT



## NOTIFICATION

**NO.SO (ME-I) 7-1/2024(CIP):** In supersession of this Department's Notification No. SO(ME)7-6/2020(CIP) dated 11<sup>th</sup> March, 2021, the Competent Authority has been pleased to notify the "Policy and Procedure Manual (PPM) of Post-Graduate Residency (PGR) of Level-III Programs" which shall come into force at once, with immediate effect. The salient features of PPM are as under:

### 1. Introduction

1.1 The Post-graduate Residency of Level-III Program will lead to Post-graduate qualification of MD / MS / MDS / FCPS. It will be based on merit and academic performance of the doctors / dentists desiring to seek Post-graduate Training.

1.2. The Policy and Procedure Manual (PPM) has been devised to:

- continuously assess, review and update the training potential of public teaching hospitals,
- To improve the standards of training in public hospitals and
- To carry out admissions and placements of doctors in erstwhile PMC/PMDC Level-III Programs in Public Teaching Hospitals / Medical Colleges / Medical Universities in Medical and Dental (clinical and basic specialties) through uniform merit-based selection.

1.3 The Policy for the selection of PG Trainees will be implemented at all the Teaching Institutions under the administrative control of SHC & ME Department as well as in other Teaching Institutions to be selected by the PG Admission Committee.

  
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1.4 It is applicable for July 2024 induction and onwards.

**2. Mission, Goal and Objectives**

2.1 **Mission:** The Government of the Punjab, Specialized Healthcare & Medical Education Department shall uplift the quality of healthcare services at the "Tertiary and Specialized Teaching Hospitals" of the Punjab according to the national and international standards.

2.2 **Goal:** Launch systems, operationalize them and strengthen them through a continuous process of improvement.

2.3 **Objectives:** Uplifting of all three pillars of health care systems – Hospitals, Medical Education and Quality of Healthcare, in all Teaching Hospitals of the Punjab.

**3. Post-graduate Qualification framework:**

| Learning levels | Duration (Min)                       | Research Component   | Clinical Medical or Dental qualification                        | Basic Sciences Qualification   |
|-----------------|--------------------------------------|----------------------|---|--|
| Level-I         | 5 year MBBS<br>4 year BDS            |                      | MBBS/ BDS   |  |
| *Level-II a     | 1 year after Level-I                 |                      | Postgraduate Diploma  | Diploma in Medical Education, DMJ, DHPE  |
| *Level-II b     | 2 year after Level-I                 | Thesis/ Dissertation | M.Sc and Equivalent qualification with other nomenclature       | M.Sc Basic Sciences MHPE/ MME. M.Phil, MSPH and equivalent qualification with other nomenclature |
| ** Level-III    | Minimum 3 or more year after Level-I | Thesis/ Dissertation | FCPS/MS/MD and equivalent qualification with other nomenclature | FCPS/ Ph.D and equivalent qualification with other nomenclature                                  |

\*Degrees (Level II a/ II b) without a thesis or dissertation (approved by University) cannot proceed to Ph.D in Basic sciences.

\*Source: Pakistan Medical and Dental Council, Postgraduate Medical/Dental Education Standards and Regulations 2023

**4. Administration of the Training Program by Degree Awarding Institutions (DAIs):**

| Approved Status of Training Program by DAI | Formula for Seats Distribution Ratio | FCPS Seats Allocation% | MD / MS / MDS Seats Allocation % |
|--|--------------------------------------|------------------------|----------------------------------|
| Approved by both CPSP and Universities     | 50:50                                | 50                     | 50                               |

**5. Constitution of Committees and their TORs:**

In order to streamline the process of the induction of post-graduate trainees, following committees and their terms of references (TORs) will be notified by Specialized Healthcare & Medical Education Department:

**5.1 Post-Graduate Admission Committee (PGAC):**

5.1(a) Post-graduate Admission Committee for admission in residency program will consist of following members:

|     |  |             |
|-----|--|-------------|
| 1.  | Secretary, Specialized Healthcare & Medical Education Department   | Convener    |
| 2.  | Special Secretary (Development & Reforms), Specialized Healthcare & Medical Education Department   | Co-convener |
| 3.  | Special Secretary (Operations) Specialized Healthcare & Medical Education Department   | Member      |
| 4.  | Seven Vice Chancellors (UHS, KEMU, FJMU, UCHS, RMU, FMU and NMU)   | Members     |
| 5.  | Two Principals of Public Sector Medical Colleges (One from Lahore and one from outside Lahore) to be nominated by Secretary SCHMED                                     | Members     |
| 6.  | CEO, Mayo Hospital, Lahore   | Member      |
| 7.  | Prof. Syed Muhammad Awais (Retired) Ex-Professor of Orthopedic Surgery, KEMU, Lahore   | Member      |
| 8.  | Additional Secretary (Medical Education), SHC&ME Department  | Member      |
| 9.  | Additional Secretary (Technical), SHC&ME Department  |             |
| 10. | Additional Secretary (Technical), P&SHC Department   | Member      |
| 11. | Head of institutions of Specialized Hospital / Institution (Pediatrics and Cardiology) one from Lahore and one from outside Lahore to be nominated by Secretary SCHMED | Members     |
| 12. | Any co-opted Member  |             |

5.1(b) The TORs of the PGAC will be as under:

- i. To uplift the quality of Healthcare in Punjab through improvement of quality of Medical Education of Healthcare Providers.
- ii. To frame all rules & regulations of postgraduate residency training for level-III in public-sector teaching institutions of Punjab.

- iii. To assist the Administrative Department in implementation of these framed rules & regulations.
- iv. To decide the cases referred by the Hardship and Grievance committees or any other source.

**5.2 Grievance Committee:**

5.2(a) In order to redress the grievances of applicants of Post-graduates Residency Program (PRP), there shall be following Grievance Committee:

|    |   |          |
|----|---|----------|
| 1. | Vice Chancellor, Fatima Jinnah Medical University, Lahore   | Convener |
| 2. | Pro-Vice Chancellor, King Edward Medical University, Lahore | Member   |
| 3. | Registrar, King Edward Medical University, Lahore           | Member   |
| 4. | Principal, Allama Iqbal Medical College, Lahore             | Member   |
| 5. | Medical Superintendent, Lahore General Hospital, Lahore     | Member   |
| 6. | Representative of SH&MED                                    | Member   |
| 7. | Manager / Director IT, Punjab Health Foundation             | Member   |
| 8. | Any co-opted Member   |          |

5.2(b) The TORs of Grievance Committee will be as follows:

- i. To address the grievances of candidates regarding admission process in light of the Policy and Procedure Manual.
- ii. The meeting of the Committee will be held during the admission process as per requirement on notification by the SHC & ME Department.

**5.3 Hardship Committee:**

5.3(a) In order to resolve the cases of Hardships of Post-graduate trainees after joining the Residency Program, there shall be following Hardship Committee:

|    |  |          |
|----|--|----------|
| 1. | Vice Chancellor, King Edward Medical University, Lahore  | Convener |
| 2. | Registrar, University of Health Sciences, Lahore   | Member   |
| 3. | Pro-Vice Chancellor of a Public sector medical University outside Lahore to be nominated by Secretary SCHMED | Member   |
| 4. | Principal, Services Institute of Medical Sciences, Lahore  | Member   |
| 5. | Chairperson, PG Admission Committee, Fatima Jinnah Medical University, Lahore                                | Member   |
| 6. | Departmental Representative  | Member   |
| 7. | Manager / Director IT, Punjab Health Foundation  | Member   |
| 8. | Any co-opted Member  |          |

5.3(b) The TORs of the Hardship Committee will be as follows:

- i. To scrutinize applications of PG Trainees received through the SHC&ME Department/online portal
- ii. To furnish recommendations regarding transfer / change of Specialty / change of Supervisor and / or change of Institution to the SHC & ME Department.
- iii. To recommend examination of PG Trainees by the Standing Medical Board, if deemed appropriate.
- iv. The Hardship Committee will meet on quarterly basis (minimal once in each quarter).

Note: No transfer shall be allowed within same city. Transfer on basis of hardship shall be subject to lower in merit and availability of vacancy in respective specialty in that induction session. However, that itself does not confer right for transfer. Individual merits of the case shall be examined by the Hardship Committee.

**6. Guidelines / Requirements for Admission Procedure:**

6.1 All Degree Awarding Institutions (DAIs), functioning in the field of Medical Education in Punjab, must have a legal charter, be notified by HEC and approved and included in the relevant schedules of the erstwhile PM&DC / PMC.

6.2 The Degree Awarding Institutions (DAIs) must obtain approval of their programs and qualifications from the PMDC and these qualifications must be included in the relevant schedules of HEC Qualification Framework and PMDC Act, Regulations.

6.4 All Public Teaching Institutions in Punjab must get their Specialty Programs and Training Sites inspected and approved / affiliated by the Degree Awarding Institutions (Universities/CPSP).

6.5 All Public Teaching Institutions must get their Specialty Programs and Training sites inspected and approved by PM&DC.

6.6 Only the Assistant Professors, Associate Professors and Professors shall be allowed to act as Supervisors for Post-Graduate training in teaching hospital. However, a Supervisor must have teaching experience of five (05) years, out of which three (3) years must be after the post-graduation. Moreover supervisor must qualify the minimum requirements of the respective approving body/DAI.

6.7 Each Faculty member (Assistant, Associate and Professor) shall have minimum one (01) PG Trainee per induction and HOD shall have minimum two (02) PG Trainees per induction.

6.8 In order to meet the criteria of having three (03) teachers for starting each Specialty Program, the list of faculties may include Professors, Associate Professors, Assistant Professors and Senior Registrars.

6.9 The Teaching Institution / Teaching Hospital shall be appropriately organized for the conduct of structured practical / clinical training program based on practice of modern medicine and current basic medical sciences. It must provide a scholarly environment and must be committed to excellence in both medical education and patient care.

6.10 For Postgraduate Training of Level-III Programs, one (1) PG Trainee will be inducted / admitted for every ten (10) beds per induction (except for Anesthesia and Radiology and others where the departments do not have patient beds).

6.11 Calculation of Beds / Faculty / Number of PGs, and allocation of PG Trainees to the Supervisors will be guided in principle by the PM&DC Regulations, published in Gazette of Pakistan. The average of one PGR for ten beds (**clause 6.10**) and number of PGRs as per number of faculty (**clause 6.7**) will be the general guiding principle for determining seat allocation. However, these shall not confer right for seat allocation.

6.12 The admissions will be carried out through centralized, computerized, transparent, merit-cum-availability system.

6.13 Admission / Entry for Post-graduate Residency will be twice a year (with January and July Inductions of Level III PG Trainees as two separate Induction programs. However, the Committee may change the schedule, if required. The selected candidates will start their training on 1<sup>st</sup> January and 1<sup>st</sup> July of every year. 50% seats will be filled in January and 50% seats will be filled in July.

6.14 The existing quota for Provinces and foreign national students should be as follows:

|    |  |            |
|----|--|------------|
| 1. | <b>Punjab</b>  | <b>93%</b> |
| 2. | <b>Disabled (of the Punjab Province):<br/>For the Disciplines of Anesthesia, Radiology<br/>and Pathology</b> | <b>01%</b> |
| 3. | <b>AJK, Gilgit &amp; Islamabad</b>   | <b>02%</b> |
| 4. | <b>Balochistan, KPK &amp; Sindh</b>  | <b>02%</b> |
| 5. | <b>Foreign Candidates</b>  | <b>02%</b> |

6.15 Seats of all Specialty Programs at all training sites will be calculated and publicized on portal at time of induction.

6.16 The training slots shall be allocated to College of Physicians and Surgeons Pakistan (CPSP) and Universities on 50:50 basis. Effort shall be made to fill seats in best interest of services to patients.

6.17 All training sites should be approved by both CPSP and Universities. If training sites / programs are approved by both DAI (CPSP and University), the seats will be divided among FCPS and MD / MS / MDS candidates on 50:50 basis. If approved by CPSP alone and not by University, then only 50% seats will be allocated to FCPS candidates. If training sites / programs are approved by University alone (not by CPSP), then only 50% seats will be allocated to University. No induction will be made in those institutions and programs which are not approved both by CPSP and University.

6.18 The DAIs are expected to provide the following documents / guidelines.

- i. Scheme of each program showing rotations, courses & examinations
- ii. Curriculum / Training Manual
- iii. Log Book / Portfolio
- iv. Technical requirements (equipment, facilities) of the program
- v. Research responsibilities

6.19 The DAIs (including CPSP and Universities such as KEMU, UHS, FJMU, NMU, FMU, RMU, UCHS) are expected to have in practice, an efficient monitoring system(s) on training site(s), to ensure that the learning objectives of the curriculum are being met. This will be carried out in formal way through the rules / regulations of DAI.

6.20 The "Program Faculty Committee" and "Program Director" shall be notified by each teaching institution. "**Program Faculty Committee**", shall comprise of all Supervisors of each Specialty Programs. The Professor / HOD will be the "Program Director".

6.21 All Program Directors of an Institution will constitute "**Institutional Post-Graduate Medical Education Committee** (Institutional PGME Committee)" (as required by the PM&DC / PMC).

6.22 The "Program Faculty Committee" will meet frequently and look after academics/training, allocation of PGs to supervisors, research, counseling, administration, internal examination, discipline within the program and continuous internal monitoring (as required by the PM&DC / PMC). The Program Faculty Committee shall maintain the minutes of all such meetings and will produce before Post-Graduate Admission Committee.

6.23 The "Institutional PGME Committee", will perform over all advisory role in all academic, administrative and disciplinary matters related to Level-III PG Residency within the Institution. This Committee will ensure that in all the programs, the curriculum is translated into training/competencies by a structured program and candidates are prepared for their final examinations. The Committee shall hold meetings and shall maintain its minutes.

6.24 The "Institutional PGME Committee" of each institution will manage / administer the morning, evening, night and on call duties in the light of standards given in gazette of Pakistan.

6.25 Post-Graduate Training is full-time & residential. Post-Graduate Residents are not allowed to indulge in private practice or second jobs including adhoc and/or locum. Violations of any kind shall call for strict disciplinary action and termination of training with debar of two years.

6.26 No honorary PG Residency is allowed in any case.

6.27 All PG Trainees (from Punjab, Pakistan or abroad) inducted under CIP are eligible for PG Stipend (admissible as per Government Rules) for the services they provide to the patients. The stipend shall be disbursed through a centralized Stipend Disbursement Portal run by Punjab Health Foundation.

6.28 The Medical Officers (M.O) / Demonstrators, in-service with minimum two years regular service, and are successful in getting admission on merit, will be provided deputation for their study period. For issue of salary they will be placed against deputation seats at Post-Graduate Medical Institute (PGMI). No regular Government Officer including MO, Demonstrator or teaching faculty shall be allowed to occupy his existing position and also undergo training. He / she shall have to proceed on deputation for training purpose. In case they do not have minimum two years regular service they shall have to take EOL/study leave as per their parent

department policy. However, consultants under administrative control of Primary and Secondary Healthcare Department shall have to submit NOC from PSHD for applying and proceeding on training. They shall ensure to have served the minimum number of years required to serve before pursuing training. No orders for joining of PG Training shall be issued by SCHMED unless the final merit lists are scrutinized and verified from HISDU, PSHD and ICT, SCHMED/Admin wing, SCHMED to clarify the status of their employees whether they are eligible to pursue training as per their parent department (PSHD or SCHMED).

6.29 The selected candidates and the concerned VCs, Principal / Head of Institution will be informed on the portal as well as e-mail/message regarding admission of the candidate. However, the applicants are strongly advised to visit the PHF portal frequently throughout the admission cycle till the finality and conclusion to avoid any inconvenience considering the network issues in delivery of text messages or email which is beyond the control of the Department. The concerned VC / Principal / Head of Institution will accept the candidate, get his / her original documents and issue the institutional orders and upload the joining report on the portal. The concerned VC / Principal / Head of Institution will also send the final notification of the joined candidates to the Medical Education wing of the Department. The Medical Superintendent of the Teaching Hospital VC / Principal / Head of Institution will include the name of the candidate in the Stipend / Salary system. It is the responsibility of the concerned Institution for verification of the credentials of the candidates before submission to SHC&ME Department and it should be duly certified in joining orders that all the documents and credentials claimed by the PG Trainees are duly verified by the Head of Institution for authenticity, accuracy and validity.

6.30 The candidate will give joining (in written and online) to the VC / Principal / Head of the institution within three (03) days after the admission. The concerned VC/Principal/ Head of Institution will send list of PGs who have joined to SHC&ME Department and the Medical Superintendent (both on-line and signed list on paper).

6.31 The VC / Principal / Head of Institution will forward the PGs to the Head of the Department who will call meeting of "Program Faculty Committee(s)" and distribute the PGRs to the relevant Units and Supervisors. The distribution of PGRs should be in accordance with the approved Supervisors as per CPSP/University by the concerned Program Faculty Committee. The Program Faculty Committee (s)

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must frame guidelines and parameters for distribution of PGRs to uphold merit as well as judicious distribution of PGRs.

6.32 Post-Graduate Residents will also give their joining at the program site. The joining report shall be signed by the Supervisor, Program Director and Head of the Department. The candidate will submit the copies of the joining report to the VC / Principal / Medical Superintendent / Head of Institution and Post-Graduate Admission Committee and apply to the DAI for enrolment.

6.33 The Government of the Punjab, Specialized Healthcare & Medical Education Department will coordinate with all DAIs to maintain uniform standards in line with the competencies of the "Specialist Doctors".

6.34 The Public sector medical Universities of Punjab, running MD / MS / MDS Programs in their teaching hospitals will ensure uniform standards in their curriculum, training, examinations and quality assurance through inter-University Board which already exists.

6.35 The PG Trainees will be appointed during last two years of their training at non-teaching DHQ/THQ Hospitals for a period of three months at department(s) where consultant(s) are available in their specialty. The DAI shall arrange training of the consultant to act as co-supervisor for this period. DHQ / THQ Hospitals will be responsible to arrange for boarding and lodging in this case. Primary & Secondary Health Department will request SHC&ME Department for not filing specific non-teaching DHQ / THQ for PG trainee appointments. Main teaching hospital and clusters of non-teaching DHQ / THQs shall be identified and notified for these periphery rotations by the SCHMED to be implemented by the host institution to which the trainee belongs.

6.36 A Standing Medical Board (SMB) at provincial level will be notified by the Specialized Healthcare & Medical Education Department to ascertain the cases of PGRs who apply to change their specialty purely on medical grounds. The SMB will forward its recommendations to the Convener of Hardship Committee (i.e. VC KEMU). The Hardship Committee will consider all such cases in its meeting and will clearly furnish its recommendations to the SHC&ME Department along with the reports of SMB regarding change of specialty / issuance of orders.

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6.37 All PG Trainees (whether on Stipend or MO) will have to leave the training slot on completion of training tenure in respective of their status of examinations.

6.38 The PG Residents will read and sign "Terms and Conditions" of PG Residency/Training at time of application.

6.39 The "Code of Ethics" for the PG Trainees will be issued by the Government of the Punjab, SHC&ME Department, or its Appointed Body.

6.40 A Post-Graduate Residency Cell (PGRC) to conduct Central Induction Program (CIP) will be established at Punjab Health Foundation.

6.1 No candidate shall be allowed to apply again for Level-III Post-Graduate Training, if he has already completed his / her first Level-III Post Graduate Training on the expense of Government.

6.43 The period spent at any hospital while undergoing a Post-Graduate training shall not be counted as experience.

6.44 All the Vice Chancellors/ Principals and Heads of Medical Institutions/ Hospitals would ensure proper Medical Care of PGRs and handle the matter locally. Furthermore, the Universal Health Coverage would also be available to all the PGRs with choice about the place of treatment.

## **7 Terms and Conditions of Post-Graduate Residency Program**

Terms & Conditions of Postgraduate Residency will be as follows:

7.1 All experience will be counted as per rules of Government of the Punjab. Total duration of the course will be Four to Five years (Duration required by DAI), out of which PG Training shall be granted initially for a period of one year, which shall be extendable on yearly basis. Request for extension in PG Training shall be recommended by HOI and forwarded to SHC&ME Department on yearly basis along with annual performance report for approval / final order.

### **Stipend:**

7.2 PG Trainee will be entitled to draw stipend admissible under the rules as fixed by the Government. Stipend for PG Trainee or salary (for in-service

employees of both Health departments will be allowed for a maximum of 04 / 05 years (depending on the specialty and requirement of DAI). This time period will start from day one of induction in the first PG training program. In case of exemption of training duration by DAI, the exempted period will not be entitled for extension or stipend.

7.2.1 Disbursement of stipend shall be dealt by Punjab Health Foundation through the online portal as well Punjab Health Foundation will execute the system on behalf of Specialized Healthcare & Medical Education Department and will start by having an account opened in Bank of Punjab.

7.2.2 In order to make the system work more efficiently and with least human intervention, all the cases of annual extensions in PG Training (except those on deputation) shall continue to be done by the institutions but through the portal.

7.2.3 The respective training Institutions shall issue annual extension orders (within prescribed duration of training i.e. four or five years) in favor of PGRs subject to fulfillment of the criteria as already laid down for grant of annual extension.

7.2.4 Funds shall be released to Punjab Health Foundation on quarterly basis however a monthly stipend roll for PG Trainees will be run.

7.2.5 The PGR trainee will register himself/herself on the online portal for centralized disbursement of stipend developed and run by the Punjab Health Foundation as notified vide letter NO.SO(ME-1)Misc/22(Direct) dated 1<sup>st</sup> Jan, 2024(Annex). The PGR will provide all the required details including the bank account accompanied by account maintenance certificate clearly stating IBAN.

7.2.6 The hospital concerned shall verify the details of the PGR. Once verified the PGR attendance and payment details shall be uploaded by the hospital for disbursement of stipend. It shall be the responsibility of the hospital for genuineness of data regarding attendance and payment.

7.2.7 In case of employee under PSHD /SHMED, the hospital shall first ascertain whether he/she is eligible for stipend. In case he/she is not eligible, hospital shall declare him/her invalid on the portal. Stipend shall only be admissible to employee of PSHD/SHMED if he has approved EOL from the PSHD/SHMED for pursuing training

purpose solely. EOL for domestic purpose or any other purpose shall not be admissible for permitting pursuing of training.

7.2.8 Any employee of PSHD/SHMED enrolling on stipend portal whereby he was not eligible for claim of stipend shall be proceeded against for misrepresentation/fraud.

**In-service candidates under PSHD/SHMED:**

7.3 For in-service candidates (who are regular employees of Primary & Secondary Healthcare Department) or who are under the administrative control of Specialized Healthcare & Medical Education Department, the deputation will be granted by the Specialized Healthcare & Medical Education Department on the recommendations of the parent department (PSHD/SHMED) and subject to conditions/ criteria of the parent department (PSHD/SHMED). There will be minimum two years requirement for deputation for medical officers/demonstrators. However, in case of promotion being on probation for one year no deputation within one year of promotion will be granted. In case of new appointment through PPSC for those already in service, two years' service will be required in newly appointed grade before becoming eligible for deputation. In case of consultants under PSHD, training can only be applied and availed after serving number of service years required by the PSHD policy.

7.4 The Deputationist will be entitled to draw pay and other allowances as admissible under the rules against deputation seats at PGMI. However, there shall be no deputation allowance.

7.5 No official accommodation will be provided to the Deputationist /PG Trainee during the period of training. He / She will draw House Rent Allowances as admissible under the rules. However, the Principal of the concerned institute may arrange for accommodation. If the host institution provides accommodation, the institution will inform the Accountant General Punjab in writing for deduction of House Rent Allowance.

7.6 The PG Trainee / Deputationist will be required to maintain proper discipline and satisfactory progress of the work (including minimum attendance, time keeping and uniform) as fixed by the Degree Awarding Institution (University/CPSP), the Department of Specialized Healthcare & Medical Education Department and the Teaching Institution & Hospital.

7.7 The Deputationist can be repatriated to his / her Administrative Department / institution at any time during the course if his / her progress and conduct is not satisfactory and disciplinary proceedings under PEEDA Act, 2006 will be initiated, if needed.

7.8 The Candidates provided with the facility of deputation by Government, will not resign from Government service for at least three (3) years after completion of training. In case he / she decides to do it, he / she will return the salary received during this training period.

7.9 The PG Trainee / Deputationist, after his / her selection as per merit, will report (written and online) to the Vice Chancellor / Principal / Head of the concerned institution within three days failing which;

- i. The admission offer will stand withdrawn and seat will be declared vacant.
- ii. The Candidate will be debarred from new admission for the next induction if does not join after giving consent in final merit list.

7.10 PG Admission Registration Number will be issued by the Post-Graduate Admission Committee (PAC) of SHC&ME Department. All Postgraduate Candidates will provide their passport size photograph and information online within four (04) weeks of joining.

7.11 The PG Trainee / Deputationist will not be allowed to change his/her program (Discipline of Training) / course at any stage during the study for which he / she was initially recommended except in special circumstances (such as medical reasons). Such cases will be referred to the Hardship Committee by a Standing Medical Board notified by SHC&ME Department. On the recommendations of the Hardship Committee, PG Trainee may be placed where merit of the institution and trainee conform forth at particular induction. Final orders will be issued by Specialized Healthcare & Medical Education Department. In case of change of specialty the stipend will only be paid for the rest of the total period starting from the first awarded specialty/date of joining of training under CIP.

**Leave:**

8.1 Maximum of four weeks of leave (28 days) shall be allowed during one calendar year. No leave over and above 28 days shall be permissible in one calendar

year. All types of casual, medical, ex-Pakistan leaves are included in this 28 days permissible leave account. Haj leave (45 days), maternity leave (89 days) and leave upon death of husband (40 days) is excluded from this 28 days leave. However only one paid Hajj leave up to 40 days shall be given in entire PG training. Moreover, these leaves are not a right and may be regretted on administrative grounds. Leaves up to 5 consecutive days shall be granted at the Institutional Level and shall be updated in calendar on the PRP Leave Portal. Leave beyond 5 days shall be submitted to the department for approval well before time and PG shall not proceed on leave unless leave granted. Proceeding on leave without approval may call for disciplinary action.

8.2 In case of female PG Trainees, maternity leave of 90 days with stipend / salary will be given only once during the course of training. All those female PGRs who were undergoing training on 13-05-2023 or completing their extended training duration in lieu of first maternity leave, after the cut-off date 12-05-2023, shall be allowed payment of stipend during the extension period of three months over and above the prescribed training duration in lieu of first maternity leave only. However, the said provision shall not have a retrospective effect (The extended period of training in lieu of first maternity leave before 13-05-2023 shall not be paid and only the period left over w.e.f.13-05-2023 shall be paid).

8.3 Any maternity leave, other than the first, shall be allowed on unpaid basis, for which PGR must work to complete the prescribed duration of training, which shall also be unpaid.

8.4 All PGRs must ensure to have approval of the maternity leave from the SHC&ME Department through proper channel. The Department shall only issue extension orders in lieu of first maternity leave if the leave is approved by the department. There shall be no ex-post facto approval of the maternity leave at the time of seeking extension in lieu of first maternity leave. All such cases shall be considered as unauthorized absence where leave had not been sanctioned by the department well in time and no extension orders in lieu of first maternity leave shall be approved by the SHC&MED for receipt of stipend. Merely sending the leave and proceeding on leave without approval is misconduct and may call for disciplinary action. PGR shall ensure to initiate the case well in time to have leave sanctioned prior to proceeding on leave.

8.5 Leave will be granted to PGR upon death of her husband for a maximum period of forty days.

8.6 All PG Residents who will avail freezing and Hajj, Maternity and leave upon death of husband and shall have to work to complete the prescribed duration of training. For this period, they will not get stipend / salary.

8.7 All cases of leave shall be forwarded through proper channel i.e. from VC / Principal / HOI to the SHC&ME Department well in time for approval and final orders.

8.8 EX-Pakistan Leave for Hajj & Umrah will be recommended by Degree Awarding Institutions and forwarded to the SHC&ME Department for issuance of NOC and approval of leave. Hajj leave will be only once during the whole training and for a period of not more than 45 days with stipend / salary during the entire residency tenure.

8.9 All Postgraduate Trainee who will avail leave for Hajj must undergo additional training to complete training requirements. For this period, they will not get stipend / salary.

8.10 The Ex-Pakistan leave might be allowed for purposes other than for Hajj & Umrah, to a Level-III PG Trainee provided he submits proper written application with reasons for going ex-Pakistan, Surety bond stating that he would return to Pakistan upon completion of leave period or earlier; failing which his surety would pay back all stipend already paid to the PG Trainee and he shall be permanently debarred from future PG Trainings under the CIP and PPM of Punjab, leave title account and recommendation by the Institutional Committee duly consented to by the VC/ Principal/ HOI. The Degree Awarding Institutions (CPSP/ Medical Universities) may suggest any other necessary documentation, if they feel so. All ex-Pakistan leave other than Haj leave as mentioned above shall be within the 28 days permissible leave period in one calendar year. No leave beyond 28 days shall be allowed in one calendar year.

## 9. Freezing:

9.1 Freezing of training shall be allowed after completion of two years of initial training and mid-term evaluation. However, Freezing of the training could be allowed before completion of two years of initial training on medical grounds only duly

verified by the Special Medical Board constituted by the department on recommendations of Institutional Post Graduate Committee of the respective Training Institution.

9.2 Freezing can only be allowed once during the entire PG training and it must not exceed 6 months except in case of any untoward circumstances which include natural calamity, disasters and life threatening medical grounds. Moreover, freezing may also be availed in episodes, however, total duration shall not exceed 6 months during entire course of training. If a Postgraduate Trainee applies for freezing, his/her original documents will be submitted to the institution to ensure his /her continuation of training. After obtaining a No Objection Certificate from DAI, freezing of the program shall be notified by Specialized Healthcare & Medical Education Department.

9.3 All cases of leave shall be forwarded through proper channel i.e. from VC / Principal / HOI to the SHC&ME Department well in time for approval and final orders.

#### 10. Wedlock Policy:

10.1 The candidate will apply and get his / her admission on merit. After joining and minimum 01 year of training at the allocated site, the PG Trainees (Husband / Wife) will be able to apply for transfer, only once in whole course of training. All such cases will be referred to Hardship Committee for scrutiny for clear recommendations. Final orders will be issued by SHC & ME Department.

10.2 If both husband & wife are in residency programs under CIP and are in training in teaching hospitals located in different cities under the Administrative Control of Specialized Healthcare & Medical Education Department, they are allowed to apply for migration and placement at one teaching hospital provided that the seats in the same program and in the same year of training (for both separately) are available / vacant at the proposed teaching hospital. Cases will be referred by SHC&ME Department to the Hardship Committee for scrutiny and clear recommendation.

10.3 Transfer under Wedlock Policy will be allowed only from higher to lower merit and availability of seats in the same specialty and induction cycle.

10.4 If more than one application is received for one vacant seat, the decision will be made on merit as calculated and as approved in the PRP for initial admission.

10.5 The Institution, where a PG Trainee wants to migrate, will identify the vacant slots in that specialty and induction cycle & year and shall issue NOC in favor of the Trainee. However, this NOC does not confer right for transfer. The PG Trainee will provide an attested copy of Marriage Certificate (Nikkah Nama) and CNIC along with his/her application.

10.6 Transfer on wedlock basis (including cases where the spouse is non-doctor and/or not in Government Service) will be considered by the Hardship Committee only after ascertaining the verification and genuineness of the cases.

10.7 In case of annulment of marriage on account of divorce or khula, transfer of PG Training from one city to another may be allowed only to female PGRs. However, such transfer will be allowed only from higher to lower merit and subject to the availability of seat in that specialty and induction cycle & year and supervisor in the recipient institution, NOCs from both the institutions and provision of attested documents regarding divorce and Khula. Such transfer will be allowed only one time during whole PG Training.

11. **Transfer during training:**

11.1 In order to ensure that merit-based admission policy is not compromised through transfer mechanisms, transfer within the city will not be allowed. PGRs may apply for Inter-city transfer during training on wedlock and hardship basis, only once during entire course of training and shall only be allowed after 1 year of training at the Institution of Induction. It will be considered by the Competent Authority subject to the following:

11.2 All requests for transfer of Postgraduate Trainees shall be forwarded to the SHC&ME Department through an online portal duly recommended by HOI along with the NOCs from the hospital authorities.

11.3 Transfer shall be restricted to and from public sector institutions under the administrative control of SHC&MED only.

11.4 Candidates admitted on reserved seats/quota seats may also apply for transfer as per Transfer policy guidelines. Since the candidates on reserved/quota

seats are inducted at the end of the specialty i.e after the lowest merit/last inducted PGR on open merit, the merit of the last inducted PGR in the relevant specialty, in a corresponding induction, in the Teaching Institution where the PG Trainee (Quota Seats) is receiving training at present shall be deemed to be the merit of PG Trainee inducted against quota seats who requests for transfer on wedlock basis.

11.5 No mutual transfer shall be allowed.

11.6 No transfer shall be allowed in violation of sanctioned strength for a particular admission.

11.7 Transfer shall be limited to the extent of institutions under the CIP under the administrative control of SHC&MED.

11.8 SHC&ME Department will refer all such cases to the Hardship Committee for scrutiny and clear recommendation.

11.9 Transfer of PG Trainee shall not be allowed more than once during the entire PG Training subject to rules/regulations of CPSP and Universities.

11.10 Transfer shall be allowed only from institution of higher merit to lower merit subject to vacancy. The merit and vacancy status of that relevant specialty in that institution in that particular induction will be considered. In case of more than one applicant against one vacancy, one on higher merit shall be considered. However merit and vacancy alone shall not create a right for permission of transfer. Those shall only be the eligibility for consideration of application of transfer by Hardship Committee. The Committee shall scrutinize and ascertain the genuineness and merits of each case and give final recommendations to the SHC&MED.

11.11 Final orders shall be issued by SHC&ME Department.

11.12 In case of any insufficiency, misconduct on the part of PGR, and in consideration of the exigency of the matter, PGR shall be penalized with transfer on administrative grounds. The orders shall be issued by the Department subject to availability of seat and towards lower merit. Furthermore, such transfer shall not favor a PGR as per his/her preference or hometown and shall be decided by the Department.

12. **Exit and resignation from the Program:**

12.1 If a trainee gets selected in induction, but he / she does not give consent and does not join, he / she will exit the program without penalty.

12.2 If a trainee gets selected in induction and he/she gives consent in initial lists and not in final list then he/she shall exit the program without penalty and will not be debarred for next induction. However, if the candidate gives consent in final list and then does not join then he/she shall be debarred for next one induction.

12.3 If a trainee gets admission, joins and then exits/leaves the program within six months without any approval from the Administrative department, then he / she will be debarred from applying in the next one induction program & will refund stipend of two months or half the amount of stipend received by him/her during the period of training, whichever is lesser.

12.4 If a trainee joins and exits the program after more than six months, he / she will be debarred from applying in the next two induction programs & will refund minimum six months stipend or 25% of the total stipend received during the period of training, whichever is lesser.

12.5 (i) If a trainee gets admission, joins and then applies for resigning at any stage of the program, his / her case will be processed by the institutional PG Committee. The Head of the Institution will also discuss the resignation with the Trainee and the Program Director. Head of Institution will upload the resignation on PRP Portal and will forward application of the PG Trainee to the Specialized Healthcare & Medical Education Department. SHC&ME Department will decide about debarring him/her for applying in two consecutive inductions and recovery of whole stipend. He/she shall also submit No due certificate.

(ii) The resignations of the PGRs shall be forwarded to SHC&ME Department after seeking approval from the relevant Committees.

(iii) The PG Trainee will not leave the training site until the final outcome of his / her application.

(iv) The candidate can withdraw his / her resignation within 15 days of tendering the resignation.

12.6 If a Postgraduate Trainee wants to complete his / her remaining Post-graduate training in another province on wedlock basis, he / she may be allowed "Exit" from training with the approval of SHC&ME Department, subject to the

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provision of necessary documents i.e. Nikkah Nama, NOC's from both Institutes. He / she will not be entitled to draw any stipend / salary from Government of the Punjab. Also, he /she will not be entitled to re-join PRP.

12.7 If a Postgraduate seeks for resignation from training on account of selection through Provincial or Federal Public Service Commission exam and has sought No Objection Certificate for application purpose from his/her parent department i.e. Specialized Health Care & Medical Education Department or Primary & Secondary Health Care Department, the PGR shall be allowed to exit from training with the condition that he/she shall not be entitled to rejoin Punjab Residency Program or draw any stipend/salary from Government of Punjab. Furthermore, the penalty of stipend recovery shall be exempted if the PGR has sought No Objection Certificate from his/her parent Department at the time of applying in Commission Exam.

12.8 All the Teaching Institutions/Hospitals shall forward the cases to SHC&ME Department, of the PGRs selected for getting training abroad under DAIs scholarship programs along with all the necessary documents and after seeking approval from the Program Faculty Committee, Institutional Post-Graduate Medical Education Committee, under the signature of VC / Principal / Head of Institution concerned. PG Trainee will receive no stipend / salary for training abroad. Training abroad will be recommended by DAIs and forwarded to SHC&ME Department for issuance of NOC. The PGRs requiring to complete remaining training abroad under DAI's scholarship program will be allowed to exit/resign from training with the condition that he/she shall not be entitled to rejoin Punjab Residency Program or draw any stipend/salary from Government of Punjab.

12.9 The regular employees of Primary & Secondary Healthcare Department & Specialized Healthcare & Medical Education Department will be placed at the disposal of their parent department once their resignation from PG training is approved by SHC&ME Department.

12.10 All such orders of exit and/or acceptance of resignation from program will be issued by SHC&ME Department.

13. **Cancellation/Termination of Training:**

13.1 The admission will be cancelled in case any information/ document(s) provided by the PG Trainee are found to be fake or fabricated or concealment/manipulation of facts is observed, at any stage. In case of deputationist, deputation will be cancelled and irregularity on his part will be reported to his / her parent department to initiate disciplinary proceedings. PG Trainee/ Deputationist whose admission is cancelled will be debarred for next two years and he/she will refund whole stipend/salary received during training.

13.2 In case progress and conduct is not satisfactory, the PG Training will be terminated at any time during the course. The Institutional committees shall recommend all such cases to the Department. The Departmental Committee constituted by the Secretary Health SHC&ME Department shall examine the case and decide about the termination.

13.3 The PGRs shall have one time right to appeal before the Secretary SHC&ME Department against the decision of the Departmental Committee.

13.4 No PG Resident will be allowed to participate in any political activity, agitation, strike etc. at any forum. If found indulged in such activities, his / her PG Training will be liable to be terminated.

13.5 The PGR/ Deputationist getting terminated shall have to recover whole amount of stipend received by him/her during the course of PG Training and shall be debarred from applying in Punjab Residency Program for next 2 years.

#### 14. Application Form

APPLICATION FORM FOR ADMISSION IN LEVEL-III PROGRAM IN MEDICAL CLINICAL SPECIALTIES, LEADING TO QUALIFICATIONS OF FCPS/MD/MS/MDS PROGRAMS.

##### 1. INSTRUCTIONS FOR THE CANDIDATES:

- i. Please read list of specialties offered and select the specialties (s).
- ii. Please read list of program site(s) for each specialty program(s) and select the program site(s).
- iii. Complete Form Carefully and Submit.
- iv. **After submission of the form no change will be accepted. So ensure to have reviewed the application before submitting.**
- v. Always **submit form from personal e-mail account** of the candidate. Forms from other's account will be rejected.
- vi. The candidates who have passed PART-I from both (CPSP and Universities) can apply for admission in both (FCPS&MD/MS).

- vii. Any grievance(s) felt by the candidate can be brought into notice of the "PG Grievance Committee" within three days after the notification of the Gazette. No grievance will be accepted after display of merit list. However mere display in merit list shall not create any right of the applicant against the seat. The SHC&MED reserves the right to rectify any errors and omissions in the merit list.
- viii. Read the "Terms and Conditions of PG Residency" carefully and "Accept" them before you submit the "Form".
- ix. Candidates will have to pay an amount of Rs. 1000/- with their applications.
- x. On the website two separate application forms are available for "FCPS" and "MD/MSMDS".
- xi. Candidates who have passed Part-I examination of both examinations can exercise their merit by applying on both forms.

## 2. WARNING:

The information given in the application form and PDF Scans of original documents shall be verified at three (03) stages;

- i. During Application Processing
- ii. Time of Acceptance by the Teaching Institution
- iii. During the Training

If information submitted is found wrong, mismatched or forged, the application will be rejected and training if started will be discontinued with no right of appeal at institution / government level. Further, the applicant shall be debarred for applying for two consecutive years and in case of receipt of any stipend, whole stipend shall be recovered.

## 3. ELIGIBILITY / PRE-QUALIFICATIONS:

- i. MBBS Degree
- ii. Certificate of Completion of 12months of House Job
- iii. PM&DC Registration / PMC Registration
- iv. Valid Pass result of PART-I Examination of FCPS/MD/MS/MDS

## 4. PERSONAL INFORMATION:

- i. Computer No.
- ii. Name
- iii. Father/ Husband Name
- iv. Gender-Male/Female
- v. Date of Birth
- vi. Date of Passing MBBS
- vii. Country of Passing MBBS
- viii. Applied as PG Candidate for
  - a. FCPS
  - b. MD/MS/MDS
  - c. FCPS&MD/MS/MDS
- ix. Date of passing Part-I Examination
- x. CNIC No
- xi. Date of Expiry of CNIC

|  |
|--|
| <ul style="list-style-type: none"> <li>xii. E-mail address</li> <li>xiii. PMDC Reg. No.</li> <li>xiv. Date of Expiry of PMC / PMDC Registration</li> <li>xv. Mobile Phone No.</li> <li>xvi. District of Domicile</li> <li>xvii. District of present Residence</li> <li>xviii. Present Postal address</li> </ul>  |
| <p><b>5. EDUCATION:</b></p> <ul style="list-style-type: none"> <li>a. Matriculation (SSC)</li> <li>b. Intermediate (HSSC)</li> <li>c. MBBS/BDS Aggregate of Marks</li> <li>d. PART-I (FCPS/MD/MS/MDS)</li> </ul>   |
| <p><b>vi. House Job details</b></p>  |
| <p><b>7. Experience at Primary, Secondary &amp; Tertiary Healthcare level:</b></p> <ul style="list-style-type: none"> <li>i. Experience at Primary Health Care level:(BHUs, RHCs of P&amp;SH Department)</li> <li>ii. Experience at Secondary Health Care level (THQ Hospitals, DHQ non-Teaching Hospitals, Major Hospital of PESSI, Punjab with 100 beds and above strength only, Indus Foundation managed THQ level Hospitals of the Government of the Punjab and Govt. T.B. Sanatorium, Samli, Murree).</li> <li>iii. Experience at Tertiary Healthcare Level including PKLI &amp; RC, MIKD, Multan.</li> <li>iv. Experience Marks for working in Jail Hospitals under P&amp;SHC Department.</li> </ul> <p><b>IMPORTANT:</b></p> <ul style="list-style-type: none"> <li>a. For claiming experience as mentioned above, experience as regular/adhoc/locum will be considered subject to the verification by the PSHD/SHCMED.</li> <li>b. In case of "Adhoc" appointment, a maximum gap of 07 days between two consecutive adhoc appointments in the same institute will be considered to count for the experience marks. It is to clarify that gap of more than 7 days between two consecutive adhoc or locum appointments shall not be considered to count for experience marks</li> <li>c. At the time of applying the candidate shall download the "Experience Certificate" from the online portal and complete the form and get certified from Head of Institution and administrative department (PSHD/SHMED) and submit it as the PDF / Image.</li> <li>d. In case of Jail hospitals biometric attendance if available shall be provided as well for claiming the experience.</li> <li>e. In case of locum experience biometric attendance record verified by PSHD/SHMED shall be mandatory for award of relevant experience marks as above.</li> </ul> |
| <p><b>8. Position at University Level Examinations</b><br/>Position in each professional examination conducted at the University (and not at the College) Level.</p>   |
| <p><b>9. Specialty Preference:</b></p> <ul style="list-style-type: none"> <li>i. Out of List of Medical subjects approved for Level-III training, by PM&amp;DC, following Clinical Subjects may be offered for</li> </ul>  |

training leading to FCPS/MD/MS/MDS subject to availability of supervisor in particular institution under the CIP

- ii. A candidate can apply in more than one specialty as allowed by the Part-I (FCPS/MD/MS/MDS) and can exercise his / her merit.

The list of potential specialties likely to be offered subject to inclusion by DAI, availability of supervisor, other requirements for initiation of program :

iii.

| Specialty No.                       | Specialty Title                                     |
|-------------------------------------|---|
| <b>LIST OF CLINICAL SPECIALTIES</b> |   |
| 1                                   | Anaesthesia   |
| 2                                   | Accident & Emergency                                |
| 3                                   | Cardiac Surgery                                     |
| 4                                   | Cardiology  |
| 5                                   | Cardiothoracic Anaesthesia                          |
| 6                                   | Dermatology   |
| 7                                   | Diagnostic Radiology/Radiology                      |
| 8                                   | General Surgery*                                    |
| 9                                   | Medicine*   |
| 10                                  | Nephrology  |
| 11                                  | Neurology*  |
| 12                                  | Neurosurgery*                                       |
| 13                                  | Nuclear Medicine                                    |
| 14                                  | Obstetrics and Gynecology                           |
| 15                                  | Operative Dentistry                                 |
| 16                                  | Ophthalmology                                       |
| 17                                  | Oral/Oral & Maxillofacial Surgery*                  |
| 18                                  | Orthodontics*                                       |
| 19                                  | Orthopedic Surgery*                                 |
| 20                                  | Otorhinolaryngology(ENT)                            |
| 21                                  | Pediatrics  |
| 22                                  | Pediatric Surgery*                                  |
| 23                                  | Periodontology                                      |
| 24                                  | Plastic Surgery*                                    |
| 25                                  | Prosthodontics*                                     |
| 26                                  | Psychiatry  |
| 27                                  | Pulmonology   |
| 28                                  | Radiotherapy*                                       |
| 29                                  | Thoracic Surgery*                                   |
| 30                                  | Urology*  |
| 31                                  | Any new specialty Program that is approved by PM&DC |

**LIST OF MEDICAL BASIC SUBJECTS (PROGRAMS)**

| Specialty No. | Specialty Title                         |
|---------------|---|
| 1.            | Anatomy                                 |
| 2.            | Biochemistry                            |
| 3.            | Chemical Pathology                      |
| 4.            | Clinical Oncology                       |
| 5.            | Community Medicine                      |
| 6.            | Forensic Medicine/Medical Jurisprudence |
| 7.            | Hematology                              |

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|     |   |
|-----|---|
| 8.  | Histopathology                                      |
| 9.  | Microbiology  |
| 10. | Pharmacology  |
| 11. | Physiology  |
| 12. | Any other specialty that is duly approved by PM&DC. |

*\*Note: Mere reflection in the specialty list does not confer any right for offering the seat in any particular induction*

**10. PROGRAM TEACHING HOSPITAL SELECTION.**

- Preference(s) for specialty of program(s): select the Title of Specialty Program(s) as allowed by the type of PART-1 Examination.
- Preference(s) of teaching hospitals. Please give Preference out of the list of offered teaching hospitals according to title of the selected specialty program(s).

**11. ATTACHMENT**

Always submit PDF Scans of following original documents.

- Both Sides of valid CNIC
- Domicile Certificate,
- MBBS/BDS Degree,
- Certificate by University/Principal showing Marks obtained, total marks and attempts of all university examinations.
- House Job Certificate,
- Valid PM&DC Registration Certification.
- Valid CPSP/University Part-I Result Card
- Job Experience Certificate in Public primary and secondary (Non-Teaching Hospitals) and tertiary Healthcare facilities. Shortage of even one day shall not be credited for counting required experience as per scoring criteria.
- University Certificate showing distinction in each / any subject to university examination.
- The Foreign Graduates must also submit valid PDF Scan of PM&DC Equivalence Examination Result Card.

**12. Quota for Provinces and Foreign National Trainees**

|   |     |
|---|-----|
| Punjab:   | 93% |
| Disabled (of the Punjab Province):<br>(From the Discipline of Anesthesia,<br>Radiology & Pathology) | 01% |
| AJK, Gilgit & Islamabad:  | 02% |
| Balochistan, KPK & Sindh:   | 02% |
| Foreign Candidates:   | 02% |

**13. Allocation of Seats to CPSP and University PG Training;**

At all Teaching and Training Sites which are approved, by both CPSP and Universities, the candidates will be distributed on 50:50 basis to each group.

**14. Allocation of seats for 1st and 2nd admission/induction cycle every year**

Admission and Selection of Postgraduate Trainee Residents will be carried twice a year (in January and in July) as per the seats allocated in each induction by SHC&MED.

**15. Candidates who have qualified PART-I of both (FCPS and MD/MS/MDS).** These candidates will be allowed to apply for admission for both separately and exercise their merit for both.

**16. Essential Specialties:**

In Punjab Healthcare System, the number of specialist doctors in both public and private sectors is grossly less than the required number on the basis of needs and size of population. Therefore, Post-graduate Admission Committee (PAC)/SHC&MED will determine additional seats in the institutes for essential specialties as and when need arises. However, only up to 50% of additional seats for essential specialties shall be determined for each induction. Under austerity considering the implication of stipend, the additional seats for essential specialties may be compensated from other specialties.

**15. Scoring Criteria:**

|  |  |                  |
|--|--|------------------|
| <b>i. EDUCATION:</b>   |  |                  |
| <b>a. Matriculation (SSC)</b>  |  | <b>05 Points</b> |
| Marks obtained divided by total marks, multiplied by 5   |  |                  |
| <b>b. Intermediate (HSSC)</b>  |  | <b>07 Points</b> |
| Marks obtained divided by total marks, multiplied by 7   |  |                  |
| <b>c. MBBS/BDS Aggregate of Marks</b>  |  | <b>20 Points</b> |
| For Pakistani Graduates, Sum of marks achieved in all professionals divided by sum of total marks in all professionals, multiplied by 20.  |  |                  |
| <b>d. PART-I (FCPS/MD/MS/MDS)</b>  |  | <b>40 Points</b> |
| <ul style="list-style-type: none"> <li>Part-I marks obtained divided by total marks multiplied by 40 for University Post-Graduates MD/MS/MDS.</li> <li>Part-1 marks obtained as communicated by College of Physician &amp; Surgeon Pakistan (CPSP)/In case of non-communication of marks all FCPS-I "Pass" applicants shall be awarded 40 points.</li> </ul> |  |                  |
| <b>ii. House Job Marks</b>   |  | <b>05 Points</b> |
| <b>Sr. No.</b>   | <b>Marks Criteria</b>  | <b>Points</b>    |
| 1.   | Graduates from public sector / private sector institutions in Punjab, who complete House Job in Hospitals attached with Medical / Dental College / University in Punjab from where the candidate had graduated   | 05               |
| 2.   | Graduates from public sector / private sector institutions in Punjab, who complete House Job in such public sector / private sector recognized Teaching Hospitals in Pakistan that are not attached with Medical / Dental College / University in Punjab from where the candidate had graduated                      | 2.5              |
| 3.   | Graduates from public sector / private sector institutions in Pakistan but outside Punjab, who complete House Job in such public sector / private sector recognized Teaching Hospitals in Pakistan that are not attached with Medical / Dental College / University in Punjab from where the candidate had graduated | 2.5              |
| 4.   | Foreign Graduates who complete House Job in any public or private sector recognized Teaching Hospital in Punjab  | 2.5              |

iii. **Application in the same Teaching / Graduating Institution 05 Points**

Candidates, who apply in the institutions from where they had graduated, will be given these marks. These will only be for Teaching/Graduating Institutions under the administrative control of the SCHM&E Department.

iv. **Experience at Primary, Secondary & Tertiary Healthcare : 10 Points**

a. **Experience at Primary Health Care level: (only BHUs/ RHCs of P&SH Department )**

- i. 1.25 points for each Three (03) months (without any gap / interruption in same institute). Up to two (02) years accepted.

b. **Experience at Secondary Health Care level (THQ/ THQ level Hospitals / civil hospitals/ trauma centers, DHQ / DHQ Level non-Teaching Hospitals, Major Hospital of PESSI, Punjab with 100 beds and above strength only, Indus Foundation managed THQ level Hospitals of the Government of the Punjab and Govt. T.B. Sanatorium, Samli, Murree).**

- i. 0.75 Points for each Three (03) months (without any gap / interruption in same institute). Up to three (03) years and four (04) months accepted.

c. **Experience at Tertiary Healthcare Level including PKLI & RC, MIKD, Multan.**

- i. 0.5 point for each three months (without any gap / interruption in same institute). Up to Five (05) years accepted.

d. **Experience Marks for working in Jail Hospitals under P&SHC Department.**

| Sr. No. | Name of Institutions          | Award of Marks   |
|---------|-------------------------------|--|
| 1.      | Jail Hospital (Morning Shift) | 1.25 point for each three (03) months (without any gap / interruption in same shift).  |
| 2.      | Jail Hospital (Evening Shift) | 1.50 points for each three (03) months (without any gap / interruption in same shift). |
| 3.      | Jail Hospital (Night Shift)   | 1.75 points for each three (03) months (without any gap / interruption in same shift). |

**IMPORTANT:**

- a. For claiming experience as mentioned above, experience as regular/adhoc/locum at health facilities mentioned vide clauses a-d will be considered subject to the verification by the PSHD/SHCMED.
- b. In case of "Adhoc" appointment, a maximum gap of 07 days between two consecutive adhoc appointments in the same institute will be considered to count for the experience marks. It is to clarify that gap of more than 7 days between two consecutive adhoc or locum appointments shall not be considered to count for experience marks
- c. At the time of applying the candidate shall download the "Experience Certificate" from the online portal and complete the form and get certified from Head of Institution and / or administrative department (PSHD/SHMED)

and submit it as the PDF / Image. Furthermore, PSHD & SHCMED are working for making digital experience record available for individual candidates through his/her respective portal that shall be available on respective departmental websites. Once developed this may be used as an alternate way of establishing experience.

- d. In case of Jail hospitals biometric attendance if available shall be provided as well for claiming the experience.
- e. In case of locum experience biometric attendance record verified by PHFMC/PSHD shall be mandatory for award of relevant experience marks as above.

**v. Experience at Primary Health Care Level, Hard Area BHUs and RHCs notified by SHCMED 05 Points**

1.25 marks for each three consecutive months. Maximum upto 1 year.

**NOTE: This shall be awarded from Jan 2025 induction against the Hard area BHUs and RHCs notified by SHMED.**

All the instructions for claiming experience as above in iv shall be applicable here.

**vi. Position at University Level Examinations 03 Points**

Candidates shall be awarded 0.6 marks to MBBS graduates and 0.75 marks to BDS graduates each shall be awarded for getting 1<sup>st</sup> or 2<sup>nd</sup> or 3<sup>rd</sup> positions in each professional examination conducted at the University (and not at the College) Level.

\* Total 95 points/marks for July 2024 induction but from Jan 2025 induction total 100 marks (including 5 marks for hard area BHUs/RHCs).

**16. PG Entry Test (for future if need is felt)**

**i. Appointment and Function of PG Entry Test Committee.**

a. The Post-Graduate Admission Committee will appoint a "PG Entry Test Committee" comprising ten (10) Internal Examiners and ten (10) External Examiners (one each examination subject). The PG Admission Committee will also appoint a Coordinator Entry Test.

b. The two (02) Examiners in each subject shall develop table of specification and blue printing of the paper.

c. The internal examiner will construct, twice the number of questions required and send to the Coordinator Entry Test. The Coordinator Entry Test will send to external examiner who will select and improve the quality. The Coordinator will get the MCQ papers printed and sealed.

**ii. Conduct of Entry Test**

a. Successful candidates of Part-I conducted by CPSP and MS/MD/MDS conducted by universities will have to appear in entry test for induction into Punjab Residency Program. (If/When required)

b. Entry test will be conducted simultaneously at all medical universities of Punjab.



- iii. **Entry Test Fee.**  
Bank draft Rs.3,000/-in the name of "PG Admission Committee".
- iv. **Rules and Composition of Entry Test**
- Single MCQ Paper
  - Total Marks 250, total MCQs 125, one best type
  - No negative marking in the Entrance Test
  - Paper shall be prepared from the syllabus of MBBS
  - Composition of paper shall be notified well before the Entrance Test

17. **General Provisions:**

- i. Policy and Procedure Manual (PPM) will be uploaded on SHC&ME Department and Punjab Residency Program (PRP) websites.
- ii. Policy & Procedure Manual(PPM), notified by the Specialized Healthcare and Medical Education Department demands standardization / re- structuring of the post-graduate education / training of level-III program (FCPS/MD/MS/MDS) to be carried out in all teaching hospitals of Punjab in light of PM&DC Regulations published in Gazette of Pakistan.
- iii. The Educational Programs are monitored; candidates are enrolled, guided in training and evaluated in teaching hospitals by respective degree awarding institutions (DAIs), including CPSP, KEMU, UHS, FJMU, NMU, FMU, RMU and UCHS.
- iv. Although department of SHC&ME makes possible efforts to retrieve correct data from the teaching hospitals, the errors and omissions in the data may be ignored.
- v. SHC &ME Department requires all teaching hospitals to apply for approval of their programs / departments by PMDC and DAI. In case the teaching institutions face problem in number of teachers and / or technical requirements for approval of program / trainings site, they may apply to the SHC&ME Department at the earliest for solving the problem.
- vi. If a training site and department approved and recognized by the university and not approved and recognized by CPSP, 50% seats will remain vacant. Induction will be done only in approved sites and recognized departments. It is the responsibility of Hol/HoD/Principals/VCs to take necessary action accordingly to get the departments and training sites recognized and approved.
- vii. If any training site/department still remains to be approved and recognized by university as well as by CPSP, no induction will be done at any training site and in any training department.

17. All the PG induction Policies and scoring criteria issued prior to this notification, are hereby **repealed** with immediate effect. However, all instructions, notifications and policies issued from time to time in future which are applicable and valid for Level-III training programs shall be considered part and parcel of this procedure manual.

**SECRETARY  
GOVERNMENT OF THE PUNJAB  
SPECIALIZED HEALTHCARE &  
MEDICAL EDUCATION DEPARTMENT**

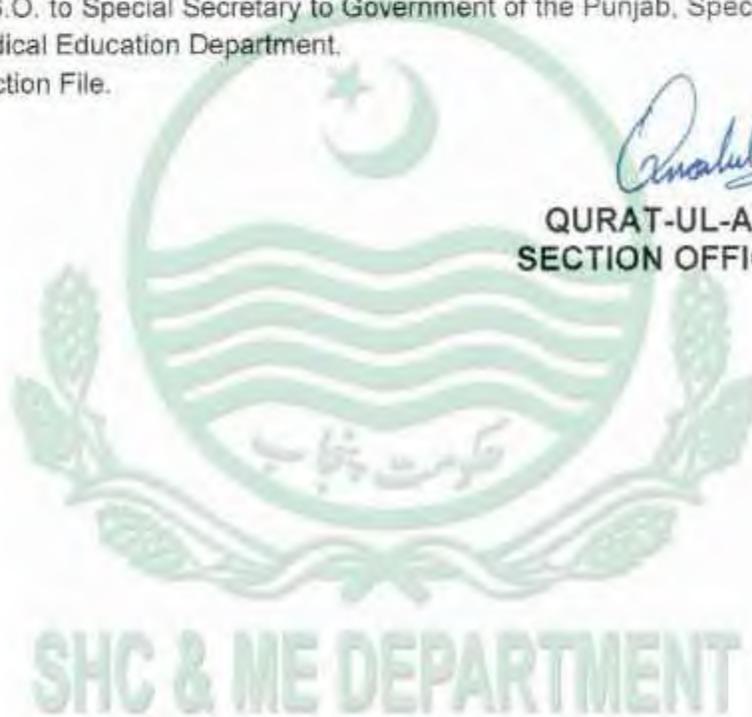
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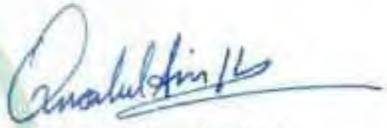
**Dated Lahore, the 15<sup>th</sup> May, 2024**

Copy of the above is forwarded for information and necessary action to the:

1. Minister for Specialized Healthcare & Medical Education, Punjab.
2. Minister for Primary & Secondary Healthcare, Punjab.
3. Chairman, Higher Education Commission, Islamabad.
4. Chairman, Planning & Development Board, Punjab.
5. Secretary to Chief Minister, Punjab.
6. President, Pakistan Medical and Dental Council, Islamabad.
7. President, College of Physicians and Surgeons of Pakistan, Karachi.
8. All the Heads of Regional Offices of College of Physicians and Surgeons of Pakistan in Punjab.
9. Secretary to Government of the Punjab, Higher Education Department.
10. Secretary to Government of the Punjab, Primary & Secondary Healthcare Department.
11. Secretary, Provincial Assembly of the Punjab.
12. All the Administrative Secretaries to Government of the Punjab.
13. Managing Director, Punjab Health Foundation, Lahore.
14. Registrar, Lahore High Court, Lahore.
15. Secretary, Provincial Ombudsman, Punjab, Lahore.
16. Vice Chancellor, King Edward Medical University, Lahore.
17. Vice Chancellor, University of Health Sciences, Lahore.
18. Vice Chancellor, Fatima Jinnah Medical University, Lahore.
19. Vice Chancellor, Rawalpindi Medical University, Rawalpindi.
20. Vice Chancellor, Faisalabad Medical University, Faisalabad.
21. Vice Chancellor, Nishtar Medical University, Multan.
22. Vice Chancellor, University of Child Health Sciences, Lahore.
23. Chairman & Dean, Shaikh Zayed Medical Complex, Lahore.
24. All the Principals of Autonomous Medical Institutions in Punjab.
25. All the Deans/Heads of Specialized Health Institutions in Punjab.
26. Principal, Post-Graduate Medical Institute, Lahore.
27. Dean, Institute of Public Health, Lahore.
28. All the Medical Superintendents of Teaching Hospitals in Punjab.
29. Additional Secretary (General)/Staff Officer to Chief Secretary, Punjab.
30. Manager, Government Printing Press, Punjab, Lahore for publication in the Weekly Official Gazette.

31. Additional Secretary (Staff) to Secretary to Government of the Punjab, Specialized Healthcare & Medical Education Department.
32. All the Additional Secretaries to Government of the Punjab, Specialized Healthcare & Medical Education Department.
33. All the Deputy Secretaries to Government of the Punjab, Specialized Healthcare & Medical Education Department.
34. Chief Planning Officer, Specialized Healthcare & Medical Education Department.
35. All the Senior Planning Officers, Planning Officers and Section Officers Specialized Healthcare & Medical Education Department.
36. Director, ICT Cell, Specialized Healthcare & Medical Education Department for posting at official website.
37. P.S.O. to Additional Chief Secretary, Punjab.
38. P.S.O. to Special Secretary to Government of the Punjab, Specialized Healthcare & Medical Education Department.
39. Section File.



  
QURAT-UL-AIN KHAN  
SECTION OFFICER (ME-I)

# **Annexure C**

**PAKISTAN MEDICAL AND DENTAL  
COUNCIL**

**Postgraduate Medical/Dental Education Standards  
and Regulations**

**PAKISTAN MEDICAL AND DENTAL COUNCIL**  
**Postgraduate Medical/Dental Education Standards and Regulations**

Islamabad, 23<sup>rd</sup> June, 2023

**NOTIFICATION**

S.R.O. .... (I)/2023.- In exercise of the powers conferred by **Section 47(2) of the Pakistan Medical and Dental Council Act, 2022**, Pakistan Medical and Dental Council is pleased to make the following regulations, namely:-

Part I Basic terms and definition

Part II Process of Postgraduate Program recognition by PM&DC

Part III Postgraduate Qualification Framework

PART IV Student Selection and Admission Policies

PART V Program study/training process

PART VI Training settings and educational resources

PART VII Evaluation of training process

PART VIII Assessment of trainees

PART IX Recognition of Distance learning programs

PART X Governance

**Appendices**

**Appendix I** Application for recognition of a new postgraduate program /training site under the **section 25 of the PM&DC Act, 2022** /enhancement of admissions in an already recognized course/continuation of recognition.

**Appendix II** Program information form (PM&DC PIF form).

**Appendix III** List of clinical and basic subjects approved for postgraduate studies by PM&DC.

**Appendix IV** Pakistan Standards for Accreditation of Postgraduate Medical/Dental Education.  
Programs

**Appendix V** Program Self-Evaluation form.

**Appendix VI** Postgraduate Program Inspectors Evaluation Forms (A & B).

## **Part I- Basic terms and definitions**

### **1. Short title and commencement**

(1) These regulations may be called "The Pakistan Medical and Dental Council (Postgraduate Education) Regulations, **2023**."

(2) They shall come into force at once.

2. **Definition** – (1) In these regulations, unless the context otherwise requires,-

**(a) "Act" means the Medical & Dental Council Act, 2022;**

**(b) "Ordinance"** means the Medical & Dental Council Ordinance 1962 (XXXII of 1962);

**(c) "medical or dental institution"** means any institution by whatever name called in which a person may undergo a course of study or training including any post graduate course of study or training which will qualify him/her for the award of a recognized additional medical/dental qualification;

**(c) "degree or diploma awarding institution (DAI)"** means any recognized institution that has a legal charter to affiliate medical and dental postgraduate programs and accord their corresponding qualifications and are included in the PM&DC **Second** Schedules of the PM&DC Act, 2022;

**(d) "postgraduate trainee"**, means a student registered with the Council for training of a recognized postgraduate course in clinical sciences;

**(e) "postgraduate student"** means a student registered with the council during the period of study of a recognized postgraduate course in basic sciences. (The term of post graduate student has been added and differentiated from PGT, as in many course the PGT does not require formal training and hence does not need to produce a certificate of training).

**(f) "postgraduate section (PGS)"** means the section of the Council dealing with matters of postgraduate medical education;

**(g) "Council"** would mean "Pakistan Medical and Dental Council"

(2). Words and phrases used in these regulations and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

## **Part II-Process of Postgraduate Program recognition by PM&DC**

1. **Application for opening course of postgraduate medical study.**- No Medical and Dental institution shall, without fulfilling the procedure as laid down in the **Section 25 of the PM&DC Act, 2022, –**

(a) open a postgraduate course of study or training which would enable a student of such course or training to qualify for the award of any recognized additional medical/dental qualification; or

(b) Increase admission capacity in any postgraduate course of study or training.

2. **Instructions to the Medical and Dental Institution.**- The medical and dental institutions shall conform to these guidelines and under **Section 25 of the PM&DC Act, 2022**, may apply to the Council for the permission along with the permission of the affiliation granted by a DAI recognized in conformity with the **PM&DC Act, 2022** along with the documentary evidence to show additional

space, equipment, faculty and other infrastructural facilities and provision of recruitment of additional staff if necessary.

**3. Submission of application and application fee.**- To comply with Section 25 of the PM&DC Act, 2022, the application as set out in Appendix I shall be submitted by registered post to the Registrar of the Council through Minister-in-charge along with the information and non-refundable application fee of Rupees one hundred thousand per course in the form of demand draft in favor of Pakistan Medical and Dental Council. This fee is for registration, technical scrutiny and contingent charges.

**4. Inspection Fee.**- In addition, the comprehensive inspection fee, the individual inspector fee and the secretariat fee for recognition of the course shall apply to the concerned medical and dental institution as prescribed by the Council from time to time.

**5. Qualifying Criteria:** The medical and dental institution shall qualify for opening a postgraduate course or training if the following conditions are fulfilled namely:-

- (a) Letter of the Council (PM&DC) recognized DAI, that permission for starting these courses in the existing medical and dental institution has been granted by the DAI to which it is affiliated; and
- (b) That the medical and dental institution has adequate faculty, curriculum and resources such as number of teaching staff, space, funds, equipment, teaching beds ,etc, for starting these Postgraduate courses as laid down in these regulations:

Provided that.-

- (i) selection of students for postgraduate courses shall be made strictly on the basis of academic merit and as laid down in these regulations; and
- (ii) the nomenclature of postgraduate courses and teacher-student ratio shall be as laid down in these regulations.

**6. Receipt and initial processing of application.**- Applications as set out in Appendix-I for initiation or continuation or seat enhancement of postgraduate medical/dental course(s) be accepted throughout the calendar year. Incomplete applications will be returned by the PG section to the medical or dental institution along with their enclosures and application fee, stating the deficiencies in such applications. The PG section for its evaluation and recommendations shall initially process applications found complete in all respects. Acceptance of the applications shall under no circumstances, mean approval of the application for grant of permission.

**7. Verification.**- In evaluating the application, the PG section may seek further information, clarification or additional documents such as curriculum from the medical and dental institution as considered necessary and shall after authorization and appointment of Inspectors by the President of the Council, carry out a physical inspection to verify the information or clarification or additional documents, supplied by the medical and dental institution.

**8. Evaluation and Grant of Permission by the Council.**- The PG section shall, after consideration of the evaluation and inspection report, place these, with recommendations of the postgraduate

committee, before the Council to determine the desirability and feasibility for opening postgraduate course of study or training at the existing medical and dental institution and its capability to provide the necessary resources, and infrastructure.

9. **Admission of students.**- The letter of intent shall in no way be considered permission of the Council for admission of students. The students can only be admitted after formal approval of the Council has been officially communicated to the institution and an addition to this effect in the **Second** Schedule of the PM&DC Act, 2022 has been made by the Federal Government through Minister-in-charge.

#### **Summary of the process of Application for recognition of PG program**

Steps for permission of the council for opening a postgraduate course of study or training including enhancement of seats of postgraduate course of study or training in a medical and dental institution is as under:-

- (a) Submission of application through Minister-in-charge to the Council within 01 month;
- (b) Initial evaluation by PG Section within one month;
- (c) Inspection and Verification within one month after completion of codal formalities;
- (d) Consideration by Postgraduate Committee;
- (e) Consideration by Council;
- (f) Letter of Refusal/Rectification of deficiencies;
- (g) Recommendation to Federal Government through Minister-in-charge for inclusion in the **Second** Schedule of the PM&DC Act, 2022;
- (h) Notification by Federal Government through Minister-in-charge;
- (i) Letter of Permission to Institution to admit students in the recognized course(s) in six months duration from receipt of application from DAI; and
- (j) Registration of admitted postgraduate students with PM&DC within 03 months of commencement of the course;

#### **Part III –Postgraduate Qualification Framework**

General conditions for postgraduate teaching institutions.-

(1)The purpose of Postgraduate medical education (PGME) shall be to provide an organized educational program with guidance and supervision of the postgraduate student, facilitating their ethical, professional and personal development.

(2) Postgraduate medical education programs shall operate under the authority and control of a teaching institution.

(3) A teaching Institution shall be appropriately organized for the conduct of structured teaching /lab work/clinical training program based on practice of modern medicine and current basic medical sciences. It must provide a scholarly environment and must be committed to excellence in both medical education and patient care.

(4) A teaching Institution must ensure that its accredited programs are in substantial compliance

with the rules and regulations of the Council. Its programs and facilities, the course of study/training and the postgraduate examinations will be required to be inspected by Council for recognition.

(5) In Clinical or para clinical sciences, programs such as FCPS / MD programs or any other equivalent programs that have duration of 4-5 years duly approved by the Council for clinical training in which there is component of research such as thesis or dissertation would be eligible for both clinical and academic posts, however research degree holders such as Ph.D/M.Phil would be eligible for both teaching and research posts.

(6) A teaching institution must inform the Council well in advance as provided under regulation 10, before starting any postgraduate course leading to award of an additional medical qualification in an approved clinical or basic science discipline set out in Appendix II.

(7) The duration of postgraduate courses shall be a minimum of one years for Level II courses, and a minimum of three years for Level III courses as tabulated below:-

(8) Learning levels with duration and corresponding qualifications in Pakistan

| Learning levels | Duration (Min)                        | Research component    | Clinical medical or dental qualification                            | Basic sciences qualifications   |
|-----------------|---------------------------------------|-----------------------|---|---|
| Level – I       | 5 years<br>MBBS<br>4 years<br>BDS     |                       | MBBS/BDS  |   |
| *Level – II a   | 1 year after Level-I                  |                       | Postgraduate Diploma  | Diploma in Medical education , DMJ, DHPE  |
| *Level – II b   | 2 years after Level-I                 | Thesis / Dissertation | M.Sc and Equivalent qualification with other nomenclature           | M.Sc Basic Sciences MHPE / MME, M. Phil, MSPH<br>And equivalent qualification with other nomenclature |
| ** Level – III  | Minimum 3 or more years after Level-I | Thesis / Dissertation | FCPS/MS/MD<br>And equivalent qualification with other nomenclature. | FCPS/PhD<br>and equivalent qualification with other nomenclature                                      |

\*Degrees (Level IIa/IIb) without a thesis or dissertation (approved by University) cannot proceed to Ph.D in basic sciences.

\*\* 'Level IV' is omitted from the qualification framework as it is pursuit of excellence and all Level III qualifications are terminal qualifications.

#### (9) Equivalence of corresponding foreign qualifications in Pakistan

- Levels of qualification should be decided based on credit hours, however where credit hours are not available , years after Level I education may be considered.
- Credit hours required for equivalence of foreign qualifications in case of Diploma (level IIa) and Masters (level IIb) would be 24 and 30 credit hours (American System) equivalent to 120 and 180 credit hours in SCQF (UK) and 48 and 60 in ECTS credit system. For other credit hour systems, equivalence can be obtained from International bodies such as NARIC UK etc.

### **PART IV- Student Selection and Admission Policies**

1. **Admission policies and selection:** DAI shall agree upon a policy on the criteria and process for selection of trainees and must publish and implement it. Students for Postgraduate medical courses shall be selected strictly on the basis of their academic merit. For determining the academic merit, the university and institution may adopt any procedure for the course as prescribed and approved by their PG Admission Committee and board of studies /Academic Council.

2. **Eligibility and selection of postgraduate students/trainees:** The Teaching Institution shall have written policies and procedures for student/trainee recruitment and appointment and shall monitor each program for compliance. Applicants with one of the following qualifications shall be eligible for admission to postgraduate medical programs:-

- (a) graduates of medical colleges or dental colleges in the Pakistan recognized by the Council and with a valid registration;
- (b) graduates of medical schools or dental colleges outside Pakistan who have obtained from the Council a valid registration; and
- (c) Completion of house job at an institution approved by the Council.

3. **Selection and registration of postgraduate student/trainee:**

(1) The teaching institution must ensure that the Council recognized programs select from among eligible applicants on the basis of program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and

integrity. These may be evaluated by considering performance in MBBS or/and a competitive test conducted for the purpose. The Council-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

(2) All postgraduate institutions which have recognized P.G. courses, get their postgraduate students registered by the Council and where after the obtained qualifications of these students shall be registered by the Council.

(3) Migration or transfer of postgraduate trainee from one medical and dental institution to another.- Migration or transfer of students undergoing any postgraduate course, degree or diploma shall not be permitted by any university or any authority without prior permission of the Council.

**(4) Number of postgraduate trainees:**

(a) In Clinical Sciences: The number of trainees shall be proportionate to the clinical or practical training opportunities, supervisory capacity and other resources available in order to ensure training and teaching of adequate quality. The institution's Postgraduate Medical Education Committee (PGMEC) may determine this, but in general 8 students shall be allowed to each teacher/supervisor at any given time but not more than 02 students/trainees taken per year. Number of trainees should be allocated based on the no. of beds in a unit. One trainee should be allocated at least 05 beds individually, So a unit of 30 beds should not have more than 06 trainees. In case of dental PGT, one chair per trainee should be available. The program director may not appoint more residents than approved by the PGMEC, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.

(b) In Basic Sciences: Supervisors shall not take more than 8 students in MS program and 5 students in a Ph.D program in a year in an Institution.

**(5) Criteria of Supervisors for Level II a and b Programs:**

Holders of Level III qualifications with 03 years teaching/practical/research before or after qualification are able to supervise; except where holders of Level III qualifications are not available, holders of Level IIb qualification with three years teaching experience plus 03 relevant publications in approved PMDC journals are allowed to supervise. Residents must be distributed across different levels of the program. Level III qualification holders should supervise residents across different stages of the residency and up to the equivalent of 02 resident per year or 08 residents at any given time.

**(6) Criteria of Supervisors for Level III Programs:**

Holders of Level III qualifications with 03 years teaching and 05 publications before or after qualification are able to supervise students in Ph.D programs.

The Council shall only recognize as postgraduate teachers/supervisors in clinical training programs those faculty members who have 03 publications in approved PM&DC journals and five years teaching experience of which at least three years must be after gaining postgraduate qualification in the relevant specialty.

Residents must be distributed across different levels of the program. Level III qualification holders should supervise residents across different stages of the residency and up to the equivalent of 02 resident per year, 08 residents in clinical sciences and 08-12 (7-8 M.Phil/MD/MS and 4-5 PhD)students in basic sciences of any post graduate program at any given time.

**(7) Each Masters/M.Phil/Ph.D student can have a maximum of two co-supervisors.**

**(8)A Masters/M.Phil/Ph.D candidate can have supervisor from any other Pakistani Institution if a supervisor is not available in her /his specialization in his own institution.**

**(9) Support and counseling of trainees.-** (1) The competent authorities must, in collaboration with the profession, ensure that a system for support, counseling and career guidance of trainees is available.

**(10) Counseling shall be provided based on monitoring the progress in training and program.**

**(11) Working conditions for clinical training:**

(a) Postgraduate training in the chosen field of medicine and must involve participation in all medical activities, including on-call duties relevant for the training, thereby devoting professional activities to practical training and theoretical learning throughout standard working time. The service conditions and responsibilities of trainees shall be defined and made known to all parties.

(b) Duty hours, including all clinical and academic activities related to the program must be limited to eighty hours per week including in-house on call activities. In-house call must occur no more frequently than every third night with ten hour rest period provided between all daily duty periods and after in-house call.

(c) All postgraduate training shall be carried out in appropriately remunerated posts and stipendiary positions. Private institutions shall pay remuneration to their postgraduates at par with the remuneration being paid to the Postgraduate trainees of Government medical institutions. In the

event that an institution charges a fee from the students in situations where the student is not contributing to the working of the institution or the hospital, they shall certify this to Council with the concurrence of the student before the start of the training of the student.

**(12) Trainee/Student representation;** There must be a policy on trainee/student representation and appropriate participation in the design and evaluation of the training program, the working conditions and in other matters relevant to the trainees.

**(13) Staffing policy;**

(a) In each training institution, the ratio between the number of recognized trainers and the number of trainees should ensure close personal interaction and monitoring of the trainee with a minimum of three full time faculty of the relevant specialty for each training unit.

(b) The policy on appointment of trainers, supervisors and teachers must specify the expertise required and their responsibilities and duties. The policy must specify the duties of the training staff and specifically the balance between educational and service functions and other duties.

**(14) Obligations and development of teachers/supervisors;**

(a) Instructional activities must be included as responsibilities in the work-schedules of teachers/supervisors and their relationship to work-schedules of trainees must be described.

(b) At each participating site the faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of residents and developing defined competencies.

(c) The participating sites must ensure that there are adequate opportunities for faculty development, including activities to assist faculty in teaching and mentor trainees.

(d) Meritorious academic activities should be recognized and rewarded by promotions or remuneration or both as the case may be.

**(15) Transfer of credit hours ;**

- Every DAI will develop its own criteria for transferring the credit hours.
- However, some guidelines are mandatory for all the DAI to follow as laid down:
  - Credits are transferred on course to course basis i.e. a person taking course A at University X is allowed to transfer his/her credits to University Y provided that course A is equivalent to course B taught at the Y University.
  - No credit hour of a course will be transferred if the grade is less than C
  - DAIs are at liberty to enroll students (if they fulfill their criteria) for any semester or for any single class and issue the students a transcript for the courses completed.
  - Credit hours may only be transferred between recognized DAI nationally or internationally

## **PART V- Program study/training process**

- (1) Postgraduate basic and clinical training must follow a systematic program, which describes generic and discipline-specific components. The process must be practice-based involving the personal participation of the student/trainee in all educational experiences.
- (2) There should be a formalized system of guiding and counseling, details of which are available to the postgraduate trainee as per the PG standards.
- (3) The program shall provide all the components of training outlined in the specialty documents developed by relevant professional authority and reflecting a structured program. These documents would be followed by the students/trainees and guide the examiners of the certifying bodies and inspectors of the Council.
- (4) The program must be organized in such a way that the students/trainees are given increasing professional responsibility, under appropriate supervision, according to their level of training, ability and experience.
- (5) The students/trainees must have documented attendance in excess of seventy five percent for each year of study/training program, under appropriate supervision.
- (6) In clinical training, service responsibilities, including rotation assignments and on-call duties, must be assigned in a manner, which ensures that residents are able to attain their educational objectives. The training activities must be documented in a log book including surgical records and verified by the supervisor. Service demands must not interfere with the ability of the residents to follow the academic program.
- (7) The programme must provide opportunities to the students/trainees to avail all available resources that would facilitate to meet their educational needs.
- (8) The program should provide an adequate opportunity for students/trainees to pursue elective educational experiences.
- (9) Components of the program which are compulsory and those that are optional must be clearly stated along with clear definition of goals and expected task-based outcomes.
- (10) Teaching and learning must take place in environments, which promote students/trainees safety and are free of intimidation, harassment and abuse.
- (11) All degree awarding institutions shall provide opportunity for the candidates to discontinue studies for valid reasons like health, family problems and financial reasons and then join back the program, but in no case the duration of discontinuation can exceed two calendar years.
- (12) Candidates shall not be allowed to enroll in two clinical training programs of the same or different universities and or Degree Awarding Institutes (CPSP).
  
- (13) Candidates may be allowed to enroll in two programs of the same or different universities and or Degree Awarding Institutes if there is no clash of timings and mode of study . i.e. if one

program is full time/regular and the other is part time or distant learning course provided if allowed by the DAI in which the student is enrolled for the full time/regular course. A letter of allowing double degrees should be issued by the head of DAI to the student in such cases.

(14) For recognition of Masters programme, an exit strategy at diploma level should be allowed to those institutions that apply for it.

(15) Scholarly Activities

a. The program must ensure that student/trainee are able to carry out a scholarly project and write a dissertation, where required.

b. Additionally, Student/trainees should be encouraged and facilitated to participate in research during the course of the program, and to publish in peer-reviewed journals.

c. The program must provide opportunities and support for student/trainee to attend conferences outside their own university.

(16) Training content

The training process must include the theory and practical work specific to the field of training. Generic competencies essential for professional practice should be a part of the postgraduate curriculum. These may include clinical decision making, communication skills, ethical practice, managerial skills, public health and medical jurisprudence.

(17) External training

(a) Where a program has more than one campus, the role of each site used by the program must be clearly defined. There must be an overall plan, which specifies how each component of the program is delivered by the participating sites.

(b) Accredited programs may make formal arrangements to send postgraduate student/trainees to experience each other's programs for an appropriate, prescribed period of training.

(c) When a student/trainee gains experience in another country, and if such experience is recognized by the official national organization or bodies of that country, the student may apply to postgraduate committee of Council to transfer that experience with certificate of the DAI in Pakistan that the experience under consideration fulfills the given requirements of the program. The decision of the postgraduate committee in this regard will be final.

(d) Clinical programs may be encouraged to arrange placement of all trainees (wherever applicable) in a rural health center. Such rural health service would be recognized as regular training.

(18) The relationship between training and service

The apprenticeship nature of professional development must be described and respected. The integration between training and service, on-the-job training shall be assured with exposure to both practice and theory by learning sessions, relevant educational experiences.

## **PART VI- Training settings and educational resources**

### **(1) Training locations:**

- (a) The training locations must be recognized by the Council and must have sufficient clinical and practical facilities to support the delivery of training/education
- (b) For clinical disciplines, the training locations must have a sufficient number of patients and an appropriate case-mix to meet training objectives. There must be a minimum of ten beds for each trainee per year for level II and level III each, adequate outpatient load and emergency services. The training must expose the trainee to a broad range of experience in the chosen field of medicine with increasing level of management responsibility for both inpatient and outpatient (ambulatory) care, on-duty activity and student teaching. Participation in clinical seminars, journal clubs and clinic pathological conferences must be complemented with training in the relevant basic sciences and related specialties.
- (c) For basic sciences, the departments offering courses in the basic medical sciences should have suitably equipped laboratories and a schedule of lectures, seminars, journal clubs and group discussions. There must be participation by the students in experimental work and they should be involved in research projects. There must have exposure to the applied aspects of the discipline relevant to medical practice and student teaching.

### **(2) Physical facilities and equipment**

- (a) Commitment to Postgraduate medical education (PGME) is exhibited by the provision of leadership, organizational structure, and resources to enable the institution to meet its goals and objectives for PGME.
- (b) Provision of an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity and the general competencies defined for postgraduate trainees can be met, must be ensured.
- (c) This commitment includes regular assessment of the quality of the PGME programs, the performance of the residents and the use of outcome assessment results for program improvement.
- (d) The institution must commit to provide the necessary educational, financial, and human resources to support PGME.
- (e) The trainee/student must have space and opportunities for practical and theoretical study including lecture halls, tutorial rooms and laboratories for training of practical techniques, libraries, information technology equipment, and recreational facilities (where these are appropriate) in addition to requirements and resources of the undergraduate program.
- (f) The clinical training must include experience in working as a team with colleagues and other health professionals so as to allow learning in a multi-disciplinary team.

### **(3) Quality assurance**

- (a) There must be an organized administrative system at the teaching institution to oversee all PGME

programs. A Postgraduate Medical Education Committee (PGMEC) would be constituted, that has the responsibility for monitoring and advising on all aspects of postgraduate medical education. The administrative system and committees should include appropriate program directors, administrators, the accountable head of postgraduate medical education and may include other members of the faculty. The institutional PGMEC will include representation from all PGME programs. Each PGME program in turn constitutes a departmental or program PGMEC, which include the program director or coordinator and the trainees. The Departmental PGMEC is required to meet regularly, and oversee all aspects of PGME of that particular program.

(b) The teaching institutions must have mechanisms in place for self-assessment of its postgraduate training programs for ensuring and improving the quality of the programs. The postgraduate trainees should participate in appropriate components of the institution's performance improvement program.

## **PART VII - Evaluation of training process**

The Postgraduate Education Committee of the council in collaboration with the professional associations shall establish a mechanism for evaluation of the training program that monitors the training process, facilities and progress of the trainee, and ensures that concerns are identified and addressed. Frameworks for regular evaluation of Trainees, Trainers and Programs will be established and the process institutionalized as an integral part of the quality assurance of the training.

(1) Internal review: The PGMEC of the teaching institution must develop, implement, and oversee an internal review process as follows:-

(a) an internal review committee(s) for each program must include at least one faculty member and at least one resident from within the teaching institution but not from within PGME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the PGMEC. Administrators from outside the program may also be included; and

(b) internal reviews must be documented in the PGMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

(2) Feedback from trainers and trainees:

(a) Feedback about program quality from both trainers and trainees must be systematically sought, analyzed and acted upon.

(b) Trainers and trainees should be actively involved in planning program evaluation and in using its results for program development and improvement.

(3) Using trainee performance for training outcome

The performance of trainees must be evaluated in relationship to the training program and the

mission of postgraduate medical education. The certifying authorities must, in consultation with the medical professional organizations, define the competencies, which must be achieved by trainees as a result of the training programs. Measures of competencies achieved by trainees should be used as feedback for program development.

(4) Authorization and monitoring of training settings

(a) All training programs must be authorized by a competent authority based on well-defined criteria and program evaluation, to grant or, if deemed appropriate, withdraw, recognition of training settings or training courses altogether.

(b) The Council shall establish a system to monitor training settings and other educational facilities via site visits or other relevant means. Such an “external review” would be necessary for Accreditation of the Programs and institutions commissioned by the Council in a cycle to be repeated every five years.

(5) Evaluation of the program faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

## PART – VIII Assessment of trainees

Postgraduate medical training must include a process of assessment and the program and certifying authorities must define and state the methods used for assessment of trainees, including the criteria for passing examinations or other types of assessment. Apart from end-of-course examinations, assessment must emphasize formative in-training methods and constructive feedback. There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

(1) Feedback to trainees

Formal system for providing feedback should be in place. Constructive feedback on the performance of the trainee must be given on an ongoing basis and an acceptable standard of performance explicitly specified and conveyed to both trainees and supervisors.

(2) Examinations

(a) A certificate of satisfactory completion of the program by the Supervisor shall be mandatory for the eligibility to sit for Level IIa, IIb and Level III course examinations.

(b) The certifying bodies would conduct examinations for grant of additional postgraduate qualifications based on the expected knowledge, skills and competencies documented by the competent authority. The Level IIa, IIb and III qualifications would be granted on the submission and

acceptance of a thesis or dissertation, followed by an examination consisting of a written, a clinical or practical or an oral component. (depending on clinical or basic sciences).

(c) No person shall be appointed as an examiner in any subject unless he fulfills the minimum requirements for recognition as a postgraduate supervisor as laid down in the regulations.

External examiners shall have minimum two years' experience of supervision of postgraduate qualification in the concerned subject. Out of internal examiners, one examiner shall be a Supervisor as defined in the regulations. (section 6), however supervisors are not allowed to vote for making pass and fail decisions.

(d) There shall be at least four examiners in each subject at an examination out of which at least two shall be external examiners, invited from another recognized DAI, provided that in exceptional circumstances examinations may be held with three examiners if two of them are external. The same set of examiners shall ordinarily be responsible for the written, practical and/or oral part of examination.

(e) An external examiner may ordinarily be appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of one year.

(f) The examiner(s) responsible for paper setting shall be as appointed by the DAI/University and shall have the minimum qualifications of an examiner as laid down by the Council.

## **PART - IX Recognition of Distance learning programs**

All distance learning programs in basic sciences and medical education, without Lab work, will be recognized as per the Levels defined by the council only if :

- (1) For local degrees , University is authorized to award distant learning degrees approved by the Council . Distant learning degree programs would only be started after approval of the program by the council in line with HEC guidelines.
- (2) For Foreign degrees, equivalence will be awarded, if:
  - The duration and credit hours of program are equivalent to the Levels defined by the Council.
  - The degrees granted by the university/institution to students studying on campus or through distance education are indistinguishable.
  - For complete on line programs without any face to face contact session ( like skype , or onsite session ), the DAI should have on campus program or the DAI has the charter to start a program without an on campus program.
  - The process followed for equivalence of the distant learning program will be the same as for recognition of 'on campus program'

In such cases both degrees will be treated at par”.

## **PART X - Governance**

(1) Training must be conducted in accordance with regulations concerning structure, content, process and outcome approved by the Council. Completion of training must be documented by

degrees, diplomas, or other evidence of formal qualifications conferred. The Postgraduate Committee of Council would continually assess training programs, training institutions and trainers and thus be responsible for ensuring programs for quality training.

(2) The Council would only accredit those programs that are run under the direction of a recognized \*Medical university/ DAI as defined in the ordinance/Act .

(3)Professional leadership

The responsibilities of the professional leadership for the postgraduate medical training program must be clearly stated. There must be a senior faculty member, designated as Postgraduate Director or an Assistant or Associate Dean and appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty.

(4)Funding and resource allocation

(a) There must be a clear line of responsibility and authority for budgeting of training resources. There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all students in the program to achieve the educational objectives and receive full training as defined by the specialty training requirements in the specialty or subspecialty.

(b) In those cases where an institution or university has sufficient resources to provide most of the training in the specialty or subspecialty but lacks one or more essential elements, the program may still be accredited provided that a formal inter-university arrangement has been made to send students to another accredited program for periods of appropriate prescribed training.

(c) All orders made, proceedings taken and acts done under the previous regulations of the council shall deem to be, and always to have been, validly made or done.

(d) Within 03 years of commencement of these regulations all existing recognized institutions shall fully conform to these regulations.

**APPENDIX- I**  
(See regulation 6)

APPLICATION FOR RECOGNITION OF A NEW POSTGRADUATE PROGRAM /TRAINING SITE UNDER THE  
**SECTION 25 OF THE PM&DC ACT, 2022** /ENHANCEMENT OF ADMISSIONS IN AN ALREADY  
RECOGNIZED COURSE/CONTINUATION OF RECOGNITION

Particulars of Institution

Application for opening: PhD/FCPS/ MD/MS/M. Phil/MSPH/ MPH / MHPE /MME/M.Sc/Diploma/  
course in -----

1. Name of the Institutional Head (VC/Dean/Principal) (in block letters)
2. Address (complete address., street, city, telephone, telex, tele fax no)
3. Constitution (university/postgraduate institution/ Medical/Dental colleges etc.)
4. Name of University/DAI
5. No. of seats already approved and date of Recognition by PM&DC: (applicable for increase in seats and continuation of recognition)

Signature of Institutional Head

Name and designation

List of Enclosures

- (1) Program information Form (PIF Form, see appendix II )
- (2) Attested copy of the Consent of Affiliation issued by a PM&DC recognized University or DAI.
- (3) Attested copy of the letter from Pakistan Medical & Dental Council according approval of already approved postgraduate course(s) if any.
- (4) Documentary proof of approval of the postgraduate course(s) of study by the Board of Studies/Academic Council of the University.
- (5) Prospectuses and course curriculum of the postgraduate course.
- (6) Faculty list certified by PM&DC along with copies of all faculty registration certificates issued by PM&DC

- (7) Completed check-list of institutional requirements for postgraduate medical course of study.  
(Refer to standards)

Note: All the copies shall be attested by the Authorized officer of the applying institution.

**APPENDIX II**

(See Appendix I)

PROGRAM INFORMATION FORM (PM&DC PIF FORM)  
( to be filled by the institution and submitted to PM&DC)

For use by

- 1- Postgraduate institutions seeking recognition
- 2- Postgraduate institutions seeking continuation of recognition
- 3- Postgraduate institutions seeking increase in seats in the program
- 4- For internal (peer ) review of the program

Note: Add additional sheets where required.

Part-A

Institutional Information

A). General Information

1. Name of Institution: .....
2. Name of Affiliating University/DAI. ....
3. Title of Programs to be inspected
  - (1).....
  - (2).....
  - (3).....
  - (4).....
4. Particulars of Head of the Institution (Director/Dean/Principal/whosoever is head)
  - (1) Name:
  - (2) Age:
  - (3) Qualifications
    - a. University
    - b. Institution
    - c. Year

4. Particulars of Program Director/Head of Department of the program to be inspected (please fill in Appendix II)

- (1) Name:
- (2) Age:
- (3) Qualification
  - a. University
  - b. Institution
  - c. Year
- (4) Total teaching experience

5. Previous inspection of the department by PM&DC, if any:-

- (1) Date.
- (2) Purpose, (for starting/increase of seats/ for recognition).
- (3) Deficiencies pointed out, if any.

6. Purpose of present inspection:

- (i) Starting of training for Degree/diploma/both.
- (ii) Increase in seats of Degree/Diploma/both.
- (iii) Recognition /approval of degree/diploma/ both.

8 Date of permission of PM&DC for Degree/ Diploma/ both in case of approved programs

- (1) Annual intake Sanctioned by PM&DC for degree/ diploma/both.
- (2) Date of first admission for Degree/diploma/both.

9. Mode of selection of students.

10. Year wise number of students admitted and available PG teachers during the last five years. (Applicable only in already recognized programs only).

| Year | Names of students admitted |         | Names of recognized teachers against whom the students were admitted. |
|------|----------------------------|---------|---|
|      | Degree                     | Diploma |   |
|      |                            |         |   |
|      |                            |         |   |
|      |                            |         |   |
|      |                            |         |   |
|      |                            |         |   |
|      |                            |         |   |
|      |                            |         |   |

PART B

Program features and Institutional facilities and policies:

1. Program curriculum and policies according to Pakistan standards of Post graduate Medical Curriculum (See Appendix IV)
2. List of each participating site for the program along with their responsibilities.
3. Institutional policy for remediation and dismissal of residents / students, including due process.
4. Documentation of resident/ students evaluations according to the Portfolio, including.-
  - 4.1 Forms used for evaluating residents /trainees/ students at the end of rotation or similar educational experience.
  - 4.2 Form used to document the semiannual evaluation of the resident/student with feedback.
  - 4.3 Final (summative) evaluation for each resident/student that documents the resident's performance during the final period of education and verifies that the resident/student has demonstrated sufficient competence to enter practice without direct supervision.
  - 4.4 Form that residents /trainees/ student will use to evaluate the faculty.
  - 4.5 Form that residents /trainees students will use to evaluate the program.
5. Physician/ Faculty Roster.- List alphabetically and by site/Unit/ department all faculty involved in training and education of resident/students. Using the form provided below, supply a one page CV for each faculty listed.

| Name<br>PM&DC<br>Registration<br>Number | with<br>Qualification<br>date of its registration | With<br>Department | PM&DC<br>Faculty<br>registration<br>number | PM&DC<br>Certificate<br>appointment | Experience<br>Level<br>of |
|---|---|--------------------|--|-------------------------------------|---------------------------|
|---|---|--------------------|--|-------------------------------------|---------------------------|

6. Finance
  - (1) Annual Plan and Non-plan budget.
  - (2) Annual Plan and Non-plan budget allotted and utilized in the last three years.
  - (3) How much funding has been provided/generated for research during the last two years?

(4) Statement of Salary paid to the faculty staff during the last three years.

7. Publications

How many papers have been published by a Department in indexed journals?

8. Sanctioned annual intake for UG by PM&DC.

9. Departments running PG courses and their sanctioned intake by PM&DC

10. Teaching Staff statement (department wise) for Under Graduate:

| Designation               | Staff required as per PM&DC Criteria | Staff available | Deficient staff |
|---------------------------|--------------------------------------|-----------------|-----------------|
| Professor                 |                                      |                 |                 |
| Associate Professor       |                                      |                 |                 |
| Assistant Professor       |                                      |                 |                 |
| Tutor/ Demonstrator/ S.R. |                                      |                 |                 |

Note all teachers supervisors and trainers shall submit Part F along with this form and provide a copy to PM&DC of their PM&DC registration certificate, PM&DC Faculty Registration certificate and PM&DC experience certificate.

11. Department - wise bed strength in the Hospital(s) owned and managed by the Institute.

12. Average daily patients' attendance

(1) OPD: \_\_\_\_\_

(2) Average Bed occupancy rate. \_\_\_\_\_

(3) Year-wise average daily patient attendance (during previous three years).

| Year I( 20 ) | Year II( 20 ) | Year III( 20 ) |
|--------------|---------------|----------------|
|              |               |                |

13. Central Library:

(1) Total No. of Books.

(2) Purchase of latest editions in last 3 years.

(3) Journals:

- (4) Pakistani: .....
- (5) Foreign: .....
- (6) Year/month upto which Pakistani Journals available
- (7) Year/ month upto which Foreign journals available.
- (8) Internet /e library/ Photocopy facilities available/ not available.
- (9) Library opening/ closing timings:
- (10) Reading facility out of route library hours
- (11) Library staff.
- (12) Air Conditioned or not

14. Lecture theatres (give type and seating capacity of each) Air Conditioned or not:

15. Do you have biomedical technicians for your equipment, if so how many?

16. Hostel facilities:

- (1) Accommodation (No. of rooms) available
  - (a) For U.G. students
  - (b) For Interns
  - (c) For P.G. students
- (2) For P.G. students Air Conditioned or not for
  - (a) For U.G. students
  - (b) For Interns
  - (c) For P.G. students

17. Residential staff quarters:                      Number (Category wise)

18. Institutional academic Council (Constitution).

19. Institutional PG Committee (Constitution).

20. Institutional Ethical Committee (Constitution)

21. Medical Education Department (Constitution).

(Specify number of meetings of these bodies held annually and minutes thereof)

22. Department of Illustration/Photography (Artist, Modeller or, Photographer)

23. Emergency/ Casualty Department

- (1) Available Space
- (2) No. of beds
- (3) Equipment(s)
- (4) Available staff (Medical/Paramedical)
- (5) No .of cases (Average daily attendance of patients).
- (6) Investigative facilities available (round the clock).
- (7) Facilities available
- (8) Air Conditioned or not

24. Blood bank

- (1) Valid License : Yes/No
- (2) No. of blood units available:
- (3) Average blood units consumed daily:
- (4) Facilities of blood components available: Yes/No
- (5) Nature of Blood storage facilities (Whether as per specifications). Yes/No
- (6) All blood Units tested for Hepatitis C,B,HIV: Yes/No

25. Central Laboratory

- (1) Controlling Department.
- (2) Working Hours.
- (3) Investigative work load.

26. Central Research Lab.

- (1) Whether there is any Central Research Lab.
- (2) Administrative Control
- (3) Staff
- (4) Equipment Workload.

27. Investigative facilities (Approx. number of investigations done daily)

(1) Radiology

- (a) Plain X-rays: .....
- (b) CT Scan:.....
- (c) MR Scan.....
- (d) Mammography.....
- (e) Barium Studies/IVP.....
- (f) Ultra-Sonography.....
- (g) Others. ....

(2) Radiotherapy

(3) Pathology

- (a) Haematology.....
- (b) Histopathology.....
- (c) FNAC .....
- (d) Cytology.....

(4) Microbiology

- (a) Bacteriology.....
- (b) Serology.....
- (c) Mycology.....
- (d) Parasitology.....
- (e) Virology.....
- (f) Immunology.....

(5) Biochemistry

- (a) Blood Chemistry.....
- (b) Endocrinology.....
- (c) Other fluids.....

28. Operation Theatres:

- (1) AC/Non AC
- (2) Numbers:
- (3) Equipment(s)
- (4) Pre-Anesthetic Clinic
- (5) Post-anaesthetic care area.
- (6) Resuscitation arrangement      adequate/ inadequate
- (7) ICU
- (8) Pain Clinic
- (9) Total Anesthesia staff
- (10) Average No. of cases operated daily
- (a) Major.....
- (b) Minor.....
- 29. Central Supply of Oxygen/Suction:    Available/ Not available.
- 30. Central Sterilization Department:    Adequate/ Not adequate
- 31. Laundry:
- (a) Manual/ Mechanical.
- (b) Service: Adequate/Inadequate.
- 32. Kitchen
- (1) Available/ Not available
- (2) Cooking by Gas/Wood
- 33. Incinerator
- (1) Available/ Not available.
- (2) Functional/ not functional
- (3) Capacity
- 34. Generator Facility:
- (1) Available/ Not available

- (2) Capacity:
- 35. Medical Record Section:                      Computerized/ Not computerized.
- 36. Animal House
- (1) Available/ not available
- (2) Adequate / inadequate.
- 37. Central Bio med Workshop/Technician:
- (1) Available/not available
- (2) adequate / inadequate.
- 38. Recreational facilities:
- (1) Play grounds.
- (2) Gymnasium
- (3) Auditorium

PART(C)

Departmental Information

General Departmental facilities:

- 39. Consultant/ faculty room sizes and equipment, Air Conditioned or not
- 40. Total no. of beds in the department: .....
- 41. No. of Units in the department: .....
- 42. Unit wise teaching staff (Annexed) .....
- 43. Bed strength \_\_\_\_\_

44.. Unit wise teaching Staff: (All teaching staff shall individually fill and complete Part F and that will be submitted along with this application)

| S.No. | Designation | Name with Date of Birth and PM&DC reg No | Nature of employment permanent contract. | PG QUALIFICATION             |             |            | <u>Experience</u> |      |    |  |  | Recognition status as PG teacher in affiliated University |
|-------|-------------|--|--|------------------------------|-------------|------------|-------------------|------|----|--|--|---|
|       |             |  |  | Subject with Year of passing | Institution | University | Date              | From | To | teaching experience with and Institution |  |   |
|       |             |  |  |                              |             |            |                   |      |    |  |  |   |
|       |             |  |  |                              |             |            |                   |      |    |  |  |   |
|       |             |  |  |                              |             |            |                   |      |    |  |  |   |

45. Total number of recognized teachers in the unit: .....

Note: all supervisors and trainers to fill out and attach Part F of this form.

46. Number of faculty members changed during the last one year.....and whether NOC of migration was obtained from PM&DC or not.

47. Other Ancillary staff required as per PM&DC norms.

- (1) Epidemiologist
- (2) Statistician
- (3) Child Psychologist
- (4) Psychiatric Social Worker

(5) Speech Therapist

48. Available Clinical Material:

(1) Average daily OPD.

(2) Average daily IPD.

(3) Average daily bed occupancy rate:

(4) Average daily operations: Major                      Minor

(5) Average daily deliveries: Normal (vaginal)      Operative(Caesarians).

(6) Year-wise available clinical materials (during previous three years).

(7) Whether these figures are commensurate with the number of investigations and blood units consumed daily.      Yes/No

49. Intensive Care facilities

(1) ICU

(a) No. of beds

(b) Equipment

(c) Average bed occupancy

(2) ICCU

(a) No. of beds

(b) Equipment

(c) Average bed occupancy

(3) NICU

(a) No. of Beds

- (b) Equipment
- (c) Average bed occupancy
- (4) PICU
  - (a) No. of beds
  - (b) Equipment
  - (c) Average bed occupancy
- (5) Dialysis
  - (a) No. of beds

50. Average bed occupancy

51. Specialty clinics and services

52. Teaching facilities:

|                     | Number | Size | Sitting capacity |
|---------------------|--------|------|------------------|
| Seminar Rooms       |        |      |                  |
| Demonstration Rooms |        |      |                  |

Audiovisual Aids: Adequate / Inadequate.

53. Departmental Library:

- (1) Total No. of Books.
- (2) Purchase of latest editions in last 3 years.

70. Departmental Museum (Wherever applicable).

- (1) Space:
- (2) No. of specimens

(3) Charts/ Diagrams.

54. Departmental Research Lab.

(1) Space

(2) Equipment

(3) No. of publications from the department during the last three years.

(a) Indexed.....

(b) Non-indexed.....

55. Working Ward Side lab.

(1) Space

(2) Facilities

(3) Departmental Technicians

(4) OPD Space:

(a) No. of rooms

(b) Patient Examination arrangement: Adequate/Inadequate

(c) Teaching Space Adequate/inadequate

(d) Waiting area for patients Adequate/inadequate

(5) Indoor Space: Adequate/inadequate

(a) Office Accommodation:

(b) Departmental Office Space

(c) Staff (Steno /Clerk).

(6) Computer/ Typewriter:

56. Office Space for Teaching Faculty (Air conditioned or not):

(1) HOD

- (2) Professor
- (3) Assoc. Prof./ Reader
- (4) Lecturer/ Asstt. Professor
- (5) Resident duty room
- 57. Equipment:

List of important equipment as per PM&DC criteria available and their functional status.

Part D  
TEACHING/ TRAINING PROGRAM

- 58. Prescribed rules/mode of admission to the Course.
- 59. Academic Activities, please mention the frequency with which each activity is planned.
  - (1) Case presentation.
  - (2) Journal Club.
  - (3) Grand Round
  - (4) Seminar
  - (5) Subject Review
  - (6) Death Review meeting
  - (7) Clinical Pathological conference
  - (8) Lectures (separately held for postgraduate students)
  - (9) Guest lectures
  - (10) Video film
- 60. Log book of students:                      Maintained/ Not maintained.

61. Whether PG students participate in UG teaching or not ?
62. Thesis / Dissertation:
  - (1) Last date by which thesis plan is to be submitted.
  - (2) Authority who evaluates and accepts thesis plan.
  - (3) Last date by which thesis is to be submitted for evaluation.
  - (4) Thesis examiners: Whether same set of examiners who come for final clinical/practical examination or different set of examiners for thesis

PART-E

Enumerate all departments available other than the department being inspected. Also give details of faculty and facilities available in each department.

PART- F

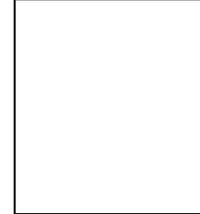
Declaration Form From The Faculty/Trainer/Supervisor

(1) Dr Name

Recent Passport size photo

Photograph

Signed by Dean/Principal of the college



(2) Date of Birth and Age

| PM&DC Registration | Qualification | College | Year of qualification | University | PM&DC Faculty Registration number | Level as per PM&DC Experience certificate |
|--------------------|---------------|---------|-----------------------|------------|-----------------------------------|---|
|                    | MBBS          |         |                       |            |                                   |   |
|                    | MD/MS         |         |                       |            |                                   |   |
|                    | FCPS          |         |                       |            |                                   |   |
|                    | Any other     |         |                       |            |                                   |   |

Attach Copies of PM&DC Registration Certificate, PM&DC Faculty Registration Certificate, PM&DC Experience Certificate, MBBS and/ or PG degrees.

(3) Present Designation: \_\_\_\_\_

\_\_\_\_\_

(4) Department: \_\_\_\_\_

\_\_\_\_\_

(5) College: \_\_\_\_\_

---

(6) City: \_\_\_\_\_

(7) Nature of appointment: Permanent/ Temporary/ Adhoc/ Contract

(8) Residential Address : \_\_\_\_\_

---

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(9) Attached Copy of CNIC.

(10) Phone and Fax Number With Code

(a) Office: \_\_\_\_\_

(b) Residence \_\_\_\_\_

(11) E-mail address: \_\_\_\_\_

(12) Date of joining present institution: \_\_\_\_\_ as

---

(13) Details of the previous appointments/teaching experience

| Position  | Name of Institution | From | To | Total Experience in years |
|---|---------------------|------|----|---------------------------|
| Tutor/Demonstrator/<br>Registrar/ senior<br>Registrar |                     |      |    |                           |
| Assistant Professor                                   |                     |      |    |                           |
| Associate Professor                                   |                     |      |    |                           |
| Professor   |                     |      |    |                           |

14.

(1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring (relieving order is enclosed from the previous institution).

(2) I am not working in any other medical college/dental college in the Province or outside the Province in any full-time capacity

(3) I draw annual and monthly emoluments from this college as under:

Declaration

I have not worked at any other medical college/institution in full time capacity or presented myself at any inspection in the current academic year.

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action by the PM&DC (including removal of his name from Pakistan Medical and Dental Council Register).

Signature

Date:

Place:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such mis-declaration or misstatement.

Countersigned by

The Dean/Principal/ Head of Institution

Date:

Place:

**APPENDIX – III**

[See regulation 14(5)]

LIST OF CLINICAL SUBJECTS APPROVED FOR POSTGRADUATE STUDIES BY PM&DC

|  |   |
|--|---|
| 1. Anesthesia                              | 21. Operative Dentistry*                                  |
| 2. Accident & Emergency                    | 22. Ophthalmology   |
| 3. Cardiac Surgery*                        | 23. Oral/Oral & Maxillofacial Surgery*                    |
| 4. Cardiology                              | 24. Orthodontics*   |
| 5. Clinical Chemical<br>Pathology**        | 25. Orthopedic Surgery*                                   |
| 6. Clinical Hematology**                   | 26. Otorhinolaryngology (ENT)                             |
| 7. Clinical Histopathology**               | 27. Pain Medicine   |
| 8. Clinical Pharmacology &<br>Therapeutics | 28. Pediatrics  |
| 9. Dermatology                             | 29. Pediatric Surgery*                                    |
| 10. Diagnostic<br>Radiology/Radiology      | 30. Periodontology  |
| 11. Family Dentistry                       | 31. Physical Medicine & Rehabilitation                    |
| 12. Family Medicine                        | 32. Plastic Surgery*                                      |
| 13. Gastroenterology*                      | 33. Prosthodontics*                                       |
| 14. General Surgery*                       | 34. Psychiatry  |
| 15. Medicine*                              | 35. Pulmonology*  |
| 16. Nephrology*                            | 36. Radiotherapy*   |
| 17. Neurology*                             | 37. Rheumatology*   |
| 18. Neurosurgery*                          | 38. Thoracic Surgery*                                     |
| 19. Nuclear Medicine                       | 39. Urology*  |
| 20. Obstetrics and Gynecology              | 40. Any new specialty Program that is<br>approved by PMDC |

\*Subjects carrying the sign asterisk shall be allowed for Level III and shall not be allowed for Level IIa and IIb

\*\*Subjects carrying the sign double asterisk should have course work comparable to clinical degrees in these subjects

LIST OF BASIC SUBJECTS APPROVED FOR POSTGRADUATE STUDIES BY PM&DC

|   |   |
|---|---|
| 1. Anatomy  | 11. Occupational/Industrial Health                    |
| 2. Biochemistry                                       | 12. School /Children Health                           |
| 3. Chemical Pathology                                 | 13. Public Health                                     |
| 4. Clinical Oncology                                  | 14. Diet & Nutrition                                  |
| 5. Community Medicine                                 | 15. Dental & Oral Health                              |
| 6. Forensic Medicine/Medical<br>Jurisprudence         | 16. Dental Public Health/Community<br>Dentistry       |
| 7. Hematology   | 17. Pharmacology                                      |
| 8. Histopathology                                     | 18. Physiology  |
| 9. Microbiology                                       | 19. Public Health                                     |
| 10. Medical Education/Health<br>Professions Education | Any other specialty that is duly approved by<br>PMDC. |

## APPENDIX IV

### Pakistan Standards for Accreditation of Post graduate Medical/Dental Education Programs



## **Pakistan Standards for Accreditation of Postgraduate Medical and Dental Education Programs**

Standard 1: Mission Statement

Standard 2: Outcomes

Standard 3: Institutional Autonomy and Academic Freedom

Standard 4: Curriculum Design

Standard 5: Educational Contents

Standard 6: Curricular Management

Standard 7: Assessment

Standard 8: Student

Standard 9: Faculty

Standard 10: Program Evaluation and Continuous renewal

Standard 11: Governance and Services

Standard 12: Research and Scholarship

## **Preamble**

The quality of medical education programmes is one of the important indicators of healthcare system of a country. In addition, good quality of medical education programmes would also ensure patient safety. However, these educational programmes need to be updated with the changing needs of the society, and appropriately monitored and evaluated for quality. Further, the monitoring and evaluation of educational programmes also need to be reformed according to the best-evidence practices.

The Pakistan Medical & Dental Council (PM&DC) regulates the postgraduate and undergraduate medical and dental education in Pakistan. One of its purposes is to standardize the postgraduate medical and dental education throughout the country, and also to bring it at par with the international standards. The World Federation for Medical Education (WFME) has provided certain standards for postgraduate medical education that broadly address faculty, curriculum, resources, and student well-being. The PM&DC had postgraduate regulations however, they were required to be updated to evaluate the programmes according the modern trends in medical education.

The PM&DC, as part of its reforms processes, is continuously working on improvement of postgraduate medical and dental education according to the contemporary teaching, learning, evaluation and assessment methods.

The aim of the committee was to review the accreditation system and develop standards that are valid, reliable, measurable and compatible with our local context and changing global scenario. The committee reviewed the available literature and work that has been done by the previous committees with regards to quality enhancement. The sub-committee members had various consultative meetings with faculties of various colleges and medical societies to develop 12 overarching areas, each having a set of Basic (mandatory) and Quality standards (optional) for Postgraduate Medical and Dental Education in Pakistan. Each of these standards were then critically reviewed in various meetings by the sub-committee members.

Based on feedback, all these postgraduate standards were further refined and the sub-committee also developed robust evaluation mechanisms and modes of verification for these standards. The standards were finally presented to the Medical Education committee that developed consensus and approved these standards in their meeting held on 21<sup>st</sup> July, 2018. The purpose of these standards is to:

- Define minimum standards for accreditation and regulation of postgraduate medical and dental education for better healthcare outcomes.
- Encourage self-evaluation among institutions planning to develop or improve the quality of their programs.
- Ensure patient safety and social accountability through the production of high quality medical and dental professionals.

### **Coordination and Support**

The following members of the Pakistan Medical & Dental Council coordinated and provided logistics support to develop the Pakistan Standards for Accreditation of Medical and Dental Colleges.

### **Important Note**

All standards described here acknowledge the policies provided by the PM&DC and urge the institutions that all policies and procedures that they develop must never be below the standards developed by the PM&DC

### **Standard 1: Mission Statement**

#### **Essential Standards**

Program must have a written institutional mission statement, which:

- 1.1. is aligned with the vision of the institution
- 1.2. demonstrates a clear institutional commitment to social accountability which will address the health needs of Pakistan
- 1.3. emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently
- 1.4. is developed with stakeholders' participation (for example faculty members, staff, students, community, university)
- 1.5. is known to all stakeholders
- 1.6. encourages scholarly activities
- 1.7. aims at professional development and a commitment to life-long learning

Annotations: Mission provides the overarching frame to which all other aspects of the program must be related and includes general and specific issues relevant to institutional, national, regional and, if relevant, global policy and health needs.

## **Standard 2: Outcomes**

### **Essential Standards**

The program must have outcomes that:

- 2.1 are in congruence with the mission of the institution
- 2.2 incorporate postgraduate level knowledge, skills and professional behaviors that the students will demonstrate upon graduation
- 2.3 comprise of generic and discipline/specialty--specific components.
- 2.4 are contextually appropriate for preparing professionals for effective role in health care delivery in Pakistan.
- 2.5 have been developed in consultation with all stakeholders
- 2.6 are known to all stakeholders
- 2.7 are reviewed and revised in the light of program evaluation

### **Annotations**

Outcomes are a set of statements which summarize the expected results at the end of the educational program. These statements should reflect the distinctive features of the institution. They provide the institution and the program with the identity which sets it apart from all other institutions.

Stakeholders would include supervisors/ trainers, trainees, program directors, hospital administrations, governmental authorities, other health care authorities and professional associations or organizations.

## **Standard 3: Program Autonomy and Academic Freedom**

### **Essential Standards**

The program must have autonomy and take responsibility to:

- 3.1. formulate and implement policies to ensure smooth implementation of its educational outcomes
- 3.2. develop a system for ensuring that the policies are implemented
- 3.3. select, design, and implement its curriculum that is contextually appropriate for Pakistan
- 3.4. allocate and appropriately use resources for implementation of the curriculum; this is to be done by the dean or principal of the institution
- 3.5. appoint, promote, and terminate academic and administrative staff based on policies laid down by the affiliating university
- 3.6. admit students as per institutional policies
- 3.7 select, design, and implement its curriculum that is based on best evidence postgraduate medical/dental education

## **Standard 4: Curriculum Design**

### **Essential Standards**

The program must:

- 4.1 have a curriculum aligned with the university vision, institutional mission, and local and national needs
- 4.2 have a competency-based curriculum, which assesses the incremental acquisition of these competencies throughout the program, at exit
- 4.3 have a curriculum which encourages, prepares, and facilitates trainees/students to take responsibility of their learning and be reflective.
- 4.4 describe the overall structure, composition, and duration.
- 4.5 state compulsory and optional components
- 4.6 integrate practice and theory
- 4.7 consider national regulations
- 4.8 provide adequate exposure to how local, national or regional health systems address the healthcare needs of populations

### **Quality Standards**

The program should:

- 4.1s increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge, and experience.
- 4.2s prepare the trainee to demonstrate sensitivity to diversity and act appropriately.

### **Annotations**

Curriculum Design would include a statement of the intended educational outcomes, the content/syllabus, experiences, and processes of the programme, description of the planned instructional and learning methods, and assessment methods.

#### Credit hour allocation

Theory: 01 credit hours shall be equal to 1 hour of teaching per week throughout the semester (16 weeks)

Practical/ Lab: 01 credit hour shall be equal to 03 hours of practical/lab work per week throughout the semester (16 weeks)

Clinical: 01 credit hour shall be equal to 03 hours of clinical work per week throughout the semester (16 weeks)

Research/Assignment: 01 credit hour shall be equal to 03 hours of research/assignment work per week throughout the semester (16 weeks)

In Basic Sciences , Diploma should be at least 24 credit hours, Masters with thesis of 30 credit hours in which 06 credit hour is thesis and PhD with 18 credit hours course and a minimum of 2 years research. (For details, of calculation of credit hours, refer to annotations of standard 7)

In clinical Sciences , MS or MD should be of at-least 03 years duration.

Sensitivity to diversity means equal treatment of staff and trainees irrespective of gender, ethnicity, religion, political affiliation or socio--economic status, and considering physical capabilities

## **Standard 5: Educational Contents**

### **Essential Standards**

The program must:

- 5.1 ensure that educational content is decided in consensus by a group of subject experts, in consultation with specialists of disciplines relevant to the program
- 5.2 ensure that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution
- 5.3 ensure that the content that is taught and assessed, is relevant to practice as an expert in that field
- 5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students, in relevant settings
- 5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/ teaching strategies
- 5.6 describe the content, extent and sequencing of courses and other components of the curriculum (curricular map)

### **Quality Standards**

The program should:

- 5.1s adjust the content to changing contexts and needs of the field.

## **Standard 6: Curriculum Management**

### **Essential Standards**

The program must:

- 6.1 have a functional postgraduate curriculum committee duly represented on the institutional organogram
- 6.2 ensure that adequate supervision is provided throughout the required learning experiences
- 6.3 define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting and process
- 6.4 include in the planning of the programme appropriate representation of all stakeholders.
- 6.5 plan the education to expose the trainee/student to a broad range of experiences in the field.

## **Quality Standards**

The program should:

- 6.1s develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)
- 6.2s disseminate study guides to the trainees and faculty
- 6.3s ensure multi--site education to gain adequate exposure to different aspects of the chosen field of medicine
- 6.4 s ensure multidisciplinary education/training
- 6.5s clearly define core and optional courses

## **Standard 7: Assessment**

### **Essential Standards**

The Program must:

- 7.1 have appropriate and contextual policies for assessment of students
- 7.2 ensure that assessments cover knowledge, skills and attitudes
- 7.3 use a wide range of assessment methods according to their “assessment utility”, including use of multiple assessors
- 7.4 ensure that there is an appropriate balance of formative and summative assessment
- 7.5 define a clear process of assessment
- 7.6 ensure that the assessment practices are compatible with educational outcomes and instructional methods
- 7.7 implement pre, per, and post- exam quality assurance procedures in assessment
- 7.8 have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations)
- 7.9 use a system of appeal of assessment results
- 7.10 ensure the use of external examiners
- 7.11 record the different types and stages of training in a training log-book.

## **Quality Standards**

The Program should ensure:

- 7.1s examination items go through a standard setting process
- 7.2s incorporate new assessment methods where appropriate
- 7.3s introduce assessment portfolios where appropriate

## **Annotations**

- Quality assurance process can include feedback on the assessment items before exam, items analysis, internal and external evaluation of the assessment processes

- Results of the students should preferably be given in Grade Point Average except degrees provided by CPSP

#### Formula for Calculating GPA (Grade Point Average)

Credit hours x Grade points / total no of credit hours of the semester/year

For calculation of credit hours, refer to Annotations of Standard 4

#### Important points to consider

1. If the students miss 20% of contact hours, he/she cannot claim the complete credit hours for that module/semester/course, and must do extra work in the form of skillwork/assignments, if allowed by the program provider otherwise.
2. If the attendance of the module/semester/course/annual system is less than 75 % , the student will not be allowed to take the examination.
3. If the student secures less than 60 % marks cumulative, he/she will not qualify for award of degree.

#### Calculation of Grade (suggestive)

Break down of 100% for the grade can be:

- 40-50% assignments
- 30-40 % examination
- 10-20 % internal assessment (Attendance 10%, Attitude 5%, Participation during sessions 5%)

#### Example

Student: ABC

Credit hours earned 10

Grade:

o Percentage obtained out of 50% in assignments = 35

o Percentage obtained out of 30 % in exam = 15

o Internal assessment out of 20 %= 15

o Total = 65

Now equate this percentage with grade as per table below

| Grade | Grade Points | Percentage Obtained in a Semester System |
|-------|--------------|--|
| A     | 4.00         | 85 and above                             |
| A-    | 3.66         | 80-84                                    |
| B+    | 3.33         | 75-79                                    |
| B     | 3.00         | 71-74                                    |
| B-    | 2.66         | 68-70                                    |
| C+    | 2.33         | 64-67                                    |
| C     | 2.00         | 61-63                                    |
| C-    | 1.66         | 58-60                                    |
| D+    | 1.3          | 54-57                                    |
| D     | 1.00         | 50-53                                    |
| F     | 00           | Below 50                                 |

Grade for the student would be C+

#### CGPA required for degree completion (Masters / MPhil)

For graduation, the minimum qualifying CGPAs for Masters Students is 2.0.

Whenever an undergraduate students C.GPA decreases from 2.0, s/he will be on 1st probation for the next semester.

If the student does not come out by increasing his/her C.GPA to 2.0, then again, s/he will go on “Last Probation”.

If the student who was earlier on 1st probation, does not come out in the last probation by achieving the minimum desired C.GPA, he will not qualify for the degree.

Freezing of Semester will only be allowed after successful completion of 1st Semester.

#### **Standard 8: Postgraduate Student**

##### **Essential Standards**

The program must:

- 8.1. have an admission criteria and policy in congruence with the national regulations/guidelines as well as the mission of their institute
- 8.2. ensure participation of the trainee in all educational activities
- 8.3. ensure appropriate workload on students in line with international standards
- 8.4. ensure that students have access to counselling to address their psychological, academic and/ or career needs.
- 8.5. ensure confidentiality of student’s academic and medical records
- 8.6. define and make known, the service conditions and responsibilities of students/trainees

- 8.7. ensure student representation and appropriate participation in educational committees and any committees where they can provide meaningful input
- 8.8. provide the students with access to their records and appeals process in case of discrepancies
- 8.9. have clear policies, funding, technical support, and facilities regarding co-curricular opportunities for the students
- 8.10. ensure a process to review/change the supervisor in first year of training
- 8.11. have a policy and practice to systematically seek, analyse and respond to student feedback about the processes and products of the educational programmes
- 8.12. ensure a balance between the educational resources (e.g. infrastructure, supervision capacity etc.) and the intake of trainees
- 8.13. Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course
- 8.14. ensure that the total duration and quality of online/distance education programme (basic sciences only) is not less than those of full-time students.
- 8.15. ensure a confidential mechanism for managing unintended incidents by the student.

### **Quality Standards**

The program should:

- 8.1.s have an infrastructure for students with special needs
- 8.2.s allocate resources and provide scholarships/bursaries to students based on clearly defined criteria
- 8.3.s have a clearly defined transfer policy from other national and international programs
- 8.4.s have a regional and international student exchange mechanism

### **Standard 9: Faculty**

#### **Essential Standards**

The program must:

- 9.1. have leadership that is qualified by relevant education, training, and experience
- 9.2. have documented the job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and their responsibilities
- 9.3. have recruitment, selection, promotion, and retention policies based on the policies/criteria provided by the PMDC and universities' statutory bodies for trainers, supervisors and teachers specifying the expertise required
- 9.4. ensure Continuing Professional Development (CPD) of trainers and supervisors

## **Standard 10: Program Evaluation and Continuous renewal**

### **Essential standards:**

The program must:

- 10.1. have structured evaluation procedures and policies
- 10.2. regularly review results of evaluation and student assessments to ensure that the gaps are addressed, in consultation with post graduate curricular committee
- 10.3. allocate resources to address deficiencies and continuous renewal of programs
- 10.4. ensure that students, faculty, and administration are involved in program evaluation
- 10.5. ensure that amendments based on results of program evaluation findings are implemented and documented

## **Standard 11: Governance and Services**

### **Essential standards:**

The program must:

- 11.1 have clearly defined structure of academic governance
- 11.2 have mechanisms for dissemination of all policies and procedures related to governance, services, and resources
- 11.3 have adequate infrastructure, academic and financial resources
- 11.4 have fulfilled all legal requirements
- 11.5 have mechanisms for addressing Disciplinary issues

### **Quality Standards**

The program should:

- 11.1s have input from medical education experts

### **Annotations**

Satisfactory and functional IT and Library Facilities should be available

## **Standard 12: Research and Scholarship**

### **Essential standards**

The program must:

- 12.1 have adequate research component in the curriculum
- 12.2 ensure that the trainee becomes able to use scientific reasoning and critical thinking
- 12.3 ensure that the trainee applies evidence-based practices

### **Quality standards**

The program should:

- 12.1s include formal teaching on critical appraisal of the literature and scientific data
- 12.2s adjust the content to scientific developments
- 12.3s encourage training in all categories of scholarship

**Annotations**

Medical research encompasses scientific research in basic biomedical, clinical, behavioral, public health, social sciences, and health professions education.

Evidence-based medicine/practice means medicine founded on documentation, trials and accepted scientific results.

The research component within the curriculum would be ensured by research activities within the program.

Scholarship would mean scholarship of discovery, teaching and learning, and application .

**APPENDIX V Program Self-Evaluation Form**

**Standard 1: Mission Statement**

| Standard  | Suggested Evidence  | Page no. for each evidence attached in the completed Documents |
|---|---|--|
| 1.1. Is aligned with the vision of the institution.   | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)  |  |
| 1.2. Demonstrates a clear institutional commitment to social accountability which will address the health needs of Pakistan | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)  |  |
| 1.3 Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice         | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Portfolio/log book<br><input type="checkbox"/> Website (NA1) |  |

|   |   |  |
|---|---|--|
| unsupervised and independently  |   |  |
| 1.4 Is developed with stakeholders' participation (for example faculty members, staff, students, community, university) | <input type="checkbox"/> Minutes of the meeting<br><input type="checkbox"/> Composition of the committee  |  |
| 1.5 Is known to all stakeholders  | <input type="checkbox"/> Prospectus/Brochures<br><input type="checkbox"/> Website   |  |
| 1.6 encourages scholarly activities   | <input type="checkbox"/> Journal Club meetings<br><input type="checkbox"/> CPC<br><input type="checkbox"/> Research Projects<br><input type="checkbox"/> Assignments/Publications |  |
| 1.7 Aims at professional development and a commitment to life-long learning   | <input type="checkbox"/> Mission statement<br><input type="checkbox"/> Curriculum document  |  |
| Comments  |   |  |

## Standard 2: Outcomes

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| 2.1 are in congruence with the mission of the institution   | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)                             |  |
| 2.2 incorporate postgraduate level knowledge, skills and professional behaviours that the students will demonstrate upon graduation | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)                             |  |
| 2.3 comprise of generic and discipline/specialty specific components.   | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)                             |  |
| 2.4 are contextually appropriate for preparing professionals for effective role in health care delivery in Pakistan.                | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)                             |  |
| 2.5 have been developed in consultation with stakeholders   | <input type="checkbox"/> Composition of committee<br><input type="checkbox"/> Minutes of the meeting               |  |
| 2.6 are known to stakeholders   | <input type="checkbox"/> Website (NA1)   |  |
| 2.7 are reviewed and revised in the light of program evaluation   | <input type="checkbox"/> Program evaluation committee meeting (NA1)<br><input type="checkbox"/> Changes made (NA1) |  |
| Comments  |  |  |

### Standard 3: Programme Autonomy and Academic Freedom

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| 3.1. formulate policies to ensure smooth implementation of its educational outcomes   | <input type="checkbox"/> Policy document   |  |
| 3.2. develop a system for ensuring that the policies are implemented  | <input type="checkbox"/> Documented proof<br><input type="checkbox"/> Onsite inspection* |  |
| 3.3. select, design and implement its curriculum that is contextually appropriate for Pakistan                                  | <input type="checkbox"/> Curricular document (contextual curricular content)             |  |
| 3.4. allocate and appropriately use resources for implementation of the curriculum  | <input type="checkbox"/> Documented proof<br><input type="checkbox"/> Onsite inspection* |  |
| 3.5. appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university | <input type="checkbox"/> Human resource policies   |  |
| 3.6. admit students as per institutional policies   | <input type="checkbox"/> Admission policy  |  |

|  |   |  |
|--|---|--|
| <p>3.7 select, design and implement its curriculum that is based on best evidence post graduate medical/dental education</p> | <p><input type="checkbox"/> Curricular document</p> <p><input type="checkbox"/> Time tables</p> <p><input type="checkbox"/> Minutes of Academic Council /Curriculum committee minutes</p> <p><input type="checkbox"/> Scientific evidence</p> |  |
| <p>Comments</p>  |   |  |

**Standard 4: Curriculum Design**

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| <p>4.1 have a curriculum aligned with the university vision, institutional mission and local and national needs</p>                             | <p><input type="checkbox"/> Curricular document</p> <p><input type="checkbox"/> University Vision Statement</p> <p><input type="checkbox"/> Medical/Dental College Mission Statement</p> |  |
| <p>4.2 have a competency-based curriculum, which assesses the incremental acquisition of these competencies throughout the program at exit.</p> | <p><input type="checkbox"/> Curriculum Document</p>  |  |

|  |   |  |
|--|---|--|
| 4.3 have a curriculum which encourages, prepares and facilitates trainees/students to take responsibility of their learning and be reflective. | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Time tables<br><input type="checkbox"/> Student's Log book/<br>Portfolio |  |
| 4.4 describe the overall structure, composition and duration.  | <input type="checkbox"/> curriculum document  |  |
| 4.5 state compulsory and optional components   | <input type="checkbox"/> Curricular document  |  |
| 4.6 integrate practice and theory.   | <input type="checkbox"/> Curricular document<br><input type="checkbox"/> Onsite inquiry   |  |
| 4.7 consider national regulations  | <input type="checkbox"/> Policy document showing alignment with PM&DC Regulation  |  |
| 4.8 provide adequate exposure to how local, national or regional health systems address the healthcare needs of populations.                   | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Time tables<br><input type="checkbox"/> Onsite inquiry*                  |  |
| 4.1s increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge and experience. | <input type="checkbox"/> Log book/ Portfolio<br><input type="checkbox"/> Onsite inquiry (NA1)*  |  |

|   |                                    |  |
|---|------------------------------------|--|
| 4.2s prepare the trainee to demonstrate sensitivity to diversity and act appropriately. | <input type="checkbox"/> Portfolio |  |
| Comments  |                                    |  |

### Standard 5: Educational Contents

| Standard  | Evidence  | Page no. for each evidence attached in the completed Documents |
|---|---|--|
| 5.1 ensure that educational content is decided in consensus by a group of subject experts in consultation with specialists of disciplines relevant to the program | <input type="checkbox"/> Minutes of Post Graduate Curriculum Committee/Academic Council<br><input type="checkbox"/> Post Graduate Curriculum Committee/Academic Council composition |  |
| 5.2 ensure that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution                                    | <input type="checkbox"/> Curricular Document  |  |
| 5.3 ensure that the content that is taught and assessed is relevant to practice as an expert in that field.   | <input type="checkbox"/> Curricular Document  |  |

|   |  |  |
|---|--|--|
| 5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students in relevant settings.           | <input type="checkbox"/> Curricular Document showing alignment of outcomes with relevant T& L Strategies<br><input type="checkbox"/> Time tables |  |
| 5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/ teaching strategies | <input type="checkbox"/> Curricular document   |  |
| 5.6 describe the content, extent and sequencing of courses and other components of the curriculum (curricular map)                                | <input type="checkbox"/> Curricular document   |  |
| 5.1s adjust the content to changing contexts and needs of the field.  | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Program Evaluation Reports (NA1)  |  |
| Comments  |  |  |

### Standard 6: Curricular Management

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| 6.1 have a functional post-graduate curriculum committee duly represented on the institutional organogram | <input type="checkbox"/> Institutional Organogram<br><input type="checkbox"/> Onsite discussion with curriculum committee*<br><input type="checkbox"/> TOR's of Curriculum Committee |  |
| 6.2 ensure that adequate supervision is provided throughout required learning experiences                 | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Student Log book  |  |

|   |  |  |
|---|--|--|
|   | <input type="checkbox"/> Documented periodic verbal and written feedback (NA1)   |  |
| 6.3 define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting and process. | <input type="checkbox"/> Job description   |  |
| 6.4 include in the planning of the programme appropriate representation of all stakeholders.  | <input type="checkbox"/> Composition and TOR of the post graduate curriculum committee<br><input type="checkbox"/> Minutes of the meeting(NA1) |  |
| 6.5 plan the education to expose the trainee/student to a broad range of experiences in the field.  | <input type="checkbox"/> Curricular document with plan of implementation   |  |
| 6.1s develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)       | <input type="checkbox"/> Study guides  |  |
| 6.2s disseminate <u>study guides</u> to the students and faculty  | <input type="checkbox"/> Evidence of dissemination of study guides electronically or hard copies   |  |
| 6.3s ensure multidisciplinary education/training  | <input type="checkbox"/> Curriculum document with Time Tables  |  |
| 6.4s clearly define core and optional courses   | <input type="checkbox"/> Curriculum document   |  |
| Comments  |  |  |

Standard 7: Assessment

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| 7.1 develop appropriate policies for assessment of students.  | <input type="checkbox"/> Assessment policy and procedures document   |  |
| 7.2 ensure that assessment covers knowledge, skills and attitudes   | <input type="checkbox"/> Assessment policy and procedures document<br><input type="checkbox"/> Blue printing document/Table of Specifications  |  |
| 7.3 use a wide range of assessment methods according to their “assessment utility”, including use of multiple assessors | <input type="checkbox"/> Blueprinting/Assessment policy  |  |
| 7.4 ensure that there is an appropriate balance of formative and summative assessment.                                  | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> Assessment plan   |  |
| 7.5 define a clear process of assessment  | <input type="checkbox"/> Assessment Plan   |  |
| 7.6 ensure that the assessment practices are compatible with educational outcomes and instructional methods             | <input type="checkbox"/> Blue printing<br><input type="checkbox"/> Document showing alignment between assessment practices are compatible with educational outcomes and instructional methods (Assessment Map) |  |

|   |  |  |
|---|--|--|
| 7.7 implement pre-, per- and post- exam quality assurance procedures in assessment *                          | <input type="checkbox"/> Minutes of pre, per and post exam analysis meetings<br><input type="checkbox"/> Document of practices<br><input type="checkbox"/> Item Analysis reports<br><input type="checkbox"/> Minutes of Meeting with post graduate curriculum and assessment committees* |  |
| 7.8 have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations) | <input type="checkbox"/> Assessment Policy   |  |
| 7.9 use a system of appeal of assessment results  | <input type="checkbox"/> Assessment Policy   |  |
| 7.10 ensure the use of external examiners   | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> BASR/Academic Council Minutes of meeting<br><input type="checkbox"/> List of examiners (Controller of examiners)<br><input type="checkbox"/> Letter of invitation to externals                                    |  |
| 7.11 record the different types and stages of training in a training log-book.                                | <input type="checkbox"/> Log Book  |  |
| 7.1s Examination items go through a standard setting process*   | <input type="checkbox"/> Assessment plan   |  |

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|---|---|--|
|   | <input type="checkbox"/> Minutes of meetings showing process of standard setting (NA1)<br><input type="checkbox"/> Meeting with assessment committee* |  |
| 7.2s incorporate new assessment methods where appropriate | <input type="checkbox"/> Assessment plan  |  |
| 7.3s introduce assessment portfolio's where appropriate   | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> Portfolios   |  |
| Comments  |   |  |

### Standard 8: Postgraduate Student

| Standard   | Evidence  | Page no. for each evidence attached in the completed Documents |
|--|---|--|
| 8.1. have an admission criteria and policy in congruence with the national regulations/guidelines as well as the mission of their institute. | <input type="checkbox"/> Admission policy<br><input type="checkbox"/> Website<br><input type="checkbox"/> Prospectus                  |  |
| 8.2 The program must ensure participation of the trainee in all educational activities   | <input type="checkbox"/> Institutional policy<br><input type="checkbox"/> Proof through documents in which support offered is evident |  |

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|---|--|--|
| 8.3 ensure appropriate workload on students in line with international standards  | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Institutional policy  |  |
| 8.4. ensure that students have access to counselling to address their psychological, academic and/ or career needs*                                   | <input type="checkbox"/> Counselling department Structure<br><input type="checkbox"/> Counselling department Composition<br><input type="checkbox"/> Counselling department Function |  |
| 8.5 ensure confidentiality of student's academic and medical records.   | <input type="checkbox"/> Institutional policy<br><input type="checkbox"/> Proof through documents/forms in which this process is explained   |  |
| 8.6 define and make known, the service conditions and responsibilities of students/trainees   | <input type="checkbox"/> Code of Conduct   |  |
| 8.7 ensure student representation and appropriate participation in educational committees and any committees where they can provide meaningful input. | <input type="checkbox"/> Composition of Post Graduate committees<br><input type="checkbox"/> Minutes of Meetings of various committees   |  |
| 8.8 provide the student access to their records and appeals process in case of discrepancies  | <input type="checkbox"/> Institutional policy document   |  |
| 8.9 have clear policies, funding, technical support and facilities  | <input type="checkbox"/> Institutional policy document   |  |

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|--|---|--|
| regarding co-curricular opportunities for the students   | <input type="checkbox"/> Documents showing students co-curricular activities<br><input type="checkbox"/> Allocation of funds  |  |
| 8.10 ensure a process to review/change the supervisor in first year of training  | <input type="checkbox"/> Institutional policy and regulations   |  |
| 8.11 have a policy and practice to systematically seek, analyse and respond to student feedback about the processes and products of the educational programmes.  | <input type="checkbox"/> Documents showing response to feedback of students   |  |
| 8.12 ensure a balance between the educational resources (e.g. infrastructure, supervision capacity etc.) and the intake of trainees                              | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Institutional policy and regulations<br><input type="checkbox"/> Budget  |  |
| 8.13 Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course | <input type="checkbox"/> Institutional policy and regulations   |  |
| 8.14 ensure that the total duration and quality of online/distance education programme (basic sciences only) is not less than those of full-time students.       | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Online learning platform (Moodle) (inquiry through LINK on the website)<br><input type="checkbox"/> Onsite visit |  |
| 8.15 ensure a confidential mechanism for managing  | <input type="checkbox"/> policy document<br><input type="checkbox"/> Student guide book   |  |

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| unintended incidents by the student  |  |  |
| 8.1s have infrastructure for disabled students. *  | <input type="checkbox"/> Building Map<br><input type="checkbox"/> Onsite visit*  |  |
| 8.2s allocate resources and provide scholarships/bursaries to students based on clearly defined criteria | <input type="checkbox"/> Institutional policy and regulation document<br><input type="checkbox"/> Documents showing proof of awards/scholarships                               |  |
| 8.3s have a clearly defined transfer policy from other national and international programs               | <input type="checkbox"/> Institutional policy and regulation document including credit transfer policy   |  |
| 8.4s have a regional and international student exchange mechanism  | <input type="checkbox"/> Institutional policy and regulation document<br><input type="checkbox"/> Allocation of funds<br><input type="checkbox"/> Evidence of student exchange |  |
| Comments   |  |  |

## Standard 9: Faculty

| Standard  | Evidence   | Page no. for each evidence attached in the completed Documents |
|---|--|--|
| 9.1 have leadership that is qualified by relevant education, training, and experience   | <input type="checkbox"/> Documents showing proof as per PMDC / University policy   |  |
| 9.2 have documented the job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and their responsibilities   | <input type="checkbox"/> Approved institutional job description document with workload calculation                                 |  |
| 9.3 have faculty recruitment, selection, promotion and retention policies based on the policies/criteria provided by the PMDC and universities' statutory bodies for trainers, supervisors and teachers specifying the expertise required | <input type="checkbox"/> Institutional Policy document<br><input type="checkbox"/> Faculty recruitment advertisement               |  |
| 9.4 ensure Continuing Professional Development (CPD) of trainers and supervisors  | <input type="checkbox"/> Details of faculty / supervisor's development activities<br><input type="checkbox"/> CME/CPD certificates |  |
| Comments  |  |  |

### Standard 10: Program Evaluation and Continuous Renewal

| Standard   | Evidence  | Page no. for each evidence attached in the completed Documents |
|--|---|--|
| 10.1. have structured evaluation procedures and policies   | <input type="checkbox"/> Documentary evidence of program evaluation Plan  |  |
| 10.2. regularly review results of evaluation and student assessments to ensure that the gaps are adequately addressed in consultation with post graduate curriculum committee. | <input type="checkbox"/> Evidence of changes made as a result of programme evaluation   |  |
| 10.3 allocate resources to address deficiencies and continuous renewal of programs.  | <input type="checkbox"/> Documents showing allocation of resources based on strategic plan/ Program evaluation report                 |  |
| 10.4 ensure that Students, faculty and administration are involved in program evaluation.  | <input type="checkbox"/> Feedback forms<br><input type="checkbox"/> Survey reports  |  |
| 10.5 ensure that amendments based on results of program evaluation findings are implemented and documented   | <input type="checkbox"/> Minutes of meeting of program evaluation findings<br><input type="checkbox"/> Evidence of implemented change |  |
| Comments   |   |  |

## Standard 11: Governance, Services and Resources

| Standard  | Evidence  | Page no. for each evidence attached in the completed Documents |
|---|---|--|
| 11.1 have clearly defined structure of academic governance  | <input type="checkbox"/> Documents showing composition of academic governance (organogram)<br><input type="checkbox"/> Documents showing Terms of references (TOR)<br><input type="checkbox"/> Meeting minutes of Academic council<br><input type="checkbox"/> Meeting minutes of Board of studies/faculty  |  |
| 11.2 have mechanisms for dissemination of all policies and procedures related to governance, services and resources | <input type="checkbox"/> Website<br><input type="checkbox"/> Annual Reports (NA1)<br><input type="checkbox"/> Newsletter/ Bulletin  |  |
| 11.3 have adequate infrastructure, academic and financial resources   | <input type="checkbox"/> Document showing infrastructure, academic and financial resources<br><input type="checkbox"/> Map of the facility<br><input type="checkbox"/> Memoranda of Understanding.<br><input type="checkbox"/> Onsite Visit*<br>Financial Resources:<br><input type="checkbox"/> Bank Guarantees<br><input type="checkbox"/> Audit Reports<br><input type="checkbox"/> Endowment Fund<br><input type="checkbox"/> Working Capital |  |
| 11.4 have fulfilled all legal requirements  | <input type="checkbox"/> Relevant laws of companies, societies and trust<br><input type="checkbox"/> Ownership or Lease documents<br><input type="checkbox"/> Federal/Provincial/Local Government Approval  |  |

|   |   |  |
|---|---|--|
|   | <input type="checkbox"/> Medical University/DAI Provisional Affiliation   |  |
| 11.5 have mechanisms for addressing Disciplinary issues | <input type="checkbox"/> Disciplinary committee Composition<br><input type="checkbox"/> Disciplinary committee Terms of reference<br><input type="checkbox"/> Minutes of the meetings<br><input type="checkbox"/> Policies for Disciplinary actions |  |
| 11.1s * have input from medical education experts       | <input type="checkbox"/> Minutes of meetings of Post graduate committee with ME experts   |  |
| Comments  |   |  |

### Standard 12: Research and Scholarship

| Standard   | Evidence   | Page no. for each evidence attached in the completed Documents |
|--|--|--|
| 12.1 have adequate research component in the curriculum                                      | <input type="checkbox"/> Curricular document   |  |
| 12.2. ensure that the trainee becomes able to use scientific reasoning and critical thinking | <input type="checkbox"/> Policy Document<br><input type="checkbox"/> Evidence of scholarly activities (Journal club/Seminars/Symposium/publications) (NA1) |  |

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| 12.3 ensure that the trainee applies evidence-based practices                              | <input type="checkbox"/> Assignment and research projects  |  |
| 12.1.s include formal teaching on critical appraisal of the literature and scientific data | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications) |  |
| 12.2s adjust the content to scientific developments  | <input type="checkbox"/> Assignment and research projects  |  |
| 12.3s encourage training in all categories of scholarship                                  | <input type="checkbox"/> Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications)   |  |
| Comments   |  |  |

**Appendix VI**  
**Postgraduate Program Inspectors Evaluation Forms (A & B)**

Guidelines for a post graduate program to qualify for inspection

1. There are three forms to be filled for recognition of a program (Appendix I, II and V)
2. Inspectors will use two forms (Form A and B) to give recommendations/decision for recognition of program by PM & DC.
3. Form A is about evaluation of program quality, and form B is for Onsite Inspection.
4. Program has to obtain 75% marks in both forms separately to get recognition from the PM&DC.
5. Those scoring below 75% would be sent a detailed feedback with suggestions for improvement and resubmission.
6. Qualifying in Form A is mandatory for onward onsite inspection (Form B).
7. Prepare a comprehensive set of documents that should include evidence against every standard. Please provide explanation/narrative wherever required.

8. Please provide the page number/tags where the required evidence is available.
9. Some standards may not be applicable for all programs. They should be labelled 'not applicable'
10. Some standards may not be applicable for programs that are seeking recognition for the first time. These are highlighted as (NA1)

Form A : Program Evaluation Report

Form B: Postgraduate Onsite Inspection Report

### Form A : Program Evaluation Report Form for Inspectors

Rate the standards according to the following 6-point scale

6-point Rating scale for Evaluation of Standards

| GRADES      | Adequate  | Borderline   | Deficient   |
|-------------|---|--|---|
| KEY         | 4-5   | 2-3  | 0-1   |
| DESCRIPTION | Majority of the criteria/ conditions stated in the sub-standard are present and fulfilled. There is ample evidence that the impact of this will be positive and will hopefully result in the production of a competent Professional | Only some of the criteria/ conditions stated in the sub-standard are present and fulfilled.<br><br>There is evidence that supports the notion that learners will obtain knowledge/ skills which will ensure his being a minimally competent Professional | The standard/s does/ do not apply to this situation OR<br><br>The sub-standard/s is/ are entirely not addressed |

## Standard 1: Mission Statement

| Standard   | Evidence  | Rating<br>(out of 6) |
|--|---|----------------------|
| 1.3. Is aligned with the vision of the institution.  | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)  |                      |
| 1.4. Demonstrates a clear institutional commitment to social accountability which will address the health needs of Pakistan                        | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)  |                      |
| 1.3 Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Portfolio/log book<br><input type="checkbox"/> Website (NA1) |                      |
| 1.7 Is developed with stakeholders' participation (for example faculty members, staff, students, community, university)                            | <input type="checkbox"/> Minutes of the meeting<br><input type="checkbox"/> Composition of the committee                              |                      |
| 1.8 Is known to all stakeholders   | <input type="checkbox"/> Prospectus/Brochures<br><input type="checkbox"/> Website   |                      |
| 1.9 encourages scholarly activities  | <input type="checkbox"/> Journal Club meetings<br><input type="checkbox"/> CPC  |                      |

|   |   |  |
|---|---|--|
|   | <input type="checkbox"/> Research Projects<br><input type="checkbox"/> Assignments/Publications |  |
| 1.7 Aims at professional development and a commitment to life-long learning | <input type="checkbox"/> Mission statement<br><input type="checkbox"/> Curriculum document      |  |
| Comments  |   |  |

## Standard 2: Outcomes

| Standard  | Evidence   | Rating<br>(out of 6) |
|---|--|----------------------|
| 2.8 are in congruence with the mission of the institution   | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)               |                      |
| 2.9 incorporate postgraduate level knowledge, skills and professional behaviours that the students will demonstrate upon graduation | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)               |                      |
| 2.10 comprise of generic and discipline/specialty specific components.  | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)               |                      |
| 2.11 are contextually appropriate for preparing professionals for effective role in health care delivery in Pakistan.               | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Website (NA1)               |                      |
| 2.12 have been developed in consultation with stakeholders  | <input type="checkbox"/> Composition of committee<br><input type="checkbox"/> Minutes of the meeting |                      |

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| 2.13 are known to stakeholders                                   | <input type="checkbox"/> Website (NA1)   |  |
| 2.14 are reviewed and revised in the light of program evaluation | <input type="checkbox"/> Program evaluation committee meeting (NA1)<br><input type="checkbox"/> Changes made (NA1) |  |
| Comments   |  |  |

### Standard 3: Programme Autonomy and Academic Freedom

| Standard  | Evidence   | Rating<br>(out of 6) |
|---|--|----------------------|
| 3.1. formulate policies to ensure smooth implementation of its educational outcomes   | <input type="checkbox"/> Policy document   |                      |
| 3.2. develop a system for ensuring that the policies are implemented  | <input type="checkbox"/> Documented proof<br><input type="checkbox"/> Onsite inspection* |                      |
| 3.3. select, design and implement its curriculum that is contextually appropriate for Pakistan                                  | <input type="checkbox"/> Curricular document<br>(contextual curricular content)          |                      |
| 3.4. allocate and appropriately use resources for implementation of the curriculum  | <input type="checkbox"/> Documented proof<br><input type="checkbox"/> Onsite inspection* |                      |
| 3.5. appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university | <input type="checkbox"/> Human resource policies   |                      |

|   |  |  |
|---|--|--|
| 3.6. admit students as per institutional policies   | <input type="checkbox"/> Admission policy  |  |
| 3.7 select, design and implement its curriculum that is based on best evidence post graduate medical/dental education | <input type="checkbox"/> Curricular document<br><input type="checkbox"/> Time tables<br><input type="checkbox"/> Minutes of Academic Council /Curriculum committee minutes<br><input type="checkbox"/> Scientific evidence |  |
| Comments  |  |  |

#### Standard 4: Curriculum Design

| Standard   | Evidence  | Rating<br>(out of 6) |
|--|---|----------------------|
| 4.1 have a curriculum aligned with the university vision, institutional mission and local and national needs | <input type="checkbox"/> Curricular document<br><input type="checkbox"/> University Vision Statement<br><input type="checkbox"/> Medical/Dental College Mission Statement |                      |
| 4.2 have a competency-based curriculum, which assesses the incremental acquisition of these competencies     | <input type="checkbox"/> Curriculum Document  |                      |

|  |   |  |
|--|---|--|
| throughout the program at exit.  |   |  |
| 4.3 have a curriculum which encourages, prepares and facilitates trainees/students to take responsibility of their learning and be reflective. | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Time tables<br><input type="checkbox"/> Student's Log book/<br>Portfolio |  |
| 4.4 describe the overall structure, composition and duration.  | <input type="checkbox"/> curriculum document  |  |
| 4.5 state compulsory and optional components   | <input type="checkbox"/> Curricular document  |  |
| 4.6 integrate practice and theory.   | <input type="checkbox"/> Curricular document<br><input type="checkbox"/> Onsite inquiry   |  |
| 4.7 consider national regulations  | <input type="checkbox"/> Policy document showing alignment with PM&DC Regulation  |  |
| 4.8 provide adequate exposure to how local, national or regional health systems address the healthcare needs of populations.                   | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Time tables<br><input type="checkbox"/> Onsite inquiry*                  |  |
| 4.1s increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills,                           | <input type="checkbox"/> Log book/ Portfolio<br><input type="checkbox"/> Onsite inquiry (NA1)*  |  |

|   |                                    |  |
|---|------------------------------------|--|
| knowledge and experience.   |                                    |  |
| 4.2s prepare the trainee to demonstrate sensitivity to diversity and act appropriately. | <input type="checkbox"/> Portfolio |  |
| Comments  |                                    |  |

### Standard 5: Educational Contents

| Standard  | Evidence  | Rating (out of 6) |
|---|---|-------------------|
| 5.4 ensure that educational content is decided in consensus by a group of subject experts in consultation with specialists of disciplines relevant to the program | <input type="checkbox"/> Minutes of Post Graduate Curriculum Committee/Academic Council<br><input type="checkbox"/> Post Graduate Curriculum Committee/Academic Council composition |                   |
| 5.5 ensure that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution                                    | <input type="checkbox"/> Curricular Document  |                   |
| 5.6 ensure that the content that is taught and assessed is relevant to practice as an expert in that field.   | <input type="checkbox"/> Curricular Document  |                   |

|   |  |  |
|---|--|--|
| 5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students in relevant settings.           | <input type="checkbox"/> Curricular Document showing alignment of outcomes with relevant T& L Strategies<br><input type="checkbox"/> Time tables |  |
| 5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/ teaching strategies | <input type="checkbox"/> Curricular document   |  |
| 5.6 describe the content, extent and sequencing of courses and other components of the curriculum (curricular map)                                | <input type="checkbox"/> Curricular document   |  |
| 5.1s Adjust the content to changing contexts and needs of the field.  | <input type="checkbox"/> Curricular Document<br><input type="checkbox"/> Program Evaluation Reports (NA1)  |  |
| Comments  |  |  |

### Standard 6: Curricular Management

| Standard  | Evidence   | Rating (out of 6) |
|---|--|-------------------|
| 6.6 have a functional post-graduate curriculum committee duly represented on the institutional organogram | <input type="checkbox"/> Institutional Organogram<br><input type="checkbox"/> Onsite discussion with curriculum committee*<br><input type="checkbox"/> TOR's of Curriculum Committee |                   |
| 6.7 ensure that adequate supervision is provided throughout required learning experiences                 | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Student Log book<br><input type="checkbox"/> Documented periodic verbal and written feedback (NA1)          |                   |

|   |  |  |
|---|--|--|
|   |  |  |
| 6.8 define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting and process. | <input type="checkbox"/> Policy document   |  |
| 6.9 include in the planning of the programme appropriate representation of all stakeholders.  | <input type="checkbox"/> Composition and TOR of the post graduate curriculum committee<br><input type="checkbox"/> Minutes of the meeting(NA1) |  |
| 6.10 plan the education to expose the trainee/student to a broad range of experiences in the field.   | <input type="checkbox"/> Curricular document with plan of implementation   |  |
| 6.1s develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)       | <input type="checkbox"/> Study guides  |  |
| 6.2s disseminate <u>study guides</u> to the students and faculty  | <input type="checkbox"/> Evidence of dissemination of study guides electronically or hard copies   |  |
| 6.3s ensure multidisciplinary education/training  | <input type="checkbox"/> Curriculum document with Time Tables  |  |
| 6.4s clearly define core and optional courses   | <input type="checkbox"/> Curriculum document   |  |
| Comments  |  |  |

## Standard 7: Assessment

| Standard   | Evidence   | Rating<br>(out of 6) |
|--|--|----------------------|
| 7.11 develop appropriate policies for assessment of students.  | <input type="checkbox"/> Assessment policy and procedures document   |                      |
| 7.12 ensure that assessment covers knowledge, skills and attitudes   | <input type="checkbox"/> Assessment policy and procedures document<br><input type="checkbox"/> Blue printing document/Table of Specifications  |                      |
| 7.13 use a wide range of assessment methods according to their “assessment utility”, including use of multiple assessors | <input type="checkbox"/> Blueprinting/Assessment policy  |                      |
| 7.14 ensure that there is an appropriate balance of formative and summative assessment.                                  | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> Assessment plan   |                      |
| 7.15 define a clear process of assessment  | <input type="checkbox"/> Assessment Plan   |                      |
| 7.16 ensure that the assessment practices are compatible with educational outcomes and instructional methods             | <input type="checkbox"/> Blue printing<br><input type="checkbox"/> Document showing alignment between assessment practices are compatible with educational outcomes and instructional methods (Assessment Map) |                      |

|   |  |  |
|---|--|--|
| <p>7.17 implement pre-, per- and post- exam quality assurance procedures in assessment *</p>                          | <ul style="list-style-type: none"> <li><input type="checkbox"/> Minutes of pre, per and post exam analysis meetings</li> <li><input type="checkbox"/> Document of practices</li> <li><input type="checkbox"/> Item Analysis reports</li> <li><input type="checkbox"/> Minutes of Meeting with post graduate curriculum and assessment committees*</li> </ul> |  |
| <p>7.18 have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations)</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment Policy</li> </ul>   |  |
| <p>7.19 use a system of appeal of assessment results</p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment Policy</li> </ul>   |  |
| <p>7.20 ensure the use of external examiners</p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment Policy</li> <li><input type="checkbox"/> BASR/Academic Council Minutes of meeting</li> <li><input type="checkbox"/> List of examiners (Controller of examiners)</li> <li><input type="checkbox"/> Letter of invitation to externals</li> </ul>                                    |  |
| <p>7.11 record the different types and stages of training in a training log-book.</p>                                 | <ul style="list-style-type: none"> <li><input type="checkbox"/> Log Book</li> </ul>  |  |

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| 7.12 ensure the results of the students in Grade point Average* | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> Assessment Plan  |  |
| 7.1s Examination items go through a standard setting process*   | <input type="checkbox"/> Assessment plan<br><input type="checkbox"/> Documents showing process of standard setting<br><input type="checkbox"/> Minutes of meetings showing process of standard setting<br><input type="checkbox"/> Meeting with assessment committee* |  |
| 7.2s incorporate new assessment methods where appropriate       | <input type="checkbox"/> Assessment plan  |  |
| 7.3s introduce assessment portfolio's where appropriate         | <input type="checkbox"/> Assessment Policy<br><input type="checkbox"/> Portfolios   |  |
| Comments  |   |  |

### Standard 8: Postgraduate Student

| Standard   | Evidence   | Rating<br>(out of 6) |
|--|--|----------------------|
| 8.2. have an admission criteria and policy in congruence with the national regulations/guidelines as well as the mission of their institute. | <input type="checkbox"/> Admission policy<br><input type="checkbox"/> Website<br><input type="checkbox"/> Prospectus   |                      |
| 8.4 The program must ensure participation of the trainee in all educational activities   | <input type="checkbox"/> Institutional policy<br><input type="checkbox"/> Proof through documents in which support offered is evident  |                      |
| 8.5 ensure appropriate workload on students in line with international standards   | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Institutional policy  |                      |
| 8.5. ensure that students have access to counselling to address their psychological, academic and/ or career needs*                          | <input type="checkbox"/> Counselling department Structure<br><input type="checkbox"/> Counselling department Composition<br><input type="checkbox"/> Counselling department Function |                      |
| 8.16 ensure confidentiality of student's academic and medical records.   | <input type="checkbox"/> Institutional policy<br><input type="checkbox"/> Proof through documents/forms in which this process is explained   |                      |

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| 8.17 define and make known, the service conditions and responsibilities of students/trainees  | <input type="checkbox"/> Code of Conduct   |  |
| 8.18 ensure student representation and appropriate participation in educational committees and any committees where they can provide meaningful input.          | <input type="checkbox"/> Composition of Post Graduate committees<br><input type="checkbox"/> Minutes of Meetings of various committees   |  |
| 8.19 provide the student access to their records and appeals process in case of discrepancies   | <input type="checkbox"/> Institutional policy document   |  |
| 8.20 have clear policies, funding, technical support and facilities regarding co-curricular opportunities for the students                                      | <input type="checkbox"/> Institutional policy document<br><input type="checkbox"/> Documents showing students co-curricular activities<br><input type="checkbox"/> Allocation of funds |  |
| 8.21 ensure a process to review/change the supervisor in first year of training   | <input type="checkbox"/> Institutional policy and regulations  |  |
| 8.22 have a policy and practice to systematically seek, analyse and respond to student feedback about the processes and products of the educational programmes. | <input type="checkbox"/> Documents showing response to feedback of students  |  |
| 8.23 ensure a balance between the educational resources (e.g.   | <input type="checkbox"/> Curriculum document   |  |

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| infrastructure, supervision capacity etc.) and the intake of trainees  | <input type="checkbox"/> Institutional policy and regulations<br><input type="checkbox"/> Budget   |  |
| 8.24 Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course | <input type="checkbox"/> Institutional policy and regulations  |  |
| 8.25 ensure that the total duration and quality of online/distance education programme (basic sciences only) is not less than those of full-time students.       | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Online learning platform (e.gMoodle) (inquiry through link on the website)<br><input type="checkbox"/> Onsite visit |  |
| 8.26 ensure a confidential mechanism for managing unintended incidents by the student  | <ul style="list-style-type: none"> <li>● Code of conduct</li> </ul>  |  |
| 8.1s have infrastructure for disabled students. *  | <input type="checkbox"/> Building Map<br><input type="checkbox"/> Onsite visit*  |  |
| 8.2s allocate resources and provide scholarships/bursaries to students based on clearly defined criteria   | <input type="checkbox"/> Institutional policy and regulation document<br><input type="checkbox"/> Documents showing proof of awards/ scholarships  |  |
| 8.3s have a clearly defined transfer policy from other national and international programs   | <input type="checkbox"/> Institutional policy and regulation document including credit transfer policy   |  |

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|---|--|--|
| 8.4s have a regional and international student exchange mechanism | <input type="checkbox"/> Institutional policy and regulation document<br><input type="checkbox"/> Allocation of funds<br><input type="checkbox"/> Evidence of student exchange |  |
| Comments  |  |  |

### Standard 9: Faculty

| Standard  | Evidence   | Rating<br>(out of 6) |
|---|--|----------------------|
| 9.1 have leadership that is qualified by relevant education, training, and experience   | <input type="checkbox"/> Documents showing proof as per PMDC / University policy                                     |                      |
| 9.2 have documented the job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and their responsibilities                   | <input type="checkbox"/> Approved institutional job description document with workload calculation                   |                      |
| 9.3 have faculty recruitment, selection, promotion and retention policies based on the policies/criteria provided by the PMDC and universities' statutory bodies for trainers, supervisors and teachers | <input type="checkbox"/> Institutional Policy document<br><input type="checkbox"/> Faculty recruitment advertisement |                      |

|  |  |  |
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| specifying the expertise required  |  |  |
| 9.4 ensure Continuing Professional Development (CPD) of trainers and supervisors | <input type="checkbox"/> Details of faculty / supervisor's development activities<br><input type="checkbox"/> CME/CPD certificates |  |
| Comments   |  |  |

### Standard 10: Program Evaluation and Continuous Renewal

| Standard   | Evidence  | Rating<br>(out of 6) |
|--|---|----------------------|
| 10.1. have structured evaluation procedures and policies   | <input type="checkbox"/> Documentary evidence of program evaluation Plan  |                      |
| 10.2. regularly review results of evaluation and student assessments to ensure that the gaps are adequately addressed in consultation with post graduate curriculum committee. | <input type="checkbox"/> Evidence of changes made as a result of programme evaluation                                 |                      |
| 10.3 allocate resources to address deficiencies and continuous renewal of programs.  | <input type="checkbox"/> Documents showing allocation of resources based on strategic plan/ Program evaluation report |                      |

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| 10.4 ensure that Students, faculty and administration are involved in program evaluation.                  | <input type="checkbox"/> Feedback forms<br><input type="checkbox"/> Survey reports  |  |
| 10.5 ensure that amendments based on results of program evaluation findings are implemented and documented | <input type="checkbox"/> Minutes of meeting of program evaluation findings<br><input type="checkbox"/> Evidence of implemented change |  |
| Comments   |   |  |

### Standard 11: Governance, Services and Resources

| Standard   | Evidence   | Rating<br>(out of 6) |
|--|--|----------------------|
| 11.1 have clearly defined structure of academic governance                       | <input type="checkbox"/> Documents showing composition of academic governance (organogram)<br><input type="checkbox"/> Documents showing Terms of references (TOR)<br><input type="checkbox"/> Meeting minutes of Academic council<br><input type="checkbox"/> Meeting minutes of Board of studies/faculty |                      |
| 11.2 have mechanisms for dissemination of all policies and procedures related to | <input type="checkbox"/> Website<br><input type="checkbox"/> Annual Reports (NA1)<br><input type="checkbox"/> Newsletter/ Bulletin   |                      |

|   |   |  |
|---|---|--|
| governance, services and resources                                  |   |  |
| 11.3 have adequate infrastructure, academic and financial resources | <input type="checkbox"/> Document showing infrastructure, academic and financial resources<br><input type="checkbox"/> Map of the facility<br><input type="checkbox"/> Memoranda of Understanding.<br><input type="checkbox"/> Onsite Visit*<br>Financial Resources:<br><input type="checkbox"/> Bank Guarantees<br><input type="checkbox"/> Audit Reports<br><input type="checkbox"/> Endowment Fund<br><input type="checkbox"/> Working Capital |  |
| 11.4 have fulfilled all legal requirements                          | <input type="checkbox"/> Relevant laws of companies, societies and trust<br><input type="checkbox"/> Ownership or Lease documents<br><input type="checkbox"/> Federal/Provincial/Local Government Approval<br><input type="checkbox"/> Medical University/DAI Provisional Affiliation   |  |
| 11.5 have mechanisms for addressing Disciplinary issues             | <input type="checkbox"/> Disciplinary committee Composition<br><input type="checkbox"/> Disciplinary committee Terms of reference<br><input type="checkbox"/> Minutes of the meetings<br><input type="checkbox"/> Policies for Disciplinary actions   |  |
| 11.1s * have input from medical education experts                   | <input type="checkbox"/> Minutes of meetings of Post graduate committee with ME experts   |  |
| Comments  |   |  |

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## Standard 12: Research and Scholarship

| Standard   | Evidence   | Rating<br>(out of 6) |
|--|--|----------------------|
| 12.1 have adequate research component in the curriculum                                      | <input type="checkbox"/> Curricular document   |                      |
| 12.2. ensure that the trainee becomes able to use scientific reasoning and critical thinking | <input type="checkbox"/> Policy Document<br><input type="checkbox"/> Evidence of scholarly activities (Journal club/Seminars/Symposium/publications) (NA1) |                      |
| 12.3 ensure that the trainee applies evidence-based practices                                | <input type="checkbox"/> Assignment and research projects  |                      |
| 12.1.s include formal teaching on critical appraisal of the literature and scientific data   | <input type="checkbox"/> Curriculum document<br><input type="checkbox"/> Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications) |                      |
| 12.2s adjust the content to scientific developments  | <input type="checkbox"/> Assignment and research projects  |                      |
| 12.3 encourage training in all categories of scholarship                                     | <input type="checkbox"/> Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications)   |                      |

Comments

**Form B: Postgraduate Onsite Inspection Report**

Postgraduate Onsite Inspection Report

Part I General Information

1. Program Inspected:
2. Name of University:
3. Name of Training Institution/ Department:
4. Date of Inspection:
5. Name of Inspector:
6. Name of Head of Department with Qualification:

|    |   |  |      |                                   |
|----|---|--|------|-----------------------------------|
| 7. | Date of last inspection of the Department                                     |  |      |                                   |
|    | Number of UG admission every year   |  |      |                                   |
|    | Staff position for UG   | Sufficient / Insufficient/Not Applicable |      |                                   |
|    | Other deficiency, if any  | Yes / No / Not Applicable                |      |                                   |
| 8. | Total PG Teachers in the Department with requisite Qualification & Experience |  |      |                                   |
|    | Designation   | Number                                   | Name | Total Experience Granted by PM&DC |
|    | Professors  |  |      |                                   |
|    | Associate   |  |      |                                   |

|   |  |      |  |  |
|---|--|------|--|--|
|   | Professors   |      |  |  |
|   | Assistant Professors   |      |  |  |
|   | Senior Lecturer/Registrar  |      |  |  |
| <ul style="list-style-type: none"> <li>• All teachers physically identified.</li> <li>• Detailed Form (with photograph affixed) in respect of every teacher obtained which is signed by the concerned teacher, HOD and Head of institution.</li> <li>• It has been ascertained that staff is fulltime, paid and not working full time in any other institution simultaneously.</li> </ul> |  |      |  |  |
| 9.  | Particulars of Supervisors<br>(Attach additional sheets)                             |      |  |  |
|   | Name   |      |  |  |
|   | Qualification  |      |  |  |
|   | Position Held  |      |  |  |
|   | Publication in PMDC approved Journals  |      |  |  |
|   | Area of Specialization   |      |  |  |
| 10.   | Year-wise number of PG students admitted and available staff during the last 5 years | Year |  |  |
|   |  |      |  |  |
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**Part II Mandatory Requirements for recognition of the program**

|  |        |
|--|--------|
| <ul style="list-style-type: none"> <li>• Minimum one full time faculty /supervisor</li> </ul>      | Yes/no |
| <ul style="list-style-type: none"> <li>• Central / Departmental Library- Books/Journals</li> </ul> | Yes/no |

|   |        |
|---|--------|
| • Curriculum  | Yes/no |
| • Offices for Faculty members & supporting staff  | Yes/no |
| • Adequate space for students/trainees (for e.g. classrooms, offices, labs)   | Yes/no |
| • Internet  | Yes/no |
| • Any requirement specific to the program if found deficient by the Inspector<br>Note : Inspector should provide justification for declaring any specific requirement mandatory | Yes/no |

Part III scoring for recognition of the program

|    | Requisite important information of the Department  | Each item score 01 mark                       |
|----|--|---|
| 1  | Number of units  | Adequate/Inadequate/Not Applicable            |
| 2  | Total number of Beds (Unit-wise)   | Adequate/Inadequate/Not Applicable            |
| 3  | Instruments  | Adequate/Inadequate/Not Applicable            |
| 5  | Laboratory Technician  | Numbers<br>Adequate/Inadequate/Not Applicable |
| 6  | Indoor Units & OPD space   | Adequate/Inadequate/Not Applicable            |
| 7  | Classrooms/Demonstration rooms   | Adequate/Inadequate                           |
| 8  | Specific requirements related to the department (Museum/ Mortuary/Specialized Investigation/Skills Lab etc.) | Adequate/Inadequate/Not Applicable            |
| 9  | Clinical Material (e.g. Dental Materials , chemicals etc.)   | Adequate/Inadequate/Not Applicable            |
| 10 | Radiology Facilities   | Adequate/Inadequate/Not Applicable            |
| 11 | Clinical Lab facilities (24 hours emergency lab)   | Adequate/Inadequate/Not Applicable            |
| 12 | Incinerator  | Adequate/Inadequate/Not Applicable            |
| 13 | Laundry  | Adequate/Inadequate/Not Applicable            |
| 14 | Hostels  | Adequate/Inadequate/Not Applicable            |
| 15 | Accommodation for Staff  | Adequate/Inadequate/Not Applicable            |
| 16 | Any other requirement specific to the program (as decided by the Inspector)                                  | Adequate/Inadequate/Not Applicable            |

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**Important Note :**

- Without meeting the Part II (Mandatory requirements) , the program would not be recognized irrespective of the score obtained in Part III
- 75% score in the part III applicable items is mandatory for recognition of program.

Total score = total score obtained from applicable items/total score of applicable items x 100

Final Recommendation:

Mandatory requirements : Fulfilled / Not Fulfilled

Scoring out of 100% : \_\_\_\_\_ ( 75% required)

In view of the above the programme

Is Recommended / Not Recommended for approval and \_\_\_\_\_ students should be allowed annually

Name and Signature of Inspector

(Dr. \_\_\_\_\_ )  
Acting Registrar

# **Annexure D**

Teaching Regulations  
Regulations For the Appointments /Promotions of  
Faculty / Teaching Staff / Examiners / Principals /  
Deans / Vice Chancellors in Undergraduate &  
Postgraduate Medical & Dental Institutions /  
Medical Universities of Pakistan 2025



PAKISTAN MEDICAL & DENTAL COUNCIL  
PM&DC



PM&DC SECRETARIAT ISLAMABAD, 27th February 2025

**REGULATIONS FOR THE APPOINTMENTS /PROMOTIONS OF FACULTY /  
TEACHING STAFF / EXAMINERS / PRINCIPALS / DEANS / VICE CHANCELLORS IN  
UNDERGRADUATE & POSTGRADUATE MEDICAL & DENTAL INSTITUTIONS /  
MEDICAL UNIVERSITIES OF PAKISTAN 2025.**

The Pakistan Medical & Dental Council (PM&DC) in exercise of powers conferred under Section 47 (2) (d) of the Pakistan Medical & Dental Council Act, 2022 hereby framed the following regulations prescribing the criteria for appointment and promotion and grant of teaching experience for all Medical and Dental Institutions, recognized under the Act:

**CHAPTER-I**

**PRELIMINARY**

1. **Short title and commencement** -(1) These regulations shall be called Regulations for the Appointments /Promotions of Faculty / Teaching Staff / Examiners / Principals / Deans / Vice Chancellors in undergraduate & postgraduate Medical & Dental institutions / medical universities of Pakistan 2025.

(2) They shall come into force immediately upon publication and apply to all future appointments and promotions. All existing appointments made under previous regulations shall remain unaffected.

(3) These regulations are not for registration of qualifications but for eligibility for appointments and promotions of Faculty / Teachers / Examiners / Principals / Deans / Vice Chancellors in Undergraduate & Postgraduate Medical & Dental Institutions.

2. **Definitions:**

a. **PM&DC Act, 2022:** means the Pakistan Medical and Dental Council Act, 2022.



*[Handwritten signature]*



- b. **PM&DC:** means the Pakistan Medical and Dental Council as established under the PM&DC Act, 2022.
- c. **Council:** means the Medical and Dental Council as defined under the PM&DC Act, 2022.
- d. **Standing Recognition Committee:** The Standing Recognition Committee (SRC) means SRC Medical & SRC Dental of the Council. The SRC after shall recommend to the Council to approve a qualification, its equivalence, eligibility and experience.
- e. **Teaching staff:** means Lecturer / Demonstrator, Senior Lecturer / Senior Demonstrator, Senior Registrar / Experiential Registrar, Assistant Professors, Associate Professors and Professors appointed as per these regulations.
- f. The words and expressions used but not defined herein shall have the same meaning as are assigned to them under the Act, 2022 or in other regulations made by the Council.

## CHAPTER-II

### **APPOINTMENT OF TEACHERS / EXAMINERS / INSPECTORS / PRINCIPALS / DEANS / VICE CHANCELLORS IN THE UNDERGRADUATE & POSTGRADUATE MEDICAL & DENTAL INSTITUTIONS AND EXAMINATION REGULATIONS.**

3. **Applicability of Regulations:** These regulations shall be applicable on fresh appointments and subsequent promotions. Titles already accrued shall continue to hold, subject to the condition that such title, designation or appointment has been accrued in accordance with PM&DC Regulations for the time being in force and no demotion shall be made. However, subsequent appointments / promotions shall be made according to these regulations.
4. **Eligibility and Recognition of Faculty.** A person registered as faculty with the PM&DC and certified as such in accordance with the PM&DC Faculty Regulations shall be accepted as faculty. Only full-time faculty shall be accepted and registered as faculty and no part-time, honorary, casual or visiting faculty shall be registered or accepted as faculty and experience gained as part-time, honorary, casual or visiting faculty shall not be recognized. No faculty member shall hold two or more faculty positions at two different institutes or at the same institute.
5. **Classification and Acceptance of Level-II a Qualifications:** Qualifications less than 2 years but more than 1-year duration in any field / specialty after level-I qualification will be classified as level-II a. Level II a qualifications shall not be considered for teaching purpose. No online / distant learning degree will be accepted for teaching of Clinical subjects. In cases of basic science subjects and Medical Education, the Council on the recommendations of SRC Medical and Dental, respectively, shall decide on case-to-case basis.
6. **Teaching Experience Certificates:** Certificate for recognition of teaching experience shall be issued by the Registrar or an officer authorized by the President only upon submission of certificate of teaching experience issued by the Vice Chancellor / Rector / Principal / Dean / Head of Institute located in Pakistan and a foreign experience certificate must be issued and certified by Vice Chancellor / Rector / Principal / Dean / Head of Institute located in foreign country stating that the position held by the applicant is a teaching post and he / she is actively involved in teaching or as per description in 8 (vii) below, that the applicant has been a consultant with full privileges.



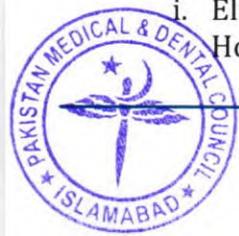


7. **Validation of Teaching Experience Certificates of Institution:** An experience certificate by the Medical Superintendent or in charge of an attached teaching hospital shall not be accepted for teaching unless countersigned by the Vice Chancellor / Rector / Principal / Dean / Head of the concerned University / Postgraduate training institute / Medical / Dental College.
8. **Recognition of Foreign Teaching Experience:** The PM&DC shall recognize experience gained in a teaching institution in foreign countries if the regulatory body of that country recognizes the institution as a teaching institute and if the Principal / Dean of the medical school / college certifies the experience that there is teaching activity by the applicant. The PM&DC shall evaluate and credit the teaching experience as follows:
- i. Professor as equal to Professor in Pakistan.
  - ii. Associate Professor as equivalent to Associate Professor in Pakistan provided that they are substantive full-time and not part-time.
  - iii. Assistant Professor as equal to Assistant Professor in Pakistan provided that they are substantive full-time and not part-time.
  - iv. Senior Registrar in a teaching institution is equal to Senior Registrar in Pakistan.
  - v. The Lecturer in clinical subjects in a teaching institution with requisite postgraduate qualification abroad is equal to the Senior Registrar in clinical subjects in Pakistan.
  - vi. Lecturer / tutor with requisite Postgraduate qualification in basic subjects shall be equivalent to Senior Lecturer in Pakistan.
  - vii. The experience gained as Consultants in Foreign countries shall be counted as equivalent to an Assistant Professor in the relevant specialty provided that:
    - a) The Consultant position has been with full privileges and unrestricted.
    - b) The hospital concerned is at least 150-bedded.
    - c) There have been no lapses / interruptions in relevant Specialist Registration or Board Certification.
    - d) The applicant holds a 'Certificate of Completion of Specialist Training (CCST) and the name appears on the Specialist Register, or the applicant has specialty / sub-specialty Board certification during the appointment as a consultant.
    - e) No credit shall be given for appointments as Associate or Junior Consultants or Staff Grade Appointments.
    - f) The concerned hospital is located and providing services in U.K, the European Union, the USA, Canada, Australia, and New Zealand. Experience in the above terms will not be granted beyond the level of Assistant Professor. These consultants will not be eligible for appointment as Professors unless they have at least three (03) years' experience as Assistant Professor / Associate Professor in a recognized institution in Pakistan.
9. **Eligibility Criteria for Principal / Dean Appointments:** The Principal / Dean of a medical college or a dental college shall be a Professor having level-III qualification in medical sciences for a medical college and in dental sciences for a dental college appointed by the Institutions, Universities or by the Governments according to their rules / regulations / statutes. Principal / Dean of a medical / dental college shall be the Chief Executive Officer (CEO) of the attached medical / dental hospital. A level III qualification holder in dental sciences shall not be eligible for appointment as Principal / Vice Chancellor of a Medical College / Medical university even if on faculty and vice versa.





10. **Eligibility Criteria for Appointment of Vice Chancellor in a Medical University:** The minimum criteria for appointment of Vice Chancellor in a Medical University, as prescribed by PM&DC, is as follows:
- MBBS or equivalent qualification
  - level-III qualification like FCPS or other equivalent qualifications in clinical subjects and PhD in Basic Science Subjects
  - Should have been a professor for at least 10 years in a recognized medical institution.
  - Should have at least twenty publications in PM&DC and HEC recognized journals.
  - Shall be appointed by the respective Government according to their ACT / statutes / rules / regulations.
11. **Recognition of Teaching Experience for Consultants:** Designated Consultants appointed in hospitals recognized for postgraduate / undergraduate training by PM&DC and where they were teaching postgraduate / undergraduate students shall be granted teaching experience by the PM&DC at ratio of 2:1 equivalent to assistant professor on the certification of teaching by the head of the institution concerned.
12. **Requirement of Recognized Teaching Experience:** Teaching experience recognized by the PM&DC shall be required for appointment / promotions to a teaching post in Pakistan. Teaching experience in a foreign country shall only be considered upon the provision of a teaching experience certificate issued and certified by the regulatory body concerned or by the Rector / Vice Chancellor / Dean of the Undergraduate or Postgraduate medical or Dental institution in which the applicant was teaching students or CEO or Chief of Medical Staff / Medical Director of the foreign country hospital.
13. **Eligibility Criteria for Examiners:** Qualifications and Experience prescribed as eligibility for the appointment of professors in the various subjects under these regulations shall also be applicable to the examiners appointed by the Universities / DAIs in relevant subjects for undergraduate and postgraduate examinations. If, there is no Professor available, then, Associate or Assistant Professor working as Head of Department and has a minimum of five (05) years of teaching experience certified by PM&DC shall be eligible to be appointed as examiner for undergraduate and postgraduate examination. A Faculty member can only be appointed as examiner in the relevant subject / specialty and faculty of the sub-specialties of Medicine and Surgery cannot be appointed as examiners in General Medicine and General Surgery and vice versa.
14. **Amendment or Cancellation of Experience Certificates:** The Experience certificate issued by the Registrar, or an officer authorized by President, or as the case may be, and the issuing authority shall have the power to recall, modify, or cancel the experience certificate any time so issued, within the provisions of regulations of PM&DC. However, any change of designation / discipline on the teaching certificate that had already been issued / approved by the Council shall be clarified / justified by the issuing authority. In case, issuing authority fails to justify the amended certificate of teaching experience, case will be referred to SRC Medical or SRC Dental, as the case may be, for inquiry and final decision. The SRC may amend or cancel the experience certificate if it is based on bogus or tampered documents.
15. **Eligibility for Appointment in a Specialty:**
- Eligibility for appointment in any specialty shall be level III qualification in the relevant subject. However, a candidate who possess postgraduate level-III qualification or equivalent with four



*[Handwritten signature]*



(04) years specialized training experience in a recognized institute in a specialty in which level-III qualification is either not being offered or has been introduced within the last five (05) years, will be eligible for faculty position in that particular specialty. Candidates who have level-III qualification in general subjects followed by a structured training program in a specialty of three (03)-five (05) years, like CCST, UK, etc. shall also be eligible for faculty positions in the relevant specialty.

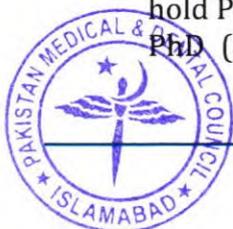
- ii. A person with a level III qualification in one specialty if acquires another level III qualification in any sub / supra specialty following shall be considered in the calculation of teaching experience. Teaching experience in main specialty shall be counted as per regulations already laid down.
  - a) In cases where a holder of level III qualification acquires 2nd level III qualification in relevant sub / supra specialty after spending three (03) years in main specialty shall be counted as a pre-requisite to become Assistant Professor in sub / supra specialty.
  - b) In Cases the experience in main specialty is more than three (03) years (after deduction of three (03) years as mentioned above), the rest of the experience (in main specialty) shall be calculated at a ratio of 2:1 in sub /supra specialty.
  - c) In cases where a person wishes to hold the main specialty (level III qualification) as teaching then his / her experience in sub / supra specialty shall be counted at a ratio of 2:1 of its actual towards the main specialty.

**16. Eligibility for Appointment in Basic Medical Sciences for BDS Graduates:** The BDS graduates and postgraduates shall be eligible for appointment in basic medical sciences for the BDS courses. However, a BDS graduate having done a minimum M. Phil. or Level-IIb qualification in any basic sciences duly registered by the Council shall be eligible for teaching basic sciences subjects to the MBBS course and vice versa.

**17. Specialty-Specific Experience for Appointment and Promotion:** For the purpose of appointment / promotion, the experience gained in one specialty shall not be counted for appointment / promotion in other specialties unless otherwise specified in these regulations. For example, experience gained in Orthopedic Surgery cannot be counted for appointment / promotion in General Surgery. Similarly, experience gained in Cardiology etc. cannot be counted for appointment / promotion in General Medicine and vice versa.

**18. Teaching Experience During Study Leave:** If a person is already holding a post graduate Level II b / III and is holding a teaching post before proceeding on deputation for study leave, he / she shall not get any teaching experience of that teaching post during the period of study.

**19. Non-Medical Faculty:** PM&DC does not approve the designation of the Administrator / Director for the Medical / Dental College. Non-medical persons or persons not holding a qualification of MBBS / BDS and not validly registered with the council cannot be appointed as administrative-in-charge of any teaching institution. Any such institution, which violates this regulation shall be proceeded against for de-recognition as per law. Non-medical faculty members (Non-MBBS / Non-BDS) will not be appointed as faculty in any medical / dental College. Non-medical faculty already appointed in a teaching institution before 31st December 2018 shall be granted experience if they hold PhD qualifications with requisite experience and publications. Holders of PM&DC recognized PhD (acquired before 2018) and holders of previously issued PM&DC Faculty / Experience





certificate along-with documentary evidence such as salary slips etc., shall be considered for promotions.

20. **Recognition of Teaching Experience for Demonstrators, and Lecturers:** Demonstrators / Lecturers with pre-requisite level II / Level III qualification working in recognized teaching institutions and involved in teaching shall be given experience provided the institution certifies that they have been involved in teaching, to be given up to the level of Associate Professor, only.
21. **Experiential Registrar and Senior Registrar for Teaching Positions:** The position of Experiential Registrar shall be considered as equivalent to the Senior Registrar. Senior Registrar with level III qualification and meeting the requirements of publications be given full credit towards Assistant Professor, to be given till the level of Associate Professor only.
22. **Administrative Experience:** Experience of doctors on administrative duties, in teaching institutions or working in an institution related to medical education and possessing requisite postgraduate qualification in Community Medicine / Public Health and who are actually involved in some of the teaching / training / planning / implementation activity / programs in medical education in addition to their administrative duties shall be counted as equal to half of the teaching experience of Assistant Professor (2:1). However, the counting of this experience at 2:1 shall not be applicable beyond the post of Associate Professor.
23. **Honorary or Non-Examination-Based Qualifications:** The qualifications / degrees / diplomas like M.R.C.Path, F.C.P.S. etc; conferred or acquired on an honorary basis or foundation basis or without examination by a medical or dental graduate shall not be considered for the purpose of appointment as Faculty / Examiner/ Supervisor in the medical or the dental institutions of Pakistan and shall not be registered as additional qualifications by the Council. FRCP and equivalent qualifications will only be registered if the candidate has a level-III qualification and holders of such qualifications shall not be given any teaching benefit.
24. **Recognition of Teaching Experience for Forensic Medicine Qualifications:** Holders of level IIb qualification recognized and registered by PM&DC in the subject of forensic medicine without teaching designation in a recognized undergraduate / postgraduate teaching institution shall be granted teaching experience in ratio of 2:1 as assistant professor of forensic medicine, only if such candidate is actively involved in teaching undergraduate or postgraduate students. This rule shall be applicable retrospectively as well.
25. **Eligibility for Appointment in Pathology Based on M. Phil Qualifications:** The holder of M. Phil Microbiology, Chemical Pathology, Histopathology, Hematology, Clinical Pathology etc. are eligible for appointment as Assistant Professor, Associate Professor and Professor in Pathology with requisite teaching experience. Holders of M.Phil. only will not be eligible to become professors after 31<sup>st</sup> December 2025.
26. **Independence of Medical and Dental Institutions:** All medical and dental institutions will be financially and administratively independent from each other and there will be no dental section of a medical college. Either there shall be a dental college with a medical college or a standalone dental college. Each medical / dental institute shall have to establish a fully functional department of Medical Education / Dental Education.





**27. Qualifications and Experience for Faculty in Medical Education:** Faculty members having requisite qualifications in Medical Education i.e. MHPE / PhD and wants to join the Department of Medical Education as faculty will start his / her career as Assistant Professor of Medical Education and teaching experience gained by him / her as a faculty member of Clinical or Basic Medical Sciences subjects shall be given 4:1 and 2:1 teaching experience for MHPE and PhD respectively provided they have been actively involved in the medical education activities certified by the Principal / Dean of the institution or Vice Chancellor of a University. Faculty of Medical Education, if eligible to become Assistant Professor and onwards and is designated as Head / Incharge in the respective department, shall be given experience as equivalent to Assistant Professor.

**28. Mandatory Certification for Promotion / Appointment as Associate Professors and Professors:** After 31<sup>st</sup> December 2020 at least, level II a diploma or certificate of six months duration in Medical Education from recognized universities / DAI is mandatory for promotion / appointment as Associate Professors and Professor in all specialties (Basic Medical / Dental Sciences and Clinical Subjects).

**29. Requirements for Promotion to Professor in Basic Sciences and Dental Practitioners:** Holders of Level II (b) qualification in Basic Sciences Subjects in medical / dental colleges including Community Medicine / Public Health, are eligible to become Professor till 31<sup>st</sup> December 2025. In such cases, the eligibility certificate issued by PMDC shall hold, irrespective of its actualization of the relevant positions.

Holders of at least level IIb qualification in Community Dentistry shall be eligible to be appointed in a Dental College in the field of Community Dentistry. However, dental practitioners with an MPH or equivalent qualification, already appointed as faculty in a Dental College before 31<sup>st</sup> December 2018, can be promoted till the level of Associate Professor and not beyond. They shall have to acquire a level III postgraduate qualification in Community Dentistry to become a Professor.

**30. Requirement of PhD Qualifications for Appointment as Faculty in Clinical and Basic Sciences:** PhD in clinical sciences shall not be accepted as a qualification for appointment as a teacher in a clinical subject. MBBS / BDS graduates having PhD in a basic subject with at least one-year year of coursework will continue to be appointed / promoted further. However, MBBS / BDS graduates having a PhD (basic science subject) with research work only i.e., without coursework, shall not be appointed as teachers in Medical / Dental colleges without acquiring an additional level II-b qualification with coursework in the same subject. Graduates having PhD with research only may be appointed faculty as researchers in medical universities only, subject to approval by SRC.

**31. Recognition of Teaching Experience for Level II-b and III Qualifications:** Teaching Experience acquired as Demonstrator / Lecturer before attaining Level II-b qualification in all basic subjects (medical / dental) will be granted in the ratio of 4:1 (maximum two and half years as Asst. Prof) and after acquisition of Level II-b as 2:1 as equivalent to Assistant Professor. The training period of Level-II b / III qualification will be counted as teaching experience in a ratio of 4:1. Teaching benefits will be granted for a minimum duration of training prescribed for the qualification. This experience will be counted as equal to lecturer / demonstrator as a prerequisite for appointment as Assistant Professor.

**32. Department of Psychiatry and Behavioral Sciences:** Behavioral Sciences shall be part of the Department of Psychiatry. The colleges / hospitals are to name the Department as Department of





Psychiatry & Behavioral Sciences. To teach behavioral sciences subjects, the colleges may hire visiting faculty in relevant disciplines such as Clinical Psychology, etc. The Committee endorsed the above-stated decision of the Council and further suggested that the head of the department may engage the medical faculty and a clinical psychologist as and when required for teaching Behavioral sciences subjects.

**33. Combined Department of Operative Dentistry and Endodontics, and Extension for Teaching of Pedodontics:** Operative Dentistry and Endodontics shall be considered one department. Due to the dearth of Pediatric Dental Specialists, the time period for which persons having level III qualification in Operative Dentistry can teach the subject of Pedodontics be extended till 31st December 2025 until holders of a degree in Pedodontics become available.

**34. Appointment of Faculty in Basic and Allied Dental Fields:** Keeping in view the dearth of qualified persons in basic fields of dentistry-allied qualifications may be considered for appointment as faculty members. However, the teachers would only get teaching experience in the subject he/she has taught. The allied subjects for appointment of qualified teachers would be having requisite Level-II b / III qualifications:

- a) Dental Material- Operative Dentistry - Prosthodontics
- b) Oral Biology - Oral Surgery / Orthodontics
- c) Oral Pathology- Oral Surgery
- d) Oral Medicine- Oral Surgery
- e) Periodontology-Operative Dentistry for further two (02) years till 31st December 2025
- f) Pedodontics - Operative Dentistry for further two (02) years i.e., till 31st December 2025
- g) Any other combination of Dental Subjects decided by SRC Dental.

**35. Faculty Transfer and NOC Requirements:** A faculty member can be migrated if their current college provides an NOC stating that their release will not result in any deficiency in the department. The following conditions must also be ensured:

- i. The department of College from which the faculty member is being transferred must have the required registered faculty as the position as per PM&DC standards.
- ii. Such migration is allowed every year from 1st October till 31st December. The faculty migration portal shall remain closed other than this window period.

However, other cases of faculty migrations may be considered as under:

- i. Faculty Transfer within Public Sector Colleges:
  - If a faculty member has been transferred from one public sector college to another, the transfer order must be provided along with a No Objection Certificate (NOC).
  - If any government faculty has been retired, migration will be allowed after the submission of relevant documentary proof.
- ii. Promotion-Based Migration:
  - Faculty members who have been promoted based on their experience as per PM&DC criteria and issued eligibility for the new position may apply for migration subject to the non-availability of a slot at the relieving college, provided the following conditions are met:





- a) Submission of an experience certificate demonstrating eligibility (promotion from a junior to a senior position).
- b) Provision of an undertaking on judicial stamp paper to undertake the aforementioned position.

**36. Retirement and Retention Age for Faculty:** Retirement and retention age of faculty in public colleges / universities shall be as per government policy and maximum age limit for faculty in private medical / dental college shall be seventy-five (75) years subject to the fitness criteria laid down by the Council.

**37. Credit Allocation for Publications and Research Articles:** All authors (maximum 6) will be given equal credit for a publication. The principal investigator / the first author has to declare the role of each author in the publication which will be published with the paper. Criteria for award of credits for publication and research article:

- a) Original articles shall be eligible for credit and only if the article is published in a Journal indexed and enlisted in the List of Journals approved by the PM&DC or indexed in Medline / PubMed, PubMed Central, Index Medicus, Excerpta Medica, Embase, Web of Science and Scopus. For Systematic Reviews (SR) with Meta-Analysis (MA), credit once for one SR with MA will be given only if published in above mentioned international indexed journals. There is no credit for a published narrative Review Article/writing a Chapter of a Textbook, Letter to Editor, Dissertation / Thesis etc. A letter of acceptance for publication of a research paper will no longer qualify the applicant for an award of credit of a research publication/paper and credit shall only be granted on publication of an original article.
- b) Equal Credit shall be given to all the authors. A maximum six authors will be allowed for the publication of a paper. In case of more than six authors in a paper, the principal investigator / corresponding author has to give a valid justification for more authors. In such cases, equal credit will be given to the first six authors only.
- c) For the grant of credit, the applicant has to provide an original copy of the Journal. Online verification will also be accepted from the official website or a database mentioned in Regulation 10 (a).
- d) Credit granted before the coming into force of these regulations shall hold.
- e) Plagiarism check of an article is mandatory for the editors of the journal publishing an article. An article with more than 20% similarity index will not be accepted for publication. PM&DC may check articles for plagiarism before issuing an experience certificate.

**38. Certification of Teaching Experience and Related Grievance Procedures:** Experience of teaching shall be certified by the Council if the individual has been teaching as faculty in an affiliated hospital / training site of / or the recognized institution included in the schedules of the PM&DC Act, 2022. The Experience certificate shall be issued under these regulations with the following terms and conditions:

- i. Errors and omissions in the experience certificate shall be accepted and corrected if is so warranted to comply with these regulations.
- ii. This certificate has been prepared by PM&DC staff on the basis of documents of appointment / publication submitted by applicant doctor concerned of Principal / Dean / Vice Chancellor / Rector of the institution or MS of a recognized teaching Hospital where the applicant doctor concerned is working and all liabilities in this matter lie with such applicant doctor concerned or issuing authority (college / hospital / university / DAI).





- iii. The Experience certificate shall be issued by the Registrar or an officer authorized by the President as the case may be and the issuing authority shall have the power to any time recall, modify, or cancel the experience certificate so issued, within the provisions of the regulations of PM&DC.
- iv. If there is any grievance about the experience certificate or its effect or correction/cancellation etc., the aggrieved applicant doctor concerned or Principal or Dean of the institution where the applicant doctor /recipient of experience certificate is working or any agency, may prefer an appeal to the Registrar PM&DC for elaboration, redressal of grievances or correction in experience certificate. The Registrar shall give an opportunity of hearing to PM&DC staff, which prepared the certificate and the appellant, and the appeal shall be accepted or rejected by the Registrar by a speaking order, which shall be communicated in writing by the Registrar to the appellant within four weeks of receiving the complaint. If the appellant is not satisfied, he / she may file an appeal against the order of the Registrar before the Standing Recognition Committee of the Council. All disputes regarding teaching / practical experience shall be presented before the Standing Recognition Committee with the permission of the President and the committee shall hear all parties and PM&DC staff who prepared the experience certificate & the decision of the Committee there on shall be final.
- v. Experience certificate shall include the accepted publications for a particular designation and shall not be issued for a particular designation if the accepted publication number is deficient.

### CHAPTER-III

#### VIOLATIONS AND PENALTIES

39. **Faculty Appointment Violation and Non-Registration:** Any faculty appointed in violation to the regulations of the Council, shall not be registered as faculty by the Council. The authorized officer of the council shall observe, document and maintain a record of the same with respective faculty registration.





## SECTION - III

**CRITERIA FOR APPOINTMENT AND PROMOTION OF PROFESSORIAL STAFF IN UNDERGRADUATE AND POSTGRADUATE MEDICAL INSTITUTIONS**

**Basic Medical Sciences Subject:** Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Community Medicine and Forensic Medicine.

| Post Designation /  | Required Basic Qualification   | Required Postgraduate (Additional) Qualification  | Required Experience  | Required Research Publications                             | Remarks |
|---|--|---|--|--|---------|
| (1)   | (2)  | (3)   | (4)  | (5)  | (6)     |
| Lecturer / Demonstrator                                   | MBBS or equivalent medical qualifications fully recognised / registered by the PM&DC | Not Required  | Not Required   | Not Required.  | -       |
| Senior Lecturer / Senior Instructor / Senior Demonstrator | -do-   | PM&DC recognized Level II b OR Level III Qualification in respective basic subjects<br>OR<br>Equivalent PM&DC Level II b or Level III qualifications in the respective specialty recognized / registered by PM&DC | Not Required   | Not Required.  | -       |
| Assistant Professor                                       | -do-   | -do-  | Two (02) years teaching experience as Demonstrator / Lecturer before or after Level-II b qualification or one year teaching experience as Demonstrator / Lecturer before or after Level-III qualification. | Two (02) research papers are required in relevant subject. | -       |



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|---------------------|------|---|---|--|---|
| Associate Professor | -do- | -do-  | Five (05) years teaching experience as an Assistant Professor in the relevant subject.  | Seven (7) research publications are required as Assistant Professor in relevant subject. | A total of Nine (9) research publications in relevant subject, of which Seven (7) as Assistant Professor.   |
| Professor           | -do- | Level III qualification in the relevant subject | At least Three years (03) as Associate Professor in the respective subject.<br>OR<br>Nine (09) years teaching experience as an Assistant Professor in the respective subject. | Six (6) research publications as Associate Professor are required in relevant subject.   | A total of Fifteen (15) research publications in relevant subject, of which Six (6) should be during last three years. M. Phil / Other Level-II holders shall be eligible to become Professor till 31 <sup>st</sup> Dec 2025. |

**Medical Education Department**

| Post Designation /                    | Required Basic Qualification  | Required Postgraduate (Additional) Qualification   | Required Experience | Required Research Publications | Remarks |
|---------------------------------------|---|--|---------------------|--------------------------------|---------|
| (1)                                   | (2)   | (3)  | (4)                 | (5)                            | (6)     |
| Lecturer / Demonstrator               | MBBS or equivalent medical / dental qualifications recognised / registered by the PM&DC | Not Required   | Not Required        | Not Required.                  | -       |
| Senior Lecturer / Senior Demonstrator | -do-  | Level II & b or Level III Postgraduate degree or diploma in Medical Education/ Health Professions Education or related field recognized by PM&DC | Not Required        | Not Required.                  | -       |

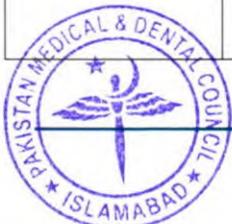




|                     |      |   |   |  |  |
|---------------------|------|---|---|--|--|
| Assistant Professor | -do- | Level II b or Level III post graduate degree or diploma in Medical Education Health Professions Education or related field recognized by PM&DC. | -   | Two (02) research papers are required in relevant subject.                               | -  |
| Associate Professor | -do- | -do-  | Five (05) years teaching experience as an Assistant Professor in the relevant subject.  | Seven (7) research publications are required as Assistant Professor in relevant subject. | A total of Nine (9) research publications in relevant subject, of which Seven (7) as Assistant Professor.  |
| Professor           | -do- | -do-  | At least Three (03) years as Associate Professor in the respective subject.<br>OR<br>Nine (09) years teaching experience as an Assistant Professor in the respective subject. | Six (6) research publications as Associate Professor are required in relevant subject.   | A total of Fifteen (15) research publications in relevant subject, of which Six (6) should be during last three years. Level-II b holders shall be eligible to become Professor. |

**Clinical Subjects:** Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, ENT, Eye

| Post / Designation | Required Basic Qualification  | Required Postgraduate (Additional) Qualification  | Required Experience | Required Research Publications | Remarks |
|--------------------|---|---|---------------------|--------------------------------|---------|
| (1)                | (2)   | (3)   | (4)                 | (5)                            | (6)     |
| Senior Registrar   | MBBS or equivalent medical qualifications recognised / registered by the PM&DC. | PM&DC level III Qualification in respective subject like F.C.P.S / M.S / M.D<br>OR<br>Other equivalent Level III qualifications | Not Required        | Not Required.                  | -       |





|                     |      |   |  |   |  |
|---------------------|------|---|--|---|--|
|                     |      | in the speciality approved by SRC and recognised / registered by the PM&DC. |  |   |  |
| Assistant Professor | -do- | -do-  | Two (02) years clinical experience in relevant subject in a recognised institute after Level III qualification   | Two (02) research publications in relevant subject.                                       | -  |
| Associate Professor | -do- | -do-  | Five (05) years teaching experience as an Assistant Professor in the relevant subject.   | Seven (07) research publications are required as Assistant Professor in relevant subject. | A total of Nine (9) research publications in relevant subject, of which seven (7) as Assistant Professor are required. |
| Professor           | -do- | -do-  | Three (03) years teaching experience as an Associate Professor in the respective subject is essential provided that total experience as Assistant Professor and Associate Professor is not less than eight (08) years.<br>OR<br>Nine (09) years teaching experience as | Six (06) research publications as Associate Professor are required in relevant subject.   | A total of Fifteen (15) research publications in relevant subject, of which Six (6) should be during last three years. |





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|--|--|--|--|--|--|
|  |  |  | an Assistant Professor in the respective subject is essential. |  |  |
|--|--|--|--|--|--|

**Other Clinical Subjects:** Cardiology, Cardiac Surgery, Neurology, Nephrology, Urology, Gastroenterology, Endocrinology, Psychiatry, Dermatology, Pulmonology, Orthopaedics, Thoracic Surgery, Neurosurgery, Paediatric Surgery, Radiology, (Radio-Diagnostic & Radio-Therapeutics), Anaesthesiology, Clinical Haematology & all other specialities as recognized by PM&DC.

| Post / Designation  | Required Basic Qualification  | Required Postgraduate (Additional) Qualification  | Required Experience  | Required Research Publications  | Remarks  |
|---------------------|---|---|--|---|--|
| (1)                 | (2)   | (3)   | (4)  | (5)   | (6)  |
| Senior Registrar    | MBBS or equivalent medical Qualifications recognised / registered by the PM&DC. | PM&DC level III Qualification in respective subject like F.C.P.S / M.S / M.D<br>OR<br>Other equivalent Level III qualifications in the speciality approved by SRC and recognised / registered by the PM&DC. | Not Required   | Not Required.   | -  |
| Assistant Professor | -do-  | -do-  | Two (02) years clinical experience in relevant subject in a recognised institute after Level III qualification | Two (2) research publications in relevant subject.  | -  |
| Associate Professor | -do-  | -do-  | Five (05) years teaching experience as an Assistant Professor in the relevant subject.                         | Seven (07) research publications are required as Assistant Professor in relevant subject. | A total of nine (09) research publications in relevant subject, of which seven (07) as Assistant Professor |



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|           |      |      |  |   |   |
|-----------|------|------|--|---|---|
|           |      |      |  |   | are required.   |
| Professor | -do- | -do- | <p>Three (03) years teaching experience as an Associate Professor in the respective subject is essential provided that total experience as Assistant Professor and Associate Professor is not less than eight (08) years.</p> <p>OR</p> <p>Nine (09) years teaching experience as an Assistant Professor in the respective subject is essential.</p> | Six (06) research publications as Associate Professor are required in relevant subject. | A total of Fifteen (15) research publications in relevant subject, of which Six (06) should be during last three years. |



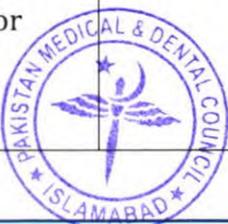


## SECTION - IV

**APPOINTMENT OF TEACHERS IN UNDERGRADUATE AND POSTGRADUATE DENTAL INSTITUTIONS**

**Sciences of Dental Materials, Oral Biology, Oral Pathology, Community Dentistry / other nomenclature recognized by SRC Dental.**

| Post / Designation                     | Required Basic Qualification  | Required Postgraduate (Additional) Qualification  | Required Experience   | Required Research Publications                             | Remarks  |
|--|---|---|---|--|--|
| (1)                                    | (2)   | (3)   | (4)   | (5)  | (6)  |
| Lecturers / Demonstrator               | BDS or equivalent qualification in Dentistry approved and registered by the PM&DC | -   | -   | -  | -  |
| Senior Lecturers / Senior Demonstrator | -do-  | Level II b & III Post graduation like PhD / FCPS / M.D.S, or equivalent postgraduate qualification recognised by the council in respective basic science subject. | -   | -  | -  |
| Assistant Professor                    | -do   | Level II b / III Post graduation like PhD / FCPS / M.D.S, or equivalent postgraduate qualification recognised by the council in respective basic subject          | Two (02) years teaching experience as Demonstrator / Lecturer before or after Level-II b qualification. One (01) year teaching experience as Demonstrator / Lecturer before or after Level-III qualification. | Two (02) research papers are required in relevant subject. | -  |
| Associate Professor                    | -do-  | -do-  | Five (05) years teaching experience as an Assistant Professor in  | Seven (07) research publications are required as Assistant | A total of nine (09) research publications in relevant |





|           |      |   |   |   |   |
|-----------|------|---|---|---|---|
|           |      |   | the relevant subject.   | Professor in relevant subject.  | subject, of which Seven (07) as Assistant Professor.  |
| Professor | -do- | Level III Post graduation like Ph.D. / FCPS / M.D.S, or equivalent postgraduate qualification recognised by the council in respective basic subject | At least Three (03) years as Associate Professor in the respective subject.<br>OR<br>Nine (09) years teaching experience as an Assistant Professor in the respective subject. | Six (06) research publications as Associate Professor are required in relevant subject. | A total of fifteen (15) research publications in relevant subject, of which six (06) should be during last three years. M.Phil / Other Level-II holders shall be eligible to become Professor till 31 <sup>st</sup> Dec 2025. |

**Clinical Subjects:** Oral and Maxillofacial Surgery, Operative / Restorative / Conservative Dentistry, Prosthodontics and Orthodontics

| Post Designation /                 | Required Basic Qualification   | Required Postgraduate (Additional) Qualification  | Required Experience | Required Research Publications | Remarks |
|------------------------------------|--|---|---------------------|--------------------------------|---------|
| (1)                                | (2)  | (3)   | (4)                 | (5)                            | (6)     |
| Lecturer / Demonstrator            | B.D.S. or equivalent qualifications recognised/ registered by the PM&DC. | -   | -                   | -                              | -       |
| Senior Lecturer / Senior Registrar | -do-   | PM&DC level III Qualification in respective subject like F.C.P.S / M.S / M.D<br>OR<br>Other equivalent Level III qualifications in the speciality approved by SRC and | Not Required        | Not Required.                  | -       |





|                        |      | recognised /<br>registered by the<br>PM&DC. |  |  |   |
|------------------------|------|---|--|--|---|
| Assistant<br>Professor | -do- | -do-  | Two (02)<br>years clinical<br>experience in<br>relevant<br>subject in a<br>recognised<br>institute after<br>Level III<br>qualification   | Two (02)<br>research<br>publications<br>in relevant<br>subject.  | -   |
| Associate<br>Professor | -do- | -do-  | Five (05) years<br>teaching<br>experience as<br>an Assistant<br>Professor in<br>the relevant<br>subject.   | Seven (07)<br>research<br>publications<br>are required<br>as Assistant<br>Professor in<br>relevant<br>subject. | A total of<br>nine (09)<br>research<br>publications<br>in relevant<br>subject, of<br>which seven<br>(07) as<br>Assistant<br>Professor<br>are<br>required. |
| Professor              | -do- | -do-  | Three (03)<br>years teaching<br>experience as<br>an Associate<br>Professor in<br>the respective<br>subject is<br>essential<br>provided that<br>total<br>experience as<br>Assistant<br>Professor and<br>Associate<br>Professor is not<br>less than eight<br>(08) years.<br>OR<br>Nine (09) years<br>teaching<br>experience as<br>an Assistant<br>Professor in<br>the respective | Six (6)<br>research<br>publications<br>as Associate<br>Professor are<br>required in<br>relevant<br>subject.    | A total of<br>Fifteen (15)<br>research<br>publications<br>in relevant<br>subject, of<br>which Six<br>(6) should<br>be during<br>last three<br>years.      |





|  |  |  |                       |  |  |
|--|--|--|-----------------------|--|--|
|  |  |  | subject is essential. |  |  |
|--|--|--|-----------------------|--|--|

**Other Clinical Subjects:** Oral Medicine, Paedodontics, Periodontics and Endodontics.

| Post Designation /                 | Required Basic Qualification  | Required Postgraduate (Additional) Qualification   | Required Experience   | Required Research Publications                     | Remarks                                    |
|------------------------------------|---|--|---|--|--|
| (1)                                | (2)   | (3)  | (4)   | (5)  | (6)  |
| Lecturer / Demonstrator            | B.D.S. or equivalent qualifications recognised / registered by the PM&DC. | -  | -   | -  | -  |
| Senior Lecturer / Senior Registrar | -do-  | Level III<br>OR<br>Level II b postgraduate Qualification<br>OR<br>Other equivalent qualifications in the speciality approved and recognised / registered by the PM&DC. | Nil   | Nil  | -  |
| Assistant Professor                | -do-  | -do-   | Two (02) years clinical experience in a recognised institute after Level II b in relevant subject. One (01) year clinical experience in a recognised institute after Level III in relevant subject. | Two (2) research publications in relevant subject. | -  |
| Associate Professor                | -do-  | -do-   | Five (05) years teaching experience as an Assistant   | Seven (07) research publications are required      | A total of nine (09) research publications |



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|           |      |      |   |   |   |
|-----------|------|------|---|---|---|
|           |      |      | Professor in relevant subject.  | as Assistant Professor in relevant subject.   | in relevant subject, of which seven (07) as Assistant Professor are required.   |
| Professor | -do- | -do- | Three (03) years teaching experience as an Associate Professor in the respective subject is essential provided that total experience as Assistant Professor and Associate Professor is not less than eight (08) years.<br>OR<br>Nine (09) years teaching experience as an Assistant Professor in the respective subject is essential. | Six (06) research publications as Associate Professor are required in relevant subject. | A total of fifteen (15) research publications in relevant subject, of which six (06) should be during last three years. |



# **Annexure E**

## **CPSP Training Guidelines**

**Notification Rules of National Residency Program**

**Guidelines for registration with RTMC, CPSP (for  
FCPS-II and MCPS candidates)**

**<https://www.cpsp.edu.pk/supervisory-criteria.php>**



Ref # CPSP/SEC/2020/298

21<sup>st</sup> September 2020

## **NOTIFICATION**

### **RULES OF NATIONAL RESIDENCY PROGRAM**

It is notified for the information of all concerned to follow the rules of CPSP National Residency Program as mentioned:

#### **I) RULES FOR ROTATION IN NON-AVAILABLE DEPARTMENTS:**

- 1) If a teaching hospital does not have a recognized unit for a mandatory rotation, the residents will be required to complete the rotation in a nearby hospital in the same city.
- 2) In case no such hospital is available, or because of certain constraints, the trainees cannot be sent for rotations to other hospitals then the main supervisor will certify that the resident has seen / dealt sufficient number and mix of cases and shall verify the entries for such cases in e-log book.

#### **II) RULE FOR NON-AVAILABILITY OF SPECIALIST TRAINING UNIT:**

If a teaching hospital does not have a recognized specialist unit for a certain specialty training, then the residents will be required to complete their training in a specialist unit in another hospital which has the specialist unit. In case they do not find a training slot, then they have to document, that they have applied in at least three accredited training units and have been refused training.

In case of such an eventuality, the DNRP might consider change of specialty within the same group / or a break with a penalty of extra Training.

#### **III) LEAVING / CHANGING / FREEZING TRAINING IN INITIAL SIX MONTHS / BEFORE NEXT INDUCTION:**

As per CPSP policy residents are not allowed to leave, change and freeze training or change institutions, before six months of completion of training / next induction. Any candidate who leaves, changes or freezes training or



applies for change of supervisor and institution, in the initial six months / before the next induction would not be given any credit for the training done in the past. In case the candidate joins a fresh training program, then the candidate as a **penalty will have to perform an additional six months of training** before the candidate is allowed to take final fellowship examinations.

**IV) LEAVING / RESIGNING FROM TRAINING BEFORE COMPLETION OF THE DESIGNATED TRAINING DURATION:**

As per CPSP policy residents are not allowed to leave training or resign from training on their own. Any candidate who leaves training or resigns on his / her own, would not be given any credit for the training done in the past. In case the candidate joins a fresh training program, then the candidate as a **penalty will have to perform an additional six months of training** before the candidate is allowed to take final fellowship examinations.

**V) RULES FOR BREAK IN TRAINING IN THE FCPS PROGRAM:**

As per CPSP regulations no candidate is allowed to have break in training, before the completion of two years of training, and having passed IMM, after two years of training a break of six months is allowed.

The candidate has to join after six months and in case the candidate fails to join after six months, the central data base automatically de-registers the candidate. The main server is a self-locking central system, to which no body has an access, so once the data base un-registers the candidate, it is beyond the National Residency Program to re-register the candidate.

**VI) RULES FOR UNINFORMED BREAK IN TRAINING OR CHANGE OF SUPERVISOR OR INSTITUTION IN THE FCPS PROGRAM:**

If a trainee, has taken an uninformed break or has changed institution and supervisor, without permission of DNRP, this is considered as a gross violation of the CPSP regulations.

No credit would be given for the uninformed training.





As a penalty for this gross violation of rules, he / she will have to do an additional training of six months to one year, before he / she becomes eligible for his / her final fellowship examinations.

The candidate will have to submit an affidavit that he / she will not conduct any further break in training or change of supervisor, as in this case his / her training will be terminated, with no further relief.

**VII) ONE TIME CHANGE OF INSTITUTION AND SUPERVISOR:**

Trainees in their training period are allowed one time change of institution and supervisor; but the candidate has to submit an affidavit that no further change of supervisor and institution will be done, as this will automatically lead to cancellation of training.

**VIII) ONE TIME CANCELLATION OF MCPS AND JOINING FCPS:**

Trainees are allowed one time cancellation of registration of MCPS to join FCPS training, but the candidate has to submit an affidavit that no further cancellation or change of training will be done, as this will automatically lead to cancellation of training.

**Note:** These rules can be changed if and when required and be duly notified.

**Prof. Irshad Waheed**  
Secretary CPSP

**C.c:**

- CPSP Councillors
- Examination Department
- DME Department
- IT Department
- CPSP Website
- All CPSP Regional Directors
- Registrar CPSP
- DNRP Department
- RTMC/REU Department

## **Guidelines for registration with RTMC, CPSP (for FCPS-II and MCPS candidates)**

1. Registration / Induction in the training will be twice in a year i.e. during January and July for FCPS & MCPS.
2. The training for all CPSP programs is on whole time basis. Trainees are not allowed to work in any other department for financial benefit or simultaneous academic qualification.
3. The Units of Medicine and Surgery having strength of three or more CPSP approved Supervisors are allowed to induct (4+4) eight trainees during each session i.e. January and July. Four will continue their trainings in medicine and surgery for four years. Remaining four will move over to specialty of their own choice after completion of two years training in Surgery and Medicine to become eligible for IMM examination.
4. Disciplines looking after only outdoor patients like Diagnostic Radiology, Dentistry etc each approved CPSP Supervisor is allowed to induct upto six trainees in each session.
5. In Obstetrics and Gynecology six postgraduate trainees per unit per session are allowed for the training in Fellowship.
  - 5.1 In Subjects other than Obstetrics and Gynecology and those requiring indoor beds are allowed to induct upto four MCPS trainees.
6. All the post graduate candidates inducted for the training are stipendiary as per instruction by the Federal and Provincial governments. Candidates are advised not to accept honorary/ unpaid post as the period which is unpaid will not be registered with RTMC.
7. Regarding Change in Name :

The name of a candidate will remain same for FCPS/MCPS/IMM certificates as entered in the MBBS/ BDS degrees. Any request for the change in name will not be accepted in any case.

8. Leaves

8.1 Fifteen Days leaves is admissible with approval of head of department during each six months. These leaves cannot be accumulated or carried forward and cannot be availed at one time.

8.2 Three months maternity leave can be availed once during entire training period. This period shall be completed afterwards to be eligible for the final examination.



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(<https://www.cpsp.edu.pk/>)

## ☰ Training Guidelines

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### Registration Of Training

It is mandatory for every FCPS-II candidate to get himself/herself registered with RTMC, CPSP, for his/her training programme for January & July sessions as per College Notification # RTMC/CPSP/2008/640 dated 30 July 2008 and closely follow the structured training programme of your specialty available with the institute and training /supervisor (In case venue/supervisor is changed the same must also be re-registered).

The trainees must undergo the whole training (including rotations) under the supervision of CPSP approved supervisor in a CPSP recognized institution. The booklet containing details of CPSP approved supervisors and institutions can be obtained from the Accounts Office or from website [www.cpsp.edu.pk](http://www.cpsp.edu.pk)

The RTMC Registration must be made IMMEDIATELY (maximum within one month) after joining the training, failing which, the date of commencement of training will be the date on which RTMC receives the Registration Form and if not within the stipulated period for the January/July session the training will be considered un-registered training.

No relaxation in the duration of training can be granted on account of training acquired prior to passing FCPS I/unregistered training.

Please note that the speciality once chosen cannot be changed.

Each Candidate Must Obtain Prospectus and Follow Each Instruction / Guideline Strictly.

Please Note; That Requirements Of Training Are Constantly Under Review And It Is Your Responsibility To Be Aware Of The Current Regulations, Which Will Be Applicable To You, On The Date Of Registration.

### Related Links



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## ☰ Training Guidelines

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### Registration with RTMC

Guidelines for registration with RTMC, CPSP (for FCPS-II and MCPS candidates)

01

Registration / Induction in the training will be twice in a year i.e. during January and July for FCPS & MCPS.

02

The training for all CPSP programs is on whole time basis. Trainees are not allowed to work in any other department for financial benefit or simultaneous academic qualification.

03

The Units of Medicine and Surgery having strength of three or more CPSP approved Supervisors are allowed to induct (4+4) eight trainees during each session i.e. January and July. Four will continue their trainings in medicine and surgery for four years. Remaining four will move over to specialty of their own choice after completion of two years training in Surgery and Medicine to become eligible for IMM examination.

### Related Links

Registraion

04

Disciplines looking after only outdoor patients like Diagnostic Radiology, Dentistry etc each approved CPSP Supervisor is allowed to induct upto six trainees in each session.

05

In Obstetrics and Gynecology six postgraduate trainees per unit per session are allowed for the training in Fellowship.

In Subjects other than Obstetrics and Gynecology and those requiring indoor beds are allowed to induct upto four MCPS trainees.

06

All the post graduate candidates inducted for the training are stipendiary as per instruction by the Federal and Provincial governments. Candidates are advised not to accept honorary/ unpaid post as the period which is unpaid will not be registered with RTMC.

07

Regarding Change in Name :

The name of a candidate will remain same for FCPS/MCPS/IMM certificates as entered in the MBBS/ BDS degrees. Any request for the change in name will not be accepted in any case.

08

Leaves :

Fifteen Days leaves is admissible with approval of head of department during each six months. These leaves cannot be accumulated or carried forward and cannot be availed at one time.

Three months maternity leave can be availed once during entire training period. This period shall be completed afterwards to be eligible for the final examination.

(training-registration.php)

Re-Registraion



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## ☰ Training Guidelines

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### Queries Related To Approval Of Supervisor

If you can not find your query in given FAQ Topics, please use our Online Query Form or e-mail to us, at [rtmc@cpsp.edu.pk](mailto:rtmc@cpsp.edu.pk). Please note that your RTMC OR REF should always be mentioned in all correspondence.

#### Q1. What are the requirements for approval as supervisor from CPSP?

For approval of Supervisor the following requirements must be fulfilled:

01

As per CPSP policy it is mandatory that applicant at least holds the position of Assistant Professor to be approved by CPSP as a supervisor for training of the post graduate candidates and to have 5 years Post Fellowship Experience after acquiring FCPS / FRC S/ FRCP / MRCP / MS / MD or equivalent qualifications recognized by CPSP to be approved as a supervisor.

02

As per CPSP policy it is mandatory to have 5 years Post Fellowship Experience after acquiring FCPS/FRCS/FRCP/MRCP/MS/MD or equivalent qualifications recognized by CPSP to be approved as a supervisor.

03

Form 'B' i.e. supervisor data duly filled form to be sent to RTMC.

04

The application has to be properly recommended and forwarded by the Principal/Head of the Institution.

05

Appointment letter for the present position in the institute / hospital. Also mention the unit of << SPECIALSUB >> you are working and how many previously approved supervisors are working in the same unit. Also provide the faculty details including number of beds and status of registered trainees under previously approved supervisors << SPECIALSUB >>.

06

Complete Curriculum Vitae.

07

Photocopy of valid P.M.D.C. registration certificate duly updated showing all your post graduate degree/qualifications.

08

**Photocopies of Four mandatory workshops for supervisors i.e.**  
Educational Planning & Evaluation.  
Assessment of Competence.  
Supervisory Skills.  
Research Methodology, Biostatistics & Medical Writing.

### Related Links

(training-registration.php)



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## ☰ Training Guidelines

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### Research Evaluation Unit (REU)

The Research evaluation unit is a specialized unit created by the College of Physician and Surgeons Pakistan to promote the culture of research and assist the postgraduate trainees of the college to systematically conduct efficient research.

The unit is headed by a Qualified Epidemiologist and has representative staff at regional centers of CPSP thru out Pakistan.

#### The unit's core responsibilities include :

Timely and Comprehensive Evaluation of Research Protocols

Assessment of Dissertations

Provision of research Advisory to trainee and trainers, so as to facilitate the writing of quality protocol

Evaluation and up gradation /revision of research related teaching material for trainees and trainers

#### The Research Evaluation unit furthermore serves as a resource centre for:

Provision of training and guidance to all Research personals associated with CPSP, thru out Pakistan.

Development and implementation of policies and procedures to ensure Standardization and quality assurance in evaluation of protocols and conduct of research Workshops through out Pakistan.

Induction and training of all research workshop facilitators thru out Pakistan.

### Related Links

Registraion



Ref # CPSP/Sec/2022/250

02<sup>nd</sup> June, 2022

## **NOTIFICATION**

The CPSP Council in its 197<sup>th</sup> Meeting considered the difficulties faced by trainees in getting timely acceptance and publication of Articles in CPSP approved Journals.

In order to overcome this issue & help the trainees it has been decided to include Y, X and W category HEC approved Journals in the list of CPSP approved Journals, with immediate effect.

This issues with approval of Competent Authority.

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**Prof. Irshad Waheed**  
Secretary, CPSP

C.c:

- CPSP Council
- CPSP Regional Centres
- CPSP Website
- All Concerned

# FORMAT OF SYNOPSIS

Before beginning work on an article, FCPS trainees must submit a synopsis to the Research Evaluation Unit (REU) for approval. The synopsis is a brief outline of the proposed research, limited to approximately four A4-sized pages or a maximum of 1,000 words.

A synopsis must have the following headings:

**TITLE:** Should reflect the objectives of the study. It must be written after the whole synopsis has been written so that it is a true representative of the plan (i.e. the synopsis).

**INTRODUCTION:** Should contain brief background of the selected topic. It must identify the importance of study, its relevance and applicability of results. It must clearly state the purpose of the study.

**OBJECTIVES:** An objective is an intent of what the researcher wants to do stated in clear measurable terms.”

**OPERATIONAL DEFINITION:** Is the definition of the exposure and outcome variables of interest in context to objective in a particular study and their means of measurement/determination.

Examples:

- Anemia
- Effectiveness
- PPH
- Wound healing

**HYPOTHESIS:** A hypothesis is a statement showing expected relation b/w 2 variables. A hypothesis is needed in the following study designs:

- i. All interventional studies
- ii. Cohort
- iii. Case control

**MATERIAL AND METHODS:**

**STUDY DESIGN:** Mention the name of the appropriate study design.

**SETTING:** Name and place where the research work is to be conducted.

**DURATION OF STUDY:** Indicate the total study duration.

**SAMPLE SIZE:** How many patients will be included. If there are groups how many in each group?

**SAMPLING TECHNIQUE:** Type of sampling technique employed.

**SAMPLE SELECTION:**

**Inclusion criteria:** On what bases will patients be inducted in the study?

**Exclusion criteria:** On what bases will patients be excluded from the study?

**DATA COLLECTION PROCEDURE:** A detailed account of how the researcher will perform research; how s/he will measure the variable.

It includes:    Identification of the study variables  
                  Methods for collection of data  
                  Data collection tools (proforma/questionnaire), and informed consent form

**DATA ANALYSIS PLAN:** Relevant details naming statistical software to be used, which descriptive statistics and which test of significance if and when required, specifying variables where it will be applied.

**REFERENCES:**

Use Vancouver style for citations.

**DATA COLLECTION INSTRUMENT:**

The researcher must attach, as an annex, the proforma or questionnaire and informed consent form with the help of which he/she intends to collect data. The proforma/ questionnaire must match the objectives and must not contain irrelevant sections like inclusion and exclusion criteria etc.

# FORMAT OF DISSERTATION

The different sections in the part I and II of the dissertation are formatted as per description given below.

## **1) Sections In Part I.**

### **i. Title Page**

It is the very first page of dissertation. The title is a concise statement identifying actual variables or theoretical issues under investigation and the relation between them. A title should be in minimum possible words that adequately describes the contents of research work/study all the words in the title are to be chosen with great care and the association with one another properly sequenced. This is also important for indexing the study. The title does not contain any abbreviation, chemical formulae, proprietary names and jargons etc.

The title should be written on the top in bold letters, followed by full name of trainee in the order of first, middle, initial and last name alongwith the highest academic degree. Then full name of Supervisor is mentioned under whom the entire research work/study has been completed together with his/her highest academic degree. At the bottom the name of department and institution is to be given, where research work/study has been conducted. The date of submitting Dissertation is given at the lowest end of the title page.

### **ii. Supervisor's Certificate**

It is placed after the acknowledgement and is numbered in the Roman numeral.

### **iii. Dedication**

It is an optional section, in which trainees normally dedicate their Dissertation to their parents, brother, sister, teachers, friends, spouses and/or children. The dedication is written in the center of a separate page in one or two lines and numbered in Roman numerals.

### **iv. Acknowledgement**

This section is designed to offer thanks or appreciation to the efforts of individuals or organizations for help, advice or financial and material assistance extended by them during the research work/study. The trainees should not forget to mention the names of there colleagues, statisticians, the computer operator and spouse, if applicable, as well as the supervisor. This is the best place to show gratitude and appreciation. Technical help and other contributions like financial and material support are acknowledged in a separate paragraph. This section is placed after the dedication on a separate page and numbered in Roman numerals.

## **v. Table of Contents**

It is an important section of part I that contains the main headings of the text in the dissertation, annexes and page numbers in Arabic and Roman numerals. Sub-headings are also used where necessary. Table of contents is written on separate page(s) and numbered in Roman numerals.

## **vi. List of Tables**

All the tables of dissertation are listed together with titles and page numbers in this section. It is written on separate page(s) and numbered in Roman numerals.

## **vii. List of Figures / Graphs / Illustrations**

All the figures, graphs and illustrations drawn for the dissertation are listed with titles and page numbers in this section. It is written on a separate page and duly numbered in Roman numerals.

## **viii. List of Abbreviations**

A list of all the abbreviations used in the dissertation along with full words is written on separate page(s) and numbered in Roman numerals. Only standard abbreviations are used in the dissertation.

## **2) Sections of Part II:**

### **i. Structured Abstract**

It is the first section of the dissertation. The abstract is a brief account of the dissertation, summarizing the information given in each major section. It is different from the conclusion and identifies the basic contents of the dissertation. It is written in past tense, emphasizing on important aspects of the dissertation. The abstract is around 250 pages words written under the following headings:

- introduction
- objectives
- main outcome measures,
- study design
- setting
- subjects
- methods
- results
- conclusions.

At the end of abstract, three to ten (3-10) key words are identified and written. Selected key words should be from the Medical Subject Headings (MeSH), List of Index

## **ii. Introduction**

It is second section of the dissertation that presents the specific problem under study and reflects:

- The importance of the topic selected
- The rationale of the study and discusses the background.

Before writing introduction in the dissertation, the trainee should study relevant literature retrieved from published papers. Relevant articles are selected, which improve the understanding of the topic. Only pertinent references are cited but not extensively reviewed in this section. Rationale of the study should be mentioned at the end of introduction.

## **iii. Review of Literature**

Review of the literature is essential. A comprehensive review of the current status of knowledge on the selected topic must be included. It should be a collective review and critique in the candidate's own words of various viewpoints supported by relevant data, and should not be copied from published work. The review should be properly referenced. References should preferably be of the last five years, including some published in the recent past. However, older references can be cited provided they are relevant and historical.

It is essential to also include a review of the local literature.

A special effort should be made to collect and review all work done in Pakistan on the chosen topic. This should include work published in recognized journals and in publications of various societies and medical colleges, as well as abstracts of meetings, conferences or seminars held in Pakistan or abroad. Data collected by others, whether published or unpublished, must be acknowledged whenever included.

## **iv. Objectives**

Objectives are statements of intentions. They inform the reader clearly what the researcher plans to do in his/her work. The must identify the variables involved in research.

Objective should start with an action verb and be sufficiently specific, measurable, achievable, relevant and time bound (SMART).

## **v. Operational Definition:**

May be required in some cases. It is definition of a term specifically telling how it will be measured for e.g.:

- a. Morbidity:** this encompass a number of aspects viz. prolonged hospital stay, severe pain, immediate complications, long term sequelac. A research must define how a vague term will be measured.

- b. Efficacy:** These can be measured
- i. Time taken in relieve of symptoms which may be pain, fever cough heartburn etc.
  - ii. Taking into account number of side effects.
  - iii. Time taken for complete recovery
- student is requirement to specify how he/she will measure efficacy.

**vi. Hypothesis:**

A hypothesis is a statement showing expected relation between two variables.

A hypothesis is needed in the following study designs:

- i. All interventional studies
- ii. Cohort
- iii. Case control
- iv. Comparative cross sectional.

**vii. Material and Methods:**

**SETTING:** Name and place where the research work has been conducted – community based or facility based (e.g. hospital, laboratory).

**DURATION OF STUDY:** How long did the study take.

**SAMPLE SIZE:** how many patients were included. If there were groups how many per group?

**SAMPLING TECHNIQUE:** Probability or Non probability.

**SAMPLE SELECTION:**

**Inclusion criteria:** on what bases were patients inducted in the study.

**Exclusion criteria:** on what bases were patients be excluded from the study.

**STUDY DESIGN:** Mention the name of the appropriate study design.

**DATA COLLECTION PROCEDURE:** a detailed explanation of how the researcher performed research; how s/he measured the variable.

It includes: Identification of the study variables  
Methods for collection of data  
Data collection tools (proforma/ questionnaire)

**DATA ANALYSIS PLAN:** A brief statement about what statistical procedures have been used. The exact name of the software and its version used must also be mentioned.

**REFERENCES :** in Vancouver style (for detail refer to page 132).

**PROFORMA(S):** must be according to the objectives

### **viii. Results**

The results should be in logical sequence with the main results being stated first. The data should be reported in sufficient detail to justify the conclusions. The results section should include the:

- Number of subjects in the study at its inception.
- Statistics describing the study population, and the number of subjects who were excluded.
- Number of subjects dropped out, or lost at any point in the study.
- To illustrate the main effects, the data should be presented in appropriate tables and figures.
- Data in tables or figures should not be repeated in the text where only important observations should be summarized.
- When data is statistically analyzed, information should be included about the tests of significance (such as chi-square or t-test) used, obtained magnitude or value of the test, the degrees of freedom, the probability level. Results should be presented in terms of confidence intervals wherever possible.
- If one statistical test has been used throughout the manuscript, the test should be clearly stated in the methods section. If more than one statistical test have been used, the statistical tests performed should be discussed in the methods and the specific test used reported along with the results.

### **ix. Discussion**

The writing skills of a trainee are best projected in this section of the dissertation. It is meant to fit the results of current research work into pre-existing pool of knowledge.

- If a hypothesis existed, whether the hypothesis was supported or refuted by the results should be addressed.
- The results of the study should be examined and interpreted, and implications described.
- The limitations of the study should be discussed, including possible sources of bias and how these problems might affect conclusions and generalizability.
- The implications for clinical practice, in any specific directions for future research may be offered.

- Similarities and differences between the findings of the study and those of others should be brought out and explained through a review of the literature.
- The study results should be placed in context with published literature.

#### **x. Conclusion(s)**

This is the last section of the text in which conclusions or inferences drawn on the basis of the results of study are described. The conclusions should be linked with the objectives of the study. Recommendations for further research may be included when appropriate e.g. if you find a statistically significant number of cases of anemia of severe degree in the school going girls of a particular area you can recommend further research to probe the cause of anemia in that area. It is important to be careful that the conclusions should not go beyond data and should be based on the study results and population.

#### **xi. References**

CPSP follows the Vancouver reference style.

References are serially numbered in the order in which these are mentioned in the text e.g., for the first cited reference the trainee may either put "1" at superscript or in parenthesis at the most relevant place in the sentence. This reference will then be listed at serial number "1" in the References section of the Dissertation. The next reference will be marked as number "2" at superscript or in parenthesis and listed at number "2" in the References section and so on.

References in the text, tables and legends are identified by Arabic numerals within parenthesis. Only reference of articles indexed/abstracted in Medline, Excerpta Medica, Extra-Med and those published in journals recognized by the Pakistan Medical & Dental Council may be listed. The trainee is expected to check all parts of each reference against the original publication, before the manuscript of the Dissertation is submitted to R.T.M.C.

# DISSERTATION WRITING

## **General Information:**

Dissertation is a detailed discourse on a subject especially submitted for a higher degree in a University (Oxford Dictionary).

The CPSP dissertation is a document that contains relevant details of the research work conducted by the fellowship trainee relating to the problem selected. The objective of writing a dissertation is to develop skills in fellowship trainees for:

- collection and compilation of data,
- analyzing and reviewing relevant literature available on the subject (both national and international),
- developing medical writing habits as an art for writing scientific articles in medical journals.

The other advantages of writing a dissertation include:

- Cultivating an inquiring mind
- Encouraging in depth study of common problems afflicting our people
- Generation of scientific data locally
- Keeping abreast of new developments locally and abroad
- Understanding the fundamentals of research

## **Rules and Requirements**

To prepare a dissertation acceptable to the CPSP, the rules and requirements prescribed below must be followed while writing.

## **Approval:**

- The research work or study must be started after receiving the approval of synopsis / research protocol from Research Evaluation Unit (REU), CPSP.
- The research work or study must be planned in such a way that the entire study, including dissertation writing, is completed during the training period.
- The topic and research methodology must be the same as laid down in the synopsis/research protocol approved by the REU, CPSP.
- Patients in the photograph(s), if included in the dissertation, must not be identifiable or the photographs must be accompanied with a written consent of the patients. Colored photographs are to be preferred.
- Photomicrographs, if included in the dissertation, must have internal scale markers and symbols, arrows or letters in contrast to the background.
- If tables, figures, diagrams, photographs, photomicrographs or any other type of illustrations are reproduced from published literature, they must be properly acknowledged in the dissertation.

- Only standard terms and abbreviations must be used if needed in the dissertation. When using for the first time, a full word or phrase, together with its abbreviation in bracket (except for standard measurement units), must be mentioned. A list of all abbreviations used in the text must also be attached in the dissertation.
- The information about patients such as names, initials or hospital numbers must be kept confidential, especially in illustrative material.

### **Contents:**

- It is essential that a minimum of one third contents of the dissertation should be from the trainee's own research work or study.
- The statistical tests mentioned in the dissertation must have proper references to enable an assessor or reader to verify the reported results. Statistical terms, abbreviations and symbols must be defined. Any computer program, if used, must also be specified.
- The illustrations in the dissertation must be accurately drawn, on separate pages and numbered serially. Each figure / diagram must have a legend. Free hand lettering is not accepted.
- Measurement, units of length, height, weight and volume mentioned in the dissertation must be in metric system i.e., meter, kilogram and liter.

### **Format:**

- Each section of the dissertation must be started on a new page.
- The section in part 1, from "Supervisor's Certificate" upto the list of "Abbreviation", should be serially numbered in Roman number while the rest should be serially numbered in Arabic numerals.
- The Dissertation must contain 15,000 to 20,000 words i.e., about 80-100 A4 size pages, typed or computer-printed with double space, on one side of each page.
- It must have 4-cm margin, at all 4 sides of each page.
- All pages must have serial numbers at upper right hand corner.
- It must not contain any typographical errors or spelling mistakes.
- The font size should be 12.
- Font should be New Times Roman or Ariel or Verdana.

### **Language:**

- The writing of dissertation must be planned in such a way that continuity of the theme is maintained.
- It must be written in trainee's own words and style. The language must be simple, direct and precise. Verbosity must be avoided.
- Direct quotations must be minimally used. If quoted, these must be given within inverted commas with full acknowledgment.
- The statements, other than trainee's own, must be supported with reference citation.
- The trainee, who plagiarizes or copies someone else's Dissertation, will

be liable for a punitive action by CPSP, which may include debarring him/her from appearing in FCPS examination for lifetime.

- Each table must be typed or computer-printed with double space, on a separate page. It must be numbered consecutively, in order of citation and inserted at the appropriate place in the text. Symbols and abbreviations, if used, must be explained in the footnote of each table.

### **Special Cases:**

- If the trainee wishes to change the supervisor, he must intimate the original supervisor in writing that he/she is applying for a change of supervisor and submit documentary evidence with full justification(s) to RTMC.
- The trainee must obtain approval in writing from REU, CPSP for changing the supervisor originally approved by the CPSP. The Supervisor must endorse the certificate annexed at "B", before the dissertation is submitted to RTMC, CPSP.
- In case the trainee, who has already acquired a Fellowship from CPSP, desires to appear for FCPS in any other specialty, he/she may submit a fresh Dissertation or his/her 2 published papers on the chosen specialty in CPSP approved or journals listed in Index Medicus as the first or second author.

### **Submission:**

- Certified copy of dissertation must be submitted to CPSP, through the Supervisor for assessment and approval, at least six months before the date of examination in which the trainee desires to appear.
- The dissertation must be secured with spiral binding.
- The dissertation must be submitted along with the paid bank challan or a bank draft / pay order issued in the name of CPSP, on account of Dissertation fee.
- Once the dissertation is submitted to CPSP, it must not be submitted to any other institution for a postgraduate diploma or degree. Violation of this rule, will render the trainee liable to punitive action by CPSP, which may include cancellation of Fellowship.
- The trainee may write an article based on his/her approved dissertation and submit it to the Journal of CPSP. Such an article must have the name of trainee as the first or second author.

# COMPONENTS OF A RESEARCH ARTICLE

There are five essential components of an original/research article

1. Abstract/Summary
2. Introduction
3. Material & Method
4. Result
5. Discussion.

These can be remembered with the help of the acronym, IMRAD that stands for :

- = I = Introduction,
- = M = Material & Method
- = R = Result,
- = A = And
- = D = Discussion.

Key words are included with structured abstract. Additional components are acknowledgement (which is optional) and the References. Hence the manuscript of all research articles should contain the following sections:-

## **Essential Components**

**Title page:** The complete title of the manuscript, the name of the authors with their highest qualifications, the department or institution to which they are attached, address for correspondence with telephone numbers and fax number, if possible.

**Abstract/Structured:** All original articles should have a structured abstract. Usually the limit ranges from one hundred fifty to two hundred fifty words. The abstract should be in structured form and should have headings of objective, design ,settings, subjects, interventions (if applicable),main outcome measures results and conclusions.

**Key Words:** Below the abstract give few key words, which should not more than ten. These key words are used in cross-indexing the article and are usually published with abstract. Use terms from the Medical Subject Headings (MeSH) which are standard medical headings given in the list of index medicus, e.g Glomerulonephritis, Paraplegia, Infertility. If suitable MeSH terms are not yet available for recently introduced terms, present term may be used.

**Introduction:** This should describe the purpose of the article and the

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rationale for the study. It should neither review the subject extensively nor should it have data or conclusions of the study.

**Material:** Material refers to the subjects and apparatus

- = SUBJECTS: are patients or person on whom study was done their age, sex, mean age, and standard deviation, and other relevant characteristics should be given.
- = APPARATUS: refers to the main device used to measure the observation, this may be a laboratory equipment, surgical procedure, questionnaire, or a clinical method e.g. a laboratory instrument for Hemoglobin estimation, a procedure to remove the stone from bile duct, a questionnaire developed to know the effect of poverty on nutritional status or clinical criteria to assess the severity of pain

**Method:** METHOD is the procedure of data collection. Mention the study design, place where study was conducted, procedure of data collection. Mention the name of statistical test and software program wherever applied.

- = RESULTS must be presented in the form of text, tables and illustrations. The contents of the tables should not be repeated in the text. Instead, a reference to the table number must be given.
- = DISCUSSION should emphasize the present findings and comparison should be made of variations or similarities with other works done in the field. The detailed data should not be repeated in the discussion. It must be mentioned whether the hypothesis in the article is true, false or no conclusions can be derived.
- = OPTIONAL COMPONENTS are added only whenever applied. These are as follows:
- = ACKNOWLEDGEMENT if desired, it should be included after the discussion and before references.
- = LETTER OF UNDERTAKING signed by the main author must accompany all manuscripts:

### **Sample Letter of Undertaking**

This is to confirm that the original / review Article / case report titled \_\_\_\_\_ submitted for publication in \_\_\_\_\_ has not been published in any other journal and if accepted for publication, it will not be published in any other medical journal in Pakistan or overseas.

\_\_\_\_\_  
Name of author (In capital)

\_\_\_\_\_  
Signature

## **Annexure F**

**UHS Level-III MD/MS/MDS Courses  
(Amended Regulations 2024)**

<https://share.google/E2IIMzTOjdux63Kdt>



## UNIVERSITY OF HEALTH SCIENCES, LAHORE

### NOTIFICATION

Board of Governors, in its 59<sup>th</sup> meeting, held on 17<sup>th</sup> June 2025, on the recommendation of the Syndicate and in exercise of its powers under Sections 24.(1)(ii) and 35.(3) of UHS Ordinance 2002, approved the 'Regulations for Level-IV MS/MD/MDS Courses (Amended Regulations 2024)'.

**Encl:** 'Regulations for Level-IV MS/MD/MDS Courses (Amended Regulations 2024)'

**REGISTRAR**

Dated: 30-06-2025

No: UHS/REG-25/1438

Copy forwarded for information to the:

1. Controller of Examinations, UHS
2. All the Heads/Principals of affiliated/constituent postgraduate colleges/institutions of UHS
3. Additional Registrar (Registration), UHS
4. Director Medical Education, UHS
5. Director, Directorate of Postgraduate Studies, UHS
6. Director, Student's Affairs, UHS
7. Director Research & Development, UHS
8. P.S.O to Vice Chancellor, UHS
9. PS to Pro-Vice Chancellor, UHS

**REGISTRAR**

# UNIVERSITY OF HEALTH SCIENCES, LAHORE



## REGULATIONS

### LEVEL-IV MS/MD/MDS COURSES

#### (Amended Regulations 2024)

*[Handwritten signatures in blue ink]*

**1. SHORT TITLE, COMMENCEMENT, AND APPLICATION:**

These regulations may be called the Supra-Specialty MS/MD/MDS Regulations (Amended Regulations 2024). These shall come into force at once and shall apply to all students/candidates who are registered with UHS for MS /MD/ MDS Level-IV courses.

**2. DEFINITION:**

In these regulations, unless the context otherwise requires, the following expression shall have the meaning hereby respectively assigned to them that is to say:

- i. **Applicant** means a person who applies for admission into MS or MD or MDS Level-IV program.
- ii. **Assessment** means a formally defined process within the curriculum in which the candidates' progress in the training program is assessed and measured using a range of defined and validated and reliable assessment tools.
- iii. **Availed Attempt** means the candidate appeared in person in whole or part of the examination during the permissible attempts.
- iv. **Board of Governors** means Board of Governors of the University.
- v. **Candidate** means a person who will be selected for training in MS or MD or MDS Level-IV Program.
- vi. **Candidates' Training Portfolio** means a professional development portfolio to track progress in the training program. It shall consist of a record of the acquisition of knowledge, skills, and attitudes.
- vii. **Continuous Internal Assessments (CIA)** mean the candidate's training portfolio assessment and the supervisor's annual review report on these assessments.
- viii. **Curriculum** means the courses of study.
- ix. **Examiner** means examiner of written and clinical examinations of MS/MD/MDS Level-IV Programs.
- x. **Government** means the Government of Punjab.
- xi. **Institute** means the constituent and affiliated medical and dental colleges and hospitals in which MS/MD/MDS Level-IV training is being done.
- xii. **MD** means Doctor of Medicine (Level-IV)



- xiii. **MS** means Master of Surgery (Level-IV)
- xiv. **MDS** means Master of Dental Surgery (Level-IV)
- xv. **Ordinance** means University of Health Sciences ordinance, 2002.
- xvi. **Program** means each and every component of training for the University of Health Sciences University's degrees of MS/MD/MDS Level-IV.
- xvii. **Program Format** means the whole plan of training and assessment for MS/MD/MDS Level-IV Degrees and this shall be referred to as Program Format.
- xviii. **Supervisor** means a person who supervises MS or MD or MDS Level-IV candidates during training.
- xix. **Supra-specialty program** means post-MS/MD/MDS/FCPS/Equivalent foreign qualification acquired in any discipline where the candidate has already achieved Level-III specialization.
- xx. **Trainee** means the candidate who has been selected in a program of study and registered with the relevant department.
- xxi. **Training Program** means training of medical and dental graduates in achieving generic and specialty specific competencies of their chosen discipline, leading to Level-IV degree of MS or MD or MDS.
- xxii. **University** means the University of Health Sciences, Lahore.
- xxiii. **Un-availed Attempt** means an attempt in which the candidate did not appear in person for any reason subsequent to becoming eligible for the same. The said attempt shall be counted towards the number of permissible attempts.
- xxiv. **Workplace Based Assessments** mean assessment of generic and specialty specific competencies at the workplace like multisource feedback evaluation and assessment of candidates' training portfolio.

### 3. NAMES & DURATION OF PROGRAMS

- i. Level-IV MS/MD/MDS courses shall not be less than of 2 years duration but not more than of 3 years duration.
- ii. Level-IV courses shall be offered in supra-specialties approved by Board of Governors from time to time.

### 4. ADMISSIONS

- i. **Eligibility:** The applicant on the last date of submission of applications for admission must possess the:

- a) MS/MD/MDS/FCPS/MRCP/FRCS/American Board/ OR any other equivalent degree recognized by PMC as a level-III qualification.
  - b) Two research papers published in Pakistan Medical and Dental Council (PMDC)/ Higher Education Commission(HEC)/Journal Citation Reports (JCR) recognized journals in the relevant specialty.
  - c) Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council/ Pakistan Medical Commission.
- ii. Following pre-requisites shall be strictly followed before admission of any candidate through any induction program/policy:
- a) Recognition of relevant training program and site by Pakistan Medical & Dental Council (PM&DC)
  - b) Affiliation of the admitting institute with University of Health Sciences (UHS) in relevant specialty/program
  - c) Payment of substantial stipend to postgraduate trainees (As per Part-IV, para 11c of Postgraduate Medical/Dental Education Standards and Regulations 2023 of PM&DC)
- iii. The admission process in public sector institutions shall be central and in accordance with the policies of the Government. For institutes under Central Induction Policy (CIP), admissions shall be advertised by Government of Punjab through Specialized Healthcare and Medical Education Department/Authorized body in the print and electronic media in accordance with governing policies.
- iv. The institutes other than those under Central Induction Policy (CIP) shall advertise the admission notice through Major Urdu and English dailies along with number of seats and stipend mentioned against each specialty. Policy/criteria of admission shall also be given wide publicity. UHS shall have the right to acquire audit of admission process at any moment. University shall regulate the admission of private sector institutions in accordance with the regulations of PM&DC.
- v. The intake into any program shall not be inconsistent with the regulations of PM&DC and policies of the Government as the case may be.
- vi. Admission process shall be completed within 45 days of publishing the advertisement.


- vii. The institute shall forward list of admitted students to Directorate of Postgraduate Studies (DPS), UHS within 15 days of induction with documentary evidence of fulfillment of pre-requisites along with proposed supervisors.
- viii. The institute shall forward list of available supervisors having UHS supervisory certificate and number of their presently enrolled/registered trainees in each specialty within 15 days of induction as per format attached as annexure "I".
- ix. Allocation of the supervisor shall be done through the University Supervisory Allocation Committee (USAC), UHS. The combined workflow for allocation of supervisor and synopsis approval, to be followed is attached as annexure "II". The list of proposed supervisors as per format attached as annexure "III" shall be presented by DPS, UHS to University Supervisory Allocation Committee (USAC) for recommendation of allocation. Final approval of allocation shall be granted by Competent Authority.
- x. Any change in the institute of already registered candidates shall be dealt as per migration regulations of UHS (available on website) and prevailing policy of Government of the Punjab.

## 5. REGISTRATION

- i. Registration returns shall only be accepted via online registration portal from the institutes who remained compliant to the prescribed admission/induction criteria.
- ii. Registration returns shall be submitted to the Directorate of Postgraduate Studies, UHS within 30 days of admission.
- iii. Institute shall be responsible for forwarding the registration returns. No returns shall be accepted after due date.
- iv. Each candidate should be registered within 30 working days after due date of registration. Allowed time duration for removing objections (s) (if any) shall be 15 days from the date on which objection (s) is/are raised. Candidates are hereby advised to review their eligibility (renewal of documents, validity of entrance exam, etc.) well-before time in their own interest (Workflow for registration of postgraduate students is annexed as IV).

## 6. FORMAT

- i. In terms of section 3 of the regulations, the course shall consist of 2 or 3 years duration.

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- ii. The Exit Examination shall be held only after completion of the prescribed training period of 2 or 3 years as the case may be.
- iii. MS/MD/MDS-Level IV degrees shall be research-intensive degrees. A candidate shall be awarded degree only after one research publication in a PMDC/ HEC recognized journal apart from undergoing prescribed clinical training.

#### **7. MANDATORY WORKSHOPS**

- i. All postgraduate trainees will be required to undergo Mandatory Workshops for Postgraduate trainees Level IV/Supervisors (To be conducted by Department of Medical Education (DME), UHS within two months of registration of the candidates).

#### **8. CONTINUOUS INTERNAL ASSESSMENT**

- a. The cumulative score of all training years will be added together to provide a final cumulative score of Continuous Internal Assessments of all the trainees by the Head of the department(s) to the Principal for forwarding it to the Examination Department.
- b. An Internal assessment score of 75% shall be required to appear in Exit Examination.
- c. Continuous Internal Workplace Based Assessments will be done by the supervisors, that may be based on:
  - i. Log Book
  - ii. Direct Observation of Procedural Skills (DOPS) Proforma
  - iii. Mini Clinical Evaluation Exercise (CEX) Proforma
  - iv. Case based Discussion (CbD) Proforma
  - v. Attendance
- d. Institutions shall send internal assessment and attendance three monthly to Directorate of Post Graduate Studies, UHS.

#### **9. EXIT EXAMINATION**

Exit examination shall be conducted for the candidates getting training in all MD/MS/MDS Level-IV courses at the end of course.

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- i. To appear in Level-IV Exit Examination, a candidate shall be required to submit following through his/her head of institution:
  - a. Certificate of achieving 85% attendance in the training program.
  - b. Certificate of achieving 75% Internal Assessment score. The score once submitted can neither be revoked nor revised.
  - c. Candidate remained on institution roll during the period approved for appearing in examination.
  - d. Certificate of completion of mandatory workshops.
  - e. Certificate of completion of 2- or 3-year training programs signed by Supervisor, Head(s) of parent department and that department where rotations were done (if prescribed in the curriculum).
  - f. Evidence of payment of examination fees as prescribed by the University from time to time.
  - g. Certificates submitted through Principal/Dean/Head of academic institution shall be accepted as valid towards the candidature of an applicant.
- ii. The examination fee once deposited cannot be refunded / carried over to the next examination under any circumstances.
- iii. Exit Examination will be held twice a year i.e. at least six months apart.
- iv. There will be a minimum period of 30 days between last date for submission of application for the examination and the conduct of examination.
- v. The total marks of Exit Examination shall be 260.

| S# | Examination          | Maximum Marks |
|----|----------------------|---------------|
| 1  | Written Examination  | 100           |
| 2  | Clinical Examination | 100           |
| 3  | Internal Assessment  | 60            |
|    | <b>Total</b>         | <b>260</b>    |

**10. WRITTEN EXAMINATION (100 Marks)**

Written examination shall be based on prescribed curriculum

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- a. The written examination will consist of 100 "single best answer" type Multiple Choice Questions, each carrying 01 mark.
- b. The candidates scoring 60% marks shall be declared pass and shall be eligible to appear in the clinical examination.
- c. Candidates who pass the written examination shall be allowed a maximum of four consecutive attempts whether availed or unavailed to pass the Clinical examination. However, in case of failure to pass the Clinical examination within stipulated attempts the credit of passing the written examination shall stand withdrawn and the candidate shall have to take the entire examination including written examination, afresh.

### **11. CLINICAL EXAMINATION (100 Marks)**

- i. The Clinical Examination will evaluate patient care competencies in detail. A panel of examiners will be appointed by the Vice Chancellor. The examination will be based on
  - a. One Long Case of 50 marks Total = 50 Marks
  - b. Two Short Cases of 25 marks each Total = 50 Marks
- ii. The candidates scoring 60% marks in aggregate of Long Case / Short Case will be declared pass in the clinical examination.
- iii. Each long case shall be examined by at least two examiners.

### **12. SUPERVISOR AND EXAMINER**

- a. Only those faculty members shall be eligible to supervise a candidate who:
  - a. Hold Level IV Qualification i.e. FCPS, MS/MD/MDS or equivalent qualification as determined by PM&DC/Relevant Authority.Or  
Level III Qualification like MS/MD/MDS, FCPS or equivalent qualification as determined by PM&DC/Relevant Authority
- b. For individuals holding a Level IV qualification, a minimum of three years of post-qualification teaching experience in the relevant specialty is required. For individuals holding a Level III qualification, a minimum of five years of post-qualification teaching experience in the relevant specialty is required.
- c. Have successfully attended the prescribed workshops as notified from time to time by the University

*Sir*  
*Jamia*

- d. Have submitted required number of quality evaluation items as notified from time to time by the University (currently 25 MCQs and 10 TOACS station)
- ii. A pool of examiners shall be developed on the recommendation of Specialty Advisory Committee of each specialty as specified in TORs of the Specialty Advisory Committee issued vide Section I(iii), UHS/DPS-24/SAC/2227. Preference shall be given to faculty members who are registered with University as Clinical Postgraduate Supervisor as per criteria mentioned at Section 13(i). For each exam, a panel of examiners shall be appointed from the respective pool by Competent Authority.
  - iii. The pool of the examiners shall be a dynamic body and shall be revised as and when needed by Competent Authority/Relevant Statutory Authority based on feedback of Controller of Examination, Chief Examiner/Convener, examiners and examinees.
  - iv. All the appointments of examiners shall be confidential, and examiners shall be bound to keep it confidential.
  - v. In the case of discrepancy of more than 50% among the awards by two independent examiners, an additional / third examiner appointed by the Competent Authority will assess the candidate and the result shall be considered as mean of awards by all three examiners.
  - vi. No examiner shall be allowed to examine the trainee who is working/have worked under his supervision. It includes but is not limited to Clinical examinations, Thesis examination, etc. In such cases, the examiner/supervisor shall immediately declare the matter in writing to Convener in order to have alternate assessors for his/her trainee(s).

### 13. MONITORING

- i. Academic and clinical domains of the training programs shall be monitored through DPS, UHS.
- ii. Logbook shall be mandatory and it should be maintained throughout the training (to be evaluated as part of Exit Examination). It should be made as per academic roster according to para 3 (Section-VI). Patients/Cases seen/examined/operated/managed in ER, OPD and IPD according to allocated module should be mentioned in logbook with hospital slip and registration number.
- iii. Rotation schedule of every postgraduate trainee should be made on an annual basis and shared with DPS, UHS till 15<sup>th</sup> January of each year for approval. Status of elective and mandatory rotations should be notified to DPS, UHS by Head of Department through Head of Institute at the end of three months.

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- iv. Skill set targets for each rotation should be defined, assessed, and mentioned in the above-mentioned report to be submitted to the DPS, UHS.
- v. Any leave requests, disciplinary issues, grievances, or requests to freeze training shall be handled according to UHS regulations and prevailing Government Policy from time to time.

**14. DECLARATION OF RESULT & AWARD OF DEGREE**

- i. A candidate passing all the components of examination i.e. Written, and Clinical shall be declared successful.
- ii. Issuance of degree in prescribed manner is subjected to submission of evidence regarding acceptance of a research paper as first author in a PMDC/HEC recognized journal of the specialty.

**15. IMPLEMENTATION**

- i. These regulations shall come into force immediately.
- ii. All the regulations notified/adopted previously shall stand repealed and the students registered under the said schemes shall be dealt under MD/MS/MDS Level-IV Regulations 2024 (Amended Regulations).



## **Annexure G**

Punjab Employees' Efficiency, Discipline and  
Accountability Act, 2006

<https://tinyurl.com/2wn9t28z>

**PUNJAB EMPLOYEES EFFICIENCY,  
DISCIPLINE AND ACCOUNTABILITY ACT, 2006**

**NOTIFICATION**

17<sup>th</sup> October 2006

No. PAP-Legis-2(32)/2005/871. The Punjab Employees Efficiency, Discipline and Accountability Bill 2005, having been passed by the Provincial Assembly of the Punjab on 2 October 2006, and assented to by the Governor of the Punjab on 13 October 2006, is hereby published as an Act of the Provincial Assembly of the Punjab.

**THE PUNJAB EMPLOYEES EFFICIENCY,  
DISCIPLINE AND ACCOUNTABILITY ACT 2006  
ACT XII OF 2006**

[First published, after having received the assent of the Governor of the Punjab,  
in the Gezette of the Punjab (Extraordinary) dated 17 October 2006.]

**An  
Act**

to provide for proceedings against the employees in government and corporation service in relation to their efficiency, discipline and accountability.

Preamble.- Whereas it is expedient and necessary in the public interest and for good governance to provide measures for improvement of efficiency, discipline and accountability of employees in government and corporation service and matters connected therewith or ancillary thereto;

It is hereby enacted as follows:

1. Short title, extent, commencement and application.- (1) This Act may be called the Punjab Employees Efficiency, Discipline and Accountability Act, 2006.

- (2) It extends to the whole of the Punjab.
- (3) It shall come into force at once.
- (4) It shall apply to-
  - (i) employees in government service;
  - (ii) employees in corporation service; and
  - (iii) retired employees of government and corporation service; provided that proceedings under this Act are initiated against them during their service or within one year after their retirement.

2. Definitions.- In this Act, unless there is anything repugnant in the subject or context-

- (a) 'accused' means a person who is or has been an employee and against whom action is initiated under this Act;
- (b) 'appellate authority' means the authority next above the competent authority to which an appeal lies against the orders of the competent authority;
- (c) 'appointing authority' in relation to an employee or class of employees means an appointing authority declared or notified as such by an order of the Government or organization or under the rules, etc., as may be applicable to such employee or class of employees;
- (d) 'charge' means allegations framed against the accused pertaining to acts of omission and commission cognizable under this Act;

- (e) 'Chief Minister' means the Chief Minister of the Punjab;
- (f) 'competent authority' means-
  - (i) the Chief Minister; or
  - \*<sup>(ii)</sup> in relation to any employee or class of employees, any officer or authority authorized by the Chief Minister to exercise the powers of competent authority under this Act; provided that such officer or authority shall not be inferior in rank to the appointing authority prescribed for the post held by the employee against whom action is to be taken; or
  - (iii) in relation to an employee of a tribunal or court, functioning under the Government, the appointing authority or the chairman or presiding officer of such tribunal or court, as the case may be, authorized by the appointing authority to exercise the powers of competent authority under this Act:

Provided that where two or more employees are to be proceeded against jointly, the competent authority in relation to senior most employee in rank shall be the competent authority in respect of all the accused:

Provided further that where the competent authority, other than the Chief Minister, has any interest in the result of proceedings under this Act, and does not desire to act as competent authority due to personal reasons, he shall not proceed with the case and shall report the matter to the next higher authority who shall authorize another officer of the corresponding rank and status to act as the competent authority in a specific case;

- (g) 'corruption' means-
  - (i) accepting or obtaining or offering any gratification or valuable thing, directly or indirectly, other than legal remuneration, as a reward for doing or for bearing to do any official act: or
  - (ii) dishonestly or fraudulently misappropriating, or indulging in embezzlement or misusing Government property or resources; or
  - (iii) possession of pecuniary sources or property by an employee or any of his dependents or any other person, through him or on his behalf, which cannot be accounted for and which are disproportionate to his known sources of income; or
  - (iv) maintaining standard of living beyond known sources of income; or
  - (v) having a reputation of being corrupt; or
  - (vi) entering into plea bargain under any law for the time being in force and return the assets or gains acquired through corruption or corrupt practices, voluntarily;
- (h) 'employee' means a person-
  - (i) in the employment of a corporation, corporate body, autonomous body, authority, statutory body or any other organization or institution set up, established, owned, managed or controlled by the Government, by or under any law for the time being in force or a body or organization in which the Government has a controlling share or interest and includes the chairman and the chief executive and the holder of any other office therein; and
  - (ii) in government service or who is a member of a civil service of the province or who holds a civil post in connection with the affairs of the province or any employee serving in any court or tribunal set up or

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\*Under this clause instructions about 'competent authority' issued, vide letter No. SO R-I (S&GAD) 1-30/2003 dated 16.11.2006 and vide letter No. SO R-I(S&GAD) 1-30/2003 dated 06.02.2007 (original versions are at pages 16 & 17).

established by the Government, but does not include a Judge of the High Court or any court subordinate to the High Court, or any employee of such courts;

- (i) 'Government' means the Government of the Punjab;
- (j) 'hearing officer' means an officer, senior in rank to the accused, appointed by any authority competent to appoint hearing officer, to afford an opportunity of personal hearing to the accused on behalf of the authority concerned;
- (k) 'inefficiency' means failure to-
  - (i) efficiently perform functions assigned to an employee in the discharge of his duties; or
  - (ii) qualify departmental examination in three consecutive attempts;
- (l) 'inquiry committee' means a committee of two or more officers, headed by a convener, as may be appointed by the competent authority under this Act;
- (m) 'inquiry officer' means an officer appointed by the competent authority under this Act;
- (n) 'misconduct' includes—
  - (i) conduct prejudicial to good order or service discipline; or
  - (ii) conduct contrary to the conduct rules, for the time being in force; or
  - (iii) conduct unbecoming of an officer and a gentleman; or
  - (iv) involvement or participation for gain directly or indirectly, in industry, trade or speculative transactions by abuse or misuse of official position to gain undue advantage or assumption of such financial or other obligations in relation to private institutions or persons, as may compromise the performance of official duties or functions; or
  - (v) any act to bring or attempt to bring outside influence directly or indirectly to bear on the Governor, the Chief Minister, a Minister, or any other authority in respect of any matter relating to the appointment, promotion, transfer, punishment, retirement or other conditions of service; or
  - (vi) making appointment or promotion or having been appointed or promoted on extraneous grounds in violation of any law or rules; or
  - (vii) absence from duty without prior approval of leave; or
  - (viii) acquittal by a court of law as a result of compounding of an offence involving moral turpitude or affecting human body; or
  - (ix) conviction for an offence by a court of law;
- (o) 'prescribed' means prescribed by rules made under this Act; and
- (p) 'section' means section of this Act.

3. Grounds for proceedings and penalty.- An employee shall be liable to be proceeded against under this Act, if he is -

- (i) inefficient or has ceased to be efficient for any reason; or
- (ii) guilty of misconduct; or
- (iii) guilty of corruption or is reasonably considered to be corrupt; or
- (iv) engaged or is reasonably believed to be engaged in subversive activities, and his retention in service is prejudicial to national security, or is guilty of disclosure of official secrets to any unauthorized person.

4. Penalties.- (1) The competent authority may, notwithstanding anything contained in any law or the terms and conditions of service of the accused, by an order in writing, impose one or more of the following penalties, namely:-

- a) Minor penalties-
  - (i) censure;
  - (ii) withholding of increment or increments, for a specific period, subject to a maximum of five years;
  - (iii) fine not exceeding basic pay of one month;
  - (iv) reduction to a lower stage or stages in pay scale, subject to a maximum of five stages; and
  - (v) withholding of promotion for a specific period, subject to a maximum of five years; provided that this period shall be counted from the date when a person junior to the accused is considered for promotion and is promoted on regular basis for the first time;
- (b) Major penalties-
  - (i) recovery from pay, pension or any other amount payable to the accused, the whole or a part of any pecuniary loss caused to the Government or the organization in which he was employed, and if the amount due from any such person cannot be wholly recovered from the pay, pension or any other amount payable to him, such amount shall be recovered under the law for the time being in force;
  - (ii) reduction to a lower post and pay scale from the substantive or regular post for a specific period subject to a maximum of five years;
  - (iii) forfeiture of past service for a specific period subject to a maximum of five years;
  - (iv) compulsory retirement;
  - (v) removal from service; and
  - (vi) dismissal from service; and
- (c) Penalties after retirement-
  - (i) withholding of pension or any part thereof;
  - (ii) withdrawing of pension or any part thereof; and
  - (iii) recovery from pension or any other amount payable to the accused, of pecuniary loss caused to Government or the organization in which he was employed, and if the amount due from any such person cannot be wholly recovered from the pension or any other amount payable to him, such amount shall be recovered under the law for the time being in force.

(2) Dismissal from service under this Act shall disqualify the employee for future employment under the Government or under any organization to which the provisions of this Act apply.

(3) Any penalty under this Act shall not absolve an employee or accused from liability to any punishment to which he may be liable for an offence, under any law, committed by him while in service.

5. Initiation of proceedings.- (1) If on the basis of its own knowledge or information placed before it, the competent authority is of the opinion that there are sufficient grounds for initiating proceedings against an employee under this Act, it shall either-

- (a) proceed itself against the accused by issuing a show cause notice under section 7 and, for reasons to be recorded in writing, dispense with the enquiry;

Provided that no opportunity of showing cause or personal hearing shall be given where-

- (i) the competent authority is satisfied that in the interest of security of Pakistan or any part thereof, it is not expedient to give such an opportunity; or
  - (ii) an employee has entered into plea bargain under any law for the time being in force or has been convicted of the charges of corruption which have led to a sentence of fine or imprisonment; or
  - (iii) an employee is involved in subversive activities; or
  - (iv) it is not reasonably practicable to give such an opportunity to the accused; or
- (b) get an inquiry conducted into the charge or charges against the accused, by appointing an inquiry officer or an inquiry committee, as the case may be, under section 10:

Provided that the competent authority shall dispense with the inquiry where-

- (i) an employee has been convicted of any offence other than corruption by a court of law under any law for the time being in force; or
- (ii) an employee is or has been absent from duty without prior approval of leave:

Provided further that the competent authority may dispense with the inquiry where it is in possession of sufficient documentary evidence against the accused or, for reasons to be recorded in writing, he is satisfied that there is no need to hold an inquiry.

- (2) The orders of inquiry or the show cause notice, as the case may be, shall be signed by the competent authority; provided that where the Chief Minister is competent authority, the same shall be signed by such officer as may be authorized by him in this behalf.

6. Suspension.- An employee against whom action is proposed to be initiated under section 5 may be placed under suspension for a period of ninety days, if in the opinion of the competent authority, suspension is necessary or expedient, and if the period of suspension is not extended for a further period of ninety days within thirty days of the expiry of initial period of suspension, the employee shall be deemed to be reinstated:

Provided that the continuation of the period of suspension shall require the prior approval of the competent authority for each period of extension.

7. Procedure where inquiry is dispensed with.- If the competent authority decides that it is not necessary to hold an inquiry against the accused under section 5, it shall-

- (a) inform the accused by an order in writing, of the grounds for proceeding against him, clearly specifying the charges therein, alongwith apportionment of responsibility and the penalty or penalties proposed to be imposed upon him;
- (b) give him a reasonable opportunity of showing cause against the proposed action, within seven days of receipt of the order or within such extended period as the competent authority may determine;
- (c) on receipt of reply of the accused within the stipulated period or after the expiry thereof, if no reply is received, determine whether the charge or charges have been proved against the accused or not;

Provided that after receipt of reply to the show cause notice from the accused, the competent authority, except where the Chief Minister himself is competent authority, shall decide the case within a period of ninety days, excluding the time during which the post held by the competent authority remained vacant due to certain reasons:

Provided further that if the case is not decided by the competent authority within the prescribed period of ninety days, the accused may file an application before the appellate authority for early decision of his case, which may direct the competent authority to decide the case within a specified.

- (d) afford an opportunity of personal hearing either itself or through the hearing officer, before passing any order of penalty under clause (f), if it is determined that the charge or charges have been proved against him; provided that the hearing officer shall only be appointed where the competent authority is of the rank of Secretary to Government of the Punjab or above; and
- (e) exonerate the accused, by an order in writing, if it is determined that the charge or charges have not been proved against him; and
- (f) impose any one or more penalties mentioned in section 4, by an order in writing, if the charge or charges are proved against the accused:

Provided that –

- (i) Where charge or charges of grave corruption are proved against an accused, the penalty of dismissal from service shall be imposed, in addition to the penalty of recovery, if any; and
- (ii) Where charge of absence from duty for a period of more than one year is proved against the accused, the penalty of compulsory retirement or removal or dismissal from service shall be imposed upon the accused.

8. Action in case of conviction or plea bargain under any law.- Where an employee is convicted by a court of law or has entered into plea bargain or has been acquitted by a court of law as a result of compounding of an offence involving moral turpitude or affecting human body under any law for the time being in force, the competent authority, after examining facts of the case, shall-

- (a) dismiss the employee, where he has been convicted of charges of corruption or has entered into plea bargain and has returned the assets or gains acquired through corruption or corrupt practices voluntarily or;
- (b) proceed against the employee under section 7, where he has been convicted of charges other than corruption; or
- (c) proceed against the employee under section 9, where he has been acquitted by a court of law as a result of compounding of an offence involving moral turpitude or affecting human body.

9. Procedure to be followed by competent authority where inquiry is necessary.- (1) If the competent authority decides that it is necessary to hold an inquiry against the accused under section 5, it shall pass an order of inquiry in writing, which shall include-

- (a) appointment of an inquiry officer or an inquiry committee; provided that the inquiry officer or the convener of inquiry committee, as the case may be, shall be of a rank senior to the accused and where two or more accused are proceeded against jointly, the inquiry officer or the convener of the inquiry committee shall be of a rank senior to the senior most accused;
- (b) the grounds for proceeding, clearly specifying the charges along with apportionment of responsibility;
- (c) appointment of the departmental representative by designation; and
- (d) direction to the accused to submit written defense to the inquiry officer or the inquiry committee, as the case may be, within seven days of the date of receipt of orders or within such extended period as the competent authority may determine.

(2) The record of the case and the list of witnesses, if any, shall be communicated to the inquiry officer or the inquiry committee, as the case may be, along with the orders of inquiry.

10. Procedure to be followed by inquiry officer or inquiry committee.- (1) On receipt of reply of the accused or on expiry of the stipulated period, if no reply is received from the accused, the inquiry officer or the inquiry committee, as the case may be, shall inquire into the charges and may examine such oral or documentary evidence in support of the charge or in defense of the accused as may be considered necessary and where any witness is produced by one party, the other party shall be entitled to cross examine such witness.

(2) If the accused fails to furnish his reply within the stipulated period, or extended period, if any, the inquiry officer or the inquiry committee, as the case may be, shall proceed with the inquiry ex parte.

(3) The inquiry officer or the inquiry committee, as the case may be, shall hear the case from day to day and no adjournment shall be given except for reasons to be recorded in writing, in which case it shall not be of more than seven days.

(4) Where the inquiry officer or the inquiry committee, as the case may be, is satisfied that the accused is hampering or attempting to hamper the progress of the inquiry, he or it shall administer a warning and if, thereafter, he or it is satisfied that the accused is acting in disregard of the warning, he or it shall record a finding to that effect and proceed to complete the inquiry in such manner as may be deemed expedient in the interest of justice.

(5) If the accused absents himself from the inquiry on medical grounds, he shall be deemed to have hampered or attempted to hamper the progress of the inquiry, unless medical leave, applied for by him, is sanctioned on the recommendation of a Medical Board; provided that the competent authority may, in its discretion, sanction medical leave upto seven days without recommendation of the Medical Board.

(6) The inquiry officer or the inquiry committee, as the case may be, shall submit his or its report, containing clear findings as to whether the charge or charges have been proved or not and specific recommendations regarding exoneration or, imposition of penalty or penalties, to the competent authority within sixty days of the initiation of inquiry:

Provided that where the inquiry cannot be completed within sixty days, the inquiry officer or the inquiry committee, as the case may be, shall seek extension for specific period from the competent authority, for reasons to be recorded in writing.

Provided further that the inquiry shall not be vitiated merely on the grounds of non-observance of the time schedule for completion of inquiry:

Provided further that the recommendations of the inquiry officer or the inquiry committee, as the case may be, shall not be binding on the competent authority.

11. Powers of the Inquiry Officer or Inquiry Committee.- (1) For the purpose of an inquiry under this Act, the inquiry officer and the inquiry committee shall have the powers of a Civil Court trying a suit under the Code of Civil Procedure, 1908, (Act V of 1908), in respect of the following:-

- (a) summoning and enforcing the attendance of any person and examining him on oath;
- (b) requiring the discovery and production of documents, and receiving evidence on affidavits; and
- (c) issuing commissions for the examination of witnesses or documents.

(2) The proceedings under this Act shall be deemed to be judicial proceedings within the meaning of sections 193 and 228 of the Pakistan Penal Code 1860 (Act XLV of 1860).

12. Duties of the departmental representative.- The departmental representative shall perform the following duties, namely-

- (a) render full assistance to the inquiry officer or the inquiry committee or hearing officer or the authority concerned, as the case may be, during the proceedings where he shall be personally present and fully prepared with all the relevant record relating to the case, on each date of hearing;

- (b) cross-examine the witnesses produced by the accused and with permission of the inquiry officer or inquiry committee, as the case may be, the prosecution witnesses in case of their turning hostile; and
- c) rebut the grounds of defense offered by the accused before the hearing officer or the authority concerned.

13. Order to be passed by the competent authority on receipt of report from the inquiry officer or inquiry committee.- (1) On receipt of the report from the inquiry officer or inquiry committee, as the case may be, the competent authority shall examine the report and the relevant case material and determine whether the inquiry has been conducted in accordance with the provisions of this Act.

(2) If the competent authority, is satisfied that the inquiry has been conducted in accordance with the provisions of this Act, it shall further determine whether the charge or charges have been proved against the accused or not.

(3) Where the charge or charges have not been proved, the competent authority shall exonerate the accused by an order in writing.

(4) Where the charge or charges have been proved against the accused, the competent authority shall issue a show cause notice to the accused by which it shall-

- (a) inform him of the charges proved against him and the penalty or penalties proposed to be imposed upon him by the inquiry officer or inquiry committee;
- (b) give him reasonable opportunity of showing cause against the penalty or penalties proposed to be imposed upon him and to submit as to why one or more of the penalties as provided in section 4 may not be imposed upon him and to submit additional defense in writing, if any, within seven days of the receipt of the notice, before itself or the hearing officer, as the case may be;
- (c) indicate the date of personal hearing or appoint a hearing officer to afford an opportunity of personal hearing on his behalf; provided that the hearing officer shall only be appointed where the competent authority is of the rank of Secretary to Government of the Punjab or above.
- (d) provide a copy of the inquiry report to the accused; and
- (e) direct the departmental representative to appear, with all the relevant record, on the date of hearing before himself or the hearing officer, as the case may be.

(5) After affording personal hearing to the accused or on receipt of the report of the hearing officer, the competent authority shall, keeping in view the findings and recommendations of the inquiry officer or inquiry committee, as the case may be, facts of the case and defence offered by the accused during personal hearing, by an order in writing-

- (i) exonerate the accused; or
- (ii) impose any one or more of the penalties specified in section 4:

Provided that –

- (i) Where charge or charges of grave corruption are proved against an accused, the penalty of dismissal from service shall be imposed, in addition to the penalty of recovery, if any; and
- (ii) Where charge of absence from duty for a period of more than one year is proved against the accused, the penalty of compulsory retirement or removal or dismissal from service shall be imposed upon the accused.

(6) Where the Competent Authority is satisfied that the inquiry proceedings have not been conducted in accordance with the provisions of this Act or the facts and merits of the case have been ignored or there are other sufficient grounds, it may, after recording reasons in writing, either

remand the inquiry to the inquiry officer or the inquiry committee, as the case may be, with such directions as the competent authority may like to give, or may order a de novo inquiry.

(7) After receipt of inquiry report, the competent authority, except where the Chief Minister himself is the competent authority, shall decide the case within a period of ninety days, excluding the time during which the post held by the competent authority remained vacant due to certain reasons.

(8) If the case is not decided by the competent authority within the prescribed period of ninety days, the accused may file an application before the appellate authority for early decision of his case, which may direct the competent authority to decide the case within a specified period.

14. Personal hearing.- (1) The authority affording personal hearing or the hearing officer on receiving an order of appointment shall, by an order in writing, call the accused and the departmental representative, along with relevant record of the case, to appear before him for personal hearing on the fixed date and time.

(2) After affording personal hearing to the accused, the authority or the hearing officer shall, in relation to the case and the connection of the accused during the hearing, record his remarks in writing and, in case hearing officer, submit a report to the authority so appointed him which shall include:-

- (i) summary of the inquiry report where inquiry was conducted under section 10, or summary of the defence offered by the accused to the show cause notice under section 7, or grounds of appeal or review filed under section 16, as the case may be;
- (ii) summary of defence offered by the accused during the hearing, if any; and
- (iii) views of the departmental representative, if any.

15. Procedure of inquiry against officers lent to other governments, etc.- (1) Where the services of an employee are transferred or lent to any other government, department, corporation, corporate body, autonomous body, authority, statutory body or any other organization or institution, hereinafter referred to as the borrowing organization, the competent authority for the post against which such employee is posted in the borrowing organization may-

- (a) suspend him under Section 6; and
- (b) initiate proceedings against him under this Act:

Provided that the borrowing organization shall forthwith inform the lending organization of the circumstances leading to the order of his suspension and the commencement of the proceedings:

Provided further that the borrowing organization shall obtain prior approval of the lending organization before taking any action under this Act, against an employee holding a post in Basic Pay Scale 17 or above.

(2) If, in the light of the findings of the proceedings taken against the accused in terms of sub-section (1), the borrowing organization is of the opinion that any penalty may have to be imposed on him, it shall transmit the record of the proceedings to the lending organization, and the competent authority in the lending organization shall thereupon take action against the accused under Section 13.

(3) Notwithstanding anything to the contrary contained in sub-sections (1) and (2), the Chief Minister may, in respect of certain employees or class of employees, authorize any officer or authority in the borrowing organization to exercise all the powers of competent authority under this Act.

16. Departmental appeal and review.- (1) An accused who has been awarded any penalty under this Act may, except where the penalty has been imposed by the Chief Minister, within thirty days from the date of communication of the order, prefer departmental appeal directly to the appellate authority:

Provided that where the order has been passed by the Chief Minister, the accused may, within the aforesaid period, submit a review petition directly to the Chief Minister.

(2) The authority empowered under sub-section (1) shall call for the record of the case and comments on the points raised in the appeal from the concerned department or office, and on consideration of the appeal or the review petition, as the case may be, by an order in writing-

- (a) uphold the order of penalty and reject the appeal or review petition; or
- (b) set aside the orders and exonerate the accused; or
- (c) modify the orders and reduce or enhance the penalty; or
- (d) set aside the order of penalty and remand the case to the competent authority, where it is satisfied that the proceedings by the competent authority or the inquiry officer or inquiry committee, as the case may be, have not been conducted in accordance with the provisions of this Act, or the facts and merits of the case have been ignored, with the directions to either hold a de novo inquiry or to rectify the procedural lapses or irregularities in the proceedings:

Provided that where the appellate or review authority proposes to enhance the penalty, it shall by an order in writing-

- (i) inform the accused of the action proposed to be taken against him and the grounds of such action; and
- (ii) give him a reasonable opportunity to show cause against the action and afford him an opportunity of personal hearing either himself or through a hearing officer; Provided that the hearing officer shall only be appointed where the appellate or the review authority is of the rank of Secretary to Government of the Punjab or above.

(3) An appeal or review preferred under this section shall be made in the form of a petition, in writing, and shall set forth concisely the grounds of objection to the impugned order in a proper and temperate language.

17. Revision- (1) The Chief Minister, Chief Secretary or the Administrative Secretary or any other appellate authority may call for the record of any proceedings within one year of the order of exoneration or imposition of a penalty, passed by the competent authority or the order of appellate authority, as the case may be, for the purpose of satisfying himself as to the correctness, legality or propriety of such proceedings or order.

(2) On examining the record of the case, such authority may-

- (i) uphold the orders of the competent authority or the appellate authority, as the case may be; or
- (ii) order the competent authority to hold de novo inquiry; or
- (iii) impose or enhance a penalty or penalties:

Provided that no order, prejudicial to the accused, shall be passed under this section unless the accused has been given a reasonable opportunity of showing cause against the proposed action and an opportunity of personal hearing.

18. Appearance of counsel.- The accused, at no stage of the proceedings under this Act, except proceedings under section 19, shall be represented by an advocate.

19. Appeal before Punjab Service Tribunal.- (1) Notwithstanding anything contained in any other law for the time being in force, any employee aggrieved by any final order passed under Section 16 or 17 may, within thirty days from the date of communication of the order, prefer an appeal to the Punjab Service Tribunal established under the Punjab Service Tribunals Act, 1974 (Punjab Act, IX of 1974).

(2) If a decision on a departmental appeal or review petition, as the case may be, filed under section 16 is not received within a period of sixty days of filing thereof, the affected employee may file an appeal in the Punjab Service Tribunal within a period of thirty days of the expiry of the

aforesaid period, whereafter, the authority with whom the departmental appeal or review is pending, shall not take any further action.

20. Act to override other laws.- The provisions of this Act shall have effect notwithstanding anything to the contrary contained in any other law for the time being in force.

21. Proceedings under this Act.- Subject to this Act, all proceedings initiated against the employees having retired or in service, shall be governed by the provisions of this Act and the rules made thereunder:

Provided that in case of retired employee, the proceedings so initiated against him shall be finalized not later than two years of his retirement.

(2) The competent authority may, by an order in writing, impose one or more penalties specified in clause (c) of section 4, if the charge or charges are proved against the retired employee.

22. Indemnity.- No suit, prosecution or other legal proceedings shall lie against the competent authority or any other authority for anything done or intended to be done in good faith under this Act or the rules, instructions or directions made or issued thereunder.

23. Jurisdiction barred.- Save as provided under this Act, no order made or proceedings taken under this Act, or the rules made thereunder, shall be called in question in any court and no injunction shall be granted by any court in respect of any decision so made or proceedings taken in pursuance of any power conferred by, or under this Act, or the rules made thereunder.

24. Power to make rules.- The Government may, by notification in the official Gazette, make rules for carrying out the purposes of this Act.

25. Removal of difficulties.- If any difficulty arises in giving effect to any of the provisions of this Act, the Chief Minister may make such order, not inconsistent with the provisions of this Act, as may appear to him to be necessary for the purpose of removing that difficulty.

26. Repeal.- (1) The Punjab Removal from Service (Special Powers) Ordinance, 2000 (Ord. IV of 2000), is hereby repealed.

(2) Notwithstanding the repeal of the Punjab Removal from Service (Special Powers) Ordinance, 2000 (Ord. IV of 2000), all proceedings pending immediately before the commencement of this Act against any employee under the said repealed Ordinance or under the Punjab Civil Servants Act, 1974 (Pb. Act, VIII of 1974), and rules made thereunder, or any other law or rules shall continue under that law and rules, in the manner provided thereunder.

**♦ MODEL DRAFT ORDER OF APPOINTMENT OF INQUIRY OFFICER/COMMITTEE TO BE SIGNED/ISSUED BY THE COMPETENT AUTHORITY UNDER SECTION 9 READ WITH SECTION 5(1)(b) OF THE PUNJAB EMPLOYEES EFFICIENCY, DISCIPLINE AND ACCOUNTABILITY ACT 2006**

**ORDER OF INQUIRY**

WHEREAS, the undersigned as Competent Authority under the Punjab Employees Efficiency, Discipline and Accountability Act, 2006 is of the opinion that there are sufficient grounds to proceed against Mr./M/s. \_\_\_\_\_ (name/names and designation of the accused) under Section 3 of the Act *ibid* on the charges (of inefficiency, misconduct, corruption and engagement in subversive activities). I, therefore, order initiation of disciplinary proceedings against the accused under the Punjab Employees Efficiency, Discipline and Accountability Act 2006.

2. AND WHEREAS, I consider that in the light of facts of the case and in the interest of justice, it is necessary to hold an inquiry. I, therefore, appoint Mr. \_\_\_\_\_ (name & designation) as inquiry officer/ inquiry committee consisting of the following:

- 1) Mr. \_\_\_\_\_ (Name & Designation/Convener)
- 2) Mr. \_\_\_\_\_ (Name & Designation/Member)
- 3) Mr. \_\_\_\_\_ (Name & Designation/Member)

to proceed against the accused in terms of Section 5 read with Section 9 of the Act *ibid* and to conduct inquiry into the following charge(s):

- i. \_\_\_\_\_ (give full description of the charge)
- ii. \_\_\_\_\_ -do-
- iii. \_\_\_\_\_ -do-

3. The accused official/officials is/are directed to submit his/their written defence to the Inquiry Officer/the Inquiry Committee, within seven days of the date of receipt of this order (or within such extended period as may be determined by the Competent Authority). If he/they fail to submit his/their written defence within the prescribed period, it shall be presumed that either he/they have no defence to offer or he/they have declined to offer the same and he/they have accepted the charge(s).

4. Mr. \_\_\_\_\_ (name & designation) is appointed as Departmental Representative in terms of Section 9(1)(c) read with Section 12 of the Act *ibid*.

5. In case the accused official/officials desires/desire to consult any record on which the aforesaid charges are based or is relevant to the aforesaid charge(s), he/ they may do so with prior arrangement with the undersigned or the Departmental Representative within \_\_\_\_\_ days of the receipt of this order.

6. The Inquiry Officer or Inquiry Committee shall submit his/its report and recommendations to the undersigned within sixty days of the initiation of inquiry in terms of Section 10 (6) of the Act *ibid*.

SIGNATURE OF THE COMPETENT AUTHORITY  
NAME & DESIGNATION

Note: Model is only for guidance and may be modified keeping in view the requirements of the case.

\_\_\_\_\_

♦ Model order/notices added vide letter No. SORI(S&GAD)1-30/2003(P-I) dated 13.12.2006.

**MODEL DRAFT SHOW CAUSE-CUM-PERSONAL HEARING NOTICE  
UNDER SECTION 13 (4)**

To

\_\_\_\_\_  
(name of the accused)

Subject:- SHOW CAUSE-CUM-PERSONAL HEARING NOTICE UNDER SECTION 13(4) OF THE PUNJAB EMPLOYEES EFFICIENCY, DISCIPLINE AND ACCOUNTABILITY ACT, 2006

WHEREAS, disciplinary proceedings were initiated against you by the undersigned /competent authority under the provisions of the Punjab Employees Efficiency, Discipline and Accountability Act 2006, on the charge(s) of (inefficiency, misconduct, corruption and engagement in subversive activities) vide Order No. \_\_\_\_\_ dated \_\_\_\_\_.

2. AND WHEREAS, the Inquiry Officer/Committee submitted his/its inquiry report, according to which the following charge/charges have been proved against you:

| Sr. No. | Charge No. | Extent to which charge proved      |
|---------|------------|------------------------------------|
| 1.      |            | (Fully proved or partially proved) |
| 2.      |            | (Fully proved or partially proved) |

The inquiry Officer/Committee has recommended imposition of penalty (give details) upon you in terms of Section 4 of the Act. A copy of the inquiry report is enclosed.

3. AND WHEREAS, after perusal of the inquiry report and other relevant record, I have found no reason to differ/I have reasons to differ (give detailed reasons for differing) with the findings and recommendations of the Inquiry Officer/Committee. Hence the charge/charges leveled vide above referred order have been proved against you for which you are liable to be imposed the following penalty/penalties in terms of Section 4 of the Act:

- i. \_\_\_\_\_ (specific penalty/penalties)  
 ii. \_\_\_\_\_ -do-  
 iii. \_\_\_\_\_ -do-

4. NOW, THEREFORE, in exercise of the powers conferred upon me as Competent Authority under Section 13(4) of the Punjab Employees Efficiency, Discipline and Accountability Act, 2006, you are hereby called upon to show cause within seven days, of the receipt of this notice, as to why the abovementioned penalty/penalties may not be imposed upon you. You are also allowed to submit your additional defence in writing, if any.

5. You are also offered an opportunity of personal hearing and directed to appear before the undersigned {or before Mr. \_\_\_\_\_ Hearing Officer appointed by the competent authority (in case competent authority is Secretary to the Government of Punjab or above)} on \_\_\_\_\_ for this purpose.

SIGNATURE OF THE COMPETENT AUTHORITY  
NAME & DESIGNATION

Note: Model Notice is only for guidance and may be modified keeping in view the requirements of the case.

**MODEL SHOW CAUSE NOTICE UNDER SECTION 7 (b) READ WITH SECTION 5(1)(a)  
OF THE PUNJAB EMPLOYEES EFFICIENCY, DISCIPLINE AND ACCOUNTABILITY  
ACT 2006 TO BE ISSUED BY THE AUTHORITY**

Subject: SHOW CAUSE NOTICE

WHEREAS, the undersigned as Competent Authority, under the Punjab Employees Efficiency, Discipline and Accountability Act, 2006, in due consideration of the facts of this case is of the view that you, Mr. \_\_\_\_\_ While posted as \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_ have committed the following irregularities and there are sufficient grounds to proceed against you:

- i. \_\_\_\_\_ (give full description of the allegations)
- ii. \_\_\_\_\_ -do-
- iii. \_\_\_\_\_ -do-

2. AND WHEREAS, the undersigned is of the opinion that it is not necessary to hold an inquiry into the matter in view of the provisions contained in Section 5 (1)(b) of the Act *ibid*. It is, therefore, proposed to proceed against you under Section 7(b) read with Section 5(1)(a) of Punjab Employees, Efficiency, Discipline and Accountability Act, 2006.

3. NOW, THEREFORE, you are hereby called upon to show cause in writing within seven days (or within such period as may be extended by the competent authority) of the receipt of this notice as to why one or more of the penalties as prescribed in Section 4 of the Punjab Employees Efficiency, Discipline and Accountability Act, 2006 should not be imposed upon you.

4. Your reply to this show cause notice should reach the undersigned within the said period, failing which it shall be presumed that you have no defence to offer.

5. In case you desire to consult any record, on which the aforesaid charges are based or is relevant to the aforesaid charge(s) you may do so with prior arrangement with the undersigned within \_\_\_\_\_ days of the receipt of this notice.

SIGNATURE OF THE COMPETENT AUTHORITY  
NAME & DESIGNATION

Note: Model Notice is only for guidance and may be modified keeping in view the requirements of the case.

**MODEL DRAFT OF PERSONAL HEARING NOTICE UNDER SECTION 7(d) OF THE PUNJAB EMPLOYEES EFFICIENCY, DISCIPLINE AND ACCOUNTABILITY ACT, 2006**

To

\_\_\_\_\_ (name of the accused)

Subject: PERSONAL HEARING NOTICE UNDER SECTION 7(d).

WHEREAS, inquiry proceedings were initiated against you by the undersigned as competent authority under the Punjab Employees Efficiency, Discipline and Accountability Act, 2006, on the charge(s) of (inefficiency, misconduct, corruption and engagement in subversive activities) and it was decided to dispense with the inquiry in terms of Section 5(1)(b).

2. AND WHEREAS, a show cause notice was served upon you in terms of Section 7(b) read with Section 5(1)(a) of the Act *ibid*, bearing No. \_\_\_\_\_ dated \_\_\_\_\_ to submit your written reply within \_\_\_\_\_ days.

3. AND WHEREAS, your reply to the said show cause notice has been considered and it has been determined that the following charge(s) as contained in the show cause notice has/have been proved against you:

| Sr. No. | Charge No. | Extent to which charge proved      |
|---------|------------|------------------------------------|
| 1.      |            | (Fully proved or partially proved) |
| 2.      |            | (Fully proved or partially proved) |

Hence, it is proposed to impose to impose the following penalty/penalties upon you in terms of Section 4 of the Act *ibid*:

- i. \_\_\_\_\_ (specific penalty/penalties)
- ii. \_\_\_\_\_ -do-
- iii. \_\_\_\_\_ -do-

4. NOW, THEREFORE, you are afforded an opportunity of personal hearing in terms of Section 7(d) of the Act and directed to appear before the undersigned {or before Mr. \_\_\_\_\_ Hearing Officer appointed by the competent authority (in case competent authority is Secretary to the Government of Punjab or above)} on \_\_\_\_\_ for this purpose.

SIGNATURE OF THE COMPETENT AUTHORITY  
NAME & DESIGNATION

Note: Model Notice is only for guidance and may be modified keeping in view the requirements of the case.

Copy of Letter No. SO R-I(S&GAD) 1-30/2003 dated 16.11.2006

In exercise of the powers conferred upon him under sub-clause (ii) of clause (f) of section 2 of the Punjab Employees Efficiency, Discipline and Accountability Act, 2006 the Chief Minister is pleased to authorize the officer/authority shown in column No. 4 of the following Table to exercise the powers of the competent authority under the Act *ibid* in relation to an employee or class of employees shown in column No. 2 of the Table:

**TABLE**

| S. No. | Employee/class of Employees  | Holder of the Post  | Officer/Authority authorized to exercise powers of competent authority |
|--------|--|---|--|
| 1.     | Employee in the Government in a post, or belonging to a service, group or cadre in the Secretariat Departments controlled by the Government  | (i) Deputy Secretary, District Police Officer/Superintendent of Police in BS-18 and Post in BS-19 and above | Chief Minister   |
|        |  | (ii)(a) In BS-16 & 17; and<br>(b) In BS-18 except as provided at (i) above                                  | Appointing Authority   |
|        |  | (iii) In BS-1 to 15   | Administrative Secretary   |
| 2.     | Employee in an attached Department or a subordinate office of the Government or District Government  | (i) In BS-19 and above  | Chief Minister   |
|        |  | (ii) In BS-1 to 18  | Appointing Authority   |
| 3.     | Employee of a Corporation, Corporate Body, Autonomous Body, Statutory Body, Institution or Organization as defined in sub-clause (i) of clause (h) of section 2 of the Act <i>ibid</i> . | In BS-1 and above   | Appointing Authority   |

**Explanation:**

BS in the Table means the pay scale originally sanctioned for the post and does not include pay scale of a person on account of officiating/current charge appointment.

**Copy of letter No. SO R-I(S&GAD) 1-30/2003 dated 06.02.2007**

In exercise of the powers conferred upon him under sub-clause (ii) of clause (f) of section 2 of the Punjab Employees Efficiency, Discipline and Accountability Act, 2006 the Chief Minister is pleased to authorize the officer/authorities shown in column No. 4 of the following Table to exercise the powers of the competent authority under the Act ibid in relation to an employee or class of employees shown in column No. 2 of the Table:

**TABLE**

| S. No. | Employee/class of Employees                  | Holder of the Post      | Officer/Authority authorized to exercise powers of competent authority |
|--------|--|-------------------------|--|
| 1.     | Employee placed in the Surplus Pool of S&GAD | (i) In BS-1 to 4        | Deputy Secretary (Personnel), S&GAD                                    |
|        |  | (ii) In BS-5 to 15      | Additional Secretary (Admin), S&GAD                                    |
|        |  | (iii) In BS-16 to 18    | Additional Chief Secretary, S&GAD                                      |
|        |  | (iv) In BS-19 and above | Chief Minister   |
| 2.     | Retired Employees of Government              | In BS-1 and above       | Appointing Authority at the time of retirement                         |
| 3.     | Retired Employee of Corporation              | In BS-1 and above       | Appointing Authority at the time of retirement                         |

**Explanation:**

BS in the Table means the pay scale sanctioned for the post and does not include pay scale of a person on account of officiating/current charge appointment.

Subject: IMPOSITION OF PENALTY OF WITHHOLDING OF INCREMENTS UNDER E&D RULES, PRSO 2000 AND PEEDA 2006

I am directed to refer to the subject cited above and to state that competent authorities have been empowered to impose one or more of the penalties provided under the E&D Rules, PRSO 2000 and Punjab Employees Efficiency, Discipline and Accountability Act, 2006 (PEEDA). The competent authorities are expected to be cautious enough while exercising powers vested in them under the above mentioned rules/laws in order to discipline the Government employees. However, it has been brought to the notice of the Government that the penalty of withholding of increments is sometimes imposed without considering all aspects of the penalty of withholding of increments is sometimes imposed without considering all aspects of the case, **especially when the employee is drawing pay at the maximum of his pay scale**. In such situation, the penalty of withholding of increments cannot be enforced. Moreover, the penalty of withholding of increments remains effective for specific period and thereafter the withheld increments are restored. An **employee may be at the fag end of his career** and imposition of penalty of withholding of increments may cause undue hardship and eventually it may have a bearing upon his pension case. The competent authorities should, therefore, foresee that such a penalty expires well before the date of retirement/superannuation to save the employee from recurring loss.

2. In view of the above, I am directed to request that the penalty of withholding of increments may be imposed by the competent authorities after considering all aspects of the case.

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No.E&A(S&GAD)12(308)/99-A

Dated the 20<sup>th</sup> June, 2007

#### NOTIFICATION

In supersession of this Department's Notification of even number dated 18<sup>th</sup> February, 2002, in exercise of the powers authorized by the Governor of the Punjab as mentioned in table-I(a), Serial No.3, Column-III of Notification No. SOR-III-1-33/94(B), dated 05.11.2001, Additional Chief Secretary being the Competent Authority of Employees in BS-1-15 belonging to a Service, Group or Cadre in Secretariat Departments controlled by the Punjab Government is pleased to designate the Secretary of Administrative Department concerned to exercise powers of Competent Authority to proceed/initiate action as per provisions of Punjab Employees Efficiency, Discipline and Accountability Act, 2006 against the delinquent officials in BS-1-15, working under their administrative control.

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*\*asifqureshi*

# **Annexure H**

The Post Graduate Committees.

(TORs & SOPs)

# **PUNJAB INSTITUTE OF MENTAL HEALTH**



## **STANDARD OPERATING PROCEDURES DISCIPLINARY COMMITTEE**

**POST GRADUATE RESIDENCY PROGRAM  
IN  
PSYCHIATRY**

## **INTRODUCTION**

Disciplinary committee means a person or a group of people who are empowered to hear cases and proceedings involving professional misconduct of a postgraduate trainee upon a complaint. Together with the Grievance Committee, it implements the provisions of the Code of Ethics.

## **RESPONSIBILITIES**

The role of the Disciplinary Committee is to:

1. collect the facts of all complaints arising under the Code of Ethics;
2. determine if a complaint has merit.
3. facilitate an amicable resolution to a complaint where possible;
4. conduct all disciplinary hearings.
5. make a decision on a complaint after the completion of the disciplinary proceedings.
6. To consult and consider Punjab Residency Program, College of Physicians and Surgeons/University of Health Sciences rules & regulations in case of Postgraduate trainees.
7. Any Committee member who has any personal interest or special information concerning a particular case should recuse themselves from that case.
8. The Committee shall maintain an adequate record of the history and disposition of each case.

## **COMMITTEE MEMBERS**

The Disciplinary committee of Punjab Institute of Mental Health comprising of following officers

1. Prof. Dr. Ali Madeeh Hashmi, Professor of psychiatry
2. Dr. Farasat Ali, Associate Professor
3. Dr. Rao Abdul Rehman, Consultant Psychiatrist
4. Dr. Tahira Arshad, AMS (OPD/Emergency)
5. Dr. Shahzad Tanveer, Statistical/Law Officer

## **IMPORTANT**

- 1.The academic registrars of the concerned unit can be the co-opted members in case of disciplinary hearing related to post graduate residents.
- 2.The nursing superintendent or her designated representative to be the co-opted member in case of disciplinary hearings of nursing staff.

3. Dr. Rao Abdul Rehman can be a representative of consultants of the institute.

4. The registrars of the concerned units can be the co-opted member in case of disciplinary hearings related to medical officers.

5. Dr. Farasat Ali will be representative of faculty members in case of disciplinary hearings related to faculty.

6. The admin and custodial staff can be represented by Dr. Tahira Arshad.

## MISCONDUCT

The following violations of conduct will be considered as a breach of code of conduct and will render the postgraduate trainee for his/her complain to be send to the disciplinary committee for necessary action as per rules:

- Regular un-informed absence from duties in ward or Accident & Emergency or from assigned academic activities and assignments.
- Non-compliance to dress code despite repeated warnings.
- Violent behavior during duty hours with patients, senior or junior doctors or paramedical staff.
- Regular use of abusive language during duty hours.
- Negligence in patient care due to callous behavior or irresponsible attitude.
- Disregard to ethical, cultural or religious sensitivities during interaction with patients and senior and junior colleagues in clinical practice.
- Violation of hospital rules and regulations.
- Use of hospital premises for illegal, political, social, religious activities without prior permission or if they are prohibited by the hospital.
- Possessing, consuming , distributing, selling of alcohol and other illicit substance in the hospital.
- Intentionally damaging or destroying Institute property or property of other students and/or faculty members.
- Unauthorized possession, carrying or use of any weapon, ammunication, explosives, or potential weapons, fireworks, contrary to law or policy.

## **PROCEDURE**

Informal action is appropriate in cases of minor misconduct. A focal person will be nominated by every department.

2. HOD will let the students know that their conduct is unsatisfactory and make them aware of the standards expected without recourse to the formal procedure.

3. HOD will hold a confidential discussion with the student and ensure that they understand exactly what is expected of them. This discussion will enable the HOD to provide constructive feedback and the student to express their views on the issue.

Where a need for improvement is identified, the HOD will explain to the student what needs to be done, within an agreed timescale, and how the conduct will be reviewed within the agreed period. If the required achievements are not met or maintained, the matter will be addressed formally.

The HOD should keep brief, confidential notes of any informal action.

4. If the disciplinary issue is not solved at the HOD level, then it shall be forwarded by HOD to the Executive Director. Further, it shall go chairman of Disciplinary committee through ED. The focal person nominated by every department will interview the concerned individuals within 05 working days of receipt of complaint and make prima facie credibility of complaint. If considers the case will be referred to the Disciplinary Committee within 08 working days of initiation of inquiry by focal person.

5. The committee will collect facts, interview witnesses and prepare a report within 06 weeks of complaint.

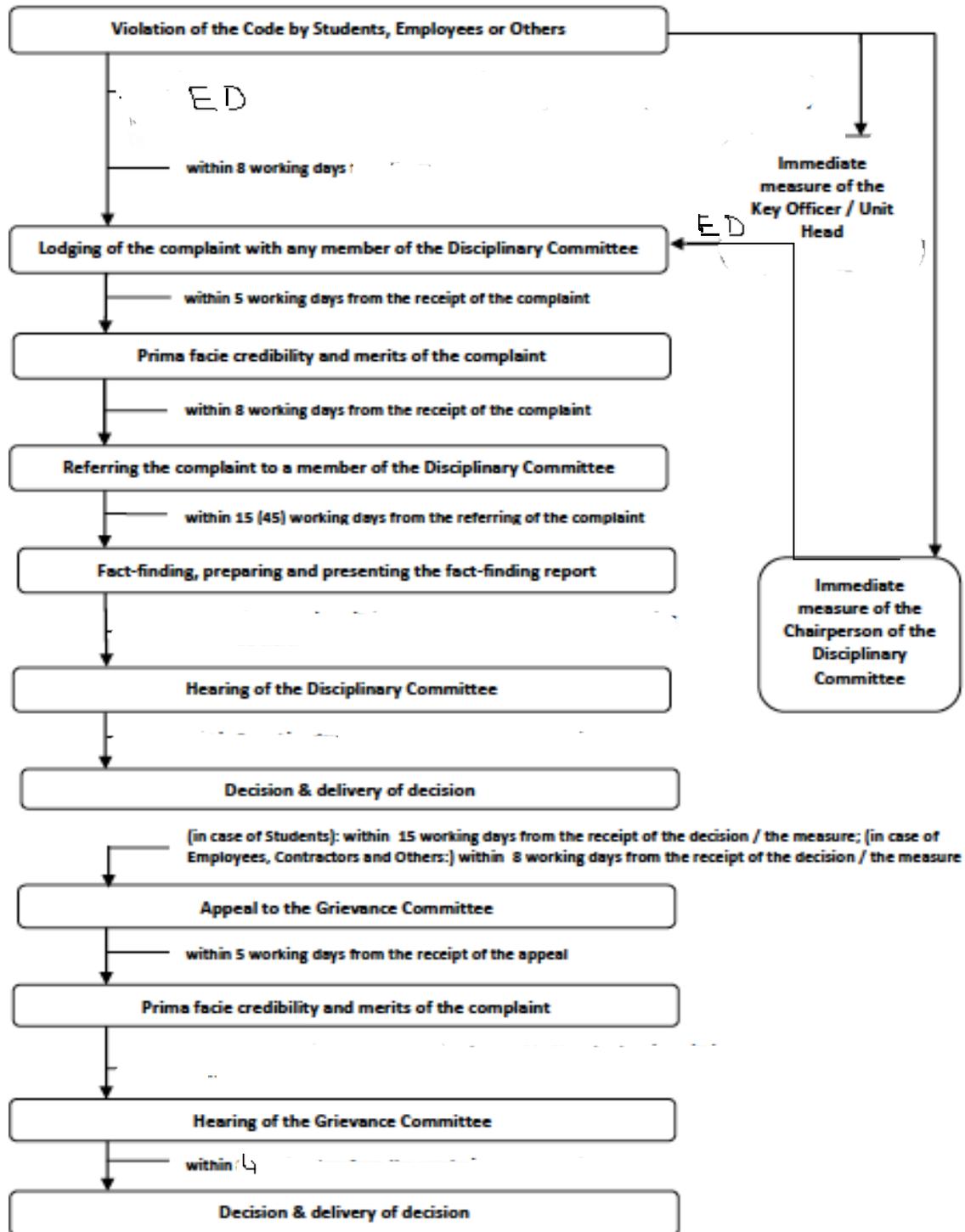
6. an appeal to Grievance Committee can be made within 15 days of decision by Disciplinary Committee. Which will collect prima facie facts within 05 days of appeal.

7. the Grievance Committee will consider the facts collected and reasons and rationale behind the decision of Disciplinary Committee as well as will hear the concerned individuals.

8. The Committee will give decision within 4 weeks of the appeal.

9. All the facts, reasons, rationale, and proceedings will be documented in detail.

# STANDARD OPERATIVE PROCEDURE OF DISCIPLINARY COMMITTEE



## **ANTI BULLYING POLICY**

Punjab Institute of Mental Health recognizes that all its community members have the right to be treated with dignity and respect, in an environment free from all forms of bullying, intimidation, harassment and victimization. PIMH has zero tolerance of bullying and harassment. It further believes that raising awareness of inappropriate behavior, bullying and harassment in the institute is an important step in the process of eliminating the problem. All staff and students are expected to foster mutual respect and dignity and to support and promote the creation of a Harassment & bullying-free working and learning environment.

The PIMH strongly encourages any staff, student or visitor who considers they are suffering Harassment or bullying to take action using the procedures set out in this Policy. The Institute in turn commits to take seriously and thoroughly investigate any allegations of Harassment that are formally brought to its attention. No person will be treated less favorably for making an allegation in good faith. Where such an allegation is found to be true, action will be taken against the perpetrators, up to and including dismissal of staff or expulsion of students. Individuals who engage in unlawful Harassment may also be held personally liable for their actions and subject to prosecution under criminal law.

This policy provides information on the Procedures and on the support available to all staff and students who are concerned about bullying or harassment.

### **BULLYING**

Bullying can be defined as unwanted ‘offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.’

Bullies may be:

- a) In a position of authority or power over the person or group they bully; or
- b) A peer of the person or group they bully.
- c) In some instances, people bully a person they report to or are taught by. This kind of bullying may also be experienced as a group action, where more than one person acts together to engage in bullying of a manager, teacher or supervisor.

Examples of bullying might include, but are not limited to:

- Ridiculing a person
- Shouting or screaming at a person
- Setting someone up to fail, e.g., withholding necessary information or deliberate work overload

- Unwarranted or invalid criticism and criticism which lacks the necessary constructive support to help the recipient improve their performance.
- Persistently 'left out' a person without good reason or deliberately excluding, isolating or ignoring an individual
- Making threats or comments about job security or academic success or failure without foundation.
- Physical attacks of any kind.
- Denigration of a person or group via electronic communication methods, including all forms of online communication and social media ("cyberbullying").
- Not all Conflict is Bullying

Bullying does not include:

- a single incident of unreasonable behaviour (however, a single incident of unreasonable behaviour can still be addressed as a disciplinary issue);
- low-level workplace conflict; or
- Bullying is distinct from the legitimate exercise of reasonable managerial or supervisory actions carried out in a fair and reasonable manner (e.g., performance discussions). The distinguishing factor being that these have the effect of supporting and developing potential or promoting desired work performance, whereas bullying has the effect of undermining, humiliating, denigrating or injuring the recipient.

## **ADDRESSING BULLYING AND SOURCES OF SUPPORT**

Any person who believes they have been subjected to Bullying has the right to be listened to and have their concerns taken seriously, regardless of who the alleged offender may be. The University assures that all complaints that are reported will be taken seriously, will be investigated thoroughly and expeditiously and that all parties will be treated with respect. No person will be treated less favorably for having raised or supported an allegation made in good faith.

- If a person believes, they are being subjected to bullying & Harassment, a number of informal and formal options are available to them. It is recommended that, where possible and appropriate, attempts to resolve the situation informally should be taken in the first instance. It is, however, up to the individual to decide how they wish to proceed.
- Whichever approach is chosen; it is recommended that a written record of any incident of bullying is made as soon as

possible after an incident occurs. This should be signed, dated and kept by HOD for future reference and should include:

- Details of when and where the Harassment takes place, including dates and times.
- Details of the behaviour.
- Details of any witnesses to the behaviour.
- Written notifications given to both parties for meet up.
- Details of reconciliation and agreement of both parties.

The Institute shall have **Bullying & Harassment Advisers'** Service which can also provide support and guidance on the informal and formal options available and assist individuals in thinking those options through. All Advisers need to be trained staff volunteers and the service they provide need to be completely confidential.

## **RESOLUTION PROCEDURES**

### **Informal Resolution:**

Informal resolution is aimed at bringing together the parties to discuss and resolve the complaint. A student who believes that s/he has been harassed may choose to discuss the matter with the person who has engaged in the behaviour and / or request that a member of his / her academic entity act as a liaison for an informal discussion with the involved student or member of faculty so as to resolve the matter.

### **Formal Resolution:**

Where a student does not wish to pursue the informal resolution procedure or where the informal resolution procedure is unsuccessful, the formal resolution procedures should be undertaken. Students could lodge a formal complaint with any of the following offices:

- Report to the Professor.
- Report to the Executive Director.
- Report to any member of the Disciplinary committee.

Formal allegations of Bullying should be made in writing and include:

- The Complainant's personal details (including student ID number where appropriate).
- An outline of the allegation (including dates, times and places).
- Details of the Alleged Harasser.

- Details of any witnesses if relevant.
- Details of any informal attempts to resolve the situation and the outcome(s).
- The ED office in consultation with Professor Office, will convene an Investigation to consider the case, that will be finally referred to a focal person of Disciplinary Committee.
- Wherever possible, within 05 working days, from the day the charge is communicated, the respondent shall be requested to appear before the focal person of disciplinary Committee for an interview, or submit a written defence. On her / his failure to appear before the Committee or to submit a written defence, without a reasonable cause, the Committee shall proceed ex-parte.
- The focal person of Disciplinary Committee may request the attendance of appropriate individuals to appear before him in order to provide information pertinent to the case.
- Both parties, the complainant and the individual who has been charged with harassment, shall have the right to be accompanied by a colleague/friend from within the institution.
- The focal person of the Disciplinary Committee shall ascertain the prima facie credibility and merits of the complaint in writing with appropriate reasons, and if finds the complaint credible to be addressed in the committee, shall refer the case to the disciplinary committee within 08 working days of the initiation of the inquiry.
- The committee will collect facts, interview witnesses, and prepare a report within 06 weeks of the complaint.
- 6. An appeal to the Grievance Committee can be made within 15 days of the decision by the Disciplinary Committee. Which will collect prima facie facts within 05 days of appeal.
- The Grievance Committee will consider the facts collected and the reasons and rationale behind the decision of the Disciplinary Committee as well as hear the concerned individuals.
- The Committee will give decision within 4 weeks of the appeal.
- All the facts, reasons, rationale, and proceedings will be documented in detail.
- In cases where a student/ a member of faculty has been found guilty of bullying, the Disciplinary Committee shall inform and provide its recommendation to the ED office. The ED in

consultation with the Professor, shall decide regarding sanctions that may be imposed as well as matter of hearing appeals.

- All matters related to the review and investigation of any charge of bullying will be undertaken in strict confidence.
- Allegations should be made by named individuals. The Institute cannot guarantee that anonymous allegations will be taken forward, as the anonymous nature of the allegation may prevent a fair investigation.
- If a member of faculty or staff receives repeated allegations of offenses against the same individual, but each student making the allegation is unwilling to file a written complaint or appear as a complainant, that faculty member shall inform the Professor and the ED about the same.

## **COUNSELLING**

Student & Faculty counseling service must be available to victims of bullying & harassment.

### **References:**

1. ACAS “Bullying and Harassment at Work: A Guide for Managers and Employers.”
2. Guidelines, Policies and Procedures. Aga khan university. Student Anti-Harassment Policy No 028.
3. “Protection Against Harassment at Workplace Act, 2010” and “Code of Conduct” available at Federal Ombudsman Secretariat for Protection Against Harassment of Women at Work Place - <http://www.fospah.gov.pk/code-conduct.php>. See also: The Punjab Commission on the Status of Women - <https://pcsw.punjab.gov.pk>

## **SEXUAL HARASSMENT POLICY**

Sexual Harassment is defined as any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature that is offensive, embarrassing, intimidating or humiliating.

This includes:

- Instances when the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive environment

- Instances when submission to the harassment is made either explicitly or implicitly a term or condition of fair treatment.

Specific examples include, but are not limited to:

- Touching in an inappropriate way
- Staring or leering
- Requests for sex
- Subtle pressure for sexual activity or sexual innuendoes
- Display of sexually explicit pictures
- Repeated references to various parts of the body at inappropriate times
- Requests for dates when the other person has made it clear that she or he is not interested
- "Hooting", whistles, or other suggestive noises or gestures
- Suggestive comments or jokes
- Insults, name-calling or taunts based on a person's gender
- Derogatory graffiti referring to a person's character or making sexual implications
- Sexually explicit emails, text messages, etc.
- Spreading rumors about another person's sexual behavior
- Intrusive questions about a person's private life or body
- Any romantic or sexual behavior that you would consider to be inappropriate if directed at a member of your family
  - Sexual harassment does not refer to compliments or other behaviors that are socially appropriate.
  - Relationships between Faculty Members and Students

**There should be no relationships of a romantic or sexual nature between any faculty or staff member (including all administrative/non-clinical staff) and a student. There is no exception to this.**

A student should not attempt to initiate such a relationship for any reason.

There should be no attempt by a student to gain better grades or access to exams or assignments by encouraging or offering such relationships.

Any pursuit of such relationships by a faculty or staff member should be immediately reported to the Professor or the Executive Director.

All faculty and staff members are required to report instances of harassment if they are aware.

Any faculty or staff member encouraging a student not to report such instances will be subject to disciplinary action.

## **References**

PIMH has adopted the Code of Conduct outlined in the Protection against the Harassment of Women Act of 2010.

The link to that full document can be found at [www.aasha.org.pk](http://www.aasha.org.pk).

## **Leave Policy:**

- Maximum of four weeks of leave shall be allowed during one calendar year.
- In case of female post graduate residents, maternity leave of 90 days with pay will be given only once during the entire course of training.
- All PG residents who will avail freezing or leave for more than allocated time i.e. four weeks per year and 90 days period maternity leave once in entire training, must work to complete the prescribed duration of training. For this period they will not get stipend /salary.
- All cases of leave and freezing shall be forwarded through proper channel i.e. from VC/Principal/Head of Institution to the SHC & ME department well in time for approval and final orders.

## **Reference**

1. (revised Policy And Procedural Manual Of Post Graduate Residency Dated 22-12-2020).

## **Disciplinary action policy:**

Residents will be groomed during his training to be a true professional. Written code of conduct will be communicated to resident on start of his training. Their rights and duties as defined by Pakistan Medical Counsel (PMC) will be shared with them in written at time of induction in training. They will observe proper dress code of ward with punctuality in arriving and leaving their work place. They will follow due process for leave or vacations. Their behavior and interaction with seniors, juniors and paramedical staff will be closely monitored to train them to be a good team member. They will not be allowed to participate in political activities or in illegal agitation. Breach of code of conduct will be followed by debriefing and verbal warning by supervisor in a dedicated session. In case of repetition or serious misconduct, written show cause notice will be issued by HOD. HOD will establish departmental inquiry committee comprising of senior faculty members who will be entrusted with responsibility to conduct detailed inquiry with fair opportunity to resident for explanation, or with warning. After departmental inquiry, Dean will refer case to Disciplinary Committee in written with details of breach or misconduct with report and recommendations of departmental inquiry.

Disciplinary committee will review the case and resident will again be given ample opportunity to reflect and explain his position. Disciplinary committee will prepare their recommendations which may vary from written warning to termination of training depending on gravity of misconduct. These recommendations will be forwarded to office of Executive Director for further action. Proceedings of this disciplinary action will also be conveyed in written to concerned dean, supervisor as well as to CPSP or UHS.

Departmental inquiry followed by disciplinary action by Disciplinary committee which in

extreme case can culminate in termination of training will be conducted in case of following irregularities of conduct.

- Regular un-informed absence from duties in ward or Accident & Emergency
- Non-compliance to dress code despite repeated warnings
- Violent behavior during duty hours with patients, senior or junior doctors or paramedical staff
- Regular use of abusive language during duty hours
- Negligence in patient care due to callous behavior or irresponsible attitude.

- Disregard to ethical, cultural or religious sensitivities during interaction with patients in clinical practice.
  - Workplace harassment, bullying of fellow health workers.
  - Illegal or immoral activities in the vicinity of hospital.
  - Participation in political activities or illegal agitation and activities.
- Involvement of students/trainees in clinical practice outside the hospital.

## PENALTIES

1. warning
2. cancelation of hostel accommodation
3. imposition of fine
4. recovery of lose or breakage of moveable and immoveable hospital property.

## **Policies for Remediation /Dismissal**

All trainees must, in advance, be communicated the details of parameters of professionalism and required attitudes on which they will be assessed, during the course of their training. These attitudes are recommended to be assessed and reported after each quarter. The recorded details must be communicated to the candidate in person by his supervisor. A total of 33% marks in the internal assessment may be allocated to this domain. Any student showing sloppiness, deterioration or inability to come up to the required standards must be counselled adequately by his/ her supervisor and a record of the same be placed in the portfolio. An Inability to improve or change in the behaviour or attitude over the next 12 weeks may be communicated to Head of Dept and would put the candidate in a position to be dismissed from training or any other action deemed suitable by the institution

Any trainee found involved in political activity, agitation, strike is liable to be terminated from training. He/ she will be debarred from the training in next two CIP inductions and shall return the whole stipend receive during training.

If a candidate after selection gives consent but doesn't join, he will be debarred from next induction as penalty.

If a candidate after selection gives consent, joins but leaves the programme within or more than 06 months he/she will be debarred from training in next 03 inductions.

### **Reference**

1. (Revised Policy and Procedural Manual of Post Graduate Residency Dated 22-12-2020).

2. Intermediate and FCPS module in Psychiatry.

<https://elogbook.cpsp.edu.pk/eportal/eportal/index.php?string=jZ-cb5-dlthJnpCcl55VmF4=>

3. PEEDA Act for Regular Employees

# TORs of Disciplinary Committee

The Committee shall inquire into allegations of misconduct, breach of discipline, or professional impropriety against postgraduate trainees (medical, psychology, nursing, allied health) enrolled in training programs at PIMH.

**Jurisdiction includes, but is not limited to, the following categories of misconduct:**

- Violation of PIMH Code of Conduct, CPSP Ethical Guidelines, or PMDC Regulations
- Clinical negligence, patient abuse, or breach of confidentiality
- Academic dishonesty: plagiarism, falsification of records, or examination malpractice
- Absenteeism, tardiness, or failure to fulfill training obligations
- Harassment, discrimination, or creation of a hostile work environment
- Substance abuse, criminal conduct, or any behavior bringing disrepute to the institution
- Violation of the Mental Health Ordinance 2001 or Punjab Healthcare Commission standards

**The Committee shall not entertain matters that are:**

- Already sub-judice in civil/criminal courts or before CPSP/PMDC Disciplinary Committees
- Minor infractions resolvable through departmental counseling (such cases to be documented internally)
- Academic evaluation disputes (to be referred to the relevant Academic/Examination Committees)

**Investigative Powers of the Committee:**

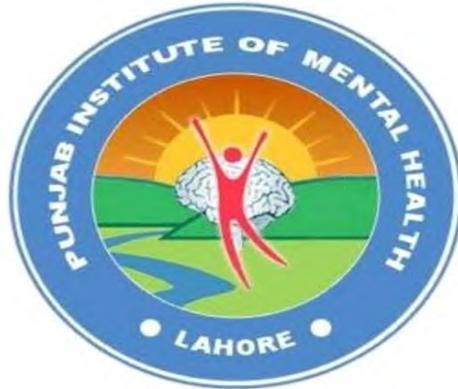
- Summon the accused trainee, complainant, witnesses, and relevant institutional records.
- Record statements under oath, were authorized by institutional policy.
- Seek expert opinion from clinical, ethical, or legal advisors as needed.
- Conduct site visits or review CCTV/electronic records, subject to applicable privacy laws and institutional protocols.

**EXECUTIVE DIRECTOR**  
Punjab Institute of Mental  
Health, Lahore.

Copy forwarded for information and necessary action to the: -

- 1) Professor of Psychiatry, PIMH, Lahore.
- 2) All AMSs, DMSs & Section Incharges, PIMH, Lahore.
- 3) Conveners & Members of the Committee.
- 4) Chief Consultant Psychiatrist, PIMH, Lahore.
- 5) Associate Professor of Psychiatry, PIMH, Lahore.
- 6) All the Consultant Psychiatrists, PIMH, Lahore.
- 7) Senior Registrars, PIMH, Lahore.
- 8) All the Registrars, PIMH, Lahore.
- 9) Director Finance, PIMH, Lahore.
- 10) Incharge Clinical Psychologists, PIMH, Lahore.

**PUNJAB INSTITUTE OF MENTAL HEALTH, LAHORE.**



**STANDARD OPERATING PROCEDURES  
POLICY FOR TRAINEE COUNSELING DEPARTMENT**

Document Change Record

| Sr. No | Rev. Date | Page No. | Section No. | Description of Change |
|--------|-----------|----------|-------------|-----------------------|
|        |           |          |             |                       |
| 2.     |           |          |             |                       |
| 3.     |           |          |             |                       |
| 4.     |           |          |             |                       |
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## DISTRIBUTION LIST

The following personnel are on the controlled distribution list:

- Executive Director
- Chairman Trainee Counseling Department

## TERMS AND DEFINITION

| TERMS                    | DEFINITION  |
|--------------------------|---|
| Counseling               | The provision of professional assistance and guidance in resolving personal or psychological problems.  |
| Counselor                | A person trained to give guidance on personal or psychological problems.  |
| Psychiatric Intervention | Where psychiatric/medical emergency services are rendered by professionals in the conditions requiring psychiatric interventions may include attempted substance abuse, depression, psychosis, violence or other rapid changes in behavior. |
| Confidentiality          | The state of keeping or being kept secret or private.   |
| Psychological            | Associated to the mental and emotional state of a person.   |

## 1 . PURPOSE

The purpose of Counseling Services is to offer a professional and confidential setting for the psychological, emotional, and developmental support to trainees as they pursue academic goals and explore personal growth, and act as a resource for faculty and staff to assist their interactions with trainees. When this mission is fulfilled, the quality of trainees' experience at the institution is enhanced, and they are more likely to achieve academic and personal success.

## 2. RESPONSIBILITIES/ POLICIES

### 2.1. Policy on Ethical Standards and Confidentiality

Provision of professional counseling services adhere to the ethical standards of their respective professions and preferably follow the proper guidelines, as maintaining ethical standards relating to the confidentiality of counseling service is critical.

### 2.2. Policy on Mandated Services

- i.Counseling typically requires voluntary and genuine involvement on the part of clients, whereas mandated counseling is largely unwarranted, however, there are instances when a mandated session for evaluation can be useful: first, because there are occasions when it is crucial to require otherwise unwilling trainees to undergo an evaluation because there is a risk that they might hurt themselves; and, secondly, because often times a mandated counseling session can lead to genuinely voluntary counseling. Since counseling is a mutual process therefore it must be perceived of as an avenue where trainees come willingly thus mandated counseling should be considered as a last course of action.
- ii. The provision of counseling service is a need-based avenue, trainees can avail the services as per their needs (if and when required).

### 2.3. Circumstances Determining whether Mandated Counseling Should and Should not Happen

- i.Counseling Services does not provide services to trainees who are required to receive mental health treatment. Trainees seeking such services will be referred to licensed professionals in surrounding communities.

- Counseling Services accepts mandated assessment cases from the hospital officials; Executive Director, Professor, Associate Professor, Assistant Professor or as a result of a decision through the Academic Committee/ Council or PG committee.
- Counseling Services only accepts mandated cases that can preferably be completed. The only exception occurs when a trainee returns to the facility/ institution after a medical leave (or leave of absence) that comes as a result of a suicide attempt or self-harm behavior. In such cases, the hospital officials may mandate that such trainees be involved in ongoing evaluations of their danger to themselves over a period of several weeks, but no more than one academic year.
- When Counseling Services lack the necessary expertise or resources to offer holistic care, he/ she works with the Hospital officials so that trainee could be identified and sent to any viable community resources.

#### 2.4. Communication between trainee Counselor and Hospital Officials regarding Trainee Counseling

- i. Counselor only provide information relating to trainees' mandated evaluation sessions to the any hospital official when trainees provide their written consent. The only exception occurs when a trainee presents a clear and imminent danger to self or to others—then Counselor actively works with hospital officials to address the potential danger. Trainees who decline to provide Counselor with permission to relay such information is then liable to face potential consequences for noncompliance from the hospital officials of the institution.
  - Any communication about only the mandated counseling session between Counselor and trainee is preferably communicated to hospital officials.
  - Any trainees referred by Hospital official for counseling session(s) with the Trainee Counselor and Advisor are also provided with an opportunity for seeking alternative services through referrals from appropriate mental health professionals in the community.

### 3. PROCEDURE

#### 3.1 Hours of Operation

- i. Counseling Services are open from Monday through Saturday from 8:00 AM to 2:00 PM with walk-in hours to facilitate trainees, while the hours on Friday are reduced till 12:00 PM.
- It is advisable that prior appointments are made for all counseling sessions so that proper slots for trainees are structured based on availability.
- Counseling appointments are scheduled to be maintained between the duration of 20-45 minutes. This would allow the counselor to assess the nature and history of presenting problem so that the situation could be summarized for next session.

### 3.2 Making Counseling Appointments

- Any trainee who misses an appointment will typically be encouraged to reschedule the appointment, usually via e-mail/ what's app or telephone. Any exceptions to this practice will be the scenarios where emergent situation to be seen by the counselor arises for-example, trainees who are a potential danger to themselves and are thus in dire need of services.
- Noncompliance by the trainee towards counseling would be documented and kept in trainee file and would be duly communicated to the Hospital officials.

### 3.3. Eligibility for Services

- i: Currently enrolled trainees in the PIMH are eligible to receive services at Counselor office.
- Counseling Services does not offer court-mandated or forensically oriented / medical services to the enrolled trainees.
- If trainee require counseling or psychological services beyond those offered by Trainee Counselor then the counselor will work with the trainee and hospital official to identify community resources to meet their needs. Examples of services beyond those offered at the Counselor office include long-term counseling requiring

multiple sessions each week or long-term weekly counseling; counseling for trainees with active disorders that require intensive medical, psychiatric, and/or nutritional services; drug and alcohol assessment and treatment; and other similarly complex services as determined by the Trainee Counselor and Advisor, PIMH.D

The following criteria are designed to facilitate and monitor the counseling services extended to the trainees at PIMH. Continuing counseling at the office of Trainee Counselor at PIMH is contingent upon the following criteria:

- Making and keeping walk-in appointments (if and when required) at the office of trainee counseling and advising (or with a private therapist (when required/ special considerations) who is in regular contact with the counselor).
- If required, keeping regular sessions at the Counseling office as long as deemed necessary by the trainee counselor.

### 3.5 Required Counseling for Emergent Situations

Situations involving, aggressive, psychotic, or otherwise "out of control" trainees generally require immediate intervention from emergency medical personnel. Counselors may play a role in evaluating or consulting about such situations, if deemed necessary but are not entitled to intervene directly. Examples:

- An emotionally distraught trainee.
- A trainee experiencing hallucinations/delusions or with poor reality contact.
- A crisis involving multiple members of the campus community (e.g., issues arising at hostel and dorms). Face-to-face interventions with groups on campus make most sense when these issues arise and are welcomed to be
  - addressed by those in distress.
  - Providing feedback to faculty or staff

If appropriate then they must brief about the crisis and then can likewise be referred back for feedback and action while discussing the situations, within the limits of confidentiality

- Support for Special Academic Consideration as per policy
- As a condition of receiving support from the office of trainee counseling and advising, the trainee is expected to make walk-in sessions at the counseling office (if and when required). Any failure in making and keeping the appointments at the Counseling office/ psychologist/psychiatrist as required, entitles that the counselor will NOT intervene on trainee's behalf if he or she has academic difficulties or any other secondary issues that might hamper their academic and social functioning due to the primary problem for which they were referred. Trainees will NOT be placed on a leave of absence/ or any leverage in lieu of dismissal or any consequences as per organization's rules. Taking services from counseling office

doesn't implicitly entitle the trainees to a psychological leave of absence or any favor or, use that as an excuse in any academic matter unless otherwise specified and certified by the Counselor or hospital officials.

- Counselor doesn't support any trainee's medical leaves and is not in any way entitled to endorse any medical leaves, therefore can't be requested to do so unless the nature of the leave is based on the existence of a severe mental health issue that warrants danger to the trainee and others. However, this decision to grant the leaves solely falls into the domain of the hospital officials as per policy.

### 3.8 Documentation and Files

- i. All counseling services provided to the trainees will be documented in trainee counseling files. "Hard Copies" of such documentation will be placed in the trainees files. There are no electronic files kept by Counselor.
  - All "hard copy" documentation of services and other confidential information will be kept in filing cabinets in a locked room in Counselor office.
  - Access to the trainee files is denied, unless required in case of extraordinary circumstance.
  - Trainees will complete the Client Information Sheet and a consent form at the time of their first session.
  - Client data Sheet is inclusive of subjective and objective observations, assessment of need, and a plan for future services and is filled by the Trainee counselor.
  - If a counselor refers out the trainee to any other service, a note documenting the situation is kept in trainee file.
- Documentation of any trainee's release of confidential information as mandated in case of referral will be documented in trainee file.
- "Hard copies" of documentation of services will be shredded or otherwise destroyed according to the institutional Policy.

### 3.9 Referrals for Psychiatric Evaluation

- i. The trainee counselor communicates this consideration with the hospital officials who then upon the request of the counselor coordinates with the respective practitioner and would serve as key facilitator in the referral process.
- ii. In case a trainee requires a more thorough evaluation for psychotropic medication, the trainee will be referred for second opinion in or out side of the hospital.
- iii. The trainee referred by the counselor for medication of psychiatric evaluation, is expected to continue to see the referring counselor for the remainder. Moreover, the frequency of counseling visits during that period with the referring counselor or practitioner are not decided by the counselor.
- iv. The trainee has the option to see a counselor/therapist in their community instead of the Trainee counselor, depending upon their ease and preference.

#### 4. RELATED DOCUMENTS & RECORDS

- Client Data Sheet — Annexure A
- Contractual Agreement for Support for Special Academic Consideration / Consent for Services Form - Annexure B
- Referral for Psychiatric medication/ Psychological Intervention - Annexure C
- Feedback Form- Annexure D

Annexure A

1. CLIENT DATA SHEET

CONFIDENTIALITY

This information is CONFIDENTIAL. No client information will be released to any source unless an urgent situation occurs in which permission is not attainable; your counselor reserves the right to discuss only pertinent information to the professional(s) who would be involved in helping you. Any queries regarding the policy would be happily answered by our counselor

1. NAME.

DATE:

SEX:        Male:        Female:

Program:                    UNIT \_\_\_\_\_

Yr. in program: \_\_\_\_\_

AGE: \_\_\_\_\_

PLACE OF BIRTH:

ADDRESS:        (LOCAL)        .  
\_\_\_\_\_  
\_\_\_\_\_

(PERMANENT)  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number:

E-MAIL ADDRESS:

INTERNATIONAL TRAINEE: a) No. b) Yes (where from?)

TRANSFER TRAINEE: a) No b) Yes (where from?)

FIELD OF STUDY:

OVERALL RESULT:

\_\_\_\_\_

With whom do you live while training?

• MARITAL STATUS:

Single

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Engaged

Married

Separated

Divorced

\*If married, give

Name of spouse /Significant other:

Occupation of spouse:

Give names and ages of any children.

- Describe your family of origin (parents and siblings)

Parents.

Father Name:

Parent's marital status: living together/Divorced/separated

Father Deceased/Mother Deceased/Both deceased

Siblings: \_\_\_\_\_

Trainee's Birth Order:

II. COUNSELING HISTORY

- Any previous professional counseling:

Name of therapist / city/ hospital:

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Reason:

- Any previous psychiatric medical treatment:

Name of Doctor / city / hospital:

\_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Reason:

Medications prescribed

- Any history of substance use? .

Have you been treated for that?

No

Yes

\* If treated (when / where?)

#### D. Any medical history

- Describe any recent or current medical problems

- Any medications that are currently being taken:



- a) Happy/ calm/
- b) Gloomy/ frustrated/ annoyed  
Rejected / Stressful
- c) Other  
(Explain):

- Affect

- a] Restricted/ blunted
- b] Flat affect/ monotonous
- c] Labile
- d] Other  
(Explain):

- Judgment & Insight

- a) Present
- b) absent
- c) Other  
(Explain):

- Skills deficits:

- Study habit
- a] Time management
- b] Stress Management
- c] Interpersonal skills: (assertion, shyness)

(Explain):

#### IV. TRAINEE COUNSELING INFORMATION

##### I . Reason for Counseling•

- a.) Routine
- b) Trainee initiated
- c) Institute initiated

b. Presenting problem/ trainee's primary reasons for seeking counseling at this time:

##### i) General Difficulties:

a)Academic

b) Interpersonal\_\_\_\_\_

c) Adjustment

Social

Behavioral

Motivational

Career choice

##### Relationship Issues:

a)Couple's Problems

b) Family Problems

c) Roommate Problems

d) Other Peer Problems

##### iiiSelf-Esteem Issues:

- Guilt Related Concerns: \_\_\_\_\_

- Anxiety: \_\_\_\_\_

a)Generalized

b) Panic /Phobia

- c) Social
- d) Obsessive-Compulsive
- e) Academic
- f) PTSD
- NOS

- vi) Depression.
- General Feelings of

- Dysthymic
- Major Depression
- Bipolar
- NOS

- Adjustment Issues:

- Grief
- Death

- Impulse Control:

- Anger Control (non - assaultive) Assaultive Behavior  Other:

- ix) Sexual Difficulties:

- a] Paraphilia
- b] Sexual Dysfunction
- Sexual Orientation
- Pregnancy/ abortion
- c] Other:

---

- x) Abuse Related Difficulties:

- physical
- Verbal

Neglect

Other:

---

xi) Psychotic Symptoms:

C] Paranoia/Suspiciousness

Unusual Thought Content/Delusions

Unusual Thought Form

Hallucinations Other:

xii) Suicidal/ Homicidal Tendencies:

a) Ideation

b) Intent

c) Plan

Attempts (in past, if any) C] Other:

xiii) Personality Disorder/ Features (tentative)

- Nature & history of presenting problem.

- What situations or factors have RECENTLY triggered the problems or symptoms? Where did they occur?

- Are you presently taking any medication related to a psychological disorder?

Yes or No

If yes, name of medication

- How severe would you rate your difficulties to be?

|                                       |   |   |   |                                    |   |   |   |  |    |
|---------------------------------------|---|---|---|------------------------------------|---|---|---|--|----|
| 1                                     | 2 | 3 | 4 | 5                                  | 6 | 7 | 8 | 9  | 10 |
| (Mild)                                |   |   |   | (Moderate)                         |   |   |   | (Severe)                                   |    |
| (Good functioning in in wide range of |   |   |   | (Moderate impairment in            |   |   |   | (Inability to function                     |    |
| activities)                           |   |   |   | social and/or academic functioning |   |   |   | daily activities. danger to self or others |    |

- Provisional (Diagnostic) Impressions:

Clinical Disorder or Other conditions that may be a focus of clinical attention

- Any Personality (Disorder/ Features) Indication

- Follow up required Yes No

Explain.

No further evaluation or treatment, with reason given:

Referred to whom? With reason given:

k. Corrective action needed/ Interim goal?     Yes     No

Explain:

I. Counselor's Comments:

Trainee Counselor & Advisor  
PIMH

COUNSELING CONTRACT

I hereby agree that I will make and keep regular appointments (if required) at the Counseling office.

I also agree that I will contact a Counseling office in the event that I am considering harming myself or having any difficulty. I agree that I will take whatever steps necessary to contact Counseling office / or any other means necessary.

I understand that counseling office will not be held responsible if I fail to keep appointments (when it is required by the counselor/ institute initiated) or contact the Counseling office in an emergency or any situation that warrants attention.

\_\_\_\_\_

Signature of student/trainee

\_\_\_\_\_

Date

\_\_\_\_\_ Counselor

\_\_\_\_\_ Date

Annexure B  
CONTRACTURAL AGREEMENT FOR  
SUPPORT FOR SPECIAL ACADEMIC  
CONSIDERATION OR  
CONSIDERATION 1 CONSENT FOR SERVICES FORM

I \_\_\_\_\_ understand that as a condition of my receiving support from the office of trainee counseling and advising, I am expected to make and keep regularly scheduled appointments at the counseling office (if and when required).

I also understand that if I do not make and keep appointments at the Counseling office/ psychologist/psychiatrist as required, the Counseling office will not intervene on my behalf if I have academic difficulties or any other secondary issues that might hamper my academic and social functioning. Further, if I do not make and keep appointments or comply with the suggested work up as required and face the possibility of academic dismissal or penalty, I will not be placed on a leave of absence/ or any leverage in lieu of dismissal or any consequences as -per organization's rules. Taking services form counseling office does not implicitly entitle me to any leave of absence or any favor or, use that as an excuse in any academically related matter unless otherwise specified and certified by the trainee counselor or Institutional Head. .

\_\_\_\_\_

Signature of student/trainee

\_\_\_\_\_

Date

\_\_\_\_\_

Counselor

\_\_\_\_\_

Date

Annexure C

OFFICE OF TRAINEE COUNSELING DEPARTMENT

REFERRAL FOR PSYCHIATRIC MEDICATION to EXECUTIVE DIRECTOR,  
PIMH

TRAINEE NAME:

DATE:

PROGRAM/ YEAR •

R #: \_\_\_\_\_

AGE.

\_\_\_\_\_

REFERRING COUNSELOR:

\_\_\_\_\_PHONE.

Email:

REFERRED TO:

Degree of Urgency:      Emergency\_\_\_\_\_ Urgent \_\_\_\_\_ Routine

\_\_\_\_\_ Follow up required:      Yes:      No:

By:

PRESENTING PROBLEM:

SIGNIFICANT SYMPTOMS.

PROVISIONAL DIAGNOSIS/ IMPRESSION.

Trainee Counselor & Advisor  
PIMH

REFERRAL TO PSYCHIATRIC CONSULTANT/PSYCHOLOGIST  
OUT SIDE PIMH

Name: \_\_\_\_\_ R. #: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ allow \_\_\_\_\_ the office of trainee  
counseling and advising at PIMH to exchange information (if needed) regarding my  
treatment by the above parties.

\_\_\_\_\_  
Signature of counselee

\_\_\_\_\_  
Date

\*Trainee/ counselee is required to inform and update the referring counselor about  
his/ her regular sessions and scheduled appointments with the Psychiatrist or  
counselor

(Date and Name of Psychiatrist/ Counselor)

Annexure D

## PSYCHIATRIC EVALUATION FORM

|          |                  |
|----------|------------------|
| Date:    |                  |
| Name:    |                  |
| Age:     | Gender:          |
| R.N#.    |                  |
| Program: | Year in program: |

**PART I: REPORT OF  
TEACHER/FACILITATOR**

Note: This form may be filled by the facilitator based on his/her own knowledge/ observation of the trainee, or from information acquired by other sources. If the source seems unreliable, facilitator should mention it with the provided information.

I have been teaching the above-mentioned trainee since      and the following is my report regarding him/her:

|    |  |                |
|----|--|----------------|
| 1. | Is he/she performing well in class?  | Yes / No       |
| 2. | Is he/she able to complete all his/her assignments?                            | yes / No       |
| 3. | Has deterioration in his/her performance been noted?<br>a. If yes, since when? | Yes / No       |
| 4. | His/her participation in class discussion.                                     | Good/Fair/Poor |

- His/her adjustment during stress (exams/ tests/ assignments)

Good/Fair/Poor

- His/her popularity with classmates.

Good/Fair/Poor

- His/her popularity with juniors.      Good/Fair/Poor

- His/her popularity with seniors.      Good/Fair/Poor

- His/her usual appearance and cleanliness.

Good/Fair/Poor

- His/her mental capabilities. Good/Fair/Poor

- His/her physical capabilities.  
Good/Fair/Poor
- His/her indulgence with illicit substance use. Yes / No  
a. If yes, please mention substance and brief detail.
- Leisure activities.
- Tick as many characteristics as applicable to the trainee

|                          |               |                          |               |                          |               |
|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|
| <input type="checkbox"/> | Aggressive    | <input type="checkbox"/> | Cheerful      | <input type="checkbox"/> | Cribbing      |
| <input type="checkbox"/> | Submissive    | <input type="checkbox"/> | Moody         | <input type="checkbox"/> | Proud         |
| <input type="checkbox"/> | Short         | <input type="checkbox"/> | Clear-headed  | <input type="checkbox"/> | Vain          |
| <input type="checkbox"/> | tempered      | <input type="checkbox"/> | Confused      | <input type="checkbox"/> | Tactful       |
| <input type="checkbox"/> | Calm          | <input type="checkbox"/> | Indecisive    | <input type="checkbox"/> | Tactless      |
| <input type="checkbox"/> | Tense         | <input type="checkbox"/> | Confident     | <input type="checkbox"/> | Absent-minded |
| <input type="checkbox"/> | Relaxed       | <input type="checkbox"/> | Harsh         | <input type="checkbox"/> | Forgetful     |
| <input type="checkbox"/> | Suspicious    | <input type="checkbox"/> | Kind          | <input type="checkbox"/> | Careless      |
| <input type="checkbox"/> | Frank         | <input type="checkbox"/> | Demonstrative | <input type="checkbox"/> | Careful       |
| <input type="checkbox"/> | Perfectionist | <input type="checkbox"/> | Immature      | <input type="checkbox"/> | Social        |
| <input type="checkbox"/> | Conscientious | <input type="checkbox"/> | Callous       | <input type="checkbox"/> | Unsocial      |
| <input type="checkbox"/> | Casual        | <input type="checkbox"/> | Reliable      |                          |               |

Worrying  Unreliable

- Is there any disciplinary case pending against him/her? Yes / No  
a. If yes, please give details regarding the case.
- Record of previous reprimands:

| DATE | OFFENCE | PENALTY |
|------|---------|---------|
|      |         |         |

- Give detail of any happenings in his/her personal life that may have influenced his/her mental health.
  
- In the interest of the institution, should he/she resume his/her studies after treatment?

Yes / No

## PART II: COUNSELOR'S REPORT

I have examined the above named and my report on him/her is as under:

- . Current symptoms
  
- Past psychiatric history
  
- Behavior and mental state
  
- Any other relevant information

Name:

Signature:

Designation:

Date:

### PART III: PSYCHIATRIST'S OPINION

I. Diagnosis:

2. Opinion and recommendation

Name:

---

---

---

Signature:

Designation: Date:

Annexure E

Feedback Form — Trainee Counseling

To help us ensure that we are providing a high-quality service, we would greatly appreciate your time and consideration in completing this evaluation form. Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name and your answers are confidential. We thank you for your honesty.

Date:

Counsellor Name.

a Male      a Female

- Number of counseling sessions received
  
- I feel like the Counsellor understands my needs / issues.
  - 1) Completely      2) Mostly      3) Not at all      4) Other

If 'not at all' please give details why?

- I have gained insight in areas to address the reasons I sought counseling to begin with.
  - 1) Agree      2) Disagree      3) Don't know      4) Other

My counsellor fostered a safe and trusting environment.

- 1) Agree      2) Disagree      3) Don't know      4) Other

5. Over all, thinking about my experience with counseling, I would rate the help I have received so far as?

- 1) a very helpful      2) Mostly helpful      3) Not at all      4)Other

If 'not at all' please give details why?

---

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• I feel like counseling experience has affected me</li> <li>• a) For the Worse</li> <li>• b) No Effect</li> </ul> |  |
|---|--|

|  |  |
|--|--|
| <ul style="list-style-type: none"><li>• c) Slight Effect</li><li>• Better</li><li>• Any other comments</li></ul> |  |
|--|--|

Thank you for your participation!

# **PUNJAB INSTITUTE OF MENTAL HEALTH**



## **STANDARD OPERATING PROCEDURES**

### **GRIEVANCE COMMITTEE**

## **Constitution and distribution of Document.**

- |  |          |
|--|----------|
| 1. Dr. Ali Madeeh Hashmi (Professor of psychiatry) | Chairman |
| 2. Dr. Nauman Mazhar (Associate Professor)         | Member   |
| 3. Dr. Farasat Ali (Associate Professor)           | Member   |
| 4. Dr. Saqib Bajwa (Assistant Professor)           | Member   |
| 5. Dr. Ateeq ur Rehman (DMS Admin)                 | Member   |

## **Grievance Committee**

### **Aim:**

To facilitate the resolution of grievances in a fair and impartial manner by involving the relevant departments dealing with the substantive function connected with the grievance while maintaining necessary confidentiality.

### **Objective:**

The objective of the Grievance Committee is to develop a responsive and accountable approach among all the stakeholders so as to maintain a harmonious educational atmosphere in the Institute.

The **key parameters** of the Grievance Committee are:

- To uphold the dignity of the Institute by ensuring conflict free environment and promote cordial post graduate trainee- post graduate trainee, post graduate trainee-Teacher, post graduate trainee-Employee, Employee-Employee relationship, and to make them to take ownership of the institute and its policies.
- To encourage the post graduate trainees, employees and other stakeholders to express their grievances/problems freely and frankly, without any fear of being harassed or victimized.
- To make the post graduate trainees and employees of the institute to respect the rights and dignity of one another and show utmost restraint and patience whenever a conflict arises.
- To enable all the stakeholders to be affectionate towards each other and not behave in a vindictive manner towards anyone for any reason.

### **Meeting:**

The meeting will be held when a complaint is lodged in the grievance committee.

## **Mechanism for Redressal of Grievance:**

The post graduate trainees are the main stakeholders in the institute, though the teachers, administrative officers, support staff are also the key pillars in the life of this institution. Taking this spirit into consideration the Institute has established the Grievances Committee to promote a cordial educational environment. The Grievance Committee may broadly include and consider the following complaints for consideration:

- Grievance Related to Academic Matters
- Grievance Related to Non-Academic Matters
- Grievance Related to Assessment
- Grievance Related to Victimization
- Grievance Related to Harassment
- Grievance Related to Conduct of Examinations
- Grievance Related to Service Matters
- Any other grievances which may be determined/ pointed out by the competent authority.

## **Standard Operating Procedure (SOP):**

A Focal Person will be nominated by all the Units who will work in liaison with GC. Any stakeholder who wants to initiate a grievance/complaint may in the first instance bring the issue to the notice of the head of the respective Teaching/Administrative Department, who will try to address the issue and resolve it within 10-working days of the receipt of the grievance. If no response is received within the stipulated time from the respective department or the complainant is dissatisfied, the response/resolution of his/her grievance, or the grieved is dissatisfied from the decision of the disciplinary committee of the institute then he/she may register his/her grievance to the Grievance Committee.

Procedure to be observed for Grievances by Grievance Committee:

- **Step-1:** Complainant shall make a written complaint with any member of the GC in person. He/she will submit copy of his/her CNIC or CNIC No., to the committee along with the description of his/her Department/Section and his/her residential mailing address, email and contact number for future

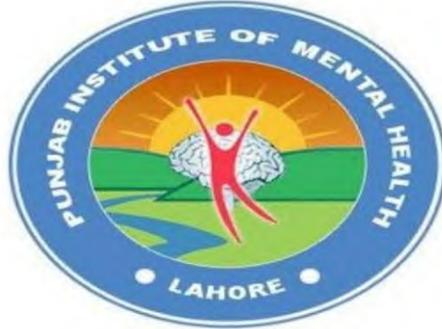
correspondence. The complainant is also required to provide other supporting documents of previous application(s), decision(s), if any. The complainant shall also clearly mention whether he/she wants to be heard in person for the perusal of the Grievance/Complaint. Anonymous letters/emails will not be taken into consideration. Further, the complainant is advised not take the matter to Court, Citizen Portal or RTI till the decision of GRC.

- **Step-2:** The committee shall first request the Focal Person of the requested Department to look into the genuineness of the complaint and see if it is maintainable. If the complaint is maintainable, the committee first duty shall be to look into the ways wherein the grievance can be resolved through mediation without undergoing a formal inquiry.
- **Step-3:** If the matter requires a formal inquiry, then the Grievance Committee shall probe into the matter in order to find facts of the case within one month, extendable according to the nature of the case maximum to further one month time and suggest measures to the Executive Director for its solution. The committee can co-opt concerned Chairperson/Incharge/Sectional Head or any other official as member(s), depending on the nature of the case to reach to a logical and proper conclusion. The complainant(s) and the respondent(s) or the respondent-department(s) shall be given a reasonable opportunity to justify their stance during the probe, whole proceeding will remain confidential.
- **Step-4:** The Executive Director may approve the findings of the committee and issue directives in matters which fall within his discretionary powers. In issues which do not fall within his discretionary powers, the same may be referred to the relevant statutory authorities along with recommendations of the ED for the decision of concerned authority. The decision would be final in the matter.

### **Residual Provision:**

- In case the matter is grave in nature and require a thorough probe then it may be referred for a detail inquiry to the Executive Director by GC.
- Not with standing the above provision, in case the matter is related to a statutory body it may be dealt as per statutes/procedure available for such purpose.

**PUNJAB INSTITUTE OF MENTAL HEALTH,**  
**LAHORE.**



**STANDARD OPERATING PROCEDURES**

INSTITUTIONAL REVIEW BOARD

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## **DISTRIBUTION LIST**

The following personnel are on the controlled distribution list:

1. Executive Director
2. IRB members

Punjab Institute Of Mental Health

## TERMS AND DEFINITION

| TERMS     | DEFINITION   |
|-----------|--|
| Oversight | Means the process of inspecting, monitoring, overseeing the ongoing activities related to education and research |
| Policy    | A policy is a set of ideas/principles that are used as a basis for making decisions                              |
| Protocol  | Referred as set of rules and regulations for a certain process   |

Punjab Institute Of Mental Health

**PURPOSE:**

To establish the research environment within which the faculty, staff and students conduct cutting-edge research at PIMH.

**SCOPE:**

A hospital-wide policy that will serve as an all-encompassing framework for the management, development and enhancement of research for trainees and faculty

**RESPONSIBILITIES:**

The overall responsibility for the conduct of ethical research at PIMH resides with the Executive Director. S/he will be ensuring compliance with all ethical and scientific standards that govern the conduct of research in the Institution. In the execution of his/her responsibilities, the ED will be supported by the Institutional Review Board (IRB)

## **SOPs for Institutional Review Board (IRB)**

1. IRB approval is required for every research planned by employees of PIMH or from outside of PIMH.
2. IRB will scrutinize the synopsis keeping in mind the likely benefits of PIMH patients, doctors and other staff members.
3. Meeting of IRB will be held fortnightly.
4. IRB will encourage research related to the benefits of patients, care givers, doctors, nurses and paramedical staff of PIMH
5. IRB will keep an eye on all mode of data collection as audio video mode of data collection would be discouraged. Special permission would be given for special cases where audio video is inevitable.
6. IRB will review the ongoing research projects on monthly basis in order to update their knowledge regarding research findings and progress.
7. IRB will also make possible that all researchers should discuss their findings before thesis write up or article publications.
8. IRB will make it possible that researchers should acknowledgement the PIMH authorities and related doctors or staff regarding data collection facilities in his/her thesis and all articles that he/she will publish.
9. IRB will give its recommendations for a departmental and legal action, if any researcher in any stage during or after the completion of research would misuse data or research finding or try to defame PIMH.
10. IRB will give a written approval letter to every researcher whose synopsis will accept to proceed. For that a written contract will be signed in which all these clauses will be mentioned for researchers' clear understating about the procedure of data collection in PIMH.

## **SOPs for Researchers:**

1. All researchers should present and submit their synopses to the IRB for approval.
2. IRB will scrutinize the synopsis keeping in mind the likely benefits of PIMH patients, doctors and other staff members.
3. Researchers will share their finding to IRB on monthly basis for knowledge and progress up dates.
4. All researchers will give a minimum to maximum duration of completion of research to IRB.
5. Researchers conducted by PIMH employees will publish in PIMH Journal/newsletter.
6. Any research related to specific topics of PIMH working, patient care, effect of long term institutionalization, working of PIMH doctors, nurses or paramedical staff would be conducted by PIMH researchers only.
7. Any research related to general topics of patients' illness, etiological factors or impacts of medicines can be conducted by any researcher.
8. Audio video mode of data collection is discouraged. Special permission would be sought from IRB for special cases where audio video is inevitable.
9. All researchers are bound to discuss their findings to IRB before thesis write up or article publications.
10. Acknowledgement of PIMH authorities and related doctors or staff regarding data collection facilities should be given by the researcher in his/her thesis and all articles that he/she will publish in which PIMH data would be mentioned.
11. Matter of authorship in articles publication would be dealt individually depends upon the contribution of researchers.
12. For mutual benefits outside researcher's institution or department would also provide data collection facilities to PIMH researchers if required.
13. If any researcher in any stage during or after the completion of research would misuse data or research finding or try to defame PIMH, a departmental and legal action will be taken.
14. Researchers will sign a written contract in which all these clauses are mentioned for their clear understating about the procedure of data collection in PIMH.

## **RELEVANT REQUESTS AND CONTACTS:**

1. edpimh@yahooo.com
2. Miss Aqila Unbrin: unbrin2@hotmail.com  
03334558936

Punjab Institute Of Mental Health

# **Annexure I**

## **Policy Co-Curricular Activities**

## Wellness Club PIMH – Comprehensive Strategic Planner (2026–2027)

**Goal:** Promote holistic mental health through awareness, recreation, therapeutic engagement, cultural inclusion, and community outreach.

| Month    | Theme  | Important Days   | Planned Activities   |
|----------|--|--|--|
| January  | New Beginnings & Emotional Wellness                                      | —  | <ul style="list-style-type: none"> <li>• New Year Wellness Gathering for Patients</li> <li>• Stress Management &amp; Goal Setting Workshop</li> <li>• Art Therapy &amp; Creative Expression Session</li> <li>• Indoor Recreational Games Day</li> </ul>  |
| February | Wellness Through Recreation  | —  | <ul style="list-style-type: none"> <li>• Annual Sports Gala / Wellness Fest (Flagship Event)</li> <li>• Cricket, Badminton &amp; Indoor Games Competitions</li> <li>• Art &amp; Craft Exhibition by Skill Development Center</li> <li>• Patient Talent Show (Singing, Poetry, Painting)</li> </ul> |
| March    | Women Empowerment & Mental Health<br><br>Eid Celebration<br>Eid-UI- Fitr | <ul style="list-style-type: none"> <li>• International Women's Day– 8 March</li> <li>• Self-Injury Awareness Day– 1 March</li> <li>• World Bipolar Disorder Day – 30 March</li> <li>• World Happiness Day 20<sup>th</sup> March</li> </ul> | <ul style="list-style-type: none"> <li>• Women Empowerment &amp; Mental Health Seminar</li> <li>• Safe Haven Project Awareness Session</li> <li>• Creative Activities for Female Rehabilitation Units</li> <li>• Quarterly Creative Activity: Sing &amp; Paint Day</li> </ul>                      |
| April    | Neurodevelopmental Awareness   | <ul style="list-style-type: none"> <li>• World Autism Awareness Day – 2 April</li> </ul>   | <ul style="list-style-type: none"> <li>• Autism Awareness Seminar</li> <li>• Educational Session for Caregivers &amp; Psychology Students</li> <li>• Awareness Posters &amp; Hospital Campaign</li> </ul>  |
| May      | Psychiatric Education & Recovery   | <ul style="list-style-type: none"> <li>• World Schizophrenia Day – 24 May</li> </ul>   | <ul style="list-style-type: none"> <li>• Expert Lecture Series on Schizophrenia</li> <li>• Psychoeducation Sessions for Families</li> <li>• Patient Recovery Story Sharing</li> </ul>  |
| June     | Eid Celebration<br>Eid-UI- Adha<br>Substance Abuse Prevention            | <ul style="list-style-type: none"> <li>• World Eating Disorders Action Day – 2 June</li> <li>• International Day Against Drug Abuse – 26 June</li> </ul>   | <ul style="list-style-type: none"> <li>• Addiction Awareness Seminar</li> <li>• Patient Recovery Testimonials</li> <li>• Community Awareness Campaign on Substance Abuse</li> </ul>  |
| July     | Therapeutic Recreation   | —  | <ul style="list-style-type: none"> <li>• Nature Therapy / Garden Therapy Sessions</li> <li>• Music Therapy Workshop</li> <li>• Creative Writing &amp; Poetry Therapy</li> <li>• Quarterly Activity: Ecotherapy Outdoor Visit</li> </ul>  |

|                                     |                                  |  |   |
|-------------------------------------|----------------------------------|--|---|
| <b>August</b>                       | Patriotism & Inclusion           | <ul style="list-style-type: none"> <li>• International Youth Day – 12 August</li> <li>• Independence Day – 14 August</li> </ul>  | <ul style="list-style-type: none"> <li>• Independence Day Celebrations</li> <li>• Patriotic Songs &amp; Cultural Performances</li> <li>• Cake Cutting Ceremony</li> <li>• Gift Distribution among Patients</li> </ul>                       |
| <b>September</b>                    | Suicide Prevention Awareness     | <ul style="list-style-type: none"> <li>• World Suicide Prevention Day – 10 September</li> </ul>  | <ul style="list-style-type: none"> <li>• Awareness Walk</li> <li>• Expert Symposium on Suicide Prevention</li> <li>• Hospital-wide Awareness Campaign</li> <li>• Project display by interns</li> </ul>                                      |
| <b>October</b>                      | Global Mental Health Awareness   | <ul style="list-style-type: none"> <li>• World Mental Health Day – 10 October</li> <li>• Pinktober – Breast Cancer Awareness Month</li> </ul>                            | <ul style="list-style-type: none"> <li>• Mental Health Day Celebration</li> <li>• Breast Cancer Awareness Seminar</li> <li>• Survivor Story &amp; Motivational Talk</li> <li>• Quarterly Creative Activity: Sing &amp; Paint Day</li> </ul> |
| <b>Rabi-ul-Awal (Islamic Month)</b> | Spiritual Wellbeing & Compassion | <ul style="list-style-type: none"> <li>• Eid Milad-un-Nabi ﷺ</li> </ul>  | <ul style="list-style-type: none"> <li>• Milad Gathering with Quran Recitation</li> <li>• Naat Performances by Patients</li> <li>• Spiritual Talk on Seerat-un-Nabi ﷺ</li> </ul>  |
| <b>November</b>                     | Community Engagement & Outreach  | —  | <ul style="list-style-type: none"> <li>• University Festival Awareness Stall</li> <li>• Volunteer Recruitment Drive</li> <li>• Student Mental Health Awareness Sessions</li> </ul>  |
| <b>December</b>                     | Compassion, Safety & Inclusivity | <ul style="list-style-type: none"> <li>• 16 Days of Activism Against Gender-Based Violence</li> <li>• Gule Dawoodi Exhibition</li> <li>• visit to Race Course</li> </ul> | <ul style="list-style-type: none"> <li>• Safe Haven Project Awareness Session</li> <li>• Winter Cloth Drive for Patients</li> <li>• Quarterly Activity: Patient Talent Show &amp; Creative Day</li> </ul>                                   |

## Major Flagship Events

### Annual Sports Gala / Wellness Fest (February / March)

- Patient sports competitions (cricket, badminton, indoor games)
- Talent show, art & craft displays
- Collaboration with academic institutions and volunteers

### Wellness & Recreation Gala (February / March)

- Creative and recreational activities
- Art, music, games, and skill development exhibitions
- Patient recognition through medals and certificates

### Independence Day Patient Celebration (August)

- Patriotic performances, cake cutting, and gift distribution
- Inclusive celebration for long-term and abandoned patients

### Suicide Prevention Awareness Symposium (September)

- Awareness walk and expert talks
- Educational campaign promoting help-seeking behavior

### World Mental Health Day Conference (October)

- Mental health day 10<sup>th</sup> October
- Collaboration with experts, students, and healthcare professionals

*Aqila*

**MS. AQILA UNBRIN**  
Principal Clinical Psychologist/  
Chairperson Wellness Club  
PIMH Lahore

# WELLNESS CLUB ACTIVITIES SCHEDULE

The unit wise schedule for Wellness Club Activities, PIMH

| Units                           | Dates      | Activities  |
|---------------------------------|------------|---|
| D                               | 13-08-2025 | Independence day celebration  |
| Team Wellness Club              | 14-08-2025 | Independence day celebration  |
| A                               | 03-09-2025 | Eid Mailad un Nabi  |
| Team Wellness Club              | 10-09-2025 | World Suicide Prevention Day  |
| Team Wellness Club              | 09-10-2025 | World Mental Health Day   |
| Team Wellness Club              | 30-10-2025 | Pinktober, 2025   |
| Team Wellness Club              | 02-12-2025 | Wellness club Awareness Stall at FCC University, Fiesta, 2025                                       |
| Team Wellness Club & Safe Haven | 10-12-2025 | The Global 16- days of activism against Gender based violence Safe Haven Project Awareness sessions |
| Team Wellness Club              | 11-12-2025 | Gul-e- Dawoodi outing at Race Course Park (Jalani Park) (Female Patients)                           |
| Team Wellness Club              | 13-12-2025 | Gul-e- Dawoodi outing at Race Course Park (Jalani Park) (Male Patients)                             |
| D                               | 15-12-2025 | Painting  |
| Team Wellness Club              | 16-12-2025 | Wellness & Recreational Gala with Collaboration UOL   |

*Aqila*  
17/12/25



**MS. AQILA UNBRIN**

Principal Clinical Psychologist/  
Convener Wellness Club Committee  
Punjab Institute of Mental Health  
Lahore



## ANNUAL REPORT OF WELLNESS CLUB, PIMH (JULY–DECEMBER 2025)

A brief overview of the activities conducted by the Wellness Club, Punjab Institute of Mental Health, during the period July to December 2025. Total number of **Fifteen patient-centric activities/events** had been conducted at PIMH, we firmly believe that mental health recovery extends beyond medication and clinical care. It flourishes through connection, dignity, awareness, creativity, and compassion—and this belief has guided every initiative of the Wellness Club over the past six months. During this period, the Club actively organized and supported activities across six major domains:

- Awareness and advocacy
- Cultural and spiritual engagement
- Therapeutic recreation
- Wellness and creative expression
- Community outreach
- Psycho-social Rehabilitation

In the area of **mental health awareness**, we observed World Suicide Prevention Day with an awareness walk and a multidisciplinary symposium, encouraging open dialogue and stigma reduction. World Mental Health Day Celebration 2025 then our Pinktober Breast Cancer Awareness Seminar further highlighted the importance of early detection and physical health awareness among psychiatric patients, empowering them with knowledge and hope.

Equally important were our **cultural, religious, and national celebrations**. Independence Day, Eid Milad-un-Nabi ﷺ, and Christmas were celebrated inclusively, ensuring that even our most forgotten patients felt valued, remembered, and emotionally connected.

Through **therapeutic recreation and ecotherapy**, patients participated in nature-based outings such as visits to the Gule-Dawoodi Exhibition. These activities promoted relaxation, social interaction, and emotional regulation, reflecting our commitment to holistic, patient-centered care. One of the major highlights of this period was the Wellness & Recreation Gala, a flagship event of the Wellness Club. Through sports, games, art, music, and skill displays, patients expressed confidence, creativity, and resilience. The medal and certificate distribution celebrated recovery, effort, and self-worth. Paint Day activity at unit-D patients .

In addition, the Wellness Club actively **engaged with the community through participation** in FCCU Fiesta, student collaborations, volunteer recruitment, and social responsibility initiatives such as the Winter Cloth Drive Cricket Match with fountain house and PIMH patients at M.A.O College Ground .

Finally, through **advocacy initiatives** like the Safe Haven Project and participation in the 16 Days of Activism Against Gender-Based Violence, the Club reaffirmed PIMH's commitment to safety, dignity, and psychosocial support for vulnerable populations.

In conclusion, the past six months reflect a journey where healing was paired with humanity, and treatment was complemented by joy, awareness, and connection. The Wellness Club remains committed to nurturing not just minds, but lives—with compassion at the core of every initiative.

Aqila  
20/1/26

MS. AQILA UNBRIN  
Chairperson Wellness Club  
Principal Clinical Psychologist,  
PIMH

PUNJAB INSTITUTE OF MENTAL  
HEALTH, LAHORE.

To

The Executive Director  
Punjab Institute of Mental Health  
Lahore

Diary No .....

4931

15/09/25

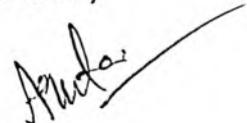
**Subject: SUBMISSION OF TERM OF REFERENCE (TORS ) FOR WELLNESS CLUB.**

I am writing formally to submit TOR of the Wellness club for your kind consideration the draft has been thoroughly discussed, reviewed and witted by all members of the club and we have reached a consensus on its constants the documents outline the objectives mission and responsibilities of the wellness club with aim of promoting holistic well-being and foresting a healthier work environment in the institute. (copy of draft enclosed )

We look forward for your approval and support in taking initiative .

Thanking you in anticipation.

Your Sincerely



**MS. AQILA UNBRIN**  
Principal Clinical Psychologist/  
Convener of the Wellness Club  
Punjab Institute of Mental Health  
Lahore

Approved  
AIB  
15 Sep 25

# **Terms of Reference (TORs) of the Wellness Club**

**Punjab Institute of Mental Health (PIMH), Lahore**



## 1. Vision

To create a compassionate and inclusive environment at PIMH where patients and staff thrive through holistic well-being, psycho-social rehabilitation, and meaningful community integration.

## 2. Mission

The Wellness Club is committed to promoting mental health awareness, therapeutic healing, and social engagement by organizing structured activities that support patients' recovery journeys and enhance staff well-being. Through creativity, recreation, education, and collaboration, the club aims to foster resilience, dignity, and hope among all members of the PIMH community.

## 3. Purpose & Objectives

The Wellness club is established to :

- Promote **holistic well-being** among patients and staff at PIMH.
- Facilitate **psycho-social rehabilitation** through structured therapeutic and recreational activities.
- Raise **mental health awareness** within the institution and in community.
- Support **social integration, recovery,** and empowerment of psychiatric patients.
- Provide a **platform for staff engagement,** stress reduction, and team building.

## 4. Composition

Wellness club consists of :

- **Convener:** Principal Clinical Psychologist (Ms. Aqila Unbrin)
- **Members:**
  - **Women Medical Officer** (Dr. Maham Hameed)
  - **Charge Nurse** (Ms. Saunnyia Roger)
  - **Medical Social Officers** (Ms. Sidra Zakir & Ms. Rumana Zafar)
  - **Ward boy** (Mr. Rafique Bhatti)

## 5. Roles & Responsibilities

### a) Convener

- Lead, coordinate, and supervise the overall functioning of the Wellness Club.
- Prepare agendas for meetings and chair all sessions.
- Liaise with hospital administration and relevant stakeholders for resources and approvals.
- Ensure monitoring, evaluation, and reporting of all activities.

### b) Members

- Assist in planning, organizing, and executing wellness activities.
- Provide professional input relevant to their roles (e.g., clinical psychology, medical care, nursing, social work).
- Ensure patient and staff participation in a safe, inclusive, and supportive manner.
- Maintain documentation of activities, feedback, and outcomes.

## 6. Scope of Activities

The Wellness Club will organize and oversee:

### 1. Therapeutic Activities

- Art therapy, music therapy, Aerobics/movement therapy.
- Group counseling, mindfulness & relaxation sessions.
- Bibliotherapy, Psycho-drama, and storytelling.

### 2. Recreational & Social Activities

- Indoor/outdoor games & sports competitions.
- Cultural events, talent shows, and exhibitions.
- Gardening, handicrafts, and creative workshops.

### 3. Awareness & Education

- Mental health awareness seminars and workshops.
- Observance of International days (World Mental Health Day, International Day against drug addiction, suicide Prevention day etc.).
- Distribution of educational material on mental well-being.

### 4. Community & Social Integration

- Planned outings and exposure visits for patients.
- Collaboration with NGOs, universities, and community groups.
- Volunteer programs to support patients' Psychosocial rehabilitation.

### 5. Staff Wellness Initiatives

- Stress management and resilience-building workshops.
- Recreational retreats and team-building exercises.
- Staff recognition and appreciation activities.

### 7. Meetings & Reporting

**Monthly Meetings:** To review ongoing activities, plan future programs, and assign responsibilities.

**Minutes:** Proper documentation of proceedings, decisions, and action items.

**Reporting:** Quarterly reports will be submitted to the Executive Director, PIMH, highlighting activities conducted, challenges, and recommendations.

### 8. Resources & Support

- Activities shall be supported by hospital administration and by medical social officer through donations and budget allocation, logistical assistance, and manpower.
- Collaboration with external experts and organizations may be sought where appropriate.

## 09. Monitoring & Evaluation

- Feedback will be collected from participants (patients & staff) after each activity.
- Periodic evaluation will be conducted to assess the impact of wellness programs on patients' psychological social rehabilitation and staff morale.
- Recommendations will be made for continuous improvement.

## 10. Code of Conduct

- All activities will uphold ethical standards of care, confidentiality, and inclusivity.
- Patient dignity, safety, and consent will be prioritized.
- No activity shall conflict with Psychiatric treatment plans or Institute rules.

## 11. Membership Policy for Wellness Club

The Wellness Club encourages participation from both employees of PIMH and external contributors who are committed to promoting mental health and wellness.

### A) Eligibility

**Internal Members:** Employees of PIMH (doctors, nurses, psychologists, social workers, paramedical staff, administrative staff).

**External Members:** Students, professionals, volunteers, NGOs, and individuals from the community who have relevant skills, interests, or expertise to contribute to wellness activities.

### B). Application Process

Interested individuals shall submit their membership request through an online Google Form([https://docs.google.com/forms/d/e/1FAIpQLSeqKPPr4ku\\_PDu8sTX3IVfKS8yVDstVDe0r7eZOIavHZozAEQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSeqKPPr4ku_PDu8sTX3IVfKS8yVDstVDe0r7eZOIavHZozAEQ/viewform))

- The Wellness Club Committee will review applications based on:
- Relevant skills, expertise, or potential contribution.
- Willingness to actively participate in activities.
- Ethical standards and respect for mental health care principles.
- Applicants who qualify will be granted Provisional Membership.
- Upon approval, membership will be confirmed, and members will be added to the official Wellness Club WhatsApp group for coordination.

### C) Membership Categories

- **Active Members:** Regular participants in planning, organizing, and implementing activities.
- **Support Members:** Those who contribute occasionally (e.g., volunteers for specific events).

### D) Modes of Contribution

- Members can contribute to the Wellness Club in the following ways:
- **Therapeutic Support:** Conducting or assisting in music therapy, art therapy, dance/movement therapy, drama therapy, or other creative healing sessions.
- **Skills Training:** Offering workshops in handicrafts, vocational training, literacy, computer skills, or other rehabilitative skills for patients.

- **Donations & Resource Support:** Providing clothing, books, hygiene kits, sports equipment, art supplies, refreshments, or financial assistance for wellness activities.
- **Awareness & Education:** Delivering lectures, seminars, or awareness sessions on mental health, resilience, and well-being.
- **Patient Adoption (Compassionate Support Program):**
  - Members may choose to "adopt" a patient (or two), meaning they commit to spending time with them, providing basic life essentials (e.g., clothes, shoes, toiletries), and offering social companionship.
  - Adoption does not imply legal guardianship but rather emotional, social, and material support within institutional guidelines.
  - The Wellness Club will monitor this program to ensure safety, ethical boundaries, and fair distribution of support among patients.

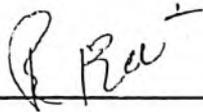
**E) Responsibilities of Members**

- Actively contribute to wellness initiatives with commitment and professionalism.
- Respect patient dignity, confidentiality, and institutional policies.
- Work collaboratively with the team and participate in meetings/activities when possible.

**F) Membership Review & Termination**

- Membership will be reviewed bi- annually.
- Members who fail to contribute meaningfully or violate ethical standards may have their membership revoked by the committee.

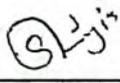
**Mr. Rafique Bhatti, Ward Boy/Member**

  
\_\_\_\_\_

**Ms. Sidra Zakir & Ms. Rumana Zafar, Medical Social Officers**

  
\_\_\_\_\_

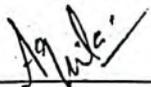
**Ms. Sunnyia Roger, Charge Nurse/ Member**

  
\_\_\_\_\_

**Dr. Maham, Woman Medical Officer/Member**

  
\_\_\_\_\_

**Ms. Aqila Unbrin, Principal Clinical Psychologist/ Convener**

  
\_\_\_\_\_

## Annual Activity Calendar – Wellness Club (PIMH)

| Month     | Activities   |
|-----------|--|
| January   | Art therapy workshop, Staff seminar on stress management, Indoor games competition   |
| February  | Music therapy sessions, Kindness Week, Recreational picnic, Sports Week/ Sports Gala.  |
| March     | Outdoor sports day, Yoga & relaxation, Gardening activity  |
| April     | Art & craft exhibition, Storytelling & drama therapy, Cultural evening   |
| May       | Mental Health Awareness seminar, Psycho-education sessions, Poster-making competition  |
| June      | Guided outing for patients, Staff sports match, Recovery sharing session, Awareness Walk/ Seminar on international day against Drug Abuse 26 <sup>th</sup> June. |
| July      | Indoor group games, yoga, Fruit-sharing activity   |
| August    | Independence Day celebrations, Quiz competition, Ward decoration contest   |
| September | Workshop on coping with anxiety, Skill-building sessions, Staff workshop on empathy, Suicide Prevention Day 10 <sup>th</sup> September                           |
| October   | 10 <sup>th</sup> October World Mental Health Day events, Awareness walk & seminar, Cultural performances, Pinktober (Breast Cancer Awareness)                    |
| November  | Gratitude wall activity, Food-sharing day, Volunteer engagement program  |
| December  | Annual review meeting, Winter Gala, Recognition & appreciation ceremony  |

*Aquila*

**MS. AQILA UNBRIN**  
Principal Clinical Psychologist/  
Convener Wellness Club Committee  
Punjab Institute of Mental Health  
Lahore

OFFICE OF THE EXECUTIVE DIRECTOR  
PUNJAB INSTITUTE OF MENTAL HEALTH,  
LAHORE

Phone # 042-99203772-6 Fax # 042-99203775



[www.pimh.pitb.gov.pk](http://www.pimh.pitb.gov.pk)

[edpimh@yahoo.com](mailto:edpimh@yahoo.com)

No. 18415 /PIMH

Dated Lahore the 29/07/2025

OFFICE ORDER

Subject: CONSTITUTION OF WELLNESS CLUB

In order to promote holistic well-being, Psycho-social Rehabilitation, and mental health awareness among both patients and staff, a **Wellness Club** is hereby constituted at the Punjab Institute of Mental Health (PIMH) comprising of the following members:-

|                                      |                                 |          |
|--------------------------------------|---------------------------------|----------|
| 1 Ms. Aqila Unbrin                   | Principal Clinical Psychologist | Convener |
| 2 Dr. Maham Hameed                   | Women Medical Officer           | Member   |
| 3 Ms. Saunnya Roger,                 | Charge Nurse                    | Member   |
| 4 Ms. Sidra Zakir & Ms. Rumana Zafar | Medical Social Officers         | Member   |
| 5 Mr. Rafique Bhatti                 | Ward Boy                        | Member   |

Terms of Reference (TORs)

The Wellness Club will function under the following Terms of Reference:

Wellness Club will plan and organize therapeutic and recreational activities (e.g., art therapy, music therapy, indoor/outdoor sports/ games activities, outings etc) for psychiatric patients to support their recovery and social integration in collaboration with the respective units clinical Psychologists to arrange these activities. Monthly meeting will be conducted by the members of wellness club.

  
EXECUTIVE DIRECTOR

Punjab Institute of Mental Health

Lahore

Dated Lahore the 23/07/2025

No. 18416-30 /PIMH

Copy forwarded for information and necessary action to the:-

1. Professor of Psychiatry, PIMH, Lahore.
2. Chief Consultant Psychiatrist, PIMH, Lahore.
3. All AMSs, DMSs & Section Incharges, PIMH, Lahore.
4. All the Associate Professors of Psychiatry, PIMH, Lahore
5. All the Assistant Professors of Psychiatry, PIMH, Lahore
6. All the Consultants Psychiatrists, PIMH, Lahore.
7. All the Senior Registrars, PIMH, Lahore.
8. Principal Clinical Psychologists, PIMH, Lahore.
9. All Senior Clinical Psychologists, PIMH, Lahore.
10. All Clinical Psychologists, PIMH, Lahore.
11. Nursing Superintendent, PIMH, Lahore.
12. Office Superintendent, PIMH, Lahore.
13. All members of the Committee, PIMH Lahore.
14. P.A to Executive Director, PIMH Lahore.

  
EXECUTIVE DIRECTOR

Punjab Institute of Mental Health

Lahore