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Membership of College of Physicians & Surgeons Pakistan

PSYCHIATRY



**COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN**

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DIRECTORATE OF NATIONAL RESIDENCY PROGRAMME (DNRP)

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ABOUT THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery, Dentistry, and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship programmes, has enormously increased the number of residents, and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to seventy five. After completing two years of core training during IMM, the residents are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years.

CPSP, in addition to its commitment for academic excellence, is also aware of its responsibility for providing mid-level specialist manpower in essential clinical and non-clinical subjects particularly for the district and other healthcare facilities. For this purpose it continues its twenty-two 2-year structured Membership programmes in clinical specialties and

2-year distance-based with face-to-face blended programmes in Health Professions Education and Health Care Systems Management.

Prof. Zafar Ullah Chaudhry

President

College of Physicians and Surgeons Pakistan.

THE COLLEGE CONDUCTS MCPS EXAMINATION IN THE FOLLOWING 22 DISCIPLINES:

1. Anaesthesiology
2. Clinical Pathology
3. Community Medicine
4. Dermatology
5. Diagnostic Radiology
6. Family Dentistry
7. Family Medicine
8. Forensic Medicine
9. Obstetrics & Gynaecology
10. Operative Dentistry
11. Ophthalmology
12. Oral Surgery
13. Orthodontics
14. Otorhinolaryngology
15. Paediatrics
16. Periodontology
17. Prosthodontics
18. Psychiatry
19. Pulmonology
20. Health Professions Education (HPE)
21. Military Medicine
22. Health Care System Management (HCSM)

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanation of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.



Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

6. Professionalism
7. Pedagogy
8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
 - Analyze data for problem identification and to rule in and rule out contending conditions
 - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
 - Prioritize different problems within a time frame.
 - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
 - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
 - Apply quality assurance procedures in daily work. (Professionalism)
 - Demonstrate shared-decision-making with the patient or family
 - Provide cost-effective care while ordering investigations and in management
 - Use resources appropriately
 - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
 - Obtaining informed consent
 - Preoperative planning
 - Pre-interventional care and preparation
 - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
 - Post-interventional care
 - Follow-up Care.

3. Communication Skills

- Written Communication Skills
 - Maintain clear, concise, accurate and updated medical records
 - Write clear, focused, evidence-based and logical management plans and discharge summaries
 - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
 - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
 - Non-verbal communication skills:
 - Empathy and respect towards patients and their relatives
 - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
 - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
 - Respect and tolerance for all health care professionals, including peers, juniors and seniors
 - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice-free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics

- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership

- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:

- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
 - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.
- Advocacy for the Practice
 - Working in a service or practice, doctors must highlight limitations and issues
 - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).
- Advocacy for the Health System and Society
 - Know one's role in the Health System(s) and build strong referral systems
 - Keep patient and community interests paramount, above one's own personal or professional interest
 - Demonstrate advocacy for elimination of the social determinants of health
 - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.
- For the Profession
 - Strive for building trust in the public for your profession
 - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
 - Be conscientious gate-keepers of their profession, specialty and subspecialty.

GENERAL REGUALTIONS

Candidates are admitted in the residency programme and to the examination in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage / divorce / deed.

ELIGIBILITY CRITERIA FOR INDUCTION IN MCPS

- MBBS or equivalent qualification registered with the PMC
- One year house job in an institution recognized by the CPSP as per requirements of PMC.

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The residents are required to register with the R&RC and submit the name of their supervisor. The supervisor will normally be a Fellow of the College. Only that training will be accepted which is done under a CPSP approved supervisor. The residents are not allowed to work simultaneously in any other department/institution for financial benefit and/or for another academic qualification.

APPROVED TRAINING CENTERS

Training must be undertaken on whole time basis in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its regional centres as well as on the College website: www.cpsp.edu.pk

DURATION OF TRAINING

The duration of training for MCPS is two years which must be completed including the rotations, one month before the date of theory examination. MCPS examination is taken on completion of the specified training and other requirements.

ROTATIONS

Neurology : 4 weeks

Students are required to rotate in accredited medical unit for 2 months with exposure to common neurological disorders duly verified by the supervisor on the e-log. However, rotation in a duly accredited Neurology unit for one month and medical unit for another month will be preferred.

Aims and Objectives:

- Perform patient's neurological assessment including history taking, higher mental functions, vital neurological signs, examination of cranial nerves, cerebral functions, sensory and motor system, functions of cortical lobes, and limbic system, localization of lesions, assessment of a patients of head injury etc
- Diagnose and treat common diseases: Epilepsy, infections afflicting brain, meningitis, encephalitis, stroke/ cerebrovascular accidents, degenerative and metabolic disorders, movement disorders
- Relevant investigations with interpretation: Fundoscopy, Radiological investigations including X-Rays,CT Scan, MRI, EEG, and Lumbar puncture procedure for CSF examination.

Medicine: 4 weeks

Aims and Objectives:

- Undertake a medical history and perform a thorough general and systemic physical examination leading to a provisional diagnosis
- Diagnose and manage common medical diseases such as endocrine and metabolic disorders, Hypertension, nutritional disorders, chronic liver disease, COPD, malaria, tuberculosis, typhoid fever, sexually transmitted diseases
- Interpret and appropriately use laboratory and radiological investigations

MANDATORY WORKSHOPS AND COURSE

It is mandatory for all resident to attend the following CPSP certified workshops and present certificate of attendance before they are allowed to take the MCPS examination:

1. Introduction to Computer and Internet
2. Communication Skills
3. Basic Life Support (BLS) Course

Any other workshop/s as may be introduced by the CPSP.

NOTE: 1) The workshops are conducted by the Department of Medical Education and the candidates are advised to register online. The BLS course is conducted by the Advanced Skills Department (ASD) and the registration form is to be submitted with the ASD separately.

2) No candidate will be allowed to appear in examination without attending the abovementioned workshops and BLS course.

E-LOG BOOK

The CPSP council has made e-logbook system mandatory for all Residency programme residents inducted from July 2011. Upon registration with R&RC each resident is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken, in e-logbook on a daily basis or within a week. The concerned supervisor is required to verify the entries made by the resident within a fortnight. Absence of record of entries on e-logbook for an entire quarter shall automatically de-register the candidate from the residency programme. This system ensures timely entries by the resident and prompt verification by the supervisor. It also helps in monitoring the progress of residents and the vigilance of the supervisors.

TRAINING PROGRAM

Rationale

Membership (MCPS) in Psychiatry will be awarded to physicians, who are committed and trained to provide mental health cover to psychiatric patients at the secondary care level health settings.

They will also form the crucial link between the primary health care facilities (Basic Health Units, Rural Health Centers and the General Practitioners in urban, semi urban and slum settings) and the tertiary care mental health facilities, in the public as well as the private health care sectors. They will be trained in the use of biopsychosocial model of health care that ensures a holistic approach towards the patient, inclusion of family and the community in the health delivery, and prevention of disease and promotion of healthy life styles and child rearing practices in the society.

The approach towards the acquisition of knowledge will be through the use of experiential learning that emphasizes evidence-based decision-making and problem solving maintaining highest ethical standards. Wherever possible the trainee will undergo community based and community oriented learning exercises to expose him/her to the mental health needs of the society. The training activities will be interactive, and learner based.

Aim

The aim of the 2-year MCPS training program in Psychiatry is to equip postgraduates with relevant professional knowledge, skills and attitudes to serve as a safe, easily accessible, middle tier psychiatrist for provision of early intervention in common mental health issues faced by community.

Objectives

At the end of the training for MCPS in Psychiatry the candidate will be able to:

- Extract detailed psychiatric history, conduct a full physical and mental state examination, formulate the findings, ensure record keeping and follow up, using scientific and statistical principles.
- Diagnose and manage common psychiatric disorders appropriately.
- Carry out psychological, social, neurological and medical investigations
- Make forensic assessments in the light of mental health legislation.
- Understand and use information as required in the cultural and socioeconomic setting of the community.
- Take charge of a 10-20 bedded ward independently and is able to deal with clinical and administrative problems of such a unit effectively
- Advise the community on promotion and protection of mental health and prevention of mental illnesses
- Train para-professionals and other junior members of the team.
- Use appropriate Rating Scales for measuring clinical conditions (Anxiety, Depression, Mania, Schizophrenia, Delirium, Dementia, Dangerousness / Suicide risk assessment scales).

The supervisor of the MCPS structured training program must ensure that the trainee is exposed to general adult psychiatry along with rotations to the departments of neurology, medicine, learning disabilities, neuro diagnostics, psychometry and public mental health so as to achieve the learning objectives.

INSTRUCTIONAL METHODS

The objectives of the training may be achieved through:

- Graded responsibility in patient care e.g
 - Ward duties
 - Emergency duties
 - OPD duties
 - Special clinic duties in neurology, neuro diagnostics, psychometry, child psychiatry, learning disabilities, forensic psychiatry and community psychiatry
- Multidisciplinary review meetings
- Journal club
- Seminars, conferences, lectures and small group discussions
- Participation in administrative matters
- One month rotation in Neurology and Medicine wards.

The first three months of training should be in an observer status leading on to a graded patient care responsibility.

SYLLABUS

The MCPS trainee in psychiatry should have a clear understanding of the following topics and is able to solve problems related to them:

Basic Sciences

- The applied aspects of neuroanatomy, neurophysiology, and neuropathology
 - Development of nervous system, organization of nervous system (central nervous system, peripheral nervous system, autonomic nervous systems)
 - Spinal cord, brainstem, cerebellum, cerebral hemispheres, limbic system, diencephalon, hippocampal formation, cranial nerves, meningitis, cerebrospinal system, ventricular system.
 - Motor function and reflexes of the brain stem, function of the basal ganglia, function of the cerebellum, function of the diencephalon, cerebral cortical functions, autonomic nervous system, and adrenal medulla.
 - Psychological basis of personality development, cognitive functions, emotions, perceptions and thoughts
 - Learning, memory, intelligence, social anthropology
 - Phenomenology and psychopathology.
- History of psychiatry with special reference to the traditional models of mental health care
- Classification of Psychiatric Disorders (ICD/DSM-V)
- Adult psychiatry including psychopharmacology, emergency psychiatry, geriatric, adolescent and child psychiatry
- Child and adolescent psychiatry
- Liaison psychiatry
- Forensic psychiatry including Mental Health Act 2001 with special emphasis on forensic assessment and reporting
- Public mental health

- Medicine Neurology and organic psychiatry, particularly physical & neurological examination and evaluation through structured techniques (e.g. MMSE, Glasgow Coma Scale), the neurological basis of psychiatric signs and symptoms and the psychiatric symptoms and signs of organic disorders particularly the common medical and neurological conditions

Psychometry

- Assessment of Personality (ability to choose, administer and interpret at least one projective & two non-projective personality assessment tools)
- Measurement and Rating of anxiety, depression, schizophrenia and mania scales.
- Use of psychometric tools in assessing delirium & dementia
- **Therapeutics** including physical methods of treatment such as Electroplax/Electroconvulsive therapy (ECT)
- **Counseling** and the use of behavior therapy and other non-pharmacological interventions such as relaxation training, breathing exercises, and stress management techniques.

Behavioral Sciences

- Bio-Psycho-Social Model (BPS) Model of health care
- Use of non-medicinal interventions in clinical practice (Communication Skills, Counseling and Informational skills)
- Crisis intervention/Disaster management
- Conflict resolution
- Breaking bad news

Ethics

- The Hippocratic oath
- The issues of transference and counter transference
- Doctor - Patient Relationship
- Consent and confidentiality
- Patient's and Doctor's Rights
- Peculiar ethical issues in psychiatry
- Relationship with pharmaceutical industry, media and other social institutions, etc.
- Use and interpretation of scientific articles, evidence-base and international clinical guidelines

LEARNING EXPERIENCES

The details of areas and learning experiences to be covered during two years are as follows:

Outpatient (adult psychiatry)	150 outpatient days
Inpatient (adult Psychiatry)	100 cases
ECT	50 treatment sessions
Non-pharmacological Interventions	30 patients
Emergency	30 emergency duties
Child psychiatry & adolescent mental health, (including learning disabilities)	25 patients
Public Mental Health	10 assignments*
Drug Dependence	15 patients
Geriatric Psychiatry	15 patients
Organic Psychiatry	15 patients
Forensic Psychiatry	05 patients
Liaison Psychiatry (Medicine & Neurology)	20 patients
Basic Psychometry	30 patients
Rating scales for measuring and diagnosing anxiety	5 cases each
Multidisciplinary review meetings	-
Journal Club	20 journal club meetings
Seminars (Mental Health, Depression, Anxiety, Psychoses, and Substance use)	5 seminars

*Organised visits to community based mental health facilities, participation in preventive, and promotive public mental health activities, work with general practitioners, community based health care settings, health organizations, NGOs, media, and policy makers.

In addition to the mandatory workshops organized by CPSP for the trainees, the MCPS training must include learning exercises and opportunities leading to the development of following competencies:

- Organize lectures, workshops, small group discussions and similar learning activities for the health professionals and the community.
- Use statistical packages such as SPSS for windows to compile data and interpret it for research purposes.
- Understand and critically evaluate scientific articles in the journals.
- Exhibit administrative and managerial skills required to run an independent indoor and outdoor psychiatric facility and maintain links with primary health care facilities at one end and the tertiary health care and rehabilitative facilities at the other end.
- Undertake a standard medical audit.

CORE COMPETENCIES

Key to competency levels in clinical skills:

1. Observer Status
2. Assistant Status
3. Performed Under Supervision
4. Performed Independently

COMPETENCIES		YEAR-1	YEAR-2	NUMBER OF CASES
CLINICAL ASSESSMENT AND MANAGEMENT				
INDOOR PATIENTS				
OUTDOOR PATIENTS				
• HISTORY-TAKING AND MENTAL STATE EXAMINATION	1,2,3	4		100
• PERFORMING PHYSICAL & NEUROLOGICAL EXAM	1,2,3	4		150
• REQUESTING APPROPRIATE INVESTIGATIONS	1,2,3	4		
• INTERPRETING THE RESULTS OF INVESTIGATION	1,2,3	4		
• DECIDING AND IMPLEMENTING TREATMENT	1,2,3	4		
• MAINTAINING FOLLOW UP	1,2,3	4		

PROCEDURAL COMPETENCIES

COMPETENCIES		YEAR-1	YEAR-2	NUMBER OF CASES
E.C.T				
NON-PHARMACOLOGICAL INTERVENTIONS				
BASIC PSYCHOMETRY (INTELLIGENCE, PERSONALITY AND BRAIN DAMAGE) AND RATING SCALES	1,2	3,4		50
DOCUMENTING AND INTERPRETING OBSERVABLE BEHAVIOR	1,2	3,4		30
INTERPRETATION OF E.E.G AND IMAGING TECHNIQUES	1,2	3,4		20
	1,2	3,4		100
	1,2	3,4		30

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR MCPS EXAMINATION

- MBBS or equivalent qualification registered with the PMC.
- One year house job in an institution recognized by the CPSP, out of which six months should be in Psychiatry. Deficiency in the house job period could be compensated by equal time in residency.
- Completed two years of registered training on whole time basis under an approved supervisor in an institution recognized by the CPSP.
- To have made regular entries and completed e-logbook.
- Submitted certificates of attendance of mandatory workshops.

EXAMINATION SCHEDULE

- The MCPS theory examination in Psychiatry shall be held twice a year.
- Theory examinations are held in various cities of the country depending on the number of candidates at a center. Presently the centres are Abbottabad, Bahawalpur, Rawalpindi, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Nawabshah, Multan, Peshawar and Quetta. The College shall decide where to hold theory/clinical examinations depends on the number of candidates in a city and candidates will be informed accordingly.
- Clinical examination shall be held for those candidates who have qualified in theory.
- English shall be the medium of examination for the theory/practical/clinical and viva examinations.
- Any change in the centres, dates and format of the examination will be notified by the College before the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate has indulged in unfair practices in College Examination, misconduct or because of any other disciplinary reason.

EXAMINATION FEE

- Application along with the prescribed examination fee and required documents should be submitted latest by the last date notified for the purpose before each examination.
- The details of examination fee and fee for change of centre, subject, etc. shall be notified before each examination.
- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/absence/exclusion.

REFUND OF FEE

If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications. If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATION

The MCPS examination comprises of the following components:

THEORY

- **Paper-I:** 100 MCQs (Single Best Type)
- **Paper-II:** 100 MCQs (Single Best Type)

The above format of theory papers is applicable with effect from October 2021 session of examination and will be administered through on-line method of examination.

CLINICAL EXAMINATION

The clinical examination will comprise of:

- TOACS interactive (Task Oriented Assessment of Clinical Skills) 10-12 Stations
- Long Case – One
- Short Cases – Four

TOACS

Task Oriented Assessment of Clinical Skills (TOACS) has been introduced since November, 2001 in FCPS examinations. The minimum number of TOACS stations is 12. However, the number can be increased if deemed necessary. All stations are required to be "Interactive". At these stations, the residents will be required to perform a task, for example, taking history, performing clinical examination, counseling, assembling an instrument or any other task. One examiner will be present at each interactive station and will rate the performance of the resident and ask questions testing critical thinking and problem-solving skills.

Note: Only those candidates who qualify in theory will be called for clinical and TOACS examination.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS.

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

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