



**Accreditation Standards  
for  
Teaching Hospitals  
for  
House Job - 2024**

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## LIST OF ABBREVIATIONS



PM&DC	Pakistan Medical & Dental Council
NMDAB	National Medical and Dental Academic Board
CAC	Curriculum and Academics Committee
MBBS	Bachelor of Medicine and Bachelor of Surgery
BDS	Bachelor of Dental Surgery
HEC	Higher Education Commission
CME	Continuous Medical Education
CPD	Continuous Professional Development
TOR	Terms of Reference
HOD	Head of Department
SOP	Standard Operating Procedure
I.T.	Information Technology
ENT	Ear Nose and Throat
SECP	Securities and Exchange Commission of Pakistan
FDP	Faculty Development Program
MHPE	Masters in Health Professions Education
NA	Not Applicable
IPD	In-Patient Department
OPD	Out-Patient Department
OR	Operation Room
MOU	Memorandum of Understanding
CPC	Clinical-Pathological Conferences

## ACCREDITATION STANDARDS 2024 FOR TEACHING HOSPITALS FOR HOUSE JOB IN PAKISTAN

Please note that these are the Accreditation Standards 2024 for Teaching Hospitals for House Job in Pakistan that will be used for inspection of teaching hospitals for grant of recognition.

These Accreditation Standards 2024 for teaching hospitals for house job in Pakistan comprise of essential standards, quality standards, and a few annotations. **(Appendix – I)**

Essential standards must be met and fulfilment demonstrated by the training hospital for accreditation. Essential standards are expressed by a “must”.

Quality standards for improvement and development, are expressed by a “should” and suggest a level above and beyond that of an essential standard.

Annotations are used to clarify standards. No new terminologies are used in the annotations.

**Standard 1:** Mission Statement

**Standard 2:** Outcomes

**Standard 3:** Institutional Autonomy and Academic Freedom

**Standard 4:** Programme Organization

**Standard 5:** Educational Content

**Standard 6:** Programme Management

**Standard 7:** Assessment

**Standard 8:** Students

**Standard 9:** Trainers

**Standard 10:** Programme Evaluation and Continuous Renewal

**Standard 11:** Governance, Services, and Resources

## STANDARD 1: MISSION STATEMENT

### Essential Standards

The training hospital must have a written institutional mission statement, which:

- 1.1 is aligned with the overall vision of the institution with which it is affiliated or of which it is a constituent institution.
- 1.2 demonstrates a clear institutional commitment to social accountability, achievement of competencies, and addresses the healthcare needs of Pakistan.
- 1.3 is developed with stakeholders' participation (for example, trainers, staff, students, university officials, health ministry officials).
- 1.4 is known to all stakeholders.

### Quality Standards

- 1.1 s A training hospital should have a written institutional mission statement, that aims at professional development and commitment to life-long learning.

## STANDARD 2: OUTCOMES

### Essential Standards

The hospital must develop training outcomes that:

- 2.1 are in congruence with the mission of the institution, which distinguishes it from other institutions.
- 2.2 are contextually appropriate for health care delivery in Pakistan.
- 2.3 demonstrates the hospital's commitment to meet the requirements of house job.
- 2.4 Incorporate the knowledge, skills, and potential behavior that the house officers will demonstrate upon completion of the house job.



## STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

### Essential Standards

The training hospital must have institutional autonomy to:

- 3.1 formulate and implement policies to ensure smooth execution of its educational outcomes.
- 3.2 develop appropriate and effective management and oversight systems to ensure that the policies are implemented.
- 3.3 allocate and appropriately use resources for the implementation of the training.



## STANDARD 4: PROGRAMME ORGANISATION

### Essential Standards

The training hospital must:

- 4.1 clearly document the sequence and content of training, along with the rationale for the sequence being recommended.
- 4.2 encourage house officers to link concepts in a clinical context.
- 4.3 ensure systematic and organized learning.
- 4.4 implement training programs that incorporate hands-on, active learning as the principal educational strategy.
- 4.5 ensure that its clinical service needs DO NOT compromise the learning and training requirements and objectives of house officers during the house job.
- 4.6 use practice-based training involving the personal participation of the house officers in the services and responsibilities of patient care.
- 4.7 deliver the programme in accordance with the principles of equality.
- 4.8 inform house officers about the programme and the rights and obligations of house officers.
- 4.9 include the commitment to ethical considerations in the programme.
- 4.10 use a house officer centered approach that stimulates, prepares, and supports house officers to take responsibility for their own learning process and to reflect on their own practice.

### Quality Standards

The training hospital should:

- 4.1s incorporate innovative educational and training strategies such as self-directed learning, independent learning, inter-professional education (IPE), use of e-technology, and simulations.
- 4.2s recognize gender, cultural, and religious specifications and prepare the house officers to interact appropriately.



## STANDARD 5: EDUCATIONAL CONTENT

### Essential Standards

The training hospital must:

- 5.1 ensure rotations in accordance with the rules and regulations of the Pakistan Medical and Dental Council.
- 5.2 have a document of the training programme that includes the learning objectives of each rotation and the desired skills to be achieved. This must be disseminated to all the stakeholders.
- 5.3 ensure that the content and its delivery are aligned with the competencies and outcomes prescribed by PM&DC. **(Appendix – II)**
- 5.4 ensure that the content that is taught and assessed is congruent with the level of the house officers.
- 5.5 use logbooks (preferably electronic) which clearly specify the objectives and skills-to-be-achieved during the clinical rotations.
- 5.6 include the following:
  - a) Communication skills
  - b) Patient safety & infection control
  - c) Professionalism, medical ethics and Islamic ethics
  - d) Evidence-based medicine
  - e) Ethics of patient care
- 5.7 have an orientation program for house officers.

## STANDARD 6: PROGRAMME MANAGEMENT

### Essential Standards

The training hospital must:

- 6.1 ensure that adequate supervision and feedback are provided to the house officers throughout the period of training.
- 6.2 have a training oversight committee chaired by a Programme Director (consultant / individual physician) of the training hospital that governs, approves, and oversees House Job. This committee must ensure the quality of the programme and approve it. The oversight committee should have appropriate house officers representation.
- 6.3 have all the requisite aids and audio-visual facilities.
- 6.4 physical facilities to support a learning environment for the house officers.
- 6.5 have a grievance policy and a committee to manage grievances.
- 6.6 issue a certificate of completion of training as per the policy and regulations of the qualification awarding institution.
- 6.7 provide all house officers with appropriate financial support and benefits to ensure that they are able to fulfil the responsibilities of their House Job.
- 6.8 provide an educational and work environment in which house officers may raise and resolve issues without fear of intimidation or retaliation.
- 6.9 must have written policies and procedures for trainee recruitment and appointment and must monitor each programme for compliance.
- 6.10 monitor programmes with regard to the implementation of terms and conditions of appointment.

## STANDARD 7: ASSESSMENT

Assessment is an essential and integral part of the educational process. Its outcome bears importance for both trainees and the trainers. For the trainees, its importance lies in the fact that it determines the certification of the attainment of competencies. For the trainers, assessment provides the grounds for substantiation of their observation regarding the progress of the trainee. For the hospital, it provides essential and sound grounds for programme evaluation.

### Essential Standards

The training hospital must:

- 7.1 develop appropriate and contextual policies for the in-training assessment of house officers.
- 7.2 ensure that formative assessments cover all domains, including knowledge, skills and attitudes.
- 7.3 use a wide range of assessment methods.
- 7.4 define a clear process of assessment.
- 7.5 ensure that the assessment practices are compatible with educational outcomes and instructional methods.
- 7.6 use a system for the appeal of results.

## STANDARD 8: STUDENTS

The training hospital must engage their House Officers in the management, delivery, and evaluation of their services. They should be consulted, and given certain rights and responsibilities in all academic matters that concern them.

### Essential Standards

The training hospital must:

- 8.1 follow the admissions/induction policy in congruence with the national regulations/guidelines or in the absence thereof the applicable institutional regulations of the qualification awarding institution.
- 8.2 clearly communicate the responsibilities and expectations to the House Officers before the start of the training.
- 8.3 possess a mechanism for future career counseling for the house officers.
- 8.4 ensure that students have access to counseling to address their psychological, academic, and/or career needs.
- 8.5 ensure confidentiality of house officers' academic and medical records.
- 8.6 ensure house officers representation and appropriate participation in educational committees and any committee where they can provide meaningful input.
- 8.7 have access to records and the appeal's process in case of discrepancies.
- 8.8 have clear policies on funding, technical support, and facilities for co-curricular opportunities for the house officers.
- 8.9 have a policy and practice to systematically seek, analyze, and respond to student feedback about the processes and products of the house job.
- 8.10 ensure a fair and formal process for taking any action that affects the status of a house officer.
- 8.11 have policies and a code of conduct that is known to all house officers.
- 8.12 have a documented policy on forbidding house officers from taking part in any political activity.
- 8.13 have infrastructure to facilitate differently -abled house officers.

- 8.14 ensure that all house officers have access to all the teaching beds.
- 8.15 have adequate mechanisms in place to ensure the well-being of house officers and trainers.
- 8.16 ensure measures to identify and prevent burnout among house officers.
- 8.17 have a documented policy on providing healthcare coverage to the house officers.
- 8.18 have a policy for maternity leave and must ensure its implementation as per government policy as bear minimum.



## STANDARD 9: TRAINERS

### Essential Standards

The training hospital must:

- 9.1 ensure that the trainers have valid permanent PM&DC license/registration.
- 9.2 have robust trainer's recruitment, selection, promotion, and retention policies.
- 9.3 have sufficient qualified and trained trainers based on needs of the programme.
- 9.4 ensures that the trainers fulfill their various roles as defined by the hospital and the training program.
- 9.5 have a CME/CPD program for trainers with clear goals aligned with trainers and program needs
- 9.6 have a policy for maternity leave and must ensure its implementation as per government policy.

### Quality Standards

The training hospital should:

- 9.7 Ensure that the institution is led by a medical doctor having at least master level qualification in the management sciences; with at least 5 years experience of working in a major teaching hospital.

## STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS REVIEW

PM&DC encourages hospitals to ensure quality assurance through program evaluation. This standard requires the establishment of a Quality-Enhancement Cell (QEC) in the teaching hospital or in the affiliated medical college that ensures the quality indicators are met and achieved.

What is the purpose of QEC?

QEC is responsible to develop quality assurance processes and methods of evaluation to affirm that the quality of provision and the standard of awards are being maintained and to foster curriculum, training and staff development, together with research and other scholarly activities.

### Essential Standards

The training hospital must:

- 10.1 ensure processes and schedules for review and update of all training activities through an established mechanism of program evaluation.
- 10.2 regularly review the results of evaluations and house officers' assessments to ensure that the gaps are adequately addressed in the training in consultation with the relevant committee.
- 10.3 allocate resources to address deficiencies and conduct a continuous review of program.
- 10.4 ensure the standards are in compliance with PM&DC accreditation standards.
- 10.5 ensure that the house officers, trainers, and administration are involved in program review.
- 10.6 have mechanisms for monitoring training and progressive improvements.
- 10.7 ensure that amendments based on the results of program evaluation findings are implemented and documented.

## STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES

### Essential Standards

The training hospital must:

- 11.1 demonstrate annual bed occupancy of at least 60%, verifiable through an HIMS system, or by alternative means if HIMS system is not installed, subject to the installation of an HIMS system within 12 months.
- 11.2 have essential services as given in Appendix I of this document.
- 11.3 be approved and registered with the respective government authority (e.g. Health care commission or any other regulatory body).
- 11.4 have a hierarchical system of governance of training programme.
- 11.5 have mechanisms for the dissemination of all policies and procedures related to governance, services and resources.
- 11.6 have a Human Resource Department and an anti-harassment policy in line with the national guidelines.
- 11.7 have adequate and safe buildings and structures.
- 11.8 have satisfactory and functional IT and library facilities.
- 11.9 have appropriate budgetary allocations for trainers' professional development programmes.
- 11.10 have mechanisms for addressing disciplinary issues among trainers, staff and trainees.
- 11.11 adhere to its commitment to social accountability.
- 11.12 ensure that patients admitted to the designated teaching beds have documented consent to allow access to the trainees.
- 11.13 have a documented policy ensuring that clinical work or procedures and the cost of any material used during house job is not charged to the house officers.

### Quality Standards

The training hospital should:

- 11.1s preferably have a basic Health Information Management System (HIMS) installed or alternatively have an HIMS system installed within 12 months of the issuance of this policy



GENERAL MANDATORY REQUIREMENTS FOR HOSPITALS  
FOR HOUSE JOB TRAINING

All hospitals offering training can have additional standards over and above the minimal requirements for “Teaching Hospitals for house job”. Hospitals specializing in limited disciplines must fulfil all requirements for that particular subject and in addition must have a valid affiliation arrangement/ contract with a teaching hospital as prescribed by PM&DC.

The hospital should be established in a building owned by the legal entity (or possessing at least a 33-year lease) that had been granted recognition. The hospital must be approved and registered with the respective government authority (like Health care commission or any other regulatory body).

The hospital must keep detailed financial and administrative accounts and have its accounts audited by a third party (the last report must be available). The hospital should also have a human resource and an anti-harassment policy in line with the national guidelines. There must be a structured hierarchy defined for the hospital (Organogram of the institution and of various departments).

In addition:

1. The hospital must have a clearly defined and documented house job training policy and program.
2. All house job positions must be paid (in accordance with national criteria), and the pay will not be refunded to the training institution under any circumstances.
3. There is a policy ensuring clinical work or procedures and the cost of any material used during training and studentship is not charged to the students.
4. There must be a structured hierarchy defined for the hospital (Organogram of the institution and of various departments)
5. There must be a structured process to disseminate policies developed by the hospital leadership related to governance, services, and resources.
6. The hospital must have a House Job induction policy.
7. The house officer to teaching bed ratio must not be less than 5:1.
8. The hospital must have orientation programs for its house officers.

9. The hospital should have set criteria for rotation as defined in the house job competencies and rotation program.
10. The house officers must have clearly defined and documented responsibilities, expectations and structured training programs.
11. The hospital must possess mechanism for future academic counselling of the house officers.
12. The hospital must have a committee to manage the grievances of house officers.
13. The hospital must have a permanent member designated Academic Dean/ Director Academics who must be a permanent faculty member and a practicing clinician in the hospital with major postgraduate qualification and at least five years of qualification experience to oversee the house job training program.
14. The hospital ensures that the house officers have valid temporary PM&DC registrations.
15. The hospital issues experience certificates to the house officers at the end of their training and, if required, after a rotation or posting.
16. The hospital must have a mechanism to assess that the objectives of training are fulfilled at regular predefined intervals.
17. The hospital must have appropriate teaching facilities (demonstration rooms, multimedia, LCD, speakers, Mics).
18. The hospital must have a mechanism to ensure the biometric/facial attendance of the trainers, staff, trainees, and house officers.
19. The hospital provides healthcare facilities to its house officers and ensures the provision of health services in other institutions for services not available locally.
20. The hospital provides logbooks (electronic and/or physical) for the trainees and ensures they are appropriately completed.
21. The hospital must have regular assessments of house officers for clinical work, behavior, and attitudes.
22. The hospital must have a mechanism to obtain regular, documented feedback from the house officers.
23. All patients admitted to the designated teaching beds must have documented consent to allow access to the house officers.
24. The total bed occupancy of the hospital is at least 60% in the past 12 months.

25. Each of the specialty in the hospital, has a bed occupancy of at least 50% in the past 12 months.
26. Learners must have access to all teaching bed patients.
27. The hospital must issue certification of completion of competencies.
28. The hospital must have documented policy on forbidding house officers from taking part in any political activity or illegal agitational activity.



## ESSENTIAL SERVICES FOR TEACHING HOSPITALS FOR HOUSE JOB

The hospital must have fully functional following departments or a valid MOU with other hospitals. It should be focused not only on the prevention, diagnosis & treatment of wide range of diseases but also should have appropriate faculty/specialists & equipment to facilitate the learning process of house officers:

- Internal Medicine
- Psychiatry
- Emergency Medicine
- Cardiology
- General Surgery
- Anesthesia
- Obstetrics & Gynecology
- Pediatrics
- Dermatology
- Ophthalmology
- Otorhinolaryngology
- Radiology
- Pathology
- Operation Rooms/Theatres and Peri-operative services
- Blood Transfusion services
- Intensive Care Unit
- A three-month optional rotation in the Department of Family Medicine shall be offered by the hospital.

## MEDICINE AND ALLIED

This must be a dedicated physical facility with the following:

### Faculty

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

### Equipment

- Defibrillators
- ECG machines (at least Triple Channel)
- Video endoscopic systems with upper and lower sets
- Trolleys for endoscopes
- Echocardiograph 2D with color Doppler
- ETT machines
- Complete nebulizers
- Pulse oxy-meters
- Glucometers
- Cardiac monitors
- Fiber optic bronchoscopes
- Upper GIT and 2 lower GIT endoscopes
- Holter ambulatory BP monitor
- ECT machine (anesthesia services to be shared)
- EEG machine
- NCS (nerve conduction studies) machine and an EMG (electromyogram) machine
- Heart lung machine, an intrathoracic balloon pump, ACT machine and 2 cardiac surgery sets
- Pulmonary function lab

### Infrastructure

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms

- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors.

### **SURGERY AND ALLIED**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

- General surgical sets
- Sterilizer (>300l capacity)
- Thoracic surgical sets
- vascular surgical sets
- Pediatric surgery sets
- plastic surgery sets
- Surgical diathermy (monopolar and bipolar) machine per theatre
- energy device machine
- Fiber optic colonoscopes (diagnostic and therapeutic) or flexible sigmoidoscopies
- Rigid sigmoidoscopes and 10 proctoscopes
- Complete laparoscopic surgical sets
- microscopic surgical sets
- Cystoscopes (diagnostic and therapeutic)
- Portable x-ray machines, operation tables, and radiographic film cassette facilities e.g. For per operative cholangiogram. Image intensifier with c-arm and double monitors
- Defibrillators available
- Laminectomy sets, 3 craniotomy sets and 3 shunt sets for neurosurgery

### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors
- Fully equipped operation theaters

### **DEPARTMENT OF ANESTHESIA**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

Same as in ICU

#### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity
- Working area/offices for doctors

### **DEPARTMENT OF OBSTETRICS & GYNAECOLOGY**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior

registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

### Equipment

- Ultrasound machines with linear, vaginal, section probes and punctures
- Hysteroscopes
- Colposcopes with cautery machine (various sizes)
- Laparoscopic surgical sets with camera and monitors
- Delivery tables,
- Examination tables
- Pulse oximeters
- Baby weighing scales
- Instrument sterilizers
- Sonicaids
- CTG machines
- Neonatal resuscitation trolleys and heaters
- Reusable delivery sets
- Cusco's specula
- Cusco's specula
- Sim's specula
- Caesarean section sets
- Dilatation and evacuation/curettage sets (D&C)
- Manual vacuum aspirators
- Vacuum ventouse cups
- Outlet forceps
- Infant laryngoscopes with spare bulbs
- Suction machines
- Equipment for family planning
- OT tables with adequate anesthesia machines, cautery machines and light sources
- Hysterectomy sets, and laparotomy with resection and anastomosis instrument sets



### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Fully equipped operation theaters.
- Working area/offices for doctors

### **DEPARTMENT OF PAEDIATRICS**

This must be a dedicated physical facility with the following:

### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

### **Equipment**

- Weighing scales
- Length measuring scales
- Ultrasonic nebulizers
- Pulse oximeters
- Infusion pumps
- Cardiac monitors
- Transport incubator
- Neonatal resuscitator
- Low-grade suction apparatus
- Manual resuscitator (infant/child)
- Suction machines (dual operation with tubes)
- Oscopes with infant diagnostic heads
- Pediatric nasal specula
- Scales for neonates

- Height measuring scales for infants
- Bp apparatus (newborn, neonatal, pediatric, cuffs)

### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors.

### **DEPARTMENT OF DERMATOLOGY**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

- Electro Cautery Machines
- Wood Lamps
- Puva Machine
- Uvb Machine
- Liquid Nitrogen Cylinders For Cryo
- Microscope With Accessories
- Biopsy Sets

### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.

- Working area/offices for doctors.

### DEPARTMENT OF OPHTHALMOLOGY

This must be a dedicated physical facility with the following:

#### Faculty

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### Equipment

- Auto-Refractometer/Keratometer
- Ultrasound A-Scan Bio-Meter
- Ultrasound B-Scan
- Keratometers Automated
- Applanation (PERKINS/Handheld) Tonometers
- Phacoemulsification Unit
- Slit Lamps With Applanation Tonometer
- Prism Bars (Horizontal)
- Lensometer (Manual)
- Operating Microscope
- Indirect Ophthalmoscopes
- Direct Ophthalmoscopes
- Retinoscopes
- Trial Lens Sets With Trial Frame
- Prism Bars (Vertical)
- Manual Visual Field Analyzer Bjerrum Screens
- Automated Visual Field Analyzer Bjerrum Screen)
- Portable Surgical Light
- Automated Snellen Charts
- Hess's Charts

### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Fully equipped operation theaters.
- Working area/offices for doctors.

### **DEPARTMENT OF OTORHINOLARYNGOLOGY**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

- OPD Instrument Sets
- Auroscopes
- Microscope For O.T
- Rigid Endoscope With All Accessories
- Audiometer
- Impedance Audiometer
- BERA
- Minor OT Dressing/Examination Sets
- General Set For OT
- Microscope Instrument Set For Mastoidectomy
- Microscope Instrument Set For Tympanoplasty
- Microscope Instrument Set For Stapedectomy
- Set For Tonsillectomy
- Set For Rhinoplasty
- Set For Rhinoplasty

### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Fully equipped operation theaters.
- Working area/offices for doctors

### **DEPARTMENT OF RADIOLOGY**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

- Fluoroscopy/image intensifiers (500mA)
- stationary Bucky table (300mA)
- stationary Bucky Stand (300mA)
- portable X-ray (100mA) units (for the whole hospital)
- functional ultrasound machines
- probe grey scale (3.5 MHz)
- probe portable grey scales (3.5 MHz)
- color Doppler (with multi frequency probes)
- biopsy probes
- CT Scan 16 slices
- MRI (1.5Tesla or above)
- lead aprons
- TLDs
- lead shields/partitions

### **Infrastructure**

- Rooms for keeping radiological machines / equipment and providing radiological services to the patients, with appropriate seating capacity.
- Washrooms
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors.

### **DEPARTMENT OF PATHOLOGY**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), paramedics, technicians, and support staff.

#### **Equipment**

##### **Chemical Pathology**

- Automated chemistry analyser
- Immunoassay analyser
- Electrolyte analyser
- Blood gas analyser (either in department or in ICU)
- Fridge and minus twenty-degree freezer for lab

##### **Microbiology**

- Incubator (37 °degrees)
- Basic staining facilities
- Refrigerator
- Microscopes
- BSL certification

##### **Hematology**

- 3/5-part automated differential counter
- Microscopes
- Basic staining facilities including for Reticulocytes

- Refrigerator to keep samples

#### **Infrastructure**

- Fully equipped labs
- Washrooms
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity
- Working area/offices for doctors

#### **OPERATION ROOMS/THEATRES AND PERI-OPERATIVE SERVICES**

This must be a dedicated physical facility with the following:

#### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

#### **Equipment**

- monitoring facilities
- image intensifier
- facilities for resuscitation
- diathermy machine per theatre (Monopolar and bipolar)
- suction machine per theatre

#### **Infrastructure**

- Fully equipped operation theaters
- Recovery rooms.
- Pre-op rooms.
- Washrooms
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors.
- anesthesia workstations

## **BLOOD TRANSFUSION SERVICES**

This must be a dedicated physical facility with the following:

### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

### **Equipment**

- Serofuge
- Agglutination viewer
- Blood bank fridge
- Microscope and one water bath/heat block
- Minus Thirty-degree freezer for storage
- Incubator for platelets

### **Infrastructure**

- Patient rooms with adequate space for beds and sitting
- Washrooms
- Examination and procedure rooms

## **DEPARTMENT OF INTENSIVE CARE UNIT**

This must be a dedicated physical facility with the following:

### **Faculty**

Comprising of suitable number of senior teachers with designations of Professors, Associate Professors and Assistant Professors. The work staff must include adequate number of senior registrars, postgraduate trainees (if applicable), house officers, nurses, paramedics, technicians, and support staff.

### **Equipment**

- Medical ICU beds with patients monitoring facilities



- Surgical ICU beds with patients monitoring facilities
- Separate Coronary care beds with patients monitoring facilities
- Ventilators
- Monitors
- Patient examination tools
- Resuscitation tools including defibrillator
- ECG machine
- Suction machine
- Centralised oxygen supply
- Foleys catheter
- NG tube
- ET tubes

#### **Infrastructure**

- Wards/patient rooms with adequate space for beds and sitting
- Washrooms
- Pharmacy
- Examination and procedure rooms
- Demonstration rooms with appropriate seating capacity.
- Working area/offices for doctors.

#### **Fire Safety and Emergency Evacuation**

The training hospital must have a documented fire safety and evacuation policy/plan.

#### **Waste Management**

The hospital must have a documented waste management policy/plan.

#### **Infection Control**

There is a documented infection control programme designed by the infection control committee for the institution and should be in compliance with national infection control policy. There must be protocols in place to ensure safety of staff and patients handling

biological and hazardous materials.

### **Inpatient Services**

The patients admitted on the designated training beds must consent to allow access to house officers' participation. The admitted/treated patients should have diverse pathological backgrounds and case mix as per the house job requirement.

### **Outpatient Services**

The hospital must have a functional outpatient department. The spectrum of cases must be diverse and the number of patients visiting in each session appropriate in accordance with the training offered.

### **Skills Lab**

The training hospitals are encouraged to have access to skills lab

### **Clinical Record Room/Data Centre**

Training hospital must have a system for maintaining patient records and maintain confidentiality.

### **I.T Center**

Hospital must have a fully functional and equipped I.T Centre, managed by appropriate I.T experts. The house officers must have access to I.T Centre, whenever required.

### **Trainers / Faculty**

Trainers must meet the minimum criteria to qualify as a clinical faculty member in House Job in their respective discipline. There must be sufficient number of trainers to provide round-the-clock patient care. **(Appendix – III).**

### **Other Human Resource**

**1. Paramedic staff inclusive of:**

- ECG technician: 4
- Phlebotomist: 1 for ten beds
- Dressers: 2 per ward
- OT technician: 2 per table
- Blood bank technician: 4
- Perfusion tech: 2
- Patient care assistant (PCA) 2 per ward
- Sterilization technician: 6
- Echo Technician: 2
- Laboratory Technician: 10

**2. Nursing Staff**

- General bed: 1 nurse for 10 beds
- Critical care: 1 nurse for 1 bed
- Emergency room: 1 nurse for 2 beds
- OT: 1 nurse for 1 case and 1 circulatory nurse for same case (2 nurses for one table)

**3. Pharmacists for Hospital pharmacies:** minimum 10

**4. Dressers for minor operation theaters:** 2 dressers per minor OT.

**5. Technicians for Imaging in Radiology:** 2 per radiology suite.

**6. Clerical Staff and record keepers.**

**7. Security Staff.**

**8. Receptionists.**

## PHYSICAL FACILITIES

Hospital must provide physical facilities to support a learning environment for the house officers. Essential facilities include:

- On call accommodation with appropriate toilet facilities
- Dedicated area for refreshment and meals in proximity to the workplace
- Tutorial room/s for classroom teaching
- Dedicated equipment and space for skills training
- Audiovisual aides to facilitate information transfer
- Dedicated area for study/reading room with access to up to date professional literature and Information technology to foster learning



## APPENDIX – I

### ANNOTATIONS

#### STANDARD 1: MISSION STATEMENT

**Social accountability** of training hospitals is their responsibility towards the community and their trainees. It is the responsibility of the training hospitals to meet the healthcare needs of the country through provision of quality training and service delivery. This service delivery should take ownership of defined populations (especially marginalized populations including trans genders) and improve the health status of those communities. In this regard, training hospitals will need to delineate how they are contributing towards serving their communities and are socially accountable.

#### STANDARD 2: OUTCOMES

**Outcomes** are statements of intention, just like objectives.

Outcomes provide a clear idea of what the trainees are expected to do (perform) by the end of the entire learning period (e.g., by the end of the postgraduate training programme). Hence, they provide an overview (and not details) of what the trainee is expected to do upon completion of the training programme in which s/he is enrolled.

The number of outcomes is far less than the number of objectives. Usually, outcomes range between 5 to 7 for an extended programme.

**EXAMPLE:** By the end of the training programme, trainees will be able to:

- Manage common, non-critical conditions independently
- Assist in the management of critically ill patients
- Demonstrate professional, ethical and culturally appropriate behavior
- Advocate health promotion and disease prevention
- Work effectively in a health care team
- Demonstrate clear and efficient written and verbal communication abilities

### **Annotation for 2.1s**

Outcomes are a set of statements which summarize the expected results at the end of the educational programme. Every hospital must have a reason for existence. This reason should be its unique feature which sets it apart from others. A hospital may wish to lay emphasis on training its trainees on providing state-of-the-art high technology training via skills labs or aims at producing doctors' adept at managing emergencies in a lower socio-economic setting. Such unique features must be clear in the outcomes; such statements must be present which help provide an identity to the programme and to the institution.

### **STANDARD 4: PROGRAMME ORGANISATION**

**Active learning** is any instructional strategy in which trainees are required to do meaningful activities and think about their learning in order to achieve the session's objectives.

**Educational strategy** means teaching method or instructional method, for example lecture or tutorial or small group discussion.

**Patient-centeredness** keeps the training focused on issues of the patient and not around diseases. It aims to produce doctors who deal with patients as humans and not as carriers of disease. It helps trainees provide holistic care to the patients.

### **STANDARD 8: STUDENTS**

**Academic counseling** would include addressing questions related to the trainees' choice of selected rotation. Academic counseling may also involve helping students improve their learning.

**Career counseling** would include guidance related to achieving their career goals.

**Confidentiality** means available only to members of the trainers and administration on a need-to-know basis. Laws concerning confidentiality of record need to be kept in view.

**Committees** include all educational, management and disciplinary committees. This includes development of the mission and vision, policy guidelines, curriculum committees, academic council and service delivery.

**Areas of appeals** include admission, attendance, assessment, promotion, demotion or dismissal processes and products of the educational programmes means curriculum, teaching and learning processes.

**Fair and formal process** includes timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the Trainees to respond and an opportunity to appeal.

**Status of trainees** means that can affect his/her educational progression for example admission, graduation or dismissal

**Disability** means any physical disability which may not affect his/her ability to actively contribute as a member of healthcare team. The institutional medical team should decide it on case-to-case basis.

**Transfer policy and exchange mechanisms** mean policies devised by the training hospital for transfer and trainee exchange in congruence with the affiliating university (where applicable), PM&DC guidelines & government policies.

#### **STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL**

**Programme evaluation** means gathering, analysis and interpretation of information, using valid and reliable methods of data collection, from all components of the programme. The process of evaluation should serve to make judgments about its effectiveness in relation to the mission, curriculum and intended educational outcomes.

**Academic activities** include all formal educational experiences of the Trainees during their enrolment in the institute.

**Renewal of programmes** refers to modifications made in the programme by incorporating results of programme evaluation

**APPENDIX – II**  
**OUTCOMES REQUIRED AT THE END OF**  
**ONE-YEAR HOUSE JOB PM&DC GUIDELINES**  
**8 CATEGORIES & 49 SKILLS**

**A. PATIENT CARE**

**HOUSE OFFICERS MUST:**

1. Demonstrate that they recognize personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary and required.
2. Follow the principles of good medical practice and the standards of competence, care and conduct expected of doctors registered with the PM&DC as prescribed in the curriculum.
3. Demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient at the center of their practice by:
  4. Obtaining an appropriate and relevant history and identifying the main findings
  5. Carrying out an appropriate physical, mental health and systemic examination
  6. Using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis
  7. Requesting and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner
  8. Establishing a differential diagnosis where possible and considering what might change it
  9. Demonstrating knowledge of treatment options and the limits of evidence supporting them
  10. Asking for patient's informed consent as per policy of the hospital.
  11. Using medicines safely and effectively (under supervision) and giving a clear explanation to patients.
  12. Demonstrating an understanding of the safety procedure involved in prescribing controlled drugs.



13. Keeping (or arranging for the keeping of) accurate and clear clinical records that can be understood by colleagues.
14. Demonstrating that they can perform core clinical and procedural skills safely.
15. These core clinical and procedural skills are set out in the following section.
16. Demonstrating knowledge and application of the principles and practice of infection control to reduce the risk of cross-infection.
17. Demonstrate that they are recognizing and managing acutely ill patients under supervision. This includes showing that they are able to manage a variety of situations where a patient requires resuscitation.
18. Demonstrate that they promote, monitor and maintain health and safety in the clinical setting. They must also be able to show that they have knowledge of systems of quality assurance, including clinical governance, and demonstrate the application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices related to dangers in the workplace.
19. Manage their own time under supervision, and develop strategies with other healthcare workers to maximize efficient use of time.
20. Demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague (including a more senior colleague or the public) is at risk.
21. Demonstrate that they can recognize and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns about health inequalities.

## **B. CONTINUING MEDICAL EDUCATION AND LEARNING – KEEPING UPDATED**

### **HOUSE OFFICERS MUST**

22. Develop a portfolio/log-book that includes evidence (including workplace-based assessments, involvement in education and clinical teaching sessions, and reflections on experiences with patients and colleagues) to demonstrate.
23. Should include total number of WBPA, DOPS and Mini-CEX encounters.

24. Ability to identify, document and meet their educational needs and requirements of their future selected specialty.
25. Learn through reflection on their practice and apply corrective steps.
26. Acquire knowledge about audits and their clinical application and research.
27. Has a clear concept of audit cycle and is able to explain how to contribute to the audit and how the results of an audit can improve their practice and that of others.
28. Know the importance of continuing professional development (CPD) and self-directed learning and demonstrate this through the assessment process. Also participate in review process.

### **C. TEACHING AND LEARNING**

#### **HOUSE OFFICERS MUST**

29. Be involved in teaching of colleagues, doctors, nurses and paramedics.
30. Contribute along with the immediate supervisor to the appraisal, assessment or review of medical students and other colleagues they work with.
31. Attend regularly MDMs and CPCs.

### **D. DOCTOR – PATIENT RELATIONSHIP**

#### **HOUSE OFFICER MUST**

32. Demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships with patients are established and maintained. This includes creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation.
33. Introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations.
34. Demonstrate that they have to deal with patients with good and appropriate knowledge of their disease and another set of patients who are completely ignorant of their disease.
35. Demonstrate that they are a good communicator and when required try to communicate in the language of the patient.

36. Demonstrate that they are sensitive (empathetic) and respond to the needs and expectations of patients irrespective of their caste, gender, and economic status.
37. Demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research.
38. Demonstrate sound knowledge concerning confidentiality and anonymity.

#### **E. WORKING WITH COLLEAGUES, AND OTHER STAFF IN HOSPITAL SETTING**

##### **HOUSE OFFICER MUST:**

39. Work effectively as a member of a team, including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals.
40. Demonstrate respect for everyone they work with (including colleagues in medicine and other healthcare professionals, allied health and social care workers and non-health professionals).
41. Demonstrate that they can communicate in different ways, including spoken, written and electronic methods. They must use communication methods that meet the needs and contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate.
42. Share appropriate information, where necessary, with the patient's permission, with other members of the healthcare team to provide the best possible information and treatment.
43. Demonstrate that they listen to and take into account the view of other health professionals and agencies and, where appropriate, share information with other professionals and agencies in accordance with PM&DC guidance on consent.

#### **F. PROBITY AND LEGAL ISSUES**

##### **HOUSE OFFICER MUST:**

44. Be honest in their relationships with patients (and their relatives or caretakers), professional colleagues and employers.

45. Be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate as per law of the country.
46. Demonstrate knowledge of and be able to apply relevant legislation to their day-to-day activities and take advice from the relevant department if needed.

## **G. PERSONAL HEALTH ISSUES**

### **HOUSE OFFICER MUST**

47. Demonstrate knowledge of their responsibilities to look after their health, including maintaining a suitable balance between work and personal life, and knowing how to deal with personal illness to protect patients.
48. Take responsibility, in line with good medical practice, for their own health in the interests of public safety. If they know, or have reasons to believe, that they have a serious condition which could be passed on to patients, or that their judgment or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitable qualified doctor on weather, and in what ways, they should change their clinical contact with patients.
49. They must not rely on their own assessment of the risk to patients. This is especially applicable to communicable diseases.

## **H. KEY PROCEDURAL SKILLS**

### **By the end of the house job, house officers must able to perform independently:**

- a. Vene-puncture
- b. IV cannulation
- c. Prepare and administer IV medications and injections
- d. Arterial puncture in an adult
- e. Blood culture from peripheral sites
- f. Intravenous infusion including the prescription of fluids
- g. Intravenous infusion of blood and blood products

- h. Injection of local Anesthetic to skin
- i. Injection – subcutaneous (e.g., insulin or LMW heparin)
- j. Injection – intramuscular
- k. Perform and interpret an ECG
- l. Perform and interpret peak flow using simple devices
- m. Urethral catheterization (male)
- n. Urethral catheterization (female)
- o. Airway care including simple adjuncts (oro-pharyngeal airway or laryngeal masks, naso-tracheal airway)



## Appendix III

### Faculty Requirements for Hospital for House Officers

The following are mandatory faculty requirements for a hospital meant for training House Officers.

#### MANDATORY CRITERIA

#### FACULTY

#### **PATHOLOGY**

The Director/HOD must be a Professor/ 10yrs experience with Level III postgraduate qualification in any of the disciplines of pathology with minimum 10 years post-qualification experience.

The hospital must have minimum of following faculty members with Level III postgraduate qualification distributed in sub specialties as follows (minimum):

- Hematology 02
- Histopathology 02
- Microbiology 02
- Chemical Pathology 02
- Immunology/ virology 01
- Blood bank 01

The faculty must be distributed as per following guidelines with the following minimum relevant

- Professor/10 years 02
- Associate Professor/7 years 02
- Assistant Professor/3 years 02
- Senior Registrar/1 year 02

There has to be a Director Lab Quality Assurance having PG qualification in Pathology with minimum 5 years of PG clinical experience/ academic designation with certification in quality assurance.

### **GENERAL SURGERY**

The hospital must have following faculty members (with level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 02
- Associate Professor/ 7 years 02
- Assistant Professor/ 3 years 02

Teaching Assistant:

- 1 year/Senior Registrar 01

### **OBSTETRICS AND GYNAECOLOGY**

The hospital must have following faculty members (with major level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 02
- Associate Professor/ 7 years 02
- Assistant Professor/ 3 years 02

Teaching assistant:

- 1 year/Senior Registrar 01

### **PAEDIATRICS**

The hospital must have following faculty members (with Level-III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 01
- Associate Professor/ 7 years 01
- Assistant Professor/ 3 years 01

Teaching assistant:

- 1 year/Senior Registrar 01

## **OPHTHALMOLOGY**

The hospital must have following faculty members (with level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 01
- Associate Professor/ 7 years 01
- Assistant Professor/ 3 years 01

Teaching assistant:

- 1 year/Senior Registrar 01

## **ENT**

The hospital must have following faculty members (with Level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 01
- Associate Professor/ 7 years 01
- Assistant Professor/ 3 years 01

Teaching assistant:

- 1 year/Senior Registrar 01

## **PSYCHIATRY**

The hospital must have 2 faculty members (with major postgraduate level III qualification) having at least 3 years' experience/academic designation /Assistant Professor' and 1 teaching assistant with at least 1 year of relevant experience/ academic designation/Senior registrar.

## **DERMATOLOGY**

The hospital must have 2 faculty members (with level III postgraduate qualification) having at least 3 years' experience/academic designation/ Assistant Professor and 1 teaching assistant with at least 1 year of relevant experience/ academic designation/Senior registrar.



## MEDICINE AND ALLIED SPECIALITIES

### ACCIDENT AND EMERGENCY

The hospital must have two faculty members with at least 3 years' experience/ academic designation /Assistant Professor and one teaching assistant with at least 1 year of relevant experience/ academic designation/Senior registrar.

### ANAESTHESIA

The hospital must have following faculty members (with Level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 01
- Associate Professor/ 7 years 01
- Assistant Professor/ 3 years 03

Teaching assistant:

- 1 year/Senior Registrar 02

### RADIOLOGY

The hospital must have following faculty members (with Level III postgraduate qualification having at least the following relevant experience/ academic designation:

- Professor/ 10 years 01
- Associate Professor/ 7 years 01
- Assistant Professor/ 3 years 02

There must be 1 teaching assistant with a minimum of 1-year relevant experience/ academic designation/Senior registrar.

in each of the above-mentioned departments.

## Annex - A

### COMPETENCIES REQUIRED AT THE END OF ONE-YEAR HOUSE JOB

#### *A. Patient care*

House officers must:

1. Demonstrate that they recognize personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary and required.
2. Follow the principles of good medical practice and the standards of competence, care and conduct expected of doctors registered with the PMDC as prescribed in the curriculum.
3. Demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient at the center of their practice by:
  4. Obtaining an appropriate and relevant history and identifying the main findings
  5. Carrying out an appropriate physical, mental health and systemic examination
  6. Using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis
  7. Requesting and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner
  8. Establishing a differential diagnosis where possible and considering what might change it
  9. Demonstrating knowledge of treatment options and the limits of evidence supporting them
10. Asking for patient's informed consent as per policy of the hospital
11. Using medicines safely and effectively (under supervision) and giving a clear explanation to patients.
12. Demonstrating an understanding of the safety procedure involved in prescribing controlled drugs.

13. Keeping (or arranging for the keeping of) accurate and clear clinical records that can be understood by colleagues.
14. Demonstrating that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out in the following section.
15. Demonstrating knowledge and application of the principles and practice of infection control to reduce the risk of cross-infection.
16. Demonstrate that they are recognizing and managing acutely ill patients under supervision. This includes showing that they are able to manage a variety of situations where a patient requires resuscitation.
17. Demonstrate that they promote, monitor and maintain health and safety in the clinical setting. They must also be able to show that they have knowledge of systems of quality assurance, including clinical governance, and demonstrate the application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices related to dangers in the workplace.
18. Manage their own time under supervision, and develop strategies with other healthcare workers to maximize efficient use of time.
19. Demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague (including a more senior colleague or the public) is at risk.
20. Demonstrate that they can recognize and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns about health inequalities.

## **B. Continuing Medical Education and learning –keeping updated**

House Officers must:

21. Develop a portfolio/log-book that includes evidence (including workplace-based assessments, involvement in education and clinical teaching sessions, and reflections on experiences with patients and colleagues) to demonstrate.

### **C. Teaching and learning**

#### **House Officers must.**

22. Attend regularly MDMs and CPCs.

### **D. Doctor – patient relationship**

#### **House Officers must**

23. Demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships with patients are established and maintained. This includes creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation.
24. Introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations.
25. Demonstrate that they have to deal with patients with good and appropriate knowledge of their disease and another set of patients who are completely ignorant of their disease.
26. Demonstrate that they are a good communicator and when required try to communicate in the language of the patient.
27. Demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research.
28. Demonstrate sound knowledge concerning confidentiality and anonymity.

### **E. Working with colleagues, and other staff in Hospital setting**

#### **House Officer must**

29. Work effectively as a member of a team, including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals.
30. Demonstrate respect for everyone they work with (including colleagues in medicine and other healthcare professionals, allied health and social care workers and non-health professionals).
31. Demonstrate that they can communicate in different ways, including spoken, written and electronic methods. They must use communication methods that meet the needs and

contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate.

32. Share appropriate information, where necessary, with the patient's permission, with other members of the healthcare team to provide the best possible information and treatment.
33. Demonstrate that they listen to and take into account the view of other health professionals and agencies and, where appropriate, share information with other professionals and agencies in accordance with PM&DC guidance on consent.

### **F. Probity and legal issues**

#### **House Officer must**

34. Be honest in their relationships with patients (and their relatives or caretakers), professional colleagues and employers.
35. Be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate as per law of the country.
36. Demonstrate knowledge of and be able to apply relevant legislation to their day-to-day activities and take advice from the relevant department if needed.

### **G. Personal Health Issues**

#### **House officer must**

37. Demonstrate knowledge of their responsibilities to look after their health, including maintaining a suitable balance between work and personal life, and knowing how to deal with personal illness to protect patients.
38. Take responsibility, in line with good medical practice, for their own health in the interests of public safety. If they know, or have reasons to believe, that they have a serious condition which could be passed on to patients, or that their judgment or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitable

qualified doctor on whether, and in what ways, they should change their clinical contact with patients.

39. They must not rely on their own assessment of the risk to patients. This is especially applicable to communicable diseases.

## H. Key procedural skills

### Must able to perform

1. Venipuncture
2. IV cannulation
3. Prepare and administer IV medications and injections
4. Arterial puncture in an adult
5. Blood culture from peripheral sites
6. Blood for cross match
7. Intravenous infusion including the prescription of fluids
8. Intravenous infusion of blood and blood products
9. Injection of local anaesthetic to skin
10. Injection – subcutaneous (e.g insulin or LMW heparin)
11. Injection – intramuscular
12. Perform and interpret an ECG
13. Perform and interpret peak flow using simple devices
14. Urethral catheterization (male)
15. Urethral catheterization (female)
16. be able to measure urine output
17. be able to measure NG output
18. Airway care including simple adjuncts (oro-pharyngeal airway or laryngeal masks, endotracheal airway)
19. Perform lumbar puncture
20. Perform Naso gastric intubation
21. Insert CVP line
22. Perform BLS (CPR and use of AED)

23. Perform log roll and care of cervical spine
24. Immobilize patients upper / lower limbs using appropriate splints.
25. Conduct simple deliveries,
26. Be able to apply forceps and vacuum extraction during deliveries
27. Measurement of Body Mass index and assess nutritional status of the patient.

**Registrar**

Pakistan Medical & Dental Council

