

Final Draft



Proforma for Foreign Institute's Undergraduate Medical/Dental Qualification

1. General Information:

Institution Name:	
Address:	
Country:	
Official Email Address:	
Phone and Fax Number with county code:	
Website Link.	
Primary contact/Focal person details.	
Type of College (please tick):	Public: _____ Private _____ Others (please specify) _____
Name of Affiliated University	
Number of yearly intake of Medical/Dental Students	Medical _____ Dental _____
Please provide a brief history of the institution, including its year of establishment and any significant milestones?	
Date of instructions begins or Date of inception	
Date when the program of study leading to the award of this Medical/Dental Undergraduate Qualification was introduced at this institution: Please provide documentary evidence.	
Address of all affiliated hospitals and campuses	

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If your university/medical/dental institution has changed its address or name in the past, please provide the previous details:	
Does your institution's MEDICAL/DENTAL UNDERGRADUATE QUALIFICATION course involve studying at more than one institution? (Yes/No):	
Does the course involve studying in a country other than the awarding body country? (Yes/No):	
What is the governance structure of your institution? Please include details about the governing body and its key members.	
Is your institution affiliated with any universities, research institutions, or other organizations inside or outside country of origin? If yes, please provide details.	
Admission criteria for International Students?	
Average Annual intake of Pakistani Students.	

2. Accreditation and Licensing:

- a) Is your institution accredited by the National Medical/Dental Council or a relevant accrediting body in your country?

Yes / No

If yes, please provide the name and contact details of the accrediting body:

Attach a certificate of accreditation

National Accrediting Body's Name	
Contact Details (Email/Phone No/ website link)	

- b) What is the duration of the current accreditation?

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c) Is your institution recognized by any accreditation agency since when? please provide details:

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d) Is your institution included in the World Directory of Medical Schools (FAIMER).

Yes / No

If Yes, please mention the ID number of your medical institution in the World Directory of Medical Schools

Is your accredited agency accredited by WFME?

Yes/No

If yes please provide documentary proof.

Is your accredited agency accredited by ECFMG?

Yes/No

If yes please provide documentary proof.

Please provide the internal and external quality assurance processes in place to explain how the institution ensures the quality of its medical/dental programs

What is the process and frequency for renewing your institution's accreditation with the national regulatory body?

3. Curriculum and Education Standards:

a) Please provide details about the curriculum for medical/dental programs:

Duration of the program in Years	
The standard length of the course in contact hours	
The minimum number of hours a student must complete before they can be eligible for graduation	
Mention number of Credit Hours / contact hours of the course (whichever is applicable)	
Subjects/Modules covered (Basic Sciences/Clinical Sciences)	----- -----
Please provide a detailed list of the subjects covered under both basic sciences and clinical sciences in your undergraduate medical/dental program. Additionally, specify the modules in which each of these subjects is taught	
Have any student union or students counseling department	

for international Students? Provide contact detail.	
How many contact hours of clinical rotations /clerkships do students undertake in total as part of the degree program?	
Does your medical/dental institution approve and oversee all clinical rotations/clerkships?	

b) Is your curriculum aligned with international standards if so?

Yes / No

If yes, please provide details and share any module/semester.

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c) Do you incorporate problem-based learning (PBL) or other innovative teaching methods if so kindly share any module.

Yes / No

If yes, please share module:

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d) What language is the primary medium of instruction?

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e) Is the course full-time on campus?

Yes / No

f) Is online education part of the curriculum, please mention details in hours/percentage.

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Please mention which components of the curriculum are being offered online along with their respective contact hours

4. Faculty and Resources:

a) Number of full-time faculty members and the language of faculty members

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b) Number of part-time/adjunct faculty members

- minimum criteria (Qualification) for appointment of faculty: _____
- Professorship eligibility qualifications: _____

Total no of faculty: full time _____ adjunct faculty: _____

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c) Details about the facilities available.

Lecture halls / auditoriums Yes/NO	
Laboratories Yes/No	
Libraries Yes/No	
Animal Specimen used (provide law position)	

d) Do you have a hospital or clinical training center affiliated with the institution for practical training?

Yes / No

If yes, please provide how many number of beds are available for training and teaching.

What is the ratio of the number of hospital beds to the number of enrolled students?

e) Do you allow foreign graduates to complete paid house jobs in your hospital?

Yes / No

If yes, how many clinical cases are observed/performed by each student?

f) Do you offer a license to practice to foreign graduates in your country? _____

g) Do students complete logbooks in clinical rotations?

Yes/No

If yes please share any one clinical logbook.

h) Do you have mandatory clinical rotations? Yes/No if yes please mention the subjects /rotations names.

5. Admission and Student Body:

a) What are the admission requirements / eligibility criteria for your medical/dental programs?

b) Is there any mandatory English or local language test?

Yes / No

c) Number of students currently enrolled for last five years:

Domestic	Pakistani students

6. Assessment and Evaluation:

a) What methods are used to assess student performance (e.g., exams, practical assessments, research projects)?

b) Do you have an external evaluation process in place?

c) Is there log book in your curriculum? (Attached)

Yes / No

If yes, please provide details (subject-wise names)

7. Postgraduate Opportunities and Alumni:

a) Do you offer postgraduate training programs?

Yes / No

b) What percentage of foreign graduates pursue postgraduate education or specialization?

c) Do you offer a complete transcript of the full study course i.e. MBBS/BDS.

Yes/No

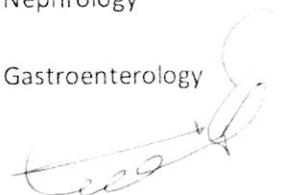
Please provide any additional information that may be relevant to the recognition process:

8. Students' security measures

a) What kind of security does your university offer to foreign students, share details.

- What kind of visa does your government offer to the students: _____
- What kind of accommodation is offered to students _____
- Do you share data of students with the Pakistan embassy and the Pakistan Medical & Dental Council?

- i. What is the number of dedicated contact hours / attendance hours for the Anatomy curriculum (including embryology, histology, gross anatomy etc.)?
- ii. What is the number of dedicated contact hours / attendance hours for the Physiology curriculum?
- iii. What is the number of dedicated contact hours / attendance hours for the Biochemistry curriculum?
- iv. What is the number of dedicated contact hours / attendance hours for the Pharmacology & Therapeutics curriculum?
- v. What is the number of dedicated contact hours / attendance hours for the Pathology curriculum (including general pathology, special pathology, hematology, parasitology, etc.)?
- vi. What is the number of dedicated contact hours / attendance hours for the Forensic Medicine and Toxicology curriculum?
- vii. What is the number of dedicated contact hours / attendance hours for the ENT curriculum?
- viii. What is the number of dedicated contact hours / attendance hours for the Ophthalmology curriculum?
- ix. What is the number of dedicated contact hours / attendance hours for the Gynaecology and Obstetrics curriculum?
- x. What is the number of dedicated contact hours / attendance hours for the Community Medicine / Public Health curriculum?
- xi. What is the number of dedicated contact hours / attendance hours for the General Surgery curriculum?
- xii. What is the number of dedicated contact hours / attendance hours for the Anaesthesiology curriculum?
- xiii. What is the number of dedicated contact hours / attendance hours for the Emergency Medicine / Critical Care curriculum?
- xiv. What is the number of dedicated contact hours / attendance hours for the Orthopaedics and Trauma curriculum?
- xv. What is the number of dedicated contact hours / attendance hours for the surgical specialities of Neurosurgery, Vascular surgery, Adult Cardiac Surgery, Paediatric Surgery, Thoracic Surgery, Urology and Plastic Surgery?
- xvi. What is the number of dedicated contact hours / attendance hours for the General Medicine?
- xvii. What is the number of dedicated contact hours / attendance hours for the medical specialities of Neurology, Rheumatology, Geriatrics, Endocrinology, Paediatrics Cardiology, Infectious Diseases and Oncology?
- xviii. What is the number of dedicated contact hours / attendance hours for the Psychiatry and Behavioral Sciences curriculum?
- xix. What is the number of dedicated contact hours / attendance hours for the Dermatology curriculum?
- xx. What is the number of dedicated contact hours / attendance hours for the Cardiology curriculum?
- xxi. What is the number of dedicated contact hours / attendance hours for the Pulmonology curriculum?
- xxii. What is the number of dedicated contact hours / attendance hours for the Nephrology curriculum?
- xxiii. What is the number of dedicated contact hours / attendance hours for the Gastroenterology curriculum?



- xxiv. What is the number of dedicated contact hours / attendance hours for the Paediatrics and Neonatology?
- xxv. What is the number of dedicated contact hours / attendance hours for the Family Medicine curriculum?
- xxvi. What is the number of dedicated contact hours / attendance hours for the Infection Control Curriculum
- xxvii. What is the number of dedicated contact hours / attendance hours for the Patient Safety curriculum?
- xxviii. What is the number of dedicated contact hours / attendance hours for the Behavioral Science curriculum?
- xxix. What is the number of dedicated contact hours / attendance hours for the Medical Oncology curriculum?
- xxx. What is the number of dedicated contact hours / attendance hours for the Radiology curriculum?
- xxxi. What is the number of dedicated contact hours / attendance hours for the Medical Education Department?

9. Clinical requirements

1. Clinical Departments:

- Does the hospital have core departments such as General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, and Emergency Medicine?
 - Are clinical specialty departments available for clinical training? Yes/No
If Yes specify specialties.
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2. Clinical Equipment (As per PM&DC standards):

- **Medicine & Allied:**
 - What is the number of defibrillators that are available, functional, and in use?
 - What is the number of ECG machines (at least triple-channel) that are available, functional, and in use?
 - Is there a video endoscopic system with upper and lower sets available?
 - What is the number of pulse oximeters and cardiac monitors available and functional?
 - What is the number of fiber optic bronchoscope available and functional?
- **Surgery & Allied:**
 - What is the number of functional portable X-ray units (100mA) available?
 - What is the number of fully equipped operating suite with essential equipment for surgery?



- **Paediatrics:**
 - What is the number of nebulizers and infant warmers that are available and functional?
 - Is there a fully functional Neonatal ICU?
 - **Obstetrics & Gynaecology:**
 - What is the number of fetal heart monitors and is neonatal resuscitation equipment available?
 - Are there facilities for emergency obstetric care, including essential delivery room equipment?
3. **Clinical Learning Opportunities:**
- Are clinical rotations provided in core and specialty departments for hands-on training?
 - Does the hospital integrate clinical services with teaching, ensuring that students have access to real patient care?
4. **Health Information Management System (HIMS):**
- Is a Health Information Management System (HIMS) implemented in the hospital for patient data and medical records?
 - Is the Electronic Medical Records (EMR) system functional and accessible to students and faculty?
5. **Medical Equipment:**
- Are all critical medical and clinical equipment available and maintained regularly in the hospital?
 - Is there a preventive maintenance schedule for biomedical equipment?

10. Infrastructure

Infrastructure Requirements

1. **Building and Space Requirements:**
- What is the covered area of the institution in sq. ft. for academic and hospital buildings?
 - What is the number of lecture halls, each with a minimum of 1,500 sq. ft. area?
 - What is the number of demonstration rooms, each with a minimum of 250 sq. ft. area?
2. **Skills Labs:**
- Does the institution have a skills laboratory with a minimum area of 1,000 sq. ft. for hands-on training?
3. **Library and Learning Resources:**

- Does the institution have a Learning Resource Centre with at least 1,100 sq. ft. of space?
- Is there access to digital libraries and sufficient seating capacity for 20% of the total student strength?

4. Hostel and Student Facilities:

- Does the institute have separate hostel facilities for male and female students?
- If yes, what percentage of male and female students are accommodated in these hostels?
- Does the institution have a student cafeteria with at least 2,000 sq. ft. of space?
- Are there separate common rooms for male and female students, with a combined area of at least 2,000 sq. ft.?

5. Safety and Compliance:

- Does the institution comply with fire safety regulations, emergency exits, and disability access requirements?
- Is there adequate parking space and proper access roads to the institution?
- Does hospital have proper wastage management system?
- Any other information which may be considered necessary for recognition of Medical/Dental School.

Signature & Name of the authorized officer of the University/Medical/Dental School.

Seal of the university or Medical/Dental School

