

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

Islamabad, 23rd June, 2023

NOTIFICATION

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

Part I Basic terms and definition

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Part I- Basic terms and definitions

1. Short title and commencement

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

(2) They shall come into force at once.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provided that.-

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

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

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

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

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

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

Summary of the process of Application for recognition of PG program

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

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

Part III –Postgraduate Qualification Framework

General conditions for postgraduate teaching institutions.-

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

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

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

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

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

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

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

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

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

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

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

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

(9) Equivalence of corresponding foreign qualifications in Pakistan

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

PART IV- Student Selection and Admission Policies

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

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

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

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

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

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

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

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

(4) Number of postgraduate trainees:

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

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

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

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

(6) Criteria of Supervisors for Level III Programs:

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

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

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

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

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

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

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

(11) Working conditions for clinical training:

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

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

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

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

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

(13) Staffing policy;

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

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

(14) Obligations and development of teachers/supervisors;

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

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

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

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

(15) Transfer of credit hours ;

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

PART V- Program study/training process

(1) Postgraduate basic and clinical training must follow a systematic program, which describes generic and discipline-specific components. The process must be practice-based involving the personal participation of the student/trainee in all educational experiences.

(2) There should be a formalized system of guiding and counseling, details of which are available to the postgraduate trainee as per the PG standards.

(3) The program shall provide all the components of training outlined in the specialty documents developed by relevant professional authority and reflecting a structured program. These documents would be followed by the students/trainees and guide the examiners of the certifying bodies and inspectors of the Council.

(4) The program must be organized in such a way that the students/trainees are given increasing professional responsibility, under appropriate supervision, according to their level of training, ability and experience.

(5) The students/trainees must have documented attendance in excess of seventy five percent for each year of study/training program, under appropriate supervision.

(6) In clinical training, service responsibilities, including rotation assignments and on-call duties, must be assigned in a manner, which ensures that residents are able to attain their educational objectives. The training activities must be documented in a log book including surgical records and verified by the supervisor. Service demands must not interfere with the ability of the residents to follow the academic program.

(7) The programme must provide opportunities to the students/trainees to avail all available resources that would facilitate to meet their educational needs.

(8) The program should provide an adequate opportunity for students/trainees to pursue elective educational experiences.

(9) Components of the program which are compulsory and those that are optional must be clearly stated along with clear definition of goals and expected task-based outcomes.

(10) Teaching and learning must take place in environments, which promote students/trainees safety and are free of intimidation, harassment and abuse.

(11) All degree awarding institutions shall provide opportunity for the candidates to discontinue studies for valid reasons like health, family problems and financial reasons and then join back the program, but in no case the duration of discontinuation can exceed two calendar years.

(12) Candidates shall not be allowed to enroll in two clinical training programs of the same or different universities and or Degree Awarding Institutes (CPSP).

(13) Candidates may be allowed to enroll in two programs of the same or different universities and or Degree Awarding Institutes if there is no clash of timings and mode of study . i.e. if one

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

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

(15) Scholarly Activities

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

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

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

(16) Training content

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

(17) External training

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

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

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

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

(18) The relationship between training and service

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

PART VI- Training settings and educational resources

(1) Training locations:

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

(2) Physical facilities and equipment

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

(3) Quality assurance

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

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

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

PART VII - Evaluation of training process

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

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

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

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

(2) Feedback from trainers and trainees:

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

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

(3) Using trainee performance for training outcome

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

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

(4) Authorization and monitoring of training settings

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

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

(5) Evaluation of the program faculty

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

PART – VIII Assessment of trainees

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

(1) Feedback to trainees

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

(2) Examinations

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

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

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

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

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

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

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

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

PART - IX Recognition of Distance learning programs

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

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

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

PART X - Governance

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

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

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

(3)Professional leadership

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

(4)Funding and resource allocation

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

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

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

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

APPENDIX- I
(See regulation 6)

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

Particulars of Institution

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

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

Signature of Institutional Head

Name and designation

List of Enclosures

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

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

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

APPENDIX II

(See Appendix I)

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

For use by

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

Note: Add additional sheets where required.

Part-A

Institutional Information

A). General Information

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

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

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

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

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

6. Purpose of present inspection:

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

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

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

9. Mode of selection of students.

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

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

PART B

Program features and Institutional facilities and policies:

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

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

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

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

7. Publications

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

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

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

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

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

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

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

12. Average daily patients' attendance

(1) OPD: _____

(2) Average Bed occupancy rate. _____

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

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

13. Central Library:

(1) Total No. of Books.

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

(3) Journals:

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

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

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

16. Hostel facilities:

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

17. Residential staff quarters: Number (Category wise)

18. Institutional academic Council (Constitution).

19. Institutional PG Committee (Constitution).

20. Institutional Ethical Committee (Constitution)

21. Medical Education Department (Constitution).

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

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

23. Emergency/ Casualty Department

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

24. Blood bank

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

25. Central Laboratory

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

26. Central Research Lab.

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

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

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

(2) Radiotherapy

(3) Pathology

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

(4) Microbiology

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

(5) Biochemistry

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

28. Operation Theatres:

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

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

PART(C)

Departmental Information

General Departmental facilities:

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

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

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

45. Total number of recognized teachers in the unit:

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

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

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

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

(5) Speech Therapist

48. Available Clinical Material:

(1) Average daily OPD.

(2) Average daily IPD.

(3) Average daily bed occupancy rate:

(4) Average daily operations: Major Minor

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

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

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

49. Intensive Care facilities

(1) ICU

(a) No. of beds

(b) Equipment

(c) Average bed occupancy

(2) ICCU

(a) No. of beds

(b) Equipment

(c) Average bed occupancy

(3) NICU

(a) No. of Beds

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

50. Average bed occupancy

51. Specialty clinics and services

52. Teaching facilities:

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

Audiovisual Aids: Adequate / Inadequate.

53. Departmental Library:

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

70. Departmental Museum (Wherever applicable).

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

(3) Charts/ Diagrams.

54. Departmental Research Lab.

(1) Space

(2) Equipment

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

(a) Indexed.....

(b) Non-indexed.....

55. Working Ward Side lab.

(1) Space

(2) Facilities

(3) Departmental Technicians

(4) OPD Space:

(a) No. of rooms

(b) Patient Examination arrangement: Adequate/Inadequate

(c) Teaching Space Adequate/inadequate

(d) Waiting area for patients Adequate/inadequate

(5) Indoor Space: Adequate/inadequate

(a) Office Accommodation:

(b) Departmental Office Space

(c) Staff (Steno /Clerk).

(6) Computer/ Typewriter:

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

(1) HOD

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

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

Part D
TEACHING/ TRAINING PROGRAM

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

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

PART-E

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

PART- F

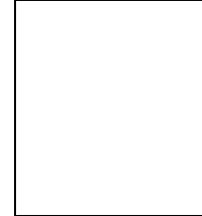
Declaration Form From The Faculty/Trainer/Supervisor

(1) Dr Name

Recent Passport size photo

Photograph

Signed by Dean/Principal of the college



(2) Date of Birth and Age

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

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

(3) Present Designation: _____

(4) Department: _____

(5) College: _____

(6) City: _____

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

(8) Residential Address : _____

(9) Attached Copy of CNIC.

(10) Phone and Fax Number With Code

(a) Office: _____

(b) Residence _____

(11) E-mail address: _____

(12) Date of joining present institution: _____ as

(13) Details of the previous appointments/teaching experience

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

14.

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

- (2) I am not working in any other medical college/dental college in the Province or outside the Province in any full-time capacity
- (3) I draw annual and monthly emoluments from this college as under:

Declaration

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

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

Signature

Date:

Place:

Endorsement

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

Countersigned by

The Dean/Principal/ Head of Institution

Date:

Place:

APPENDIX – III

[See regulation 14(5)]

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

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

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

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

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

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

APPENDIX IV

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



Pakistan Standards for Accreditation of Postgraduate Medical and Dental Education Programs

Standard 1: Mission Statement

Standard 2: Outcomes

Standard 3: Institutional Autonomy and Academic Freedom

Standard 4: Curriculum Design

Standard 5: Educational Contents

Standard 6: Curricular Management

Standard 7: Assessment

Standard 8: Student

Standard 9: Faculty

Standard 10: Program Evaluation and Continuous renewal

Standard 11: Governance and Services

Standard 12: Research and Scholarship

Preamble

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

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

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

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

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

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

Coordination and Support

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

Important Note

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

Standard 1: Mission Statement

Essential Standards

Program must have a written institutional mission statement, which:

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

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

Standard 2: Outcomes

Essential Standards

The program must have outcomes that:

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

Annotations

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

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

Standard 3: Program Autonomy and Academic Freedom

Essential Standards

The program must have autonomy and take responsibility to:

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

Standard 4: Curriculum Design

Essential Standards

The program must:

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

Quality Standards

The program should:

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

Annotations

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

Credit hour allocation

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

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

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

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

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

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

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

Standard 5: Educational Contents

Essential Standards

The program must:

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

Quality Standards

The program should:

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

Standard 6: Curriculum Management

Essential Standards

The program must:

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

Quality Standards

The program should:

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

Standard 7: Assessment

Essential Standards

The Program must:

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

Quality Standards

The Program should ensure:

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

Annotations

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

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

Formula for Calculating GPA (Grade Point Average)

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

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

Important points to consider

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

Calculation of Grade (suggestive)

Break down of 100% for the grade can be:

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

Example

Student: ABC

Credit hours earned 10

Grade:

o Percentage obtained out of 50% in assignments = 35

o Percentage obtained out of 30 % in exam = 15

o Internal assessment out of 20 %= 15

o Total = 65

Now equate this percentage with grade as per table below

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

Grade for the student would be C+

CGPA required for degree completion (Masters / MPhil)

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

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

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

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

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

Standard 8: Postgraduate Student

Essential Standards

The program must:

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

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

Quality Standards

The program should:

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

Standard 9: Faculty

Essential Standards

The program must:

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

Standard 10: Program Evaluation and Continuous renewal

Essential standards:

The program must:

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

Standard 11: Governance and Services

Essential standards:

The program must:

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

Quality Standards

The program should:

- 11.1s have input from medical education experts

Annotations

Satisfactory and functional IT and Library Facilities should be available

Standard 12: Research and Scholarship

Essential standards

The program must:

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

Quality standards

The program should:

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

Annotations

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

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

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

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

APPENDIX V Program Self-Evaluation Form

Standard 1: Mission Statement

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

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

Standard 2: Outcomes

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

Standard 3: Programme Autonomy and Academic Freedom

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

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

Standard 4: Curriculum Design

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

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

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

Standard 5: Educational Contents

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

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

Standard 6: Curricular Management

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

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

Standard 7: Assessment

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

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

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

Standard 8: Postgraduate Student

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

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

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

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

Standard 9: Faculty

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

Standard 10: Program Evaluation and Continuous Renewal

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

Standard 11: Governance, Services and Resources

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

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

Standard 12: Research and Scholarship

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

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

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

Guidelines for a post graduate program to qualify for inspection

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

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

Form A : Program Evaluation Report

Form B: Postgraduate Onsite Inspection Report

Form A : Program Evaluation Report Form for Inspectors

Rate the standards according to the following 6-point scale

6-point Rating scale for Evaluation of Standards

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

Standard 1: Mission Statement

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

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

Standard 2: Outcomes

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

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

Standard 3: Programme Autonomy and Academic Freedom

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

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

Standard 4: Curriculum Design

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

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

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

Standard 5: Educational Contents

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

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

Standard 6: Curricular Management

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

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

Standard 7: Assessment

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

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

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

Standard 8: Postgraduate Student

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

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

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

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

Standard 9: Faculty

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

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

Standard 10: Program Evaluation and Continuous Renewal

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

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

Standard 11: Governance, Services and Resources

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

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

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Standard 12: Research and Scholarship

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

Comments

Form B: Postgraduate Onsite Inspection Report

Postgraduate Onsite Inspection Report

Part I General Information

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

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

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

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

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

Part III scoring for recognition of the program

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

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Important Note :

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

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

Final Recommendation:

Mandatory requirements : Fulfilled / Not Fulfilled

Scoring out of 100% : _____ (75% required)

In view of the above the programme

Is Recommended / Not Recommended for approval and _____ students should be allowed annually

Name and Signature of Inspector

(Dr. _____)
Acting Registrar