



PM&DC
OFFICIAL DOCUMENT

In exercise of the powers conferred under Section-9 & 47 (2) of the Pakistan Medical and Dental Council Act, 2022, the Pakistan Medical and Dental Council is pleased to make the following Regulations, namely: -

PM&DC POSTGRADUATE MEDICAL & DENTAL STANDARDS REGULATIONS 2026



PAKISTAN MEDICAL & DENTAL COUNCIL, ISLAMABAD, PAKISTAN



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Part I

Basic Terms and Definitions

1. Short Title, Application and Commencement

1. These Regulations may be called the “**PM&DC Postgraduate Medical & Dental Standards Regulations, 2026.**”
2. These Regulations shall apply to all postgraduate medical and dental programs.
3. These Regulations shall come into force at once.

2. Definitions

2.1 In these Regulations, unless the context otherwise requires:

1. “**Act**” means the Pakistan Medical and Dental Council Act, 2022.
2. “**Council**” means the Pakistan Medical and Dental Council.
3. “**Ordinance**” means the Medical and Dental Council Ordinance, 1962 (XXXII of 1962).
4. “**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 postgraduate course, which will qualify the person for the award of a recognized additional medical or dental qualification.
5. “**Admitting University, Degree or Diploma Awarding Institution (DAI)**” means any recognized institution that has a legal charter to affiliate medical and dental postgraduate programs and award their corresponding qualifications, and that is included in the PM&DC Second Schedule to the PM&DC Act, 2022.
6. “**Specialty Registrar**” or “**Student**” means a postgraduate student registered with the Council for training in a recognized postgraduate program in clinical or basic sciences after attaining Level I.



7. “**Postgraduate Section (PGS)**” means the section of the Council dealing with matters of postgraduate medical education.

2.2 Words and phrases used in these Regulations but not defined herein shall have the meanings respectively assigned to them in the PM&DC Act, 2022.

Part II

Process of Postgraduate Program Recognition by PM&DC

1. Application for Opening a Postgraduate Course

No medical or dental institution shall, without following the procedure laid down in Section 25 of the PM&DC Act, 2022:

1. open a postgraduate course of study or training that would enable a student to qualify for the award of any recognized additional medical or dental qualification; or
2. increase the admission capacity in any postgraduate course of study or training.

2. Instructions to Institutions

Medical and dental institutions covered under Section 25 of the PM&DC Act, 2022, shall apply for permission to seek recognition of a postgraduate medical or dental qualification. The application must include the affiliation permission granted by a University / DAI, along with documentary evidence of additional space, equipment, faculty, and other infrastructural facilities required under these Regulations.

3. Submission of Applications

1. Institutions offering only training in recognized postgraduate qualifications included in the Second or Third Schedule of PM&DC Act-2022 shall apply through their affiliated University or DAI to PM&DC with the affiliation letter from the concerned University or DAI with all required documents.
2. Institutions intending both to grant and to provide training for unrecognized qualifications shall apply through the Federal Government, via the Ministry of National Health Services, Regulations and Coordination, Islamabad, through the Minister-in-Charge under Section 25 of the PM&DC Act, 2022.



4. Application and Inspection Fee

The application fee is a non-refundable charge of one hundred thousand rupees (Rs. 100,000) per course. This fee covers registration, technical scrutiny, and contingent charges.

The following fee structure shall apply, or such other fee as may be decided by the Council from time to time:

- Application Fee: Rs. 100,000 per course/program (non-refundable).
- Comprehensive Inspection Fee (one time):
- Public and Armed Forces Institutes: Rs. 500,000
- Private Institutes: Rs. 800,000
- Individual Inspector Fee: Rs. 150,000 per course/program.
- Secretariat charges: Rs. 300,000 per application.

All fees must be submitted through demand draft in favor of the Pakistan Medical and Dental Council, Islamabad.

5. Qualifying Criteria

An institution shall qualify for opening a postgraduate course if it provides:

1. a letter from a PM&DC recognized DAI / University granting permission to start the course; and
2. evidence of adequate faculty, curriculum, and resources, including teaching staff, space, infrastructure, funds, equipment, teaching beds, research laboratories, and other resources required under these Regulations.

6. Receipt and Processing of Application

Applications for recognition will be accepted throughout the year. Incomplete applications will be returned. The PG Section will process complete applications for evaluation.

7. Verification

The PG Section may seek further information and shall carry out a physical inspection to verify the details provided, as it deems necessary.

8. Evaluation and Grant of Permission or Recognition

The PG Section, after considering the inspection report, will place its recommendations before the Postgraduate Medical Education Committee (PGME) and the Council to determine the feasibility of opening the postgraduate course.





9. Admission of Students

Students may only be admitted after formal approval by the Council and after the relevant addition has been made to the Second Schedule to the PM&DC Act, 2022, by the Federal Government.

10. Change of Affiliation and Nomenclature of Postgraduate Programs

1. Institutes seeking a change of affiliation shall apply to PM&DC with:
 - a. NOC from the current affiliating University;
 - b. Letter of intent or offer from the proposed University;
 - c. Proof of compliance with PM&DC standards;
 - d. Proof of PM&DC recognition of the relevant postgraduate program or programs of the affiliating University where affiliation is being sought by the institute.
2. PM&DC shall conduct a mandatory inspection, if necessary. Only institutes with no pending disciplinary action or unresolved deficiencies shall be considered. The Council shall make the final decision, and approved changes shall be notified without disrupting Specialty Registrars' academic progress for change of affiliation.
3. Any change in nomenclature of a recognized postgraduate qualification shall be initiated by the affiliating University / Institute with justification and evidence of curriculum equivalence and alignment with international standards. PM&DC may approve the change and update its records accordingly. Affected graduates shall surrender original documents for issuance of revised documents.
4. The fee for change of affiliation or nomenclature shall be non-refundable.
 - (i) Processing Fee: PKR 100,000;
 - (ii) Affiliation Fee: PKR 50,000;
 - (iii) Nomenclature Fee (for nomenclature only): PKR 50,000 or as prescribed by PM&DC time to time.

Additional Provisions

11. Periodic Status Review

The recognition status of each postgraduate program shall be reviewed and updated by PM&DC every five (5) years. Institutions must submit updated documentation and evidence of continued compliance with PM&DC standards as part of the review process.





12. Surprise Inspections

PM&DC may conduct surprise inspections of any recognized institution or program at any time to ensure ongoing compliance with these Regulations. Failure to comply may result in suspension or withdrawal of recognition.

13. Seat Enhancement

Institutions seeking to enhance the number of seats in any recognized postgraduate program must submit a formal application to PM&DC, including faculty, infrastructure and equipment, and an updated affiliation letter from the concerned University or DAI. The application shall be subject to the same scrutiny, inspection, and fee structure as a new program. Approval shall be granted only upon satisfactory verification by PM&DC.

Part III

Postgraduate Qualification Framework

See Part XIII for the detailed Credit-Hour Framework.

1. General Conditions

Postgraduate Medical and Dental Education shall be an organized program facilitating the ethical, professional, and personal development of the student under the authority of a teaching institution committed to excellence in Medical or Dental education and patient care.

2. Duration of Courses

The duration of postgraduate courses shall be a minimum of one year for Level II-a courses and a minimum of three years for Level III courses.





3. Learning Levels and Duration

Learning Level	Duration (Min)	Research Component	Clinical Medical/Dental Qualification	Basic Sciences Qualification
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	<u>M.Sc.</u> and equivalent	<u>M.Sc.</u> Basic Sciences, MHPE/MME, M.Phil, MSPH and equivalent
Level III	Minimum 3 or 3+ years after Level-I	Thesis/Dissertation	FCPS/MS/MD and equivalent	FCPS/PhD and equivalent

Note: Level IV is omitted from the qualification framework because it represents pursuit of excellence, and all Level III qualifications are terminal qualifications.

4. MBBS holders with M.Phil. or Ph.D. degree in any section of pathology, including chemical pathology, histopathology, hematology, and microbiology, are eligible for clinical, teaching, and research positions on the same like FCPS, MD, or equivalent qualifications.

Part IV

Student Selection and Admission Policies

1. Admission Policies and Selection

DAIs shall publish and implement a merit-based selection policy. Academic merit will be determined by the University's or PG Admission Committee or by the Government, as applicable.





2. Eligibility and Selection

Applicants must:

1. Graduates of PM&DC-recognized Medical or Dental Colleges in Pakistan with valid registration;
2. Graduates of foreign Medical or Dental Colleges with valid PM&DC registration; and
3. have completed a one-year house job at a PM&DC-approved institutions.

3. Selection and Registration

1. Selection must be based on program-related criteria such as preparedness, aptitude, academic credentials, and individual skill. Discrimination based on sex, race, age, religion, color, national origin, or disability is prohibited.
2. All postgraduate students must be registered with the Council through the online portal.

4. Number of Attempts for Postgraduate Students

4.1 General Rules

A postgraduate student may avail a total of three attempts to pass any course or module. This includes the first regular attempt and two supplementary or resit attempts. All attempts will be counted within the maximum duration approved for the program. If a student does not clear a course within the permitted attempts, the student will be marked “Not Qualified” in that course, and the case will be handled under the rules of the concerned University or DAI.

4.2 Program Duration and Attempts, All PG Programs

Each program will follow its approved normal duration and a maximum duration of up to double the normal length, as notified by the University or DAI. Within this maximum period, a student is allowed up to three attempts for each course or major examination. All attempts must fall within the approved maximum duration. A student who does not complete the required courses or examinations within the allowed attempts and duration will be declared “Not Qualified” for the program, and further action will follow the University or DAI regulations.

4.3 Programs Longer Than Three Years

Programs with extended durations, such as long-term clinical or professional programs, will follow the same attempt policy. The maximum duration may be up to double the normal length or as approved by the University. Failure to clear any required course, module, or major examination within the permitted attempts and duration will render the student ineligible to continue, subject to the decision of the University or DAI.





4.4 Special or Hardship Cases

In verified and exceptional circumstances, such as serious illness or other hardship, the Academic Council or relevant body may recommend one additional attempt or an extension of the maximum duration, subject to approval by the competent authority. Such relaxation will be treated as an exception and must be formally recorded.

Part V

Student Migration and Transfer Policy

1. Grounds for Transfer

Transfers may be considered for medical reasons, family emergencies, institution-related issues, including loss of recognition, or documented security concerns.

2. Application Process

1. The Specialty Registrar must obtain a No Objection Certificate (NOC) from the admitting institution and an acceptance letter from the receiving institution, together with an NOC from the University or DAI.
2. An application must be submitted to PM&DC with a processing fee of Rs. 10,000 through demand draft or pay order in favor of PM&DC. Application will process within 30 working days after completion of all codal formalities.

3. Conditions for Transfer

1. Transfer is permitted only once during the training period.
2. A minimum of six (6) months must be completed at the admitting institution, with a minimum of eighteen (18) months remaining in the program.
3. The receiving institution must have a recognized program in the same specialty.

4. Credit Transfer

1. Hundred percent (100%) credit transfer is allowed for transfers within the same University system.
2. Between different Universities, up to seventy percent (70%) credit transfer may be allowed after evaluation.





5. Intra-Institutional Transfer

Transfers to a different specialty within the same institution are permitted only within the first six (6) months of training and are subject to seat availability.

Part VI

Program Study, Training Process, and Supervision

This Part combines and organizes provisions on Specialty Registrar numbers, supervision, and program conduct.

1. Number of Postgraduate Specialty Registrars

Clinical Sciences:

- **Level II-a / II-b per Supervisor:** Max 4 new admissions/year; 8 total residents at any given time.
- **Level III per Supervisor:** Max 2 new admissions/year; 8 total residents at any given time.

Basic Sciences:

- **Level II-a / II-b per Supervisors:** Max 4 new admissions/year; 8 total residents at any given time.
- **Level III per Supervisors:** Max 2 new admissions/year; 6 total residents at any given time.

2. Medical Bed Allocation and Dental Unit Requirements

- Each clinical Specialty Registrar shall be allocated ten (10) beds, consisting of five beds for active training and five beds for observation.
- In a 60-bed unit, the maximum number shall be five Specialty Registrars, based on ten beds per Specialty Registrar. The remaining ten beds shall be reserved for ward operations.
- Each dental Specialty Registrar must have access to one fully equipped dental chair.
- Oral and Maxillofacial Surgery requires access to minor and major operating theatres and ICU backup. Orthodontics requires each Specialty Registrar to manage at least ten active cases.
- A basic dental laboratory must be available for routine work, including model preparation, trimming, and articulation.





3. Supervision Eligibility Criteria

- **Basic Sciences (Level II):** Requires Level II-b qualification, minimum 02 years of teaching experience, and 02 research publications in PM&DC approved Journals along with an eligibility certificate of Assistant Professor issued by PM&DC.
- **Basic Sciences (Level III - Ph.D.):** Requires Ph.D., minimum 05 years of teaching experience, and 09 research publications in PM&DC approved Journals along with an eligibility certificate of Associate Professor issued by PM&DC.
- **Clinical Sciences (Level II):** Requires Level III qualification, minimum 02 years of post-qualification teaching and practical/ clinical experience from PM&DC recognized institute, after acquiring level-III qualification, and 02 research publications in PM&DC approved Journals along with an eligibility certificate of Assistant Professor issued by PM&DC.
- **Clinical Sciences (Level III):** Requires Level III qualification, minimum 05 years of post-qualification teaching experience, and 09 research publications in PM&DC approved Journals along with an eligibility certificate of Associate Professor issued by PM&DC.

4. Working Conditions and Support

1. Duty hours must be limited to 80 hours per week, including calls.
2. All postgraduate training shall be in appropriately remunerated posts. Private institutions shall pay stipends at par with public institutions. If an institution charges a fee instead of paying a stipend, it must be certified by the Council.

Part VII

Training Settings and Educational Resources

Training locations must be recognized by the Council and have sufficient clinical, practical, and physical facilities. This includes an adequate patient case mix, equipped laboratories, libraries, and information technology resources. Institutions must demonstrate a commitment to postgraduate medical / dental education through leadership, organizational structure, and adequate financial and human resources.





Part VIII

Fee Structure and Financial Regulations

1. Tuition Fee

- **Public institutions:** Fees shall be charged in accordance with Federal or Provincial Government regulations.
- **Private institutions:** Fees must be approved by the affiliated University or DAI.

2. Permissible and Prohibited Charges

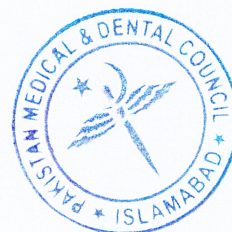
Institutions may charge fee for tuition, registration, examinations, library services, and laboratories. development funds, non-refundable security deposits, and donations for admission.

3. Refund Policy,

A tiered refund policy is mandatory, ranging from a 90% refund for withdrawal of admission before the program and no refund after the first semester has commenced.

4. Stipend for Clinical Specialty Registrars

- **Government institutions:** Stipends shall be as decided by the Federal or Provincial Government.
- **Private institutions:** Stipends shall be at par with public institutions.
- **Armed Forces institutions:** Matters relating to stipends and other service or administrative affairs of postgraduate trainees undergoing training in Armed Forces institutions fall within the administrative domain of the Medical Directorate, General Headquarters (GHQ), and should continue to be regulated in accordance with applicable policies and procedures of the Medical Directorate, GHQ.
- Any grievance related to a stipend may be registered through the PM&DC online complaint portal.





Part IX

Evaluation of the Training Process

The Postgraduate Medical Education Committee of the teaching institution must develop an internal review process. Feedback from both trainers and trainees must be systematically sought and acted upon.

Part X

Assessment of Specialty Registrars

Assessment must include formative in-training methods and constructive feedback. A certificate of satisfactory program completion is mandatory for examination eligibility. There shall be at least four examiners, including two external examiners, for each subject in an examination.

Part XI

Recognition of Distance-Learning and Part-Time Programs

1. Local Postgraduate Programs

- **Eligible programs:** Distance learning or part-time study is strictly limited to non-clinical, non-laboratory-based basic science programs, such as certain Level II-b Master's degrees, Health Professions Education (HPE), and non-clinical Public Health courses.
- **Prohibited programs:** All clinical programs, diploma courses, and any course requiring laboratory work or direct patient interaction are not permitted to be offered through distance learning.
- **Delivery requirements:** Institutions must use a formal Learning Management System (LMS). A minimum of 30% of the course must be delivered through live, synchronous sessions. All examinations must be proctored online or conducted on campus to ensure academic integrity.
- **Quality assurance:** Faculty qualifications and assessment standards for distance-learning programs must be identical to their on-campus equivalents. Student attendance and engagement will be monitored through the LMS.





2. International Postgraduate Programs

All qualifications in clinical subjects obtained through online, distance-learning, or part-time study, as well as qualifications with a duration of less than one academic year, are not eligible for registration.

Part XII

Governance and Disciplinary Procedures

1. Governance

Training must be conducted in accordance with Council-approved regulations. All programs must be run under the direction of a recognized Medical University or DAI.

2. Disciplinary Procedures and Legal Consequences

As per Section 35 of the PM&DC Act, 2022, whoever runs, establishes, or advertises admissions in an unrecognized institution shall be guilty of an offense punishable with rigorous imprisonment for a term of up to five years, but not less than one year, or with a fine of up to twenty million rupees, but not less than ten million rupees, or with both. The institution shall also be liable to closure.

The case shall be referred to the Medical Tribunal for proceedings, if required.

Part XIII

Credit-Hour Framework for Local Postgraduate Qualifications

1. Standard Credit-Hour Definition, Local

The following definitions are based on a 16-week semester and will be used to calculate program credits:

- **One theory credit:** Equivalent to one hour of direct teaching plus two hours of self-study per week.
- **One practical or clinical credit:** Equivalent to three hours of supervised work per week.
- **One research credit:** Equivalent to three hours of dedicated research work per week.

2. Program Requirements

LEVEL II-a (Diploma):





- A minimum of **24 credit hours**, typically comprising:
- 12-15 credits of theory.
- 9-12 credits of practical/clinical work.

LEVEL II-b (Masters with Thesis):

- **Basic Sciences:** A minimum of **30 credit hours** (24 coursework credits + 6 thesis credits).

LEVEL II-b (Masters by Taught):

- **Basic Sciences:** A minimum of **30 credit hours** (30 coursework credits).
- **Clinical:** A minimum of **36 credit hours** (30 coursework credits + 6 thesis credits).

LEVEL III:

- **Ph.D.:** Requires **18 credit hours** of coursework followed by a minimum of 24 months of dedicated research.
- **FCPS/MS/MD:** The credit hour structure as per the specific requirements defined for each specialty by the DAI / Universities.

3. Credit-Transfer Policy

- A maximum of 70% of total credit hours may be transferred from other PM&DC-recognized institutions.
- A minimum grade of “B” or its equivalent is required for a course to be eligible for credit transfer.
- Core clinical and practical courses must be completed at the home institution and are generally not transferable.
- Transferred credits will be considered valid for five years from the date on which they were earned.
- Within the same University or institute, transfer of 100% of credit hours may be allowed.

4. International Qualifications Equivalence Framework

- **Level II-a:** Having a one-year duration after Level I.
- **Level II-b:** Having a two-year duration after Level I.
- **Level III:** Having a minimum duration of three or more years after Level I.

Equivalence shall only be determined on the prescribed duration of the qualification or course.





Part XIV

Accreditation and Quality Assurance Framework

1. Recognition Process

Step.1: Submit an application with all required documents, including the fee and DAI affiliation.

Step.2: PM&DC reviews the documents. Deficiencies must be addressed within 30 days.

Step.3: Inspectors conduct an inspection. A minimum score of 75% is required on both document evaluation, Form A, and onsite inspection, Form B.

Step.4: The PGMEC reviews the report.

Step.5: The Council decides on approval or rejection.

Step.6: Notification is issued by the Federal Government.

2. Specialty Registrar Inductions

Specialty Registrar induction as recommended by the inspectors and approved by PM&DC.

3. Recognition Withdrawal

Recognition may be withdrawn by the Council in cases involving fraud, serious patient-safety concerns, or repeated/continued non-compliance with the applicable PM&DC Act, regulations, standards, or conditions of recognition. The withdrawal process shall be carried out in accordance with the prescribed legal procedure, including issuance of a show-cause notice, provision of an opportunity of hearing, and a decision by the competent authority/Council.

4. Appeal

An appeal against rejection or withdrawal may be made to the President within 30 days, with the prescribed by the Council.

5. Continuous Monitoring

All recognized institutions must submit annual, program-wise updates on faculty, student enrollment, and examination results. Unscheduled inspections may be conducted in response to complaints or significant changes.





Part XV

International Training and Experience Recognition

This Part outlines the framework for the recognition of postgraduate medical and dental training or experience acquired in foreign countries.

1. Automatically Recognized Training

Postgraduate training undertaken in specific programs within countries that have bilateral recognition agreements or follow comparable accreditation standards shall be automatically recognized by the Council, provided the conditions in subsection (b) are met. These include:

1. Programs recognized by the General Medical Council (GMC).
2. Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).
3. Programs accredited by the Royal College of Physicians and Surgeons of Canada.
4. Programs accredited by the Royal Australasian College of Surgeons (RACS) or the Royal Australasian College of Physicians (RACP).
5. Programs accredited by the European Union of Medical Specialists (UEMS).

a.1.1 To qualify for automatic recognition, the training must meet the criteria prescribed by PM&DC.

- The training duration must be a minimum of one year.
- The position held must be a recognized specialty training post.
- Positions held as a tourist, observer, or in any non-training capacity shall not be recognized.

2. Recognition Process for Training from Other Countries

For training undertaken in countries or programs not listed under Section 1, the following four-step process shall apply:

3. Post-Training Recognition

Upon return to Pakistan, the Specialty Registrar must submit the following documents to the PM&DC Postgraduate Committee for final recognition:

1. A certificate of satisfactory completion from the foreign institution;
2. A final, detailed evaluation report from the foreign supervisor;





3. The verified logbook of training activities; and
4. Evidence that the training gained is recognized by the forum duly authorized by the originating authority. . .

4. Duration and Credit Transfer

- a. A minimum of one year of foreign training is required for it to be considered for credit.
- b. A minimum 1 year of the total program duration may be completed abroad.
- c. The remaining duration of the training program, including the final examination, must be completed in Pakistan at the parent institution.

5. Exchange Programs

1. Institutional Requirements:

1. The Pakistani and foreign institutions must have a formal, signed Memorandum of Understanding (MoU) governing the exchange. Reciprocal arrangements are preferred.
2. The parent DAI must notify PM&DC of the MoU and any planned student exchange at least one (1) year in advance.

6. Student Requirements

1. The student must have successfully completed at least one (1) year of training in Pakistan.
2. The student must be in good academic standing and provide a recommendation from their supervisor.
3. The student must commit to returning to Pakistan to complete the program after the exchange period.
4. The application for an exchange program must be submitted one year in advance.

7. Foreign Supervisors

1. A qualified faculty member from a foreign institution may serve as a co-supervisor for a Pakistan-based Specialty Registrar.
2. Supervision may be conducted through regular virtual meetings, with a minimum of one meeting per month.



3. Joint research publications between the Specialty Registrar, primary supervisor, and foreign co-supervisor are strongly recommended.

8. Post-Level III Fellowship Training

1. Clinical fellowships of one to two years in a super specialty, undertaken after the completion of a Level III qualification, shall be recognized after following the codal formalities.
2. Fellowships completed at centers listed in Scheduled Second of PM&DC Act-2022 are eligible for automatic recognition/registration.
3. Upon successful recognition, the fellowship can be registered with PM&DC and added to the practitioner's qualifications. The format shall be: "FCPS (Specialty), Fellowship (Subspecialty, Institution, Country, Year)".

9. Non-Recognized Training and Activities

The following forms of foreign training or activities shall not be credited toward a formal postgraduate degree or diploma program:

- Short courses with a duration of less than one (01) year.
- Observer ships or clinical attachments.
- Continuing Medical Education (CME) courses or workshops (these may be eligible for CPD points only).
- Online courses, unless they are an integral component of a pre-approved and recognized hybrid program.

Part XVI

Criteria for Inspectors and Coordinators

1. Criteria for Inspectors

- **Basic sciences, Level II:** An Associate Professor or Professor with a Level II-b or Level III qualification.
- **Basic sciences, Level III:** An Associate Professor or Professor with a Level III qualification.



- **Clinical programs, Level II:** An Associate Professor or Professor in the relevant subject with a Level III qualification.
- **Clinical programs, Level III:** An Associate Professor or Professor with a Level III qualification.
- Preference will be given to faculty from public-sector institutes.

2. Criteria for PM&DC Coordinator

- The Coordinator may be an officer or official of the Council nominated by the Registrar or President.
- The Coordinator must have strong knowledge of Council regulations.
- The Coordinator shall serve as the focal person for inspection logistics and communication.

Part XVII

Standard Operating Procedures for the Addition of Postgraduate Qualifications

Preamble

These SOPs are established in accordance with PM&DC regulations. They provide a step-by-step guide for medical and dental practitioners seeking to add recognized postgraduate qualifications to their official PM&DC registration.

Section A: Addition of a Local Postgraduate Qualification

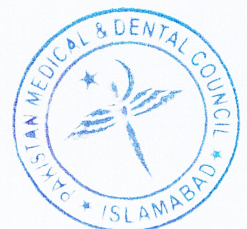
This procedure applies to local postgraduate qualifications, including FCPS, MS, MD, Ph.D., M.Phil., MDS, degrees, and diplomas awarded by a PM&DC-recognized DAI in Pakistan with recognized training sites.

Step 1: Prerequisite Verification

- The applicant must hold valid full PM&DC registration / License.
- The postgraduate qualification must be from an institution and training site fully recognized by PM&DC for the specific batch or session attended by the applicant.

Step 2: Document Compilation

1. A completed online application form for addition of a postgraduate qualification.



2. A *certified copy of the MBBS or BDS degree, or equivalent qualification, clearly stating the name* of the graduating medical or dental college.
3. A certified copy of the postgraduate degree or diploma.
4. A certificate of program completion issued by the University or DAI.
5. Training letter for the postgraduate qualification.
6. Transcript of courses.
7. Proof of registration as a postgraduate Specialty Registrar with PM&DC for the duration of training.
8. Proof of registration of the training site with PM&DC.
9. A copy of the applicant's valid CNIC.
10. Proof of payment of the prescribed processing fee.

Step 3: Application Submission

Submit the complete application and all required documents through the designated PM&DC online portal or at a PM&DC office, as per the latest procedure.

Step 4: Verification and Processing

- The PM&DC postgraduate section will conduct a preliminary review of the documents.
- The Council will verify the authenticity of the qualification directly with the issuing University or DAI.
- Any fee related to verification will be borne by the applicant.

Step 5: Final Approval and Update

- Upon successful verification, the qualification will be formally added to the practitioner's profile or license.
- An updated registration certificate reflecting the new qualification will be issued.

Section B: Addition of an International Postgraduate Qualification

Step 1: Prerequisite Verification

- The applicant must hold a valid PM&DC registration certificate.



- **Recognized qualifications:** If the qualification is included in the Second Schedule or in the list of recognized foreign postgraduate qualifications available on the PM&DC website, it may be endorsed on the applicant's license after necessary verification.
- **Qualifications recognized through SRC (Medical & Dental):** Once the SRC Committee evaluates a qualification and recommends its registration and equivalence, the decision shall serve as a precedent. Future applicants possessing the same qualification shall be registered automatically after necessary verification and granted equivalence at the same level, without repeated assessment by the SRC.
- **Qualifications not in the recognized list:** Where a qualification is neither included in the recognized list nor previously approved by the Standing Recognition Committee (SRC), the application shall proceed through a detailed verification process, and relevant information shall be collected through a prescribed “Blue Proforma.”
- **Submission to SRC:** Once verification and the Blue Proforma assessment are satisfactorily completed, approval shall be sought from the competent authority to present the applicant's qualification before the SRC, Medical or Dental, for consideration and decision.
- **Meeting of SRC:** Once a sufficient number of cases have been collected and duly verified, they shall be prepared for submission to the SRC. A formal written request shall then be submitted to the competent authority to obtain approval for convening a meeting.

Step 2: Document Compilation and Submission

For recognized qualifications: All documents mentioned in Section A, Step 2, are required to proceed further.

For all other international qualifications, evaluated on an individual basis:

1. Detailed training curriculum, supervisor evaluations, and a complete verified logbook of all clinical and academic activities undertaken;
2. Evidence of the foreign institution's national accreditation and recognition;
3. Structure of the postgraduate program;
4. Recognition status of the attached hospital with the degree-awarding University;
5. Certificate issued by the supervisor;
6. Certificate of clinical attachment issued by the head of the respective hospital and countersigned by the head of the University; and
7. The complete application for recognition and equivalence.





Step 3: Decision and Notification

Based on the committee's evaluation, a decision on equivalence will be made. If approved, the qualification will be added to the practitioner's registration / license, and an updated registration certificate will be issued.

Section C: Special Considerations for Novel or Unrecognized Qualifications

It is imperative for all applicants to understand the following:

1. Requirement for Formal Committee Review

Any qualification, whether local or international, that has not previously been recognized by PM&DC or that follows a non-standard training pathway must undergo formal and detailed review by the relevant Postgraduate or Standing Recognition Committee. This applies to new qualifications, hybrid programs, and qualifications from institutions not on the standard recognition lists.

2. Possibility of Extended Processing Time

Because of the need for in-depth evaluation, potential research into foreign educational standards, and the scheduling of committee meetings, the processing of novel or complex cases may take considerable time beyond the standard processing period. Applicants should factor this into their professional planning.

3. Authority and Discretion of the Committee

The PM&DC committees hold full authority to adjudicate applications. Based on expert evaluation, a committee may:

- Grant full recognition and equivalence;
- Grant partial recognition, which may require further specified training or a local examination to achieve full equivalence;
- Request further documentation or summon the applicant for an interview; or
- Reject the application if the qualification is deficient and does not meet the minimum standards for practice, training, or patient safety prescribed by PM&DC.

The decision of the concerned committee will be considered final, subject to the formal appeal process outlined in these Regulations.





4. Right to Appeal

1. An applicant whose qualification is rejected by the relevant PM&DC Committee may submit an appeal in accordance with these Regulations.
2. A candidate may appeal only twice (02 times) against the rejection. No third appeal will be entertained. After the second appeal, the committee's decision will be final and conclusive.
3. Appeals must be based on new relevant evidence or documents not previously submitted an alleged procedural error or omission or an error in interpretation of the qualification, program, or institutional status.
4. Appeals shall be submitted in writing within the prescribed time frame, with all supporting documents attached, in accordance with PM&DC regulations.
5. The Committee may uphold, modify, or overturn its earlier decision, or seek further documents or a hearing. The decision on each appeal will be communicated in writing and will clearly indicate whether it is the first or second appeal and that no third appeal is permissible.

Part XVIII

Authority of the Council to Constitute Committees

1. The Pakistan Medical and Dental Council shall have the authority to constitute, reconstitute, abolish, or modify any committees, sub-committees, boards, panels, or working groups as it may deem necessary for the effective discharge of its functions relating to postgraduate education, recognition, and equivalence.
2. The Council may prescribe the terms of reference, powers, composition, and tenure of such committees from time to time, and may assign to them any matter pertaining to postgraduate medical and dental education, recognition of qualifications, or related regulatory functions.
3. All committees shall function under the overall supervision and policy framework of the Council, and their decisions shall be subject to approval, ratification, or review by the Council under these Regulations.

1. Standing Recognition Committee, Medical and Dental

The Standing Recognition Committee, Medical and Dental, comprises specialized committees of the Council responsible primarily for matters related to international Postgraduate Medical and Dental qualifications and other complex recognition issues.

The SRC shall, in particular, be responsible for:



1. Evaluating foreign postgraduate qualifications for recognition and determining their equivalence to Pakistani postgraduate qualifications;
2. Reviewing non-standard, hybrid, or novel training pathways obtained outside Pakistan, including pathways from institutions not on standard recognition lists;
3. Assessing the institutional and program-level accreditation status of foreign universities, colleges, and training bodies, where relevant;
4. Advising the Council on policy matters related to recognition and equivalence of foreign postgraduate qualifications;
5. Recommending full recognition, partial recognition with conditions, or rejection of foreign qualifications, in accordance with the minimum standards prescribed by PM&DC; and
6. Considering any other foreign-related postgraduate recognition or equivalence matters referred to it by the Council.

The SRC may seek expert opinions, external evaluations, or additional documentation where necessary, and may recommend further training, assessments, or examinations to ensure that foreign qualifications meet Pakistani standards of training and patient safety.

2. Postgraduate Medical Education Committee

The Postgraduate Medical Education Committee (PGMEC) is the main committee responsible for overseeing and regulating matters related to postgraduate medical and dental education within Pakistan.

The PGMEC shall, in particular, be responsible for:

1. Considering and deciding cases related to recognition and equivalence of Pakistani postgraduate qualifications;
2. Reviewing and recommending approval of inspection reports of local postgraduate training institutions, programs, and training sites;
3. Monitoring compliance of Pakistani postgraduate programs with PM&DC-approved curricula, training standards, duration, and assessment criteria;
4. Recommending the grant, continuation, suspension, or withdrawal of recognition of local postgraduate training programs and institutions, based on inspections and performance;
5. Advising the Council on policies, standards, and guidelines for postgraduate medical and dental education within Pakistan;
6. Examining cases related to modification, upgradation, or restructuring of existing postgraduate training programs in Pakistan; and

7. *Considering any other postgraduate educational matters, including local qualifications, training, equivalence, or standards, referred to it by the Council.*

The PGMEC may call for additional information, clarifications, or institutional representations, and may advise on remedial measures to bring local programs in line with PM&DC standards.

3. Coordination and General Provisions

1. Where a matter involves both local and foreign components, such as joint degrees, split training, or partially recognized foreign rotations, the Council may direct joint consideration or consultation between the SRC and PGMEC, or may designate the lead committee.
2. Both the SRC and PGMEC shall maintain proper records and minutes of their proceedings and decisions, and shall submit their recommendations or decisions to the Council or its designated authority in accordance with approved procedures.
3. The Council may, from time to time, revise, expand, or limit the roles and functions of the SRC, PGMEC, or any other committee dealing with postgraduate matters, in line with evolving national needs, international standards, and regulatory requirements.

Part XIX

Disclaimer, Repeals and Savings

1. Disclaimer

1. The Pakistan Medical and Dental Council has prepared these Postgraduate Medical and Dental Standards Regulations, 2026 under the Pakistan Medical and Dental Council Act, 2022, and any amendments made thereto.
2. PM&DC reserves the right to correct, rectify, amend, or revise any error, omission, or inadvertent mistake identified in these Regulations or in any registration or certificate issued in light of these Regulations, at any time, and to issue corrigenda, clarifications, or updated versions as deemed necessary.
3. In case of any discrepancy, conflict, or ambiguity between these Regulations and the official notification published in the Gazette of Pakistan, or any subsequent amendments, corrigenda, or clarifications, the Gazette notification and the PM&DC Act, 2022, shall prevail.





2. Repeals and Savings

1. Subject to Section 6 of the General Clauses Act, 1897, the Postgraduate Medical and Dental Education Standards and Regulations, 2023, hereinafter referred to as the repealed Regulations, shall stand repealed.
2. The Pakistan Medical and Dental Council Postgraduate Medical and Dental Education Standards and Regulations, 2023, are hereby repealed. All orders made, proceedings taken, and acts done under the previous Regulations and Council decisions shall be deemed to have been validly made or done.
3. Provided further that the Council shall have the exclusive power to review and modify saved decisions taken, regulations made or amended, and disciplinary action taken.

Dated 11th August, 2026



PRESIDENT
PAKISTAN MEDICAL & DENTAL COUNCIL
ISLAMABAD





APPENDIX- I

APPLICATION FOR RECOGNITION OF A NEW POSTGRADUATE PROGRAM / TRAINING SITE UNDER **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, tele fax no)
3. Constitution (university/postgraduate institution/Medical or 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

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. Particulars of Head of the Institution (Director/Dean/Principal/whosoeverishead)

- (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.
7. 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.
8. Mode of selection of students.
9. Year wise number of students admitted and available PG teachers during the last five years.
(Applicable only in already recognized programs only).

<u>Year</u>	<u>Names of students admitted</u>		<u>Names of recognized teachers against whom the students were admitted.</u>
	<u>Degree</u>	<u>Diploma</u>	

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 residents / 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.

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

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 the 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:

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

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).

<u>Year I (20)</u>	<u>Year II (20)</u>	<u>Year III (20)</u>

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 up to which Pakistani Journals available
 - (7) Year/ month up to 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(Categorywise)
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)

<u>S.No.</u>	<u>Designation</u>	<u>Name</u> <u>with</u> <u>Date of</u> <u>Birth and</u> <u>PM&DC</u> <u>reg No</u>	<u>Nature of</u> <u>employment</u> <u>permanent /</u> <u>contract.</u>	<u>PG QUALIFICATION</u> <u>{Subject with passing</u> <u>years}</u>	<u>Experience</u> <u>Date wise teaching</u> <u>experience with</u> <u>designation and</u> <u>Institution</u>	<u>Recognition</u> <u>status as PG</u> <u>teacher in</u> <u>affiliated</u> <u>University</u>

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 bedoccupancy

(4) PICU

(a) No. of beds

(b) Equipment

(c) Average bedoccupancy

(5) Dialysis

(a) No. of beds

50. Average bedoccupancy

51. Specialty clinics and services

52. Teaching facilities:

	<u>Number</u>	<u>Size</u>	<u>Sitting capacity</u>
<u>Seminar Rooms</u>			
<u>Demonstration Rooms</u>			

Audiovisual Aids: Adequate / Inadequate.

53. Departmental Library:

(1) Total No. of Books.

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

70. Departmental Museum(Whereverapplicable).

(1) Space:

(2) No. of specimens



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/ Notmaintained.
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

<u>PM&DC Registration</u>	<u>Qualification</u>	<u>College</u>	<u>Year of qualificati on</u>	<u>University</u>	<u>PM&DC Faculty Registration number</u>	<u>Level as per PM&DC Experience certificate</u>
	<u>MBBS</u>					
	<u>MD/MS</u>					
	<u>FCPS</u>					
	<u>Any other</u>					

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

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

13. (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

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

1. Anesthesia	21. Operative Dentistry1
2. Accident & Emergency	22. Ophthalmology
3. Cardiac Surgery*	23. Oral/Oral & Maxillofacial Surgery*
4. Cardiology	24. Orthodontics*
5. Clinical Chemical	25. Orthopedic Surgery*
Pathology2	26. Otorhinolaryngology (ENT)
6. Clinical Hematology**	27. Pain Medicine
7. Clinical Histopathology**	28. Pediatrics
8. Clinical Pharmacology & Therapeutics	29. Pediatric Surgery*
9. Dermatology	30. Periodontology
10. Diagnostic Radiology/Radiology	31. Physical Medicine & Rehabilitation
11. Family Dentistry	32. Plastic Surgery*
12. Family Medicine	33. Prosthodontics*
13. Gastroenterology*	34. Psychiatry
14. General Surgery*	35. Pulmonology*
15. Medicine*	36. Radiotherapy*
16. Nephrology*	37. Rheumatology*
17. Neurology*	38. Thoracic Surgery*
18. Neurosurgery*	39. Urology*
19. Nuclear Medicine	40. Any new specialty Program that is approved by PMDC and available on PM&DC official website
20. Obstetrics and Gynecology	

*Subjects carrying the sign asterisk shall be allowed for Level III and shall not be allowed for Level II a and II b *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 2. Biochemistry 3. Chemical Pathology 4. Clinical Oncology 5. Community Medicine 6. Forensic Medicine/Medical Jurisprudence 7. Hematology 8. Histopathology 9. Microbiology 10. Medical Education/Health Professions Education	11. Occupational/Industrial Health 12. School /Children Health 13. Public Health 14. Diet & Nutrition 15. Dental & Oral Health 16. Dental Public Health/Community Dentistry 17. Pharmacology 18. Physiology 19. Public Health Any other specialty that is duly approved by PMDC and available on official PM&DC website
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Appendix – IV

Pakistan Standards for Accreditation of Post graduate Medical/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 programs is one of the important indicators of healthcare system of a country. In addition, good quality of medical education programs would also ensure patient safety. However, these educational programs 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 programs 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 programs according to 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:

- 4.9 increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge, and experience.
- 4.10 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 program, 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:

- 5.7 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 program 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:

- 6.6 develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)
- 6.7 disseminate study guides to the trainees and faculty
- 6.8 ensure multi-site education to gain adequate exposure to different aspects of the chosen field of medicine



- 6.9 ensure multidisciplinary education/training
- 6.10 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:

- 7.12 examination items go through a standard setting process
- 7.13 incorporate new assessment methods where appropriate
- 7.14 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 skill work/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)

Breakdown 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

Grade	Grade Point	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 student 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, analyze and respond to student feedback about the processes and products of the educational programs
- 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 programs (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:

- 8.16 have an infrastructure for students with special needs
- 8.17 allocate resources and provide scholarships/bursaries to students based on clearly defined criteria
- 8.18 have a clearly defined transfer policy from other national and international programs
- 8.19 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 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:

- 11.6 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:

- 12.4 include formal teaching on critical appraisal of the literature and scientific data
- 12.5 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.	☐ Curricular Document ☐ Website (NA1)	
1.2. Demonstrates a clear institutional commitment to social accountability which will address the health needs of Pakistan	☐ Curricular Document ☐ Website (NA1)	
1.3 Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently	☐ Curriculum document ☐ Portfolio/log book ☐ Website (NA1)	
1.4 Is developed with stakeholders' participation (for example faculty members, staff, students, community, university)	☐ Minutes of the meeting ☐ Composition of the committee	
1.5 Is known to all stakeholders	☐ Prospectus/Brochures ☐ Website	

1.6 encourages scholarly activities	☐ Journal Club meetings ☐ CPC ☐ Research Projects ☐ Assignments/Publications	
1.7 Aims at professional development and a commitment to life-long learning	☐ Mission statement ☐ 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	☐ Curricular Document ☐ Website (NA1)	
2.2 incorporate postgraduate level knowledge, skills and professional behaviours that the students will demonstrate upon graduation	☐ Curricular Document ☐ Website (NA1)	
2.3 comprise of generic and discipline/specialty specific components.	☐ Curricular Document ☐ Website (NA1)	
2.4 are contextually appropriate for preparing professionals for effective role in health care delivery in Pakistan.	☐ Curricular Document ☐ Website (NA1)	
2.5 have been developed in consultation with stakeholders	☐ Composition of committee ☐ Minutes of the meeting	
2.6 are known to stakeholders	☐ Website (NA1)	
2.7 are reviewed and revised in the light of program evaluation	☐ Program evaluation committee meeting (NA1) ☐ 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	☐ Policy document	
3.2. develop a system for ensuring that the policies are implemented	☐ Documented proof ☐ Onsite inspection*	
3.3. select, design and implement its curriculum that is contextually appropriate for Pakistan	☐ Curricular document (contextual curricular content)	
3.4. allocate and appropriately use resources for implementation of the curriculum	☐ Documented proof ☐ Onsite inspection*	
3.5. appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university	☐ Human resource policies	
3.6. admit students as per institutional policies	☐ Admission policy	

3.7 select, design and implement its curriculum that is based on best evidence post graduate medical/dental education	☐ Curricular document ☐ Time tables ☐ Minutes of Academic Council /Curriculum committee minutes ☐ 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	☐ Curricular document ☐ University Vision Statement ☐ 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.	☐ Curriculum Document	

4.3 have a curriculum which encourages, prepares and facilitates trainees/students to take responsibility of their learning and be reflective.	☐ Curricular Document ☐ Time tables ☐ Student's Log book/ Portfolio	
4.4 describe the overall structure, composition and duration.	☐ curriculum document	
4.5 state compulsory and optional components	☐ Curricular document	
4.6 integrate practice and theory.	☐ Curricular document ☐ Onsite inquiry	
4.7 consider national regulations	☐ 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.	☐ Curriculum document ☐ Time tables ☐ Onsite inquiry*	
4.9 increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge and experience.	☐ Log book/ Portfolio ☐ Onsite inquiry (NA1)*	

4.10 prepare the trainee to demonstrate sensitivity to diversity and act appropriately.	☐ 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	☐ Minutes of Post Graduate Curriculum Committee/Academic Council ☐ 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	☐ Curricular Document	
5.3 ensure that the content that is taught and assessed is relevant to practice as an expert in that field.	☐ Curricular Document	

5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students in relevant settings.	☐ Curricular Document showing alignment of outcomes with relevant T& L Strategies ☐ Time tables	
5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/ teaching strategies	☐ Curricular document	
5.6 describe the content, extent and sequencing of courses and other components of the curriculum (curricular map)	☐ Curricular document	
5.7 adjust the content to changing contexts and needs of the field.	☐ Curricular Document ☐ 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	☐ Institutional Organogram ☐ Onsite discussion with curriculum committee* ☐ TOR's of Curriculum Committee	
6.2 ensure that adequate supervision is provided throughout required learning experiences	☐ Curriculum document ☐ Student Log book	

	☐ 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.	☐ Job description	
6.4 include in the planning of the program appropriate representation of all stakeholders.	☐ Composition and TOR of the post graduate curriculum committee ☐ Minutes of the meeting(NA1)	
6.5 plan the education to expose the trainee/student to a broad range of experiences in the field.	☐ Curricular document with plan of implementation	
6.6 develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)	☐ Study guides	
6.7 disseminate <u>study guides</u> to the students and faculty	☐ Evidence of dissemination of study guides electronically or hard copies	
6.8 ensure multidisciplinary education/training	☐ Curriculum document with Time Tables	
6.9 clearly define core and optional courses	☐ 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.	☐ Assessment policy and procedures document	
7.2 ensure that assessment covers knowledge, skills and attitudes	☐ Assessment policy and procedures document ☐ 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	☐ Blueprinting/Assessment policy	
7.4 ensure that there is an appropriate balance of formative and summative assessment.	☐ Assessment Policy ☐ Assessment plan	
7.5 define a clear process of assessment	☐ Assessment Plan	
7.6 ensure that the assessment practices are compatible with educational outcomes and instructional methods	☐ Blue printing ☐ 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 *	☐ Minutes of pre, per and post exam analysis meetings ☐ Document of practices ☐ Item Analysis reports ☐ 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)	☐ Assessment Policy	
7.9 use a system of appeal of assessment results	☐ Assessment Policy	
7.10 ensure the use of external examiners	☐ Assessment Policy ☐ BASR/Academic Council Minutes of meeting ☐ List of examiners (Controller of examiners) ☐ Letter of invitation to externals	
7.11 record the different types and stages of training in a training log-book.	☐ Log Book	
7.12 Examination items go through a standard setting process*	☐ Assessment plan	

	☐ Minutes of meetings showing process of standard setting (NA1) ☐ Meeting with assessment committee*	
7.13 incorporate new assessment methods where appropriate	☐ Assessment plan	
7.14 introduce assessment portfolio's where appropriate	☐ Assessment Policy ☐ 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.	☐ Admission policy ☐ Website ☐ Prospectus	
8.2 The program must ensure participation of the trainee in all educational activities	☐ Institutional policy ☐ Proof through documents in which support offered is evident	

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

regarding co-curricular opportunities for the students	☐ Documents showing students co-curricular activities ☐ Allocation of funds	
8.10 ensure a process to review/change the supervisor in first year of training	☐ Institutional policy and regulations	
8.11 have a policy and practice to systematically seek, analyses and respond to student feedback about the processes and products of the educational programs.	☐ 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	☐ Curriculum document ☐ Institutional policy and regulations ☐ Budget	
8.13 Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course	☐ Institutional policy and regulations	
8.14 ensure that the total duration and quality of online/distance education program (basic sciences only) is not less than those of full-time students.	☐ Curriculum document ☐ Online learning platform (Moodle) (inquiry through LINK on the website) ☐ Onsite visit	
8.15 ensure a confidential mechanism for managing unintended incidents by the student	☐ policy document ☐ Student guide book	

8.16 have infrastructure for disabled students. *	☐ Building Map ☐ Onsite visit*	
8.17 allocate resources and provide scholarships/bursaries to students based on clearly defined criteria	☐ Institutional policy and regulation document ☐ Documents showing proof of awards/scholarships	
8.18 have a clearly defined transfer policy from other national and international programs	☐ Institutional policy and regulation document including credit transfer policy	
8.19 have a regional and international student exchange mechanism	☐ Institutional policy and regulation document ☐ Allocation of funds ☐ 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	☐ 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	☐ 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	☐ Institutional Policy document ☐ Faculty recruitment advertisement	
9.4 ensure Continuing Professional Development (CPD) of trainers and supervisors	☐ Details of faculty / supervisor's development activities ☐ 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	☐ 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.	☐ Evidence of changes made as a result of program evaluation	
10.3 allocate resources to address deficiencies and continuous renewal of programs.	☐ Documents showing allocation of resources based on strategic plan/ Program evaluation report	
10.4 ensure that Students, faculty and administration is involved in program evaluation.	☐ Feedback forms ☐ Survey reports	
10.5 ensure that amendments based on results of program evaluation findings are implemented and documented	☐ Minutes of meeting of program evaluation findings ☐ 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	☐ Documents showing composition of academic governance (organogram) ☐ Documents showing Terms of references (TOR) ☐ Meeting minutes of Academic council ☐ Meeting minutes of Board of studies/faculty	
11.2 have mechanisms for dissemination of all policies and procedures related to governance, services and resources	☐ Website ☐ Annual Reports (NA1) ☐ Newsletter/ Bulletin	
11.3 have adequate infrastructure, academic and financial resources	☐ Document showing infrastructure, academic and financial resources ☐ Map of the facility ☐ Memoranda of Understanding. ☐ Onsite Visit* Financial Resources: ☐ Bank Guarantees ☐ Audit Reports ☐ Endowment Fund ☐ Working Capital	
11.4 have fulfilled all legal requirements	☐ Relevant laws of companies, societies and trust ☐ Ownership or Lease documents ☐ Federal/Provincial/Local Government Approval	

	☐ Medical University/DAI Provisional Affiliation	
11.5 have mechanisms for addressing Disciplinary issues	☐ Disciplinary committee Composition ☐ Disciplinary committee Terms of reference ☐ Minutes of the meetings ☐ Policies for Disciplinary actions	
11.6 have input from medical education experts	☐ 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	☐ Curricular document	
12.2. ensure that the trainee becomes able to use scientific reasoning and critical thinking	☐ Policy Document ☐ Evidence of scholarly activities (Journal club/Seminars/Symposium/publications) (NA1)	
12.3 ensure that the trainee applies evidence-based practices	☐ Assignment and research projects	
12.4 include formal teaching on critical appraisal of the literature and scientific data	☐ Curriculum document ☐ Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications)	
12.5 adjust the content to scientific developments	☐ Assignment and research projects	
12.6 encourage training in all categories of scholarship	☐ 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. Please provide the page number/tags where the required evidence is available.
8. Some standards may not be applicable for all programs. They should be labelled 'not applicable'
9. 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	75% & Above *	Around 75% *	<u>Below 75% *</u>
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 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

- * Above 75% means marks obtained 5-6 in each box
- * At 75% means marks obtained 4.5 in each box
- * Below 75% means marks obtained 1-4 in each box



Standard 1: Mission Statement

STANDARD	EVIDENCE	RATING (OUT OF 6)
1.1. Is aligned with the vision of the institution.	☐ Curricular Document ☐ Website (NA1)	
1.2. Demonstrate a clear institutional commitments to social accountability which will address the health needs of Pakistan	☐ Curricular Document ☐ Website (NA1)	
1.3. Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently	☐ Curricular Document ☐ Website (NA1)	
1.4. Is developed with stakeholders' participation (for example faculty members, staff, students, community, university)	☐ Minutes of the Meeting ☐ Composition of the Committee	
1.5. Is known to all stakeholders	☐ Prospectus/Brochures ☐ Website	
1.6. Encourage scholarly activities	☐ Journal Club Meetings ☐ CPC ☐ Research Projects ☐ Assignments/Publications	
1.7. Aims at professional development and a commitment to life-long learning	☐ Mission Statement ☐ Curriculum Document	
Total Marks		42
Comments		

Standard 2: Outcomes

STANDARD	EVIDENCE	RATING (OUT OF 6)
2.1. Are in congruence with the mission of the institution	☐ Curricular Document ☐ Website (NA1)	
2.2. Incorporate postgraduate level knowledge, skills and professional behaviors that the students will demonstrate upon graduation	☐ Curricular Document ☐ Website (NA1)	
2.3. Comprise of generic and discipline/specialty specific components	☐ Curricular Document ☐ Website (NA1)	
2.4. Are contextually appropriate for preparing professionals for effective role in health care delivery in Pakistan	☐ Curricular Document ☐ Website (NA1)	
2.5. Have been developed in consultation with stakeholders	☐ Composition of Committee ☐ Minutes of the Meeting	
2.6. Are known to stakeholders	☐ Website (NA1)	
2.7. Are reviewed and revised in the light of program evaluation	☐ Program Evaluation Committee Meeting (NA1)	
Total Marks		42
Comments		



Standard 3: Program Autonomy and Academic Freedom

STANDARD	EVIDENCE	RATING (OUT OF 6)
3.1. Formulate policies to ensure smooth implementation of its educational outcomes	☐ Policy Document	
3.2. Develop a system for ensuring that the policies are implemented	☐ Document Proof ☐ Onsite Inspection*	
3.3. Select, design and implement its curriculum that its contextually appropriate for Pakistan	☐ Curricular document (contextual curricular content)	
3.4. Allocate and appropriately use resources for implementation of the curriculum	☐ Document Proof ☐ Onsite Inspection*	
3.5. Appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university	☐ Human Resource Policies	
3.6. Admit students as per institutional policies	☐ Admission Policy	
3.7. Select, design and implement its curriculum that is based on best evidence post graduate medical/dental education	☐ Curricular document ☐ Time Tables ☐ Minutes of Academic Council/Curricular Committee Minutes ☐ Scientific Evidence	
Total Marks		42
Comments		

Standard 4: Curriculum Design

STANDARD	EVIDENCE	RATING (OUT OF 6)
4.1. Have curriculum aligned with the university vision, institutional mission and local and national needs	☐ Curricular Document ☐ University Vision Statement ☐ Medical/Dental College Mission Statement	
4.2. Have a competency-based curriculum, which assesses the incremental acquisition of these competencies	☐ Curriculum Document	
4.3. Have a curriculum which encourages, prepare and facilitates trainees/students to take responsibilities of their learning and the reflective	☐ Curriculum Document ☐ Time Tables ☐ Student's Log Book/Portfolio	
4.4. Describe the overall structure, composition and duration	☐ Curriculum Document	
4.5. State compulsory and optional components	☐ Curriculum Document	
4.6. Integrate practice and theory	☐ Curriculum Document ☐ Onsite Inspection*	
4.7. Consider national regulations	☐ Policy Document showing alignment with PM&DC Regulations	
4.8. Provide adequate exposure to how local, national or regional health systems address the healthcare needs of populations	☐ Curriculum Document ☐ Time Tables ☐ Onsite Inquiry*	
4.9. Increase in the degree of responsibility placed on the trainee should in accordance with his growing skills knowledge and experience	☐ Log Book/Portfolio ☐ Onsite Inquiry (NA1)*	



4.10. Prepare the trainee to demonstrate sensitivity to diversity and act appropriately	☐ Portfolio	
Total Marks		<u>60</u>
Comments		

Standard 5: Educational Contents

STANDARD	EVIDENCE	RATING (OUT OF 6)
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	☐ Minutes of Postgraduate Curriculum Committee/Academic Council ☐ Postgraduate 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	☐ Curricular Document	
5.3. Ensure that the content that is taught and assessed is relevant to practice as an expert in that field	☐ Curricular Document	
5.4. Ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students in relevant settings	☐ Curricular Document (showing alignment of outcomes with relevant T&L strategies) ☐ Time Tables	



5.5. Include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/teaching strategies	☐ Curricular Document	
5.6. Describe the content, extent and sequencing of courses and other components of the curriculum (curricular map)	☐ Curricular Document	
5.7. Adjust the content to changing contexts and needs of the field	☐ Curricular Document ☐ Program Evaluation Reports (NA1)	
Total Marks		<u>42</u>
Comments		

Standard 6: Curricular Management

STANDARD	EVIDENCE	RATING (OUT OF 6)
6.1. Have a functional post-graduate curriculum committee duly represented on the institutional organogram	☐ Institutional Organogram ☐ Onsite discussion with Curriculum Committee* ☐ TOR's of Curriculum Committee	
6.2. Ensure that adequate supervision is provided throughout required learning experiences	☐ Curriculum Document ☐ Student Log Book ☐ 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	☐ Policy Document	



6.4. Include in the planning of the program appropriate representation of all stakeholders	☐ Composition and OTS of the Postgraduate Curriculum Committee ☐ Minutes of the Meeting (NA1)	
6.5. Plan the education to expose the trainee/student to a broad range of experiences in the field	☐ Curricular Document with Plan of Implementation	
6.6. Develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session)	☐ Study Guides	
6.7. Disseminate study guides to the students and faculty	☐ Evidence of Dissemination of Study Guides Electronically or Hard Copies	
6.8. Ensure multidisciplinary education/training	☐ Curriculum Document with Time Tables	
6.9. Clearly define core and optional courses	☐ Curriculum Document	
Total Marks		<u>54</u>
Comments		

Standard 7: Assessment

STANDARD	EVIDENCE	RATING (OUT OF 6)
7.1. Develop appropriate policies for assessment of students	☐ Assessment Policy and Procedures Document	

7.2. Ensure that assessment covers knowledge, skills and attitudes	☐ Assessment Policy and Procedures Document ☐ 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	☐ Blueprint/Assessment Policy	
7.4. Ensure that there is an appropriate balance of formative and summative assessment	☐ Assessment Policy ☐ Assessment plan	
7.5. Define a clear process of assessment	☐ Assessment Plan	
7.6. Ensure that the assessment practices are compatible with educational outcomes and instructional methods	☐ Blue Printing ☐ 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*	☐ Minutes of pre, per and post exam analysis meetings ☐ Document of practices ☐ Item analysis reports ☐ Minutes of Meeting with post graduate	
7.8. Have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations)	☐ Assessment Policy	
7.9. Use a system of appeal of assessment results	☐ Assessment Policy	



7.10. Ensure the use of external examiners	☐ Assessment Policy ☐ BASR/Academic Council Minutes of meeting ☐ List of examiners (Controller of examiners) ☐ Letter of invitation to externals	
7.11. Record the different types and stages of training in a training log-book	☐ Log Book	
7.12. Ensure the results of the students in Grade point Average	☐ Assessment Policy ☐ Assessment Plan	
7.13. Examination items go through a standard setting process*	☐ Assessment plan ☐ Documents showing process of standard setting ☐ Minutes of meetings showing process of standard setting ☐ Meeting with assessment committee*	
7.14. Incorporate new assessment methods where appropriate	☐ Assessment plan	
7.15. Introduce assessment portfolio's where appropriate	☐ Assessment Policy ☐ Portfolios	
Total Marks		90
Comments		

Standard 8: postgraduate Student

STANDARD	EVIDENCE	RATING (OUT OF 6)
8.1. Have an admission criteria and policy in congruence with the national regulations/guidance's as well as the mission of their institute	☐ Admission policy ☐ Website ☐ Prospectus	
8.2. The program must ensure participation of the trainee in all education activities	☐ Institutional policy ☐ proof through documents in which support offered is evident	
8.3. Ensure appropriate workload on students in line with international standards	☐ Curriculum document ☐ Institutional policy	
8.4. Ensure that students have access to counseling to address their psychological, academic and/or career needs*	☐ Counseling Department Structure ☐ Counseling Department Composition ☐ Counseling Department Function	
8.5. Ensure confidentiality of student's academic and medical records	☐ Institutional policy ☐ Proof through documents/ forms in which this process is explained	
8.6. Define and make known, the service conditions and responsibilities of students/trainees	☐ Code of Conduct	
8.7. Ensure students representation and appropriate participation in educational committees and any committees where they can provide meaningful input	☐ Composition of Postgraduate Committees ☐ Minutes of Meetings of various committees	
8.8. Provide the student access to their records and appeals process in case of discrepancies	☐ Institutional policy document	

8.9. Have clear policies, funding technical support and facilities regarding co-curricular opportunities for the students	☐ Institutional policy document ☐ Documents showing students co-curricular activities ☐ Allocation of funds	
8.10. Ensure a process to review/change the supervision in first year of training	☐ Institutional policy and regulations	
8.11. Have a policy and practice to systematically seek, analyze and respond to student feedback about the processes and products of the educational programs.	☐ Documents showing response to feedback of students	
8.12. Ensure a balance between the educational resource (e.g. infrastructure, supervision capacities) and the intake of trainees	☐ Curriculum Document	
8.13. Facilities for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course	☐ Institutional Policy and Regulations	
8.14. Ensure that the total duration and quality of online/distance education program (basic sciences only) is not less than those of full-time students	☐ Curriculum Document ☐ Online Learning platform (e.g. Moodle) (inquiry through link on the website) ☐ Onsite Visit	
8.15. Ensure a confidential mechanism for managing unintended incidents by the student	☐ Code of Conduct	
8.16. Have infrastructure for disabled students*	☐ Building Map ☐ Onsite Visit*	



8.17. Allocate resources and provide scholarships/bursaries to students based on clearly defined criteria	☐ Institutional Policy and Regulation Document ☐ Documents showing proof of Awards/Scholarships	
8.18. Have a clearly defined transfer policy from other national and international programs	☐ Institutional Policy and Regulation Document including Credit Transfer Policy	
8.19. Have a regional and international student exchange mechanism	☐ Institutional Policy and Regulation Document ☐ Allocation of Funds ☐ Evidence of Student Exchange	
Total Marks		114
Comments		

Standard 9: Faculty

STANDARD	EVIDENCE	RATING (OUT OF 6)
9.1. Have leadership that is qualified by relevant education, training and experience	☐ 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	☐ Approved Institutional job description document with workload calculation	
9.3. Have faculty recruitment, selection, promotion and retention policies based on the	☐ Institutional Policy Document ☐ Faculty Recruitment /Advertisement	



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	☐	
Total Marks		24
Comments		

Standard 10: Program Evaluation and Continuous Renewal

STANDARD	EVIDENCE	RATING (OUT OF 6)
10.1. Have structured evaluation procedures and policies.	☐ 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 postgraduate curriculum committee.	☐ Evidence of changes made as a result of program evaluation	
10.3. Allocate resources to address deficiencies and continuous renewal of programs.	☐ Document showing allocation of resources based on strategic plan/program evaluation report	
10.4. Ensure that students, faculty and administration are involved in program evaluation.	☐ Feedback Forms ☐ Survey Reports	



10.5. Ensure that amendments based on results of program evaluation findings are implemented and documented.	☐ Minutes of Meeting of Program evaluation findings ☐ Evidence of implemented change	
Total Marks		<u>30</u>
Comments		

Standard 11: Governance, Services and Resources

STANDARD	EVIDENCE	RATING (OUT OF 6)
11.1. Have clearly defined structure of academic governance.	☐ Documents showing composition of academic governance (organogram)	
11.2. Have mechanism for dissemination of all policies and procedure related to governance, services and resources.	☐ Website ☐ Annual Reports (NA1) ☐ Newsletter / Bulletin	
11.3. Have adequate infrastructure, academic and financial resources	☐ Document showing infrastructure, academic and financial resources ☐ Map of the facility ☐ Memoranda of Understanding ☐ Onsite Visit* Financial Resources: ☐ Bank Guarantees ☐ Audit Reports ☐ Endowment Fund ☐ Working Capital	



11.4. Have fulfilled all legal requirements	☐ Relevant Laws of Companies, Societies and Trust ☐ Ownership or Lease Documents ☐ Federal/Provincial/Local Government Approval ☐ Medical University/DAI Provisional Affiliation	
11.5. Have mechanism for addressing Disciplinary issues	☐ Disciplinary Committee Composition ☐ Disciplinary Committee Terms of reference ☐ Minutes of the Meetings ☐ Policies for Disciplinary Actions	
11.6. *Have input from medical education experts	☐ Minutes of Meeting of Postgraduate Committee with ME Experts	
Total Marks		36
Comments		

Standard 12: Research and Scholarship

STANDARD	EVIDENCE	RATING (OUT OF 6)
12.1. Have adequate research component in the curriculum	☐ Curricular Document	
12.2. Ensure that the trainee becomes able to use scientific reasoning and critical thinking	☐ Policy Document ☐ Evidence of scholarly activities (Journal Club/ Seminars/Symposium/ Publications) (NA1)	



12.3. Ensure that the trainee applies evidence-based practices	☐ Assignment and Research Projects	
12.4. Include formal teaching on critical appraisal of the literature and scientific data	☐ Curriculum Document ☐ Evidence of Scholarly Activities (Journal Club/Seminars/Symposium/Publications)	
12.5. Adjust the content to scientific developments	☐ Assignment and research projects	
12.6. Encourage training in all categories of scholarship	☐ Evidence of Scholarly Activities (Journal Club/Seminars/Symposium/Publications)	
Total Marks		<u>36</u>
GRAND TOTAL OF FORM A		<u>612</u>
Percentage		
Final Comments		



Form B: Postgraduate Onsite Inspection Report

Postgraduate Onsite Inspection Report

Part I General Information

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

1.	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		
2.	Total PG Teachers in the Department with requisite Qualification & Experience			
	Designation	Number	Name	Total Experience Granted by PM&DC
	Professors			
	Associate Professor			

	Assistant Professors			
	Senior Lecturer/ Senior Registrar / Consultant			
- 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.				

3.	Particulars of Supervisors (Attach additional sheets)			
	Name			
	Qualification			
	Position Held			
	Publication in PMDC approved Journals			
	Area of Specialization			
4.	Year-wise number of PG students admitted and available staff during the last 5 years			

Part II Mandatory Requirements for recognition of the program

Minimum one full time faculty / supervisor	Yes/No
Central / Departmental Library- Books / Journals	Yes/No
Curriculum	Yes/No
Offices for Faculty members & supporting staff	Yes/No
Adequate space for students/trainees (for e.g. classrooms, offices, labs)	Yes/No
Internet	Yes/No
Any requirement specific to the program if found deficient by the Inspector Note : Inspector should provide justification for declaring any specific requirement mandatory	Yes/No

Part III scoring for recognition of the program

S.No	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	
4	Laboratory Technician	Numbers Adequate/Inadequate/Not Applicable	
5	Indoor Units & OPD space	Adequate/Inadequate/Not Applicable	
6	Classrooms/Demonstration rooms	Adequate/Inadequate	
7	Specific requirements related to the department (Museum/ Mortuary/Specialized Investigation/Skills Lab etc.)	Adequate/Inadequate/Not Applicable	
8	Clinical Material (e.g. Dental Materials, chemicals etc.)	Adequate/Inadequate/Not Applicable	
9	Radiology Facilities	Adequate/Inadequate/Not Applicable	
10	Clinical Lab facilities (24 hours emergency lab)	Adequate/Inadequate/Not Applicable	
11	Incinerator	Adequate/Inadequate/Not Applicable	
12	Laundry	Adequate/Inadequate/Not Applicable	
13	Hostels	Adequate/Inadequate/Not Applicable	
14	Accommodation for Staff	Adequate/Inadequate/Not Applicable	
15	Any other requirement specific to the program (as decided by the Inspector)	Adequate/Inadequate/Not Applicable	
	Grand Total		15
	Percentage		



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

In Part I _____ and in Part III _____

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

In view of the above the Program

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

Name and Signature of Inspector