

INTERIM ACCREDITATION STANDARDS 2021 FOR TRAINING HOSPITALS FOR POSTGRADUATE

MEDICAL EDUCATION

Sr. No	STANDARD NAME	EXPECTED QUESTIONS	ANSWERS	DOCUMENTARY EVIDENCE	RESPONSIBLE OFFICER
1.	STANDARD 1: MISSION STATEMENT	<p>The training hospital must have a written institutional mission statement, which:</p> <p>1.1 is aligned with the overall vision of the institution or with which it is affiliated or of which it is a constituent institution.</p> <p>1.2 demonstrates a clear institutional commitment to social accountability,</p>	<p>RMU Allied Hospitals are committed to providing a personalized student experience within a collegial learning community dedicated to creativity, innovation and excellence in teaching, research, and scholarly activities. This is our vision, and a key part of the mission statement. Therefore, our faculty, students, alumni, and staff attempt toward these objectives in an environment of freedom with responsibility. The motto, mission and the vision of the hospital is in line with the existence of the university.</p> <p>The Institute mission clearly defines what and how the University tends to achieve its purpose. The purpose of establishment of the university was to provide the quality health care facilities to all the people of Pakistan i.e. health for all. Our mission statement covers all the aspects for which the university was formed (prevention of diseases, their</p>	<ul style="list-style-type: none"> • Display the mission statement in multiple languages. • Activities conducted by hospital / unit management for realizing mission. • Pamphlets and other reading material in urdu and English. • Awareness of mission and vision statement among unit staff 	<p>MSs</p> <p>HODs</p>

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		<p>achievement of competencies and addresses the healthcare needs of Pakistan.</p>	<p>treatment and rehabilitation) and contributing a lot for the health of the society. Therefore, to fulfill the objectives of the mission statement, the Institute has reaffirmed its commitment to a regular, data-based process of self-assessment and improvement, through the coordination of internal planning processes including academic planning, enrolment management, space and capital planning, and budget and resource planning. Thus, all those themes that have been mentioned in the mission statement, the institute has achieved and is trying to improve it further with splendid outcomes.</p> <p>Our main focus areas are:</p> <ul style="list-style-type: none"> • Research oriented approach • Education and training according to WFME standards • Super-specialty patient care <p>Vice Chancellor, RMU and Academic Council members RMU were involved in writing of the mission of the Institute. Mission statement was revised in Academic Council Meeting on <u>20-09-19</u> and</p>		

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		<p>1.3 is developed with stakeholders' participation (for example trainers, staff, students, university, health ministry officials).</p> <p>1.4 is known to all stakeholders.</p> <p><u>Quality Standards</u></p> <p>1.1 training hospital should have a written institutional mission statement, which aims at</p>	<p>final approval was taken in Syndicate Meeting, dated <u>29-10-19</u>.</p> <p>Review was done by</p> <ul style="list-style-type: none"> • Deans committee members • Academic council members • Syndicate committee members <p>. Rawalpindi Medical University is delivering education, research and patient care according to its Mission and Vision.</p> <p>Yes mission statement is known to all stakeholders. It is displayed at multiple sites in university and all the three Allied hospitals. It is also visible on the University website.</p> <p>Holy family is a tertiary care teaching hospital which is affiliated with Rawalpindi Medical University. RMU has written mission statement which is</p>	<p>https://rmur.edu.pk/vision-mission/</p>	

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		<p>professional development and commitment to life-long learning.</p>	<p>'To impart evidence based research oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability'</p> <p>This mission statement clearly covers all the areas of quality standards.</p>		
2	<p>STANDARD 2: OUTCOMES</p>	<p>Where the training outcomes of individual programmes are determined by postgraduate, additional or alterative qualification awarding entity, the hospital must develop training outcomes that:</p> <p>2.1 are in congruence with the mission of the institution which distinguishes it from other institutions.</p>	<p>Each training program has its own specific learning and training outcomes which have been identified by the respective dean of faculty in the curriculum. All the deans ensure that all the outcomes are in congruence with the mission of the institution, which is later approved by the university statutory forums.</p> <p>Curriculums are attached as evidence in annexure</p>	<ul style="list-style-type: none"> • Soft copy of all the updated Curriculum of all programs in the UNIT. • MOM regarding any revisions in curriculum. 	<p>Dr. Rizwana (UTRMC) All Deans HODs</p>

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		<p>2.2 are contextually appropriate for health care delivery in Pakistan.</p> <p>2.3 demonstrates the hospitals commitment to meet the requirements of individual programs.</p>	<p>Curriculum are designed on the basis of need assessment of concerned stakeholders focusing on the health care delivery in Pakistan.</p> <p>Hospital administration is actively involved in the providing the adequate facilities such as equipment, infra-structure and staff for quality training. Evidences attached as annexure shows the commitment of the hospital admin.</p>	<ul style="list-style-type: none"> • Corrective action on 360 degree form • Utilization report of financial resources allocated for running individual program. • Adequacy report of facilities i.e. equipment, infrastructure • Adequacy report of HR i.e. nurses, SRs / faculty • Complete Faculty Files (Soft & Hard) <ul style="list-style-type: none"> ○ Updated CV (As per provided pattern) ○ Joining Report 	

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				<ul style="list-style-type: none"> ○ Appointment Orders ○ Post graduate Qualification ○ PMC Registration Card ○ CNIC ● Personal involvement of management in monitoring and evaluation of training programs (as per log book of morning rounds) ● Motivational lectures for employees/healthcare worker (Calendar, pictures & Attendance sheets) ● Training modules for basic technical skills of 	

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				paramedical staff (Calendar, pictures & Attendance sheets)	
1.	STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM	<p>The training hospital must have institutional autonomy to:</p> <p>3.1 formulate and implement policies to ensure smooth execution of its educational outcomes.</p> <p>3.2 develop appropriate and effective management and</p>	<p>Holy family hospital is a public sector hospital governed by Punjab Government. Trainees are inducted through Central Induction Policy (CIP) which have student manual which comprises of all the concerned policies (key indicators / parameters) for the smooth execution of its educational outcomes. They are followed by the hospital administration and trainees in true letter and spirit.</p> <p>Hospital admin is responsible to maintain effective system that monitor and manages</p>	<ul style="list-style-type: none"> • Staff Rota • DME (Teaching Load Policy) • Grievance policy • Disciplinary policy • Exam policy • Research policy • Infrastructure • TORs & committee 	MSs Deans and HODs

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		<p>oversight systems to ensure that the policies are implemented.</p> <p>3.3 Identify individual programs suitable for postgraduate training and present them for inspection and recognition from concerned entity.</p> <p>3.4 allocate and appropriately use resources for implementation of the training.</p>	<p>the services provided to all the trainees as per defined policies.</p> <p>Hospital administration is actively involved in providing the adequate facilities such as equipment, infra-structure and staff for quality training.</p>	<ul style="list-style-type: none"> • NOCs of different programs from HEC • PMC recognition letter <p>MS should ensure the following</p> <ul style="list-style-type: none"> ▪ House keeping ▪ Internet Facility ▪ Lecture Rooms ▪ General Club ▪ Seating Capacity in lecture Halls ▪ Adequacy of residential facilities. ▪ Maintenance and up gradation of machinery and equipment. 	
2.	STANDARD 4: PROGRAMM	The training hospital must: 4.1 clearly document the sequence and content of training	Rawalpindi Medical University has a designed curriculum of 20 different clinical	<ul style="list-style-type: none"> • Curriculum, (ensure that every faculty member has 	Dr. Rizwana UTRMC

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	E ORGANISATION	<p>along with the rationale for the sequence.</p> <p>4.2 encourage trainees to link concepts in a clinical context.</p> <p>4.3 ensure systematic and organized learning.</p> <p>4.4 implement training programs that incorporate hands-on, active learning as the principal educational strategy.</p>	<p>specialties by relevant subject specialists. These curriculums have certified by the Dean Post Graduate Studies and Chairpersons of all the statutory bodies including Syndicate and Academic Council.</p> <p>These curriculum contains complete</p> <ul style="list-style-type: none"> • rationale • sequence of the training • Learning & Training Objectives • Predefined milestones (competencies achieved by the end of each year, percentage of basic and clinical content to be studied in each year, research markers for each year) <p>For hands on training, RMU conduct Directly Observed Procedural Skills and Case Based Evaluation as a part of 360 Degree Evaluation which is conducted twice a year. In addition to this UTMC also arranges mandatory workshops for University Residents.</p>	<p>critically gone through)</p> <ul style="list-style-type: none"> • List of Annual lectures for trainees • List of Workshops for trainees. • Log Books/ portfolio • DOPS, CBD • Roster for Journal club meetings • List of Case presentations in morning meetings • Duty roster for residents (for the last 1 yr) • Attendance record in CPC (for the last 1 yr) • Rotations record 	

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		<p>4.5 ensure that its clinical service needs DO NOT compromise the learning / training requirements and objectives of trainees during the programme.</p> <p>4.6 use practice-based training involving the personal participation of the trainee in the services and responsibilities of patient care.</p> <p>4.7 deliver the programme in accordance with principles of</p>	<p>Head of the departments ensure that clinical facilities to patients do not hamper the learning and training requirements and objectives of trainees during the programs.</p> <p>Practice-based learning enables our students to enhance their knowledge and skills but also adapt to an ever-changing environment. Our University Residency Program is based on Accreditation Council for Graduate Medical Education (ACGME) guidelines. Practice based learning is one of the six core competencies in ACGME guidelines. 360 degree evaluation is a sort of Workplace based assessment. Form no. 1 of 360 degree evaluation is a structured proforma which contain the 6 core competencies and this form has to be filled by supervisor for each and every trainee.</p>	<p>(for the last 1 yr)</p> <ul style="list-style-type: none"> • Participation in national and international conferences (List of conferences attended with attendance certificates) • List of year wise Publications (only published) of Residents & Faculty • Copies of Affidavit (pattern given by UTMC) of rights and obligations of trainees • Portfolio Reports duly verified by PG 	

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		<p>equality.</p> <p>4.8 inform trainees about the programme and the rights and obligations of trainees.</p> <p>4.9 include the commitment to ethical considerations in the programme.</p> <p>4.10 use a trainee-centered approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.</p>	<p>URP manual is given to all trainees at the beginning of the training. This manual contains all the required information. (Manual is attached as annexure)</p> <p>Rawalpindi Medical University has a designated Ethical Review Board. Every trainee has to submit research during 4 or 5 year training period and before starting that research all of them are bound to present before Ethical Review Board.</p> <p>Rawalpindi Medical University always stresses upon active involvement of trainees.</p> <p>Few workshops are mandatory for all the trainees and hands on activity is must for all the workshops.</p> <p>In addition we have properly equipped skill labs i.e. basic skill lab is in New Teaching Block of RMU which is open for all trainees.</p>	<p>Dean</p> <ul style="list-style-type: none"> • Pictures of simulation lab, • Procedure or workshops 	

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		<p><u>Quality Standards</u></p> <p>The training hospital should:</p> <p>4.1 incorporate innovative educational/training strategies such as self-directed learning, independent learning, inter-professional learning, use of e-technology and simulations.</p> <p>4.2 recognize gender, cultural and religious specifications and prepare the trainee to interact appropriately.</p>	<p>Random reports of the mandatory workshops and workshops conducted in skill lab have been attached as annexure.</p>	<p>conducted in simulation lab</p>	
3.	<p>STANDARD 5: EDUCATIONAL CONTENT</p>	<p>The training hospital must:</p> <p>5.1 <u>ensure a minimum annual case-load in the programs recognized for postgraduate trainings defined in Annexure 1.</u></p>	<p>Holy Family Hospital is a public sector hospital with huge patient load. Almost every trainee gets the opportunity to manage a wide variety of patients (--mini case load-----).</p>	<p>Log books</p>	

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		<p>5.2 ensure rotations in accordance with the rules and regulations of the College of Physicians and Surgeons, Pakistan or the university / institution awarding alternative or additional to postgraduate qualification.</p> <p>5.3 have a document of the training programme which includes the learning objectives of each rotation and the desired skills to be achieved (see Appendix II below). <u>This must be disseminated to all the stakeholders.</u></p> <p>5.4 ensure that the content and its delivery are aligned with the competencies and outcomes prescribed by PMC.</p>	<p>Every curriculum has pre-defined plan of rotation which is strictly followed.</p> <p>Each curriculum has clearly defined learning objectives and competencies to be achieved. UTMC ensures that curriculum has been circulated and known to all stakeholders.</p> <p>Curriculum and its content are in line with the competencies and outcomes prescribed by PMC.</p>	<p>Rotation policy as per curriculum / CPSP</p> <p>Curriculum Dissemination letter for curriculum by UTMC</p> <p>External review of curriculum (Certificate of curriculum review, Gynae & ENT)</p>	

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		<p>5.5 ensure that the content that is taught and assessed are congruent with the level of the trainee.</p> <p>5.6 use logbooks (preferably electronic) which clearly specify the objectives and skills-to-be-achieved during the rotations.</p> <p>5.7 include the following:</p> <p>a) Communication skills</p> <p>b) Patient safety & Infection Control</p> <p>c) Professionalism, medical and Islamic ethics</p> <p>d) Evidence-based medicine</p> <p>e) Ethics of patient care</p> <p>5.8 have an orientation programme for its trainees.</p>	<p>Table of specification (TOS) has been pre-defined in each curriculum according to the level / needs of the trainee.</p> <p>In University Residency Program every speciality has a separate log book of the parent department and for the rotation. Curriculum and log books both covers all the following competencies</p> <p>a) Communication skills</p> <p>b) Patient safety & Infection Control</p> <p>c) Professionalism, medical and Islamic ethics</p> <p>d) Evidence-based medicine</p> <p>e) Ethics of patient care</p> <p>Evidence has been attached as annexure.</p> <p>Orientations sessions are regularly arranged for the trainees. Random Reports on orientations sessions have been attached as annexure.</p>	<p>Implementation report on curriculum implementation as per TOS</p> <p>Updated Logbooks</p> <p>Report on Orientation Training sessions</p>	

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		<p>5.9 implement the curriculum of individual programme is prescribed by CPSP or the university/ institution awarding alternative or additional to postgraduate qualification.</p> <p>5.10 ensure the curriculum is conveyed to and understood by all stakeholders</p> <p>5.12 ensure that, in a case where</p>	<p>Certified curriculums have been implemented in RMU and Allied Hospitals since 2018. Curriculums have been revised one time till now. Approval of minutes of meetings of curriculum committee, Academic Council and Syndicate has been attached as annexure. Implementation report of the URP has been produced by UTMC.</p> <p>In addition to this Self- Assessment Reports (SARs) and Program Review is an important assignment given by HEC every year. RMU is bound to report to HEC regarding these reports.</p> <p>UTMC ensures that curriculum has been conveyed and understood by all stakeholders. In addition hospital administration also reinforces the dissemination of the curriculum.</p> <p>All the curriculums have been certified by</p>	<p>Curriculum Implementation report SARs Program Review</p> <p>Affidavit</p> <p>Curriculum, teaching</p>	

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		<p>the institution is conducting more than one educational programmes of the same discipline, the delivery of education content is aligned.</p> <p>5.13 ensure that in cases where the institution is conducting more than one training programs of same discipline, the number of trainees in both programs shall not exceed the maximum number of trainees permitted in an individual programme.</p>	<p>Dean Post Graduate studies and Vice Chancellor. They are also approved by the curriculum committee, Academic Council and Syndicate. All the teaching strategies and assessment tools are in line.</p> <p>All the trainees are inducted by CIP and CPSP. Number of trainees is fixed.</p>	<p>strategies & assessment tools alignment.</p> <p>List of trainers along with no. of trainees attached with each</p>	
4.	STANDARD 6: PROGRAMME MANAGEMENT	<p>The training hospital must:</p> <p>6.1 have a training oversight committee chaired by a Programme Director (consultant / individual physician) of the training hospital that governs,</p>	<p>Rawalpindi Medical University has a dedicated Post Graduate Training oversight committee which supervises all training programs. Letter is attached as annexure.</p> <p>Post Graduate Training oversight committee works in close contact with Quality</p>	<p>Formulation of PG Training Oversight Committee</p>	

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		<p>approves and oversees all postgraduate training programs.</p> <p>6.1.1 have a committee that has the authority to implement all quality assurance measures programme that ensure the programs are run in accordance with prescribed standards programme.</p> <p>6.1.2 have the committee that is headed by the hospital programme director who is supervisor of training and examiner of a postgraduate programme in one's own specialty.</p> <p>6.2 provide all trainees with salary that is no less than the salary of a postgraduate trainee in the public sector.</p>	<p>Enhancement Cell, RMU to ensure that quality standards are maintained.</p> <p>This committee is headed by Prof. Jahangir Sarwar Khan who is not only heading this committee but also the</p> <p>All trainees are inducted through CIP and CPSP and Holy Family Hospital is a government hospital so Punjab Government is responsible for providing salaries.</p>	<p>MS/MD Program Review</p> <p>360 Degree evaluation`</p> <p>Pay slips of residents</p>	

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		<p>6.3 ensure that adequate supervision and feedback is provided to the trainee throughout the period of training.</p> <p>6.4. ensure that trainees have valid and appropriate PMC license/Registration.</p> <p>6.5 have all the requisite aids and audio-visual facilities.</p> <p>6.6 physical facilities to support a learning environment for the</p>	<p>Rawalpindi Medical University is the first medical university to start 360 degree evaluation which is based on ACGME guidelines. It's workplace based multi-source feedback system. Detailed answer has been written with question no 10.1. It's a form of formative assessment which is repeated after every 6 months and works retrospective which means supervisor is liable to provide the feedback from the place where trainee has spent last 6 months. Quality Enhancement Cell is responsible for ensuring that feedback has been communicated to all the trainees.</p> <p>Hospital admin and relevant department make sure that all the trainees have valid and appropriate PMC license / registration.</p>	<p>360 degree evaluation</p> <ul style="list-style-type: none"> • Resident file <ul style="list-style-type: none"> ○ Updated CV ○ Appointment order ○ Joining ○ Valid PMC registration ○ Entry test result • Checklist of various facilities (as per appendix II) 	<p>UTRMC MS Offices HODs</p>

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		<p>trainees (see Appendix II).</p> <p>6.7 have a grievance policy and a committee to manage grievances.</p> <p>6.8 issue a certificate of completion of training as per the policy/regulations of the qualification awarding institution.</p> <p>6.9 must have written policies and procedures for trainee recruitment and appointment and must monitor each programme for compliance.</p> <p>6.10 monitor programmes with regard to implementation of terms and conditions of appointment.</p> <p>6.11 ensure that trainees are provided with a written</p>		<ul style="list-style-type: none"> • Grievance committee <p>Not yet applicable</p> <p>CIP Manual CPSP Manual List of trainees inducted (MS/MD) List of trainees inducted (FCPS) Log books 360 degree feedback</p>	<p>HODs & MS</p>

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		<p>agreement/contract outlining the terms and conditions of their appointment.</p> <p>6.12 provide an educational and work environment in which trainees may raise and resolve issues without fear of intimidation or retaliation.</p>		<p>MS should ensure that trainers and trainees record is updated and maintained in their record rooms</p>	
5.	<p>STANDARD 7: ASSESSMENT</p>	<p>The training hospital must:</p> <p>7.1 develop appropriate and contextual policies for in training assessment of trainees.</p> <p>7.2 ensure that formative assessments cover all domains including knowledge, skills and attitudes.</p> <p>7.3 use a wide range of assessment methods.</p>	<p>RMU have approved and implemented policy for assessment of trainees which is attached as annexure.</p> <p>We use wide range of assessment techniques which have been given in Table of</p>	<p>Exam policy</p> <p>360 degree evaluation</p> <p>Assessment tools have been described in</p>	<p>Examination department and curriculum</p>

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		<p>7.4 define a clear process of assessment.</p> <p>7.5 ensure that the assessment practices are compatible with educational outcomes and instructional methods.</p> <p>7.6 use a system for appeal of results.</p>	<p>Specification (TOS) of each curriculum. Exam department conducts the exam according to the TOS provided by the department</p> <p>Clear process of assessment is defined in each curriculum.</p> <p>TOS of each speciality is developed according to Learning objectives, Learning outcomes and Instructional methods.</p> <p>There is a well-defined policy of appeal of result formulated by the examination department(Annexure is attached)</p>	<p>curriculum</p> <p>Exam policy</p> <p>Exam quality report by examination department</p> <p>Appeal process for students.</p>	
6.	STANDARD 8: TRAINEES	<p>The training hospital must:</p> <p>8.1 follow the admission / induction policy in congruence with the national regulations/ guidelines or in the absence thereof the applicable institutional regulations of the</p>		Manual	

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		<p>qualification awarding institution.</p> <p>8.2 clearly communicate the responsibilities and expectations to the trainees before the start of the training.</p> <p>8.3 possess a mechanism for future career counseling of the trainees.</p> <p>8.4 ensure that trainees have access to counseling to address their psychological, academic and/ or career needs.</p> <p>8.5 ensure confidentiality of trainees' academic and medical records.</p> <p>8.6 ensure trainee representation and appropriate participation in educational committees and any committee where they can provide meaningful input.</p>		<p>Orientation session report</p> <ul style="list-style-type: none"> ▪ Student Counseling Committee (with one Psychologist) ▪ Trainees guide ▪ Reports on career counseling <p>Letter for ensuring confidentiality by hospital admin</p> <p>Student representation in</p>	<p><u>HOD</u></p>

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		<p>8.7 have access to records and appeal's process in case of discrepancies.</p> <p>8.8 have clear policies on funding, technical support and facilities for co-curricular opportunities for the trainees.</p> <p>8.9 have a policy and practice to systematically seek, analyze and respond to trainee feedback about the processes and products of the training programmes.</p>		<p>the concerned meetings of PG Committee</p> <p>MS to provide the appeal process</p> <p>MS to constitute a co-curricular club.</p> <p>Policy for 360 degree feedback (proforma for the following are to be developed</p> <ul style="list-style-type: none"> • Infrastructure quality 	

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		<p>8.10 ensure a fair and formal process for taking any action that affects the status of a trainee.</p> <p>8.11 have policies and code of conduct that is known to all trainees.</p> <p>8.12 have clearly defined transfer policies.</p> <p>8.13 have documented policy on forbidding trainees from taking part in any political activity.</p> <p>8.14 have infrastructure to facilitate differently-abled</p>		<ul style="list-style-type: none"> • Library facilities • Co-curricular facilities • Internet, • café • Quality of the residential facilities • Laundry • Mosque • Sports • Housekeeping related to patient care • Trainees feedback about paramedical staff • Pharmacy quality • Equipment functionality) 	

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		<p>trainees.</p> <p>8.15 ensure that all trainees have access to all the teaching bed patients.</p> <p>8.15.1 have adequate mechanisms in place to ensure the well-being of trainees and trainers.</p> <p>8.16 ensure measures to identify and prevent burnout in trainees.</p> <p>8.17 have a documented policy on providing healthcare coverage to the trainees.</p> <p>8.18 have a policy for maternity leave and must ensure its implementation as per government policy as bear</p>		<p>MS to provide the concerned policy</p> <p>MS to provide the concerned policy</p> <p>MS to provide the concerned policy</p> <p>MS to provide the concerned policy</p> <p>MS to provide the concerned policy</p> <p>MS to provide the concerned policy</p> <p>Trainees guide may have the relevant clause</p> <p>Occupational health and safety policy</p>	

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		<p>minimum.</p> <p>8.19 ensure the working hours per week on average of each trainee is not in excess of 80 hours per week.</p>		<p>MS to provide the concerned policy / letter</p> <p>MS to ensure the quality of rest rooms for PGs</p> <p>MS to provide the concerned policy</p> <p>MS to provide the concerned adoption letter (CIP Manual)</p> <p>PG Trainee Guide</p>	
7.	STANDARD 9: TRAINERS	<p>The training hospital must:</p> <p>9.1 ensure that the trainers have valid permanent PMC license / registrations.</p>		<p>HODs to ensure the maintenance of faculty files in their respective</p>	

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		<p>9.2 have robust trainer's recruitment, selection, promotion and retention policies.</p> <p>9.3 have sufficient qualified and trained trainers based on needs of the programme.</p> <p>9.4 ensures that the trainers fulfill their various roles as defined by the hospital and the training programme.</p> <p>9.5 have a CME/CPD programme for trainers with clear goals aligned with trainers and programme needs.</p> <p>9.6 have a policy for maternity leave and must ensure its implementation as per government policy.</p> <p><u>Quality Standards</u></p> <p>The training hospital should:</p>		<p>departments.</p> <p>MS to provide the concerned adoption letter (Thorough PEEDA act)</p> <p>URP guidelines CPSP Guidelines</p> <p>Minutes of Deans Committee</p>	

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		<p>9.1 ensure that the institution is led by qualified (education, training and experience) person commensurate with hospital's needs.</p>			
8.	<p>STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL</p>	<p>The training hospital must: 10.1 ensure processes and schedules for review and update of all training activities through an established mechanism of programme evaluation.</p>	<p>Rawalpindi Medical University and allied hospitals is the first medical university in Pakistan to start the evaluation of University Residents by "360 Degree Evaluation". This type of evaluation comprises of measurement tools dully filled by multiple people in an individual's sphere of influence. They are also labeled as multisource feedback / multi-rater assessment / full-circle appraisal / peer review. This method of providing developmental feedback is used to assess competency as well as behavior of concerned individual. Filled and duly signed sample of 360 degree evaluation form has been attached as evidence.</p> <p>In addition to above as RMU is recognized by Higher Education Commission</p>	<p><u>360 degree evaluation</u> <u>MS / MD review</u></p>	

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		<p>10.2 regularly review results of evaluation and trainees' assessments to ensure that the gaps are adequately addressed in the training in consultation with the relevant committee.</p> <p>10.3 allocate resources to address deficiencies and continuous renewal of programs</p> <p>10.4 ensure the standards are in</p>	<p>(HEC), Quality Enhancement Cell of RMU is answerable to Quality Assurance Agency (QAA) of HEC. QAA gives annual target to its constituent QECs which also include Program Evaluation of different degree programs going on in the university.</p> <p>In addition to above HEC visited RMU on 29th July, 2021 for MS / MD / PHD review. Report of the visit comprising of the findings of the visit has been attached as annexure.</p> <p>University Training & Monitoring cell (UTMC) of RMU is responsible for the assessment of the trainees while Quality Enhancement Cell (QEC) is responsible for the evaluation of the University Residents.</p> <p>Budget has been allocated to QEC of RMU for proper functioning (evidence has been attached as annexure).</p> <p>Yes Rawalpindi Medical University ensures</p>		

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		<p>compliance with PMC accreditation standards.</p> <p>10.5 ensure that the trainees, trainers and administration are involved in programme evaluation.</p> <p>10.6 have mechanism for monitoring of training and of progressive improvements.</p>	<p>that all the three Allied hospitals are working in compliance with PMC accreditation standards.</p> <p>RMU labeled evaluation program of university residents as 360 degree evaluation because in this we evaluate the trainee form every possible angle and it is a multi-source feedback, in which all the stakeholders are involved including trainers, trainees, nurses, patients and administration. Filled and duly signed sample of 360 degree evaluation form has been attached as evidence as annexure.</p> <p>Evaluation program of RMU for University Residency Program (URP) is conducted twice a year. It's retrospective in nature that is once a cycle is started we check the performance of the trainees of last six months. Whether the trainee is on rotation or in the parent department, wherever the trainee has spent the last six months that department is responsible</p>		

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		<p>10.7 ensure that amendments based on results of programme evaluation findings are implemented and documented.</p>	<p>for providing the feedback.</p> <p>When a cycle is over QEC is responsible for issuing a progress report (Evaluation report) based on the results. This evaluation report is counter signed by Director QEC and Dean Post Graduate Studies. These reports are then sent to all the supervisors. They arrange counseling meetings with their trainees. Agenda of these sessions is to share the results and get them signed by the trainees. At the end supervisor put the counseling notes at the end of the Evaluation reports and submit them back to QEC. Evidence has been attached as annexure.</p> <p>In addition to this when enough data is collected for example 3 cycles, results of each trainee is analyzed and performance is compared. QEC then arrange meetings with each department share and discuss the results and performance of each trainee in the presence of supervisors and trainees of that</p>		

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			<p>department.</p> <p>Quality Enhancement Cell has also compiled a detailed report which contain summary of all the meetings conducted in this context for the year 2018-2020. Evidence has been attached as annexure.</p> <p>Implementation plan for MS MD review</p>		
9.	STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES	<p>The training hospital must:</p> <p>11.1 demonstrate annual bed occupancy of at least 60%, verifiable through an HIMS system, or by alterative means if HIMS system is not installed subject to installation of an HIMS system within 12 months.</p> <p><u>On account of Covid-19 restrictions, during inspections till further orders bed occupancy ratio under the standards shall not be negatively marked or adversely affect the result and score of inspection.</u></p> <p>11.2 have essential services as</p>	<p>Bed occupancy report has been attached as annexure. RMU administration is working actively for installation of HIMS system.</p> <p>All the essential services as given in the</p>	<p>MS to provide bed occupancy rate. Verifiable through an HIMS system, or by alterative means if HIMS system is not installed subject to installation of an HIMS system within 12 months.</p> <p>MS to ensure the list</p>	

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		<p>given in Appendix I of this document.</p> <p>11.3 be approved and registered with by the respective government authority (e.g. Health care commission or any other regulatory body).</p> <p>11.4 have a hierarchical system of governance of training programme.</p> <p>11.5 have mechanisms for dissemination of all policies and procedures related to governance, services and resources.</p> <p>11.6 have a Human Resource Department and an anti-harassment policy in line with the national guidelines.</p>	<p>Appendix I are available in Holy Family Hospital. Evidence has been attached as annexure.</p> <p>Letter of approval and registration of Holy Family Hospital with Health Care Commission is attached as annexure.</p> <p>Hierarchical system of governance of training programme is attached as annexure.</p> <p>SOPs for dissemination of all the policies and procedures related to governance, services and resources has been attached as annexure.</p> <p>Holy family hospital has a dedicated Human Resource Department. Letter of establishment is attached as annexure.</p>	<p>MS to provide letter</p> <p>MS to provide required letter.</p> <p>MS office to ensure the establishment of HRD</p>	

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		<p>11.7 have adequate and safe buildings and structures.</p> <p>11.8 have satisfactory and functional IT and library facilities.</p> <p>11.9 have appropriate budgetary allocations for trainers' professional development programmes.</p> <p>11.10 have mechanisms for addressing disciplinary issues of trainer, staff and trainees.</p>	<p>Hospital administration is responsible for ensuring the adequacy and safety of the hospital infrastructure. Mock drills in case of disasters or fire are regularly conducted. Report on such drill is attached as annexure.</p> <p>Holy family hospital is working tirelessly for the up-gradation of the IT department. Current assignment is installation of HIMS system.</p> <p>Every department in the hospital has its own library. Evidence has been attached as annexure.</p> <p>Budget allocation evidence has been attached as annexure.</p> <p>SOPs for addressing disciplinary issues of trainer, staff and trainees have been attached as annexure.</p>	<p>MS office to ensure (Mock Drills, Blue Code)</p> <p>MS office to ensure</p> <p>MS office to ensure</p> <p>MS office to provide the report of any disciplinary action</p> <p>MS office to ensure</p>	

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		<p>11.11 adhere to its commitment to social accountability.</p> <p>11.12 ensure that patients admitted on the designated teaching beds have a documented consent to allow access to the trainees.</p> <p>11.13 have a documented policy ensuring that clinical work or procedures and cost of any material used during training and studentship is not charged to the trainees.</p> <p><u>Quality Standards</u></p> <p>The training hospital should:</p> <p>11.1s preferably have a basic Health Information Management System (HIMS) installed or alternatively</p>	<p>Signed consent form is attached as evidence in the annexure.</p> <p>Policy is attached as annexure.</p>	<p>MS office to ensure</p> <p>MS office to provide letter</p>	

Sr. No	STANDARD NAME	EXPECTED QUESTIONS	ANSWERS	DOCUMENTARY EVIDENCE	RESPONS IBLE OFFICER
				<p data-bbox="1488 662 1738 695">Training Manual.</p>	