# APPENDIX- I

(See regulation 6)

APPLICATION FOR RECOGNITION OF A NEW POSTGRADUATE PROGRAM /TRAINING SITE UNDER THE SECTION 16 OF THE PM&DC ORDINANCE 1962 /ENHANCEMENT OF ADMISSIONS IN AN ALREADY RECOGNIZED COURSE/CONTINUATION OF RECOGNITION

Particulars of Institution

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

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

Signature of Institutional Head

Name and designation List of Enclosures

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

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

**APPENDIX II**

(See Appendix I)

PROGRAM INFORMATION FORM (PM&DC PIF FORM)

( to be filled by the institution and submitted to PM&DC)

For use by

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

Note: Add additional sheets where required.

Part-A

Institutional Information

A). General Information

1. Name of Institution: ………………………………………………………

1. Name of Affiliating University/DAI. ………………………………………
2. Title of Programs to be inspected (1)………………………………………………………………….

(2)………………………………………………………………… (3)………………………………………………………………….. (4)…………………………………………………………………..

1. Particulars of Head of the Institution (Director/Dean/Principal/whosoever is head)
2. Name:
3. Age:
4. Qualifications
5. University
6. Institution
7. Year
8. Particulars of Program Director/Head of Department of the program to be inspected (please fill in Appendix II)
9. Name:
10. Age:
11. Qualification
12. University
13. Institution
14. Year
15. Total teaching experience
16. Previous inspection of the department by PM&DC, if any:-
17. Date.
18. Purpose, (for starting/increase of seats/ for recognition).
19. Deficiencies pointed out, if any.
20. Purpose of present inspection: (i)Starting of training for Degree/diploma/both. (ii)Increase in seats of Degree/Diploma/both. (iii)Recognition /approval of degree/diploma/ both.

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

1. Annual intake Sanctioned by PM&DC for degree/ diploma/both.
2. Date of first admission for Degree/diploma/both.
3. Mode of selection of students.
4. Year wise number of students admitted and available PG teachers during the last five years. (Applicable only in already recognized programs only).

|  |  |  |
| --- | --- | --- |
| Year | Names of students admitted | Names of recognized teachersagainst whom the students were admitted. |
| Degree | Diploma |
|  |  |  |  |
|  |  |  |  |
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PART B

Program features and Institutional facilities and policies:

1. Program curriculum and policies according to Pakistan standards of Post graduate Medical Curriculum (See Appendix IV)
2. List of each participating site for the program along with their responsibilities.
3. Institutional policy for remediation and dismissal of residents / students, including due process.
4. Documentation of resident/ students evaluations according to the Portfolio, including.-
	1. Forms used for evaluating residents /trainees/ students at the end of rotation or similar educational experience.
	2. Form used to document the semiannual evaluation of the resident/student with feedback.
	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. Form that residents /trainees/ student will use to evaluate the faculty.
	5. Form that residents /trainees students will use to evaluate the program.
5. Physician/ Faculty Roster.- List alphabetically and by site/Unit/ department all faculty involved in training and education of resident/students. Using the form provided below, supply a one page CV for each faculty listed.

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

1. Finance
2. Annual Plan and Non-plan budget.
3. Annual Plan and Non-plan budget allotted and utilized in the last three years.
4. How much funding has been provided/generated for research during the last two years?
5. Statement of Salary paid to the faculty staff during the last three years.
6. Publications

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

1. Sanctioned annual intake for UG by PM&DC.
2. Departments running PG courses and their sanctioned intake by PM&DC
3. Teaching Staff statement (department wise) for Under Graduate:

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

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

1. Department - wise bed strength in the Hospital(s) owned and managed by the Institute.
2. Average daily patients’ attendance
3. OPD:
4. Average Bed occupancy rate.
5. Year-wise average daily patient attendance (during previous three years).

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

1. Central Library:
2. Total No. of Books.
3. Purchase of latest editions in last 3 years.
4. Journals:
5. Pakistani: ………….
6. Foreign: ………….
7. Year/month upto which Pakistani Journals available
8. Year/ month upto which Foreign journals available.
9. Internet /e library/ Photocopy facilities available/ not available.
10. Library opening/ closing timings:
11. Reading facility out of route library hours
12. Library staff.
13. 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:
17. Accommodation (No. of rooms) available
	1. For U.G. students
	2. For Interns
	3. For P.G. students
18. For P.G. students Air Conditioned or not for
	1. For U.G. students
	2. For Interns
	3. For P.G. students
19. Residential staff quarters: Number (Category wise)
20. Institutional academic Council (Constitution).
21. Institutional PG Committee (Constitution).
22. Institutional Ethical Committee (Constitution)
23. Medical Education Department (Constitution).

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

1. Department of Illustration/Photography (Artist, Modellor 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)(b)(c)(d) | Plain X-rays: …..………………………………CT Scan:..……………………………………..MR Scan..………………………………………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.
3. Recreational facilities:
4. Play grounds.
5. Gymnasium
6. Auditorium

General Departmental facilities:

PART(C)

Departmental Information

1. Consultant/ faculty room sizes and equipment, Air Conditioned or not
2. Total no. of beds in the department: .………………….
3. No. of Units in the department: ………………………...
4. Unit wise teaching staff (Annexed) ………………….
5. Bed strength

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Designati on | Name with Date of Birth and PM&DCreg No | Nature of employme nt permanent contract. | PG QUALIFICATION | ExperienceDate wise teaching experience with designation and Institution | Recognitio n status as PG teacher in affiliated University |
|  |  |  |  | Subject with Year of passing | In s ti t u ti o n | Un iv e r si t y | De si g n a ti o n | In s ti t u ti o n | Fr o m | To | Pe ri o d |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Total number of recognized teachers in the unit: ……………………

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

1. Number of faculty members changed during the last one year…………….and whether NOC of migration was obtained from PM&DC or not.
2. Other Ancillary staff required as per PM&DC norms.
3. Epidemiologist
4. Statistician
5. Child Psychologist
6. Psychiatric Social Worker
7. 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 |

1. Average daily deliveries: Normal (vaginal) Operative (Caesarians).
2. Year-wise available clinical materials (during previous three years).
3. Whether these figures are commensurate with the number of investigations and blood units consumed daily. Yes/No
4. Intensive Care facilities
5. ICU
	1. No. of beds
	2. Equipment
	3. Average bed occupancy
6. ICCU
	1. No. of beds
	2. Equipment
	3. Average bed occupancy
7. NICU
	1. No. of Beds
	2. Equipment
	3. Average bed occupancy
8. PICU
	1. No. of beds
	2. Equipment
	3. Average bed occupancy
9. Dialysis
	1. No. of beds
10. Average bed occupancy
11. Specialty clinics and services
12. Teaching facilities:

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

Audiovisual Aids: Adequate / Inadequate.

1. Departmental Library:
2. Total No. of Books.
3. Purchase of latest editions in last 3 years.

70. Departmental Museum (Wherever applicable).

1. Space:
2. No. of specimens
3. Charts/ Diagrams.
4. Departmental Research Lab.
5. Space
6. Equipment
7. No. of publications from the department during the last three years.
	1. Indexed………………
	2. Non-indexed…………
8. Working Ward Side lab.
9. Space
10. Facilities
11. Departmental Technicians
12. OPD Space:
	1. No. of rooms
	2. Patient Examination arrangement: Adequate/Inadequate
	3. Teaching Space Adequate/inadequate
	4. Waiting area for patients Adequate/inadequate
13. Indoor Space: Adequate/inadequate
	1. Office Accommodation:
	2. Departmental Office Space
	3. Staff (Steno /Clerk).
14. Computer/ Typewriter:
15. Office Space for Teaching Faculty (Air conditioned or not):
16. HOD
17. Professor
18. Assoc. Prof./ Reader
19. Lecturer/ Asstt. Professor
20. Resident duty room
21. Equipment:

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

Part D

TEACHING/ TRAINING PROGRAM

1. Prescribed rules/mode of admission to the Course.
2. Academic Activities, please mention the frequency with which each activity is planned.
3. Case presentation.
4. Journal Club.
5. Grand Round
6. Seminar
7. Subject Review
8. Death Review meeting
9. Clinical Pathological conference
10. Lectures (separately held for postgraduate students)
11. Guest lectures
12. Video film
13. Log book of students: Maintained/ Not maintained.
14. Whether PG students participate in UG teaching or not ?
15. Thesis / Dissertation:
16. Last date by which thesis plan is to be submitted.
17. Authority who evaluates and accepts thesis plan.
18. Last date by which thesis is to be submitted for evaluation.
19. 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.

1. Dr Name

PART- F

Declaration Form From The Faculty/Trainer/Supervisor

Recent Passport size photo Photograph Signed by Dean/Principal of the college

1. Date of Birth and Age

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PM&DCRegistratio n | Qualification | College | Year of qualific ation | Universit y | PM&DCFaculty Registratio n number | Level as per PM&DCExperienc e certificate |
|  | MBBS |  |  |  |  |  |
|  | MD/MS |  |  |  |  |  |
|  | FCPS |  |  |  |  |  |
|  | Any other |  |  |  |  |  |

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

1. Present Designation:
2. Department:
3. College:
4. City:
5. Nature of appointment: Permanent/ Temporary/ Adhoc/ Contract
6. Residential Address :
7. Attached Copy of CNIC.
8. Phone and Fax Number With Code
	1. Office:
	2. Residence
9. E-mail address:
10. Date of joining present institution: as
11. Details of the previous appointments/teaching experience

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

14.

1. Before joining present institution I was working at as

 and relieved on after resigning/retiring (relieving order is enclosed from the previous institution).

1. I am not working in any other medical college/dental college in the Province or outside the Province in any full-time capacity
2. 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: