




Rawalpindi Medical University

UNIVERSITY RESIDENCY PROGRAM

**PROGRAM
DIRECTOR GUIDE
2018**

**Prof. Muhammad Umar
Dr. Rizwana Shahid**

 **www.rmur.edu.pk**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

TABLE OF CONTENTS

Preface	4
Aims & Objectives	5
Resident Appointments	6
Guidelines for Induction in FCPs & MCPS training programs	8
Guidelines for Induction in MS / MD / MDS programs	11
Training Programs	14
Core Competencies	16
Curriculum	18
Scholarly Activities of Trainees	19
Supervision of Trainees	20
The Regulations for PG Level-III Residency training in public teaching Hospitals of Punjab	23
Policy & Procedures Manual (PPM) of postgraduate residency admission, Jan 2017, SHC & ME, Govt. of Punjab.....	24
Rules & Regulations for Attendance of postgraduate trainees	31
Trainees' Duty Hours in learning & working environment	32
Training Unit	33
Teaching Hospital	34
University Hospital	35
Standardization of Beds-Faculty-Trainees Ratio.....	36
Salient Personnel of Postgraduate training.....	37
Deans	38
Chairperson / Head of Department	39
Program Director	40
Supervisor	42
Mentor	43
Program Coordinator	44
Co-supervisor	45
Faculty	46
Duties of Professor	47

Duties of Associate Professor	49
Duties of Assistant Professor	51
Duties of Senior Registrar	53
Evaluation	54
Trainees' Evaluation	55
Faculty Evaluation	56
Program Evaluation	57
Regulations governing requirements of teaching faculty in Medical College & Attached Teaching Hospitals.....	58
Regulations for Accreditation of Postgraduate training programs	58
Hierarchy of University Officers / Staff	59
List of Abbreviations	60
Annexures	64

PREFACE

Post graduate training programs must exhibit substantial confirmation to the requisites established by the Review Committee which is basically meant for accrediting any discipline for postgraduate training. Program Director Guide includes explanations of most common requirements with prioritization on competencies to be acquired by the postgraduate trainees of any institute. This document also elaborates the recommendations for implementing the postgraduate training requirements.

Program director guide is a comprehensive overview of all standard rules and regulations to be abide by postgraduate trainees. This guide reveals the duties of all faculty members along with salient healthcare personnel engaged in training program and promoting the health improvement of the nation at large. This document also throws light on evaluation of trainees, faculty and whole training process not only by outlining the key points but also by displaying the feedback proforma strategically designed to meet the purpose. I hope this guide will serve as an escort to all those who want to implement a training program in true sense and achieve its intended objectives.

Prof. Muhammad Umar
Vice Chancellor
Professor of Medicine & Gastroenterologist
Rawalpindi Medical University
Rawalpindi

Dr. Rizwana Shahid
Demonstrator
Community Medicine Department
Rawalpindi Medical University
Rawalpindi

AIMS & OBJECTIVES

This program director guide is intended to:

1. Promote in depth understanding of training program requirements
2. Provide an opportunity to program director and other hierarchies to get abridged with all essential postgraduate training program requirements for their effective implementation
3. Ensure acquisition of leadership and professional skills by trainees through their adherence to core competencies
4. Elaborate strategies for evaluation of trainees followed by provision of timely feedback
5. Provide guidance on faculty and program evaluation

RESIDENT APPOINTMENTS

Residents / postgraduate medical trainees are enrolled in training program in compliance with Punjab Residency Program Guidelines available at: <http://prp.punjab.gov.pk/>.

Eligibility Criteria

1. FCPS

1. FCPS Part-I pass result within last 03 years
2. 12 months house job completion certificate
3. PM&DC registration / license of practice by relevant bodies for foreign graduates

2. MD / MS

1. JCAT (Joint Centralized Admission Test)
2. House job completion certificate with PM&DC registration
3. License of practice by relevant bodies for foreign graduates

Seat Allocation Detail

Sr.#	Province / Area	Percentage of Trainees to be allocated
1.	Punjab	94%
2.	Foreign Candidates	2%
3.	AJK, GB, Baluchistan, FATA	2%
4.	Sindh, KPK, ICT	2%

Marks Criteria

Applicants come to the merit in accordance with weight age allocated to different components as mentioned below:

FCP S Part- I & JCA T	Degree	Attempts	Graduation from public sector institute	House job from public sector institute under Health Department Government of Punjab	Parent institute	6 months experience	Research
40	20	05	05	2.5	2.5	20	05
				House job from public institute under Health Deptt. Govt of Punjab is compulsory		1.No marks for experience less than 06 months 2. If experience is 06 months, marks for secondary will be 2.5 & for primary 5. 3. If experience of 07 months, marks for secondary will be 2.92 & for primary 5.83.	Candidates who have yet to publish their papers but have acceptance are also eligible to add in research papers

General

- Islamiat / Pak Studies marks inclusive
- Distinction awarded by universities
- Accepted research papers

GUIDELINES FOR INDUCTION IN FCPS & MCPS TRAINING PROGRAMS

1. Registration / Induction in the training will be twice in a year i.e. during January and July for FCPS & MCPS.
2. The training for all CPSP programs is on whole time basis. Trainees are not allowed to work in any other department for financial benefit or simultaneous academic qualification.
3. The Units of Medicine and Surgery having strength of three or more CPSP approved Supervisors are allowed to induct (4+4) eight trainees during each session i.e. January and July. Four will continue their trainings in medicine and surgery for four years. Remaining four will move over to specialty of their own choice after completion of two years training in Surgery and Medicine to become eligible for IMM examination.
4. Disciplines looking after only outdoor patients like Diagnostic Radiology, Dentistry etc. each approved CPSP Supervisor is allowed to induct up to six trainees in each session.
5. In Obstetrics and Gynecology six postgraduate trainees per unit per session are allowed for the training in Fellowship. In Subjects other than Obstetrics and Gynecology and those requiring indoor beds are allowed to induct up to four MCPS trainees.
6. All the post graduate candidates inducted for the training are stipendiary as per instruction by the Federal and Provincial governments. Candidates are advised not to accept honorary/ unpaid post as the period which is unpaid will not be registered with RTMC.

7. Regarding Change in Name:

The name of a candidate will remain same for FCPS/MCPS/IMM certificates as entered in the MBBS/ BDS degrees. Any request for the change in name will not be accepted in any case.

8. Leaves

8.1 Fifteen Days leaves are admissible with approval of head of department during each six months. These leaves cannot be accumulated or carried forward and cannot be availed at one time.

8.2 Three months maternity leave can be availed once during entire training period. This period shall be completed afterwards to be eligible for the final examination.

FCPS-I INFORMATION

Candidates for the Fellowship of the College are expected to have a sound working knowledge of the structure and functions of the human body and the various mechanisms whereby these structures and functions are altered leading to diseased states. The emphasis in the FCPS Part-I examination is on comprehension of the various mechanisms by which the body works and adjusts to external and internal changes. Concepts of the integration and interrelationship of various parts of the body are to be given more importance than fine details of structure and function.

The outline of various topics given in this syllabus is a guide to what at the moment are considered to be important topics which the candidate is expected to know. This is to help both the candidate and the examiner in defining the minimum boundaries of FCPS Part-I examination.

FCPS-I EXAM

FCPS-I consists of 2 papers lasting 3 hours each, having lunch break between the papers. The exam tests your knowledge in basic sciences of related specialties. There is no negative marking and exam consists of 100 questions.

Validity of FCPS-I (PASS)

The validity of pass in FCPS part I for candidates is three years from the date of passing this examination plus the duration of fellowship training program that is

- For 3 year program the validity is 6 years
- For 4 year program the validity is 7 years
- For 5 year program the validity is 8 years

SUBJECTS FOR EXAMINATION of FCPS-I

- Medicine & Allied
- Surgery & Allied
- Pathology
- Anaesthesiology
- Gynaecology & Obstetrics
- Diagnostic Radiology
- Oto-Rhino-Laryngology (ENT)
- Dentistry
- Ophthalmology
- Community Medicine

The exam is held 3 times a year in Feb-March, Jun-Jul and Oct-Nov; however the dates vary every year.

The exam application form must reach CPSP 2 months earlier than the examination date.

ELIGIBILITY

1. M.B.B.S. (B.D.S. only for FCPS-I in Dentistry) or equivalent qualification registered with PM&DC.
2. One year house job in an institution recognized by PM&DC
3. House job must be completed 02 months before date of examination

Guidelines for Registration with RTMC, CPSP Available at:
<https://cpsp.edu.pk/files/rtmc/GuideLine.pdf>.

GUIDELINES FOR INDUCTION IN MS / MD / MDS PROGRAMS

Eligibility for JCAT

The applicant on the last date of submission of applications for admission must have:

- i. Basic Medical Qualification of MBBS / BDS or equivalent medical qualification recognized by PM&DC
- ii. Certificate of one year's house job experience in institutions recognized by PM&DC
- iii. Valid certificate of permanent or provisional registration with PM&DC

JCAT Examination

- i. Application form for JCAT is downloaded from websites of KEMU (www.kemu.edu.pk), UHS (www.uhs.edu.pk) and FJMU (www.fjmu.edu.pk)
- ii. Application form through courier can be accepted within due date during working hours.
- iii. JCAT examination will be held once a year on the dates announced by the Coordinator of BOPGMS / Controller of Examination, KEMU, Lahore according to the decision of Joint Admission Commission.
- iv. Total marks of JCAT will be 250 and will be divided as follows:
 - Total marks of written paper = 200
 - Total marks of Video projected clinical examination = 50

Components of JCAT

A. Written Paper

The written examination will consist of 100 MCQs with single best answer. MCQs will be derived from different subjects as follows:

- i. Basic Sciences (50 MCQs)
 - Anatomy (15 MCQs)

- Physiology & Biochemistry (15 MCQs)
 - Pathology (10 MCQs)
 - Pharmacology (10 MCQs)
- ii. General Medicine (for MD) 35 MCQs
 - iii. General Surgery (for MS) 35 MCQs
 - iv. Dental Surgery (for MDS) 35 MCQs
 - v. Specialty specific (15 MCQs)

Each correct answer will carry 02 marks and incorrect response will result in deduction of 0.5 marks. The applicant scoring 50% marks will be considered as pass in written paper.

B. Video Projected Clinical Examination (VPCE)

This will consist of 250 video / slides which will depict data / images based on subjects of General Medicine, General Surgery, Dental Surgery and others. Each correct answer will carry 02 marks and incorrect response will result in deduction of 0.5 marks. The applicant scoring 50% marks will be considered as pass in VPCE.

Candidates passing written paper must deposit Bank Draft / Pay Order of Rs. 1000/- in favor of Vice Chancellor , KEMU Lahore as processing fee (non-refundable) along with an application for VPCE and submit to the office of Coordinator of BOPGMS / Controller of Examination, KEMU, Lahore well before the start of VPCE.

Declaration of Final Result of JCAT

- i. The candidate must have passed both components (written paper and VPCE) of JCAT scoring at least 50% marks in each component of the examination and 60% in total to be declared to have passed the examination.
- ii. JCAT will be valid for one year.
- iii. Passing in JCAT will not automatically guarantee admission to training program which will depend on available slots.
- iv. Final admission will be made as per policy of Government of Punjab, Specialized Healthcare & Medical Education Department, prevailing at the time of induction.

- v. According to PM&DC rules and regulations, candidates shall not be allowed to enroll in two training programs of university and CPSP of the same or different specialties at the same time and to take examination of both institutes.
- vi. Each and every program may not be available at all institutes. It is the responsibility of the candidate himself to make sure that specialty opted is available in that specific institute. Priority will be given to subjects rather than institutes during allocation.

TRAINING PROGRAMS

An accredited training program must operate under the control of an accredited institution. Accredited institute is responsible to make available the necessary educational, financial, and human resources to support postgraduate Medical Education¹. Training programs can best be designed by using ADDIE model (Analysis, Design, Development, Implementation & Evaluation)².

Following are the key points pertinent to any postgraduate training program:

- Goals for training programs must be distributed to both trainees and faculty annually
- Competency based goals and objectives for each assignment at each training level should be distributed to trainees and faculty on annual basis.
- There is need to delineate the trainees' responsibilities for patient care and management.
- Trainees should be supervised over the continuum of program

Training programs intended by medical universities include MS / MD / M.Phil Programs.

Training programs offered by CPSP are FCPS and MCPS.

Postgraduate medical training must follow a systematic program which describes generic and discipline-specific components of training. The training must be practice based involving the personal participation of trainees in the services and responsibilities of patient care activities. Training program must encompass integrated practical and theoretical instruction with an organized program of rotations and other educational experiences. The detailed training program should be outlined in specialty documents developed by relevant professional authority and should reflect a structured training program³.

TEACHING METHODS

Diverse teaching methodologies should be employed for learning of trainees:

- ❖ Didactic lectures
- ❖ Bed side teaching

- ❖ Case based discussion
- ❖ Problem based learning
- ❖ Seminars
- ❖ Conferences
- ❖ Symposiums
- ❖ Outpatient evaluation in clinical settings
- ❖ Self-Directed Learning (SDL)
- ❖ Videos
- ❖ Mortality meetings weekly
- ❖ Multidisciplinary meetings (MDT)
- ❖ Interactive sessions⁴

-
1. Medical Sciences Board. Code of Practice for Supervisors (February, 2014). Radcliffe department of Medicine, University of Oxford
 2. Morrison, Gary R. Designing Effective Instruction, 6th Edition. John Wiley & Sons, 2010.
 3. Regulations for postgraduate medical education by PM&DC Available at: www.pmdc.edu.pk.
 4. Accreditation Council for Graduate Medical Education. Policies and Procedures. Updated June 10, 2017.

CORE COMPETENCIES

As per requirements of Accreditation Council for Graduate Medical Education (ACGME), a postgraduate trainee should be equipped by the following six core competencies:

1. Patient care
2. Medical knowledge
3. Practice based learning and improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. System based learning

1. Patient Care

Trainees must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Provision of learning experiences can be documented through rotation schedules, achievements of goals / objectives, maintenance of portfolios and completion of log books.

2. Medical Knowledge

Trainees must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. This aspect can be documented by means of written didactic curriculum, lecture schedules and submission of assignments by trainees.

3. Practice-Based Learning and Improvement

Trainees must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence to improve their patient care based on constant self-evaluation and lifelong learning. In addition, trainees should be proficient enough to analyze their practice (strengths, deficiencies and limitations in one's knowledge) using quality improvement methods and implement changes to improve their practice.

Moreover, they should participate in the education and counseling of patients, families, students and other health professionals.

4. Interpersonal and Communication Skills

Trainees must be able to elaborate interpersonal and communication skills that result in effective information exchange and cooperation with patients, patients' families, and professional associates.

5. Professionalism

Trainees must be able to demonstrate a commitment to carry out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Professionalism can be exhibited by trainees by building expertise, having up to date knowledge, politeness and developing emotional intelligence.

6. Systems-Based Practice

Trainees must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care. They must be competent enough to call on system resources in order to provide optimal care to their patients. Trainees should be proficient to incorporate cost containment and risk-benefit analysis in patient care. Moreover, they should be capable of working in inter professional teams to augment patient safety and quality of care.

CURRICULUM

The curriculum is a refined composite of educational strategies, course content, learning outcomes, educational experiences, assessment, educational environment and the individual students' learning style and timetable. In addition, learning location / resources, staff and curriculum management are also given due consideration.

Curriculum destined for postgraduate training (MD Internal Medicine) is attached as Annexure.

R.M. Harden. AMEE Guide No. 21: Curriculum Mapping: A tool for transparent and authentic teaching and learning. Medical Teacher 2001; 23(2): 123-137.

SCHOLARLY ACTIVITIES OF TRAINEES

Scholarly activity is a common program requirement for accreditation by International Accreditation Councils. It has been mandated to have trainees and faculty scholarly activities as well as an environment of inquiry and scholarship with active research for effective accomplishment of any training program.

Being scholarly means systematic approach to any project / case by:

- a) Clear goals and objectives
- b) adequate preparation (drawing on existing work in the area, having the appropriate skills)
- c) Applying appropriate methods (using optimal tools, strategies, and processes for the project at hand)
- d) Depicting significant results (ensuring the findings address the objective and raising additional questions)
- e) effective presentation (communicating the systematic process and findings to others)
- f) reflective critique (stepping back and determining what could be done differently and/or next)

Curriculum of postgraduate trainees must be designed intelligently in order to advance their knowledge pertinent to basic principles of research including its conduction, evaluation and application to patient care. Trainees should be encouraged for participation in scholarly activities. Sponsoring institution and program should allocate substantial resources to facilitate their trainees' enrollment in scholarly activities.

SUPERVISION OF TRAINEES

It is mandated to have compliance with guidelines presented worldwide on supervision of postgraduate medical trainees by both supervisors and trainees. These guidelines are illustrated below:

1. Trainees require hands-on experience to acquire the necessary knowledge and skills for independent delivery of health care when they have completed their training.
2. A duty of care to the patient is attributed to both the trainee and supervising physician that includes an obligation to act in the patient's best interests.
3. If the supervising physician inappropriately delegates a task or does not properly supervise the trainee doing a task, the physician could be held liable for any harm caused by a trainee's negligence.
4. The supervising physician is responsible for creating a learning environment which is safe for both the trainees and the patients assigned to their supervised care. This environment should be conducive to trainees acquiring the knowledge and skills set out in the objectives of training.
5. The supervising physician's open and supportive communication and readiness to help the trainees are necessary to enable the trainees to voice concerns about a delegated task.
6. It is impractical for a supervising physician to oversee every decision or action made by a trainee so tasks may be delegated where appropriate; however, supervising physicians are responsible for ensuring that trainees are only given tasks within their competency.
7. The supervising physician needs to be aware that trainees may fail to recognize their limitations and take on more responsibility than is appropriate. Trainees may have difficulty in identifying and/or reporting their own limitations. It is the responsibility of the supervising physician to recognize when a trainee is unable to provide safe patient care because of the number and/or complexity of patients assigned or because of stress or fatigue of trainees. In these circumstances the supervising physician must intervene to support the trainee and the patients whose care has been delegated to the trainee.
8. The supervising physician must respond in an appropriate and timely manner to a trainee's reasonable request for assistance in the care of the patients.

9. As appropriate, supervising physicians may delegate certain supervisory tasks to senior trainees. In their supervisory role such trainees must comply with the responsibilities set out for supervisors.
 10. It must be understood that every patient must have an identified medical staff person who is ultimately responsible for his or her care. This ultimate responsibility cannot be delegated to a trainee.
 11. The training Program Director is responsible for the implementation and ongoing evaluation of compliance with this policy.
- ❖ If supervising physician consistently fails to adequately supervise the trainees, the Chairperson / Dean of the relevant department in consultation with the Program Director should:
- a. Provide written feedback outlining their concerns and suggested solutions to trainees pertinent to their performance.
 - b. Provide counseling and further training to enable the supervising physician to fulfill his or her role
 - c. Dismiss the supervising physician from further participation in the postgraduate training program.

FEEDBACK TO TRAINEES

Trainees should be given comprehensive feedback on history taking, clinical examination and complete documentation. 6 core competencies of the trainees should be evaluated in detail by using Multi-Source Feedback Proforma (Annexures).

Following key points should be taken into account while giving feedback

- Constructive Feedback should be given to trainees based on an assessment of their knowledge, attitude, and skills observed during patient encounters. Feedback should be consisting of a combination of positive and negative comments with a description of how to improve next time.
- Feedback should be ongoing and frequent
- Give the feedback as soon as possible after a critical incident

- Use notes to help you recall the points you wish to make
- Use the feedback sandwich technique which involves discussing corrective feedback that is “sandwiched” between two layers of praise
- Describe the observed behavior
- Be as specific as possible
- End the feedback with detailed instructions for improvement
- Follow up with positive feedback and praise the trainees when improvement occurs.

Postgraduate Medical Education: Supervision Of Postgraduate Medical Trainees On Clinical Rotations. College of Physicians and Surgeons of Ontario (CPSO). Guidelines for Supervision Available at: <http://www.cpso.on.ca/uploadedfiles/registration/international/Supervision%20Guidelines.pdf>.

Alguire, P., et al. (2001). Teaching in your office; a guide to instructing medical students and residents. American College of Physicians. Philadelphia, Pennsylvania.

**THE REGULATIONS FOR POSTGRADUATE LEVEL-III RESIDENCY
TRAINING IN PUBLIC TEACHING HOSPITALS OF PUNJAB**

Post Graduate Admission Committee for Admissions – January 2017; was notified by SHC & ME (Specialized Healthcare & Medical Education) Department of the Government of Punjab on 24- October 2016, comprising of the following members:

S r · #	Name of Doctors	Designation	Duty
1.	Prof. Syed Muhammad Awais (S.I)	Technical Advisor, SHC & ME Dept	Convener
2.	Prof. Asad Aslam Khan (S.I.)	Former V.C. KEMU, C.E.O MHL, M	Member
3.	Prof. Aamir Zaman	Councilor CPSP & Pro VC, FJMU	Member
4.	Prof. Junaid Sarfraz Khan	Pro-VC, UHS	Member
5.	Dr. Salman Shahid	AST, SHC & ME Dept.	Member
6.	Mr. Badar Munir	JD-SE, PITB	Member
7.	Representative of Secretary Primary and Secondary Health Care.		Member
8.	Any Co-opted Member		

The recommendations of the committee were presented before the competent authority on 20th November 2016, and were approved.

*POLICY AND PROCEDURE MANUAL (PPM) OF POSTGRADUATE
RESIDENCY ADMISSION, JAN 2017, SHC & ME GOVT. OF THE PUNJAB*

1. Introduction

Mission of Uplifting the Quality of Health Care in Punjab through Improving Quality of Education of the Health Care Providers.

1.1. **MISSION:** Department of SHC & ME shall uplift the quality of health care services at the “Tertiary and Specialized Teaching Hospitals” of Punjab to the national and international standards.

1.2. **GOAL:** Launch systems and operationalize them in one year (1st Jan 2017 – 31st Dec 2017) and strengthen them through a continuous process of improvement.

1.3. **STRATEGY:** Uplifting of all three pillars of health care systems – Hospitals, Medical Education and Quality of Health Care, in all teaching hospitals of Punjab.

1.4. **STEPS:** The goal will be achieved through the followings steps;

1.4.1 Uplift Education of Health Care Providers.

1.4.2 Uplift the Teaching Hospitals.

1.4.3 Institute Quality Assurance of hospitals, education of the health care providers and health care services.

1.5. **POLICY & PROCEDURES:** Policy and Procedure Manuals shall be prepared to carry out all three steps stated in 1.4.1 to 1.4.3.

2. STEP 1: Transforming quality of care through education

To improve quality of health care delivery in hospitals, it is a gold standard to handle the quality of healthcare through improving the “Education and Training “of the healthcare providers in the hospitals. Medical education gives clinicians the training they need to provide better patient care and improve health outcomes.

Medical practice needs to evolve to meet these challenges, but it cannot without important changes in the field of medical education. Doctors today need to work as a team and to share responsibility for health outcomes as opposed to the traditional medical training and culture which emphasize on individual autonomy and expertise.

3. Standardization of Level-III postgraduate training programs (MS/MD/FCPS)

3.1. Restore relationship of number of beds, number of teachers and number of trainees in each specialty training program to satisfy the regulations published in gazette of Pakistan.

3.2. Ensure formal educational arrangements e.g. approval of programs and training sites by PMDC, approval of training sites by Degree Awarding Institutions (DAI), available and in-practice; training guides like curriculum, structured training systems, log books and examination systems.

3.3. Develop and implement computerized; merit-cum-availability based transparent admission policy and procedure system.

3.4. Supplement the physical and technical resources in the training sites/departments/hospitals to meet the “Basic Requirements of Teaching and Training Programs”.

3.5. Subject the training programs to continuous “Quality Enhancement System”, comprising of; 1) Continuous Monitoring, 2) Self Evaluation (Peer Review), and 3) Third Party Review/Accreditation.

4. Policy Regulations of Level-III Postgraduate Residency Training

These regulations will be called “Punjab PG Residency Regulations, 2017, and shall be improved and modified from time to time, and will be notified by Department of SHC &ME.

4.1. General Guidelines

4.2. All Degree Awarding Institutions, functioning in the field of medical education in Punjab, must have a legal charter, be notified by HEC and approved and included in the relevant schedules of PMDC Act 1962.

4.3. Training of PG residents shall be allowed in the specialty Programs which are approved and notified by PMDC.

4.4. The Degree Awarding Institution(s) must obtain approval of their programs and qualifications from PMDC and these qualifications must be included in the relevant schedules of HEC Qualification Framework and PMDC Act.

4.5. All Public Teaching Institutions in Punjab must get their Specialty Programs and Training Sites inspected and approved/affiliated by the both Degree Awarding Institutions (Universities/ CPSP).

4.6. All Public Teaching Institutions must get their Specialty Programs and their Training sites inspected and approved by PMDC.

4.7. For acting as supervisors, the Post Graduate Training Faculty includes Assistant Professor, Associate Professor and Professor. Each one of them must have teaching experience of five (5) years out of which three (3) years must be after the post-graduation. Each Faculty member can have one PG Trainee per year and Prof/HOD can have two PG Trainees per year.

4.8. To meet the criteria of having three (3) teachers for starting each Specialty Program the list of faculty may include Professors, Associate Professors, Assistant Professors and Senior Registrars.

4.9. The Teaching Institution/Teaching Hospital shall be appropriately organized for the conduct of structured practical/clinical training program based on practice of modern medicine and current basic medical sciences. It must provide a scholarly environment and must be committed to excellence in both medical education and patient care. For Postgraduate Training of Level-III Programs, one (1) PG Trainee will be inducted / admitted for every ten (10) beds per year.

4.10. Admission/Entry for Post Graduate Residency will be once a year. The selected candidates will start their training on 1st January of every year. However, in 2017, the admissions will take place twice a year. (Training will start on 1st January 2017 and 1st July 2017. During 2017, 50% seats will be filled in January and 50% seats will be filled in July).

4.11. The Post Graduate training seats will be allocated as under;

To be filled on all Punjab basis ---90%

Other provinces and International candidates (including 2% seats for AJK and GB) ---10%

(In case of fewer candidates from other provinces or outside Pakistan, the seats will be shifted to Punjab).

4.12. Calculation of Beds/Faculty/Number of PGs and allocation of PG Trainees to the supervisors will be according to PMDC regulations.

4.13. Seats of all Specialty Programs at all training Sites will be calculated and advertised.

4.14. The admissions will be carried out through computerized, transparent, merit-cum-availability system.

4.15. The training slots will be allocated to College of Physicians and Surgeons Pakistan and universities on 50:50 bases. (In case candidates, will be less in one group, the seats will be transferred to other automatically)

4.16. All PG Trainees (whether on Stipend or M.O.) will have to leave the training slot on completion of training tenure.

4.17. The DAI are expected to provide the following documents/guidelines

- Scheme of each program showing rotations, courses & examinations
- Curriculum/Training Manual
- Log Book/Portfolio
- Technical requirements (equipment, facilities) of the program
- Research responsibilities

4.18. If a training site is not approved by one of the DAIs (whether University or CPSP), no seat will be allocated to the candidates of the same DAI. If training site is approved by the other DAI, The seats will be given to that DAI. If site is not approved / affiliated by both DAI(s), no PG Training will be admitted. (To provide health care facilities hospital shall provide medical officers to such units/department).

4.19. Program Administration

4.19.1. Supervisors/Trainers

4.19.2. “Program Faculty Committee”, with all supervisors of each specialty program. The Prof/HOD will be the “Program Director”.

4.19.3. All program Directors in an institution will constitute “Institutional PGME Committee (as required by PMDC).

4.19.4. Program Faculty Committee will meet frequently and look after academics/training, allocation of PGs to supervisors, research, counseling, administration, internal examination, discipline within the program and continuous internal monitoring (required by PMDC).

4.19.5. The Institutional PGME Committee, will perform over all advisory role in all academics, administrative and disciplinary matters related to level-III PG residency within the institution. This committee will ensure that in all programs, the curriculum is translated into

training/competencies by a structured program and candidates are prepared for their final examinations.

4.20. Admission & Joining

4.20.1. The Punjab PG Admission Committee will inform grant of admission to the candidate and to the VC/Principal/Head of Institution to accept the candidate and issue institutional orders. The Medical Superintendent of the Teaching Hospital will include the name of the candidate in the Stipend/Salary system based on the information from the VC/Principal/Head of Institution.

4.20.2. The candidate will give joining to the VC/Principal/Head of the institution within three (3) days after the admission, who will send list of PGs who have joined to PG Admission Committee and the Medical Superintendent (both on-line and signed list on paper). In case the candidate does not join, his admission will be cancelled and post will be given to the next candidate on merit.

4.20.3. The VC/Principal/Head of Institution will forward the PGs to the Head of the Department to call meeting of “Program Faculty Committee(s)” and distribute the PGs to the relevant Units and Supervisors.

4.20.4. Post Graduate Residents will give their joining at the program site. The joining shall be signed by the supervisor, Program Director and the Head of the Department. The candidate will submit the copies of the joining report to the Medical Superintendent, VC/Principal/Head of Institution and PG Admission Committee and apply to the DAI for enrolment.

4.21. Teaching & Training Arrangements

4.21.1. The Department of SHC & ME will coordinate with all DAI to maintain uniform standards in line with the Competencies of the “Specialist Doctors”

4.21.2. The Universities of Punjab, running MD/MS Programs will ensure uniform standards in their curriculum, training, examinations and quality assurance.

4.21.3. The PG Trainees will be allowed one to six months training in other institutions of good reputation within the country or abroad with the approval of the program faculty committee, the “Institutional Post Graduate Medical Education Committee” and the VC/Principal/Head of Institution. PG Trainee will receive stipend/salary for this period.

4.21.4. The PG Trainee will be appointed during last two years of his training at non-teaching DHQ/THQ Hospitals for a period of six months at departments where there is consultant

available in his specialty. The DAI will arrange training of the consultant to act as co-supervisor for this period. The candidate will be given compensation for boarding and lodging in this case.

4.22. The Transition Arrangements

4.22.1. The programs with over admission will receive normal admissions and with time the number of PGs will become normal.

4.22.2. The candidates at present in General Surgery/Medicine will be given special handling to select specialty (if not done) during year 2017-2018.

4.22.3. Punjab Government will continue to strengthen existing and new teaching hospitals with faculty and equipment to strengthen the number of PG admissions.

4.23. Code of Ethics

4.23.1. The PG Resident Candidates will read and sign “Terms and References” of PG Training at time of application.

4.23.2. The “Code of Ethics” for the PG Trainees will be issued by department of SHC & ME or its appointed body.

4.24. Grievances of PG Candidates/Trainees

4.24.1. The PG Candidates, if experience that the admission system has been unfair at some point to their application, he/she will be allowed to lodge complaint before the “Punjab PG Admission Committee”, within (3) days after the result of admissions. The committee will review the case(s) within (2) weeks.

4.24.2. The Trainees, if experience that the training system has been unfair at some point to their rights, he/she will be allowed to lodge complaint before the “Institutional PGME Committee”, within (3) days after the problem has occurred. The committee will review the case(s) within (2) weeks.

RULES & REGULATIONS FOR ATTENDANCE OF POSTGRADUATE TRAINEES

1. All PGTs shall work as full time residents
2. 90% attendance is mandatory for PGTs to appear in University Exams.
3. Only four weeks of leave/absence allowed during one calendar year.
4. There shall be no compensation of any kind of leave for any reason including pregnancy, child birth and medical conditions of any nature. This is because incompleteness of required training days will jeopardize the life of human beings.
5. Trainees shall not carry over the un-availed leave of one academic year to the next academic years except on medical grounds or on maternity leave.
6. In case of posting of PGT to other department for rotation, trainee shall get attendance record from previous department and submit that record to HOD with which trainee will undergo training. HOD will be responsible to forward the attendance record to the concerned University.
7. PGTs enrolled in both clinical and non-clinical courses, who have inadequate attendance to appear in 1st year examination will take up said examination in subsequent session after getting required attendance (90%) for every academic year. If attendance is deficient in any academic year, trainee will have to attend classes even after completion of course to fulfill requirement of 90% attendance before appearing in University examination.
8. Dean of concerned department will furnish the attendance particulars of the trainees which have also to be sent to Controller of Examinations of the University.

Regulation of Attendance for postgraduate degree / diploma in medical & dental courses.
Available at: <http://www.targetpg.in/courses/superspecialisation-dm-mch/regulations-of-attendance-for-post-graduate-degree-diploma-in-medical-dental-course>.

Policy and Procedure Manual (PPM) of Postgraduate Residency Admission, January 2017
Department of Specialized Health Care and Medical Education, Government of the Punjab

TRAINEES' DUTY HOURS IN LEARNING & WORKING ENVIRONMENT

- Duty hours of trainees should be scheduled keeping in view the number of trainees in respective department and workload.
- Faculty as well as trainees should be aware of all levels of postgraduate trainees. A roster should be finalized on monthly basis and should be properly and conspicuously displayed.
- Both patient safety and well-being of the trainees should be given due consideration.
- Assigned duty hours should be honestly and accurately accomplished.
- Proper handing and taking should be consummated before completion of duty hours.

As per Policy and Procedure Manual (PPM) of Postgraduate Residency Admission, January 2017 Department of Specialized Health Care and Medical Education, Government of the Punjab

- Duty Hours. Daily (8 am to 3 pm). One ward duty and one emergency duty per week.
- No honorary PG Residency is allowed.
- All PG Trainees (from Punjab, Pakistan or abroad) will get PG Stipend from the hospital in which their training site/department is located.
- Freezing of the program shall be allowed only for six months in whole program and this period will be without pay. In case of female PG residents, maternity leave of 90 days with pay will be given only once.

TRAINING UNIT

A **Clinical Training Unit (CTU)** is an interdisciplinary program that provides training, research, and exemplary services in the assessment and treatment of various health disorders by using a family-centered, community-based, culturally competent approach. Clinic staff works in interdisciplinary teams, combining expertise in evaluating each health problem and making recommendations.

Vision

To be distinct in clinical training by creating specific and qualitative methods for training.

Mission

Providing an excellent training environment for the rehabilitation of innovative competencies with advanced scientific and behavior skills.

Objectives

- 1.** To raise professional competence level of the postgraduate trainees in their relevant field and to give them the opportunity of practicing field training in the appropriate training sites.
- 2.** To develop capabilities and skills of trainees during the study of Basic Medical Sciences and link these theoretical knowledge, abilities and skills to the work environment reality.
- 3.** To get the trainees ready to assume functional tasks by providing them with functional behavioral patterns and professional trends through their work as vital members in the medical team.
- 4.** To give trainees the confidence in their technical capabilities to accomplish the actual job tasks. This is done by confirming their ability to perform all tasks and job duties with efficient and perfect manner before relying on them fully as specialists.
- 5.** To identify the technical capabilities and specific skills of trainees and their professional leanings in the framework of their specialization to work in areas in which they excel.

Clinical Training Unit. Majmaah University 2017. Available at:

<http://www.mu.edu.sa/en/departments/college-applied-medical-sciences/clinical-training-unit>.

TEACHING HOSPITAL

A teaching hospital is a hospital or medical center that provides clinical education and training to future and current health professionals. Teaching hospitals are often affiliated with medical college and work closely with medical students throughout their period of graduation especially during their clerkship (internship) years. In most cases, teaching hospitals also offer Graduate Medical Education / Postgraduate training programs, where trainees work under a supervising (attending) physician to assist with the coordination of care.

Teaching hospitals deliver a higher level of care to their patients. Many teaching hospitals also serve as research institutes. In short, teaching hospitals apart from providing health care are means for medical education¹.

A teaching hospital is also known as academic medical centre. It differs from community hospital because it offers following advantages²:

- Provides patients and the community with healthcare for everyday health needs, and the most specialized and advanced services for complex illnesses and injuries.
- Offers unique care not available anywhere else in the region.
- Teaches generations of healthcare professionals to assure your family's health and well-being for years to come.
- Develops new and better ways to care for patients through outcomes-based research and the development of new technologies.

1. E. Browne, *Islamic Medicine*, 2002, p.16, ISBN 81-87570-19-9.

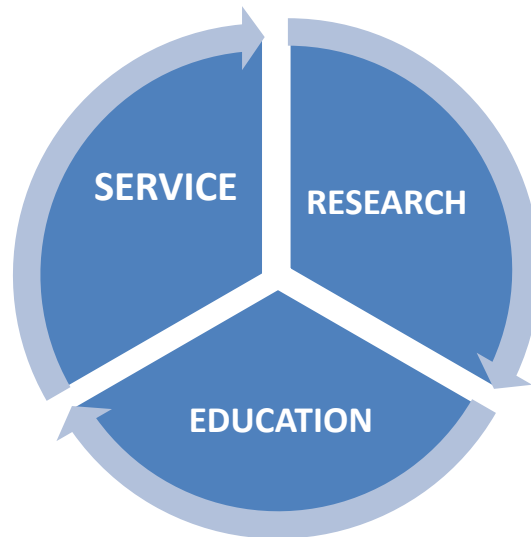
2. Advantages of a Teaching Hospital. University Health System. Available at: <http://www.universityhealthsystem.com/patients/why-university/advantages-of-a-teaching-hospital>.

UNIVERSITY HOSPITAL

This is a hospital that is affiliated with a university. University hospitals provide clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients as depicted below in Figure .

Main Features of a University Hospital

- Major involvement in Research and Development
- Significant external funding on site
- Major academic presence on site
- Commitment to undergraduate and postgraduate teaching of health professionals
- Close links with universities and other educational institutions, with formal partnerships that cover research and/or education with one or more universities



Figure

What makes a university hospital different? The Association of UK University Hospital 2013.
Available at: <http://www.aukuh.org.uk>.

STANDARDIZATION OF BEDS-FACULT-TRAINEES RATIO

PATIENTS BEDS TO TRAINEES RATIO

As per UHS criteria, patient beds to trainee ratio at an approved teaching hospital should be at least 5 beds per trainee.

FACULTY TO TRAINEE RATIO

In each training institution, the ratio between the number of recognized trainers and trainees should ensure close personal interaction and monitoring of the trainee with minimum of 3 full time faculty of relevant specialty for each training unit (Professor, Associate and Assistant / Senior Registrar).

Regulations for postgraduate level-III Residency Training. Available at: health.punjab.gov.pk/.
Regulations for Postgraduate Medical Education by PM&DC. Available at: www.pmdc.edu.pk.

SALIENT PERSONNEL OF POSTGRADUATE TRAINING

Presence of the following personnel is of great significance in any university for smooth execution of postgraduate training programs. These imperative characters are:

1. Dean
2. Chairperson /Head of Department
3. Program Director
4. Supervisor
5. Mentor
6. Program Coordinator
7. Co-supervisor

DEANS

Deans of a medical university are responsible for overseeing all aspects of the academic mission. They are destined to achieve the objectives associated with an institute's four planning pillars which are education, research, clinical care, and community engagement.

Education:

- Ensuring the quality of trainees (medical students, graduate students, residents, fellows, and postdoctoral trainees);
- Maintaining and enhancing undergraduate, graduate, graduate medical education, and continuing medical education, including providing coordinated oversight of the curriculum and curricular change;

Research:

- Overseeing research agenda including fostering of interdisciplinary programs, basic research, clinical research and translational research
- Disseminating the results of research through national and international publications

Clinical Care:

- Ensuring that clinical environment provides high quality patient care
- Promoting clinical practice conducive to appropriate integration of the educational and research programs

Community Engagement:

- Assuring active engagement and collaboration with community partners to improve health through partnership, outreach, health advocacy, and engaged scholarship
- Promoting a community of diverse faculty, trainees, medical students and supporting staff

Dean's Responsibilities – School of Medicine, University of Louisville Available at:
38ouisville.edu/medicine/dean/responsibilities.

CHAIRPERSON / HEAD OF DEPARTMENT

The Department Chairperson is a faculty member with assigned responsibility to provide academic and administrative leadership to an academic department. The Chair serves as mentor to faculty colleagues and as collaborator with other college administrative officers.

His duties are:

- Interpreting institutional policy
- Advocating for his department from a perspective of the best overall interests of the institute
- Leading faculty in shaping the curriculum in light of departmental learning goals
- Having impact on learning of students
- Articulating department and institutional missions to internal and external constituencies effectively
- Informing the department of the perspectives and actions of the dean and other administrators that might affect the department
- Adhering to the principles of academic governance
- Guiding the Department's Strategic Planning process
- Working with other Chairs, Deans, and Directors to coordinate course offerings, curriculum development, and faculty hires, certificate programs and continuing education
- Ensuring the promotion of the institutional vision of Inclusive Excellence
- Establishing teaching schedules in consultation with the faculty
- Supervising the attendance, time commitments and work assignments of department faculty and staff.

Academic Affairs. Department Chair Duties And Responsibilities. Emerson College.
Available at: <http://www.emerson.edu/academic-affairs/faculty-resources/department-chair-duties-responsibilities>.

PROGRAM DIRECTOR

Program Director in any university:

- Is responsible for organization and implementation of training program objectives
- Maintains accurate and complete program files in compliance with institutional records retention policies
- Is accountable to Dean / Supervisor for management of training programs
- Ensures that residents comply with training guidelines through periodic survey
- Oversees and organizes the activities of the educational program in all institutions that participate in the program
- Ensures that trainees are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
- Develops action plans for correction of areas of noncompliance as identified by periodic survey
- Updates annually both program and trainees' records
- Develops an educational curriculum and do its periodic review
- Provides instructions for quality assurance and program improvement
- Use dependable measures to assess trainees' competence in other areas depending on specialty
- Ensures that each trainee develops a personal program of learning to foster continued professional growth
- Facilitates trainees' participation in the educational and scholarly activities of the program and insurance that they assume responsibility for teaching and supervising other trainees and medical students
- Assist trainees in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care
- Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually
- Provides each resident with constructive feedback following evaluation of their 6 months performance
- Provide oversight and liaison with appropriate personnel of other institutions participating in the residency training
- Facilitate institutional monitoring of trainee duty hours
- Provide verification of educational program for trainees who have completed the program > 10 years and for all trainees who may leave the program prior to completion of their education.

- Provide appropriate supervision of trainees (via the program faculty) so as to allow progressively increasing responsibility by the trainee, according to their level of education, ability, and experience
- Structuring on-call schedules to provide readily available supervision to trainees on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged
- Structuring duty hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the educational needs of the trainees
- Provide a final End of Program Competency form for each trainee who completes the program. This evaluation must include a review of the trainees' performance during the final period of education and should verify that the trainees have demonstrated sufficient professional ability to practice competently and independently.
- Maintain the highest standards of professional behavior, and serve as a role model to all trainees within his or her program
- Communicate professionally and effectively with training Program Coordinators
- Pursue appropriate development as a program director in his or her specialty or subspecialty by attending meetings directly relevant to the educational and administrative aspects of his or her program
- Serve as a confidential advisor and advocate for each trainee enrolled in his or her program
- Provide leadership and support to Program Coordinator(s) who are providing administrative support to his or her program

Accreditation Council for Graduate Medical Education. Policies and Procedures. June10, 2017:

http://academicdepartments.musc.edu/gme/pdfs/PD_Responsibilities.pdf

SUPERVISOR

Is a consultant who has clearly defined responsibilities to oversee and manage individual trainee's performance within the department for specified time period.

Following requirements are to be met by a supervisor for efficient delivery of his duties:

- A supervisor of postgraduate medical training should have 5 years post fellowship experience.
- He should have participated in all workshops / courses requisite for acquisition with supervisory skills like educational planning & evaluation, assessment of competence, supervisory skills and RMB & MW.
- He should be aware of management and governance structure in medical education
- He should have mindfulness of recent changes in the delivery of medical education and training nationally and locally
- He should have evidence of:
 - a) Effective interpersonal and communication skills
 - b) Delivering well evaluated teaching sessions/tutorials
 - c) Undertaking relevant workplace-based assessments
 - d) Participation in CME (Continuous Medical Education) and CPD (Continuing Professional Development)
 - e) Facilitation and guidance to trainees for innovative research
 - f) Punctuality and dedication towards his duties

Job Description of Educational Supervisor by General Medical Council Available at: www.gmc-uk.org/.

MENTOR

Mentor is a person who is willing to teach and share his / her knowledge, skills and expertise with mentee. Mentor is destined to guide his mentees by building trust and modeling positive behaviors.

A Mentor should:

- Accept his mentees at any stage of professional development
- Be a powerful personal and professional development tool
- Demonstrate a positive attitude and act as a positive role model
- Wise and trusted counselor
- Encourage mentees towards achievement of their professional goals
- Take a personal interest in mentoring relationship
- Values ongoing learning and growth of mentees
- Provide guidance and constructive feedback
- Set and meet ongoing professional goals
- Value the opinions and initiatives of mentees
- Motivate mentees by setting good examples

Top Ten Qualities of a Good Mentor – Franchise Growth Partners Available at:
www.franchisegrowthpartners.com/top-10-qualities-of-a-good-mentor/.

Program Coordinator

A program coordinator is responsible for overall coordination of the training program and ensures successful achievement of all intended training outcomes.

A program coordinator can be a Senior Registrar / Senior Demonstrator from the respective departments who should be able to:

- Maintain duty rosters / rotation rosters of the trainees
- Maintain leave records of trainees
- maintain the record of feedback from the trainees
- have liaison with Institutional Training & Monitoring Cell with an intention to facilitate the training process
- Ensure smooth execution of the training program
- Confirm effective management of all training activities
- Act as Officer In charge in the absence of Program Director
- Focus on improved learning materials and methods for the trainees

Program Coordinator, Teaching Training Program, Cameroon Available at:
<https://reliefweb.int/job/.../program-coordinator-teacher-training-program-cameroon>.

CO-SUPERVISOR

He is appointed to oversee postgraduate training within specific department and ensures delivery of foundation and specialty programs to desired standards. He can be a professor, associate professor, lecturer, senior trainee, chief physician or a senior researcher.

A CO-SUPERVISOR SHOULD MAKE SURE THAT:

- Educational and career planning needs of trainees are being addressed
- He is monitoring and improving the training programs in liaison with Department of Medical Education and affiliated University
- Log books and portfolios of trainees are regularly checked and signed
- Procedures done by trainees are supervised adequately
- Indoor, OPD, emergency, teaching on rounds and bedside teaching carried out
- History taking, clinical examination and complete documentation done by trainees
- Morning meetings and journal clubs are regularly arranged
- Attendance record of trainees are maintained
- Monthly report of trainees are regularly signed
- He is accessible to trainees all the time
- Conducive Learning environment is provided to trainees
- Guidance to trainees for successful accomplishment of their research project

Medical Sciences Board. Code of Practice for Supervisors (February, 2014). Radcliffe Department of Medicine, University of Oxford

FACULTY

It is mandatory to have adequate number of faculty members in any discipline / specialty with relevant postgraduate qualification to guide and supervise the trainees.

In addition, smooth running of postgraduate training in any institute is attributed to:

- ❖ Provision of conducive learning environment
- ❖ Scholarship with an active research component
- ❖ Regular and active participation of trainees in clinical discussion, journal clubs, conferences, ward and other mega rounds

Faculty Members include:

1. Professor
2. Associate Professor
3. Assistant Professor
4. Senior Registrar

DUTIES OF PROFESSOR

1. Develop a program of patient care encompassing inpatient, outpatient and emergency care.
2. Discharging clinical duties in the teaching hospital by conducting ward rounds, OPDs and providing emergency cover.
3. Monitoring and Evaluation of young doctors responsible for patient care.
4. Patient care per duty roster (Ward rounds, OPDs and on call duties)
5. Advising the institution in developing cost effective patient care.
6. Overall co-ordination of departmental activities including teaching, departmental administration, examination and patient service/care
7. Overall supervision of undergraduates teaching
8. To undertake undergraduate and postgraduate teaching
9. Scheduling and supervising teaching efforts of associate Professor, Assistant Professors and senior Registrar/Lectures in the department.
10. To chair seminars and club meetings and highlight recent advances and clinical implications.
11. Guide post graduate dissertation work
12. Hands of demonstration of complicated cases of academic interest
13. To conduct clinical & Epidemiological research and present papers in conferences or chairing scientific sessions.
14. To participate in conferences at National or International level.
15. To undertake all the academic and administrative work assigned by the principal/Dean/Chief executive /Secretary/University/PM&DC/HEC or any other regulatory body.
16. Supervision and finalization of internal assessment, compilation of marks and timely dispatch to the university.
17. To support and guide students in their curricular or co-curricular activities.
18. Recording and forwarding the leave applications and other official documents to the Principal / Vice Chancellor in case of teaching cadre, SR/JR HO and other staff to MS
19. To conduct under graduate and post graduate examination. Invigilation of clinical and practical examination evaluation of answer scripts. Setting question papers.

20. To chair committees and participate in college decision-making body i.e. academic council or any forum where asked for.
21. Co-ordinates intra and inter departmental activities.
22. Participating in heads of the departments meetings for scheduling, teaching
23. program, syllabus, continuing medical education or meetings by Director Academics, Chief Executive or any other
24. Conduct departmental meetings for smooth functioning of the department.
25. To ensure maintenance of departmental decorum, discipline, conduct and
26. Patient service care ensuring morning / evening round by concerned staff
27. To ensure timely availability of necessary input to the department in the form of Equipment, materials, academic or patient care.
28. Maintenance of departmental records documents and accounts.
29. Be a member of committees to inquire adverse events, carry out audits and evaluate performances, thus improving practices.
30. Participate in the development of SOPs and treatment guidelines & protocols.
31. Any other duty assigned to him/her by Principal or Chief Executive

DUTIES OF ASSOCIATE PROFESSOR

1. Help in the development of patient care program encompassing Inpatient, outpatient and emergency care.
2. Discharging clinical duties in the teaching hospital by conducting ward rounds, OPDs and providing emergency cover.
3. Monitoring and Evaluation of young doctors responsible for patient care.
4. Patient care per duty roster (Ward rounds, OPDs and on call duties)
5. Advising the institution in developing cost effective patient care.
6. Overall co-ordination of departmental activities including teaching, departmental administration, examination and patient service/care.
7. Engage in teaching at all level using relevant teaching methods, e.g. lectures, seminars, tutorial etc., working as part of the teaching team.
8. Develop and apply appropriate teaching techniques and material, which may be novel or innovative, to create interest, understanding and enthusiasm amongst students.
9. Undertake curriculum design and deliver material across programs of study at various levels, using appropriate teaching, learning support and assessment methods, reviewing and improving as required.
10. Liaise with external partners over all matters relating to the clinically-based elements of teaching.
11. Guiding undergraduate students in their clinical and preclinical work as assigned by the professor.
12. To guide the post graduate students in their clinical work as assigned by the students.
13. To act as guides / co guides for clinical dissertation work for postgraduate students.
14. To assist and supervise the postgraduates in their library dissertations, seminars presentation etc., as assigned by the professor.
15. Examination duties:
 - a. Promptly carry out the examination duties assigned by the supervisor or the university, which may include.
 - b. Invigilation during examination
 - c. Assisting the examiners in the examination work as clinical experts

- d. Valuation of answers scripts
 - e. Conduct practical examination of undergraduate and postgraduate students setting question papers.
16. To guide and direct subordinate in maintaining cleanliness in the department.
 17. Provide first line support for colleagues, referring then to sources of further help if required.
 18. Assist the professor in the departmental administrative work which includes:
 19. To ensure overall coordination of duties of all Para medical staff in the department.
 20. Maintenance of patient record in the departments.
 21. Allotment of work to post graduate students.
 22. Record of academically important clinical cases.
 23. Record of stocks in the department.
 24. Patient counseling and departmental public relations.
 25. To carry out any other work delegated by the superiors in connection with teaching, examination, administration or patients care.
 26. To conduct clinical audit when required
 27. Performs the duties of professor in his absence.
 28. Any other task assigned by higher authorities
 29. Participate in the development of SOPs and treatment guidelines & protocols.
 30. Any other duty assigned to him by his/her In-Charge of Clinical Unit, Principal & Chief Executive

DUTIES OF ASSISTANT PROFESSOR

1. Help in developing a program of patient care encompassing inpatient, outpatient and emergency care.
2. Discharging clinical duties in the teaching hospital by conducting ward rounds, OPDs and providing emergency cover.
3. Monitoring and Evaluation of young doctors responsible for patient care.
4. Patient care per duty roster (Ward rounds, OPDs and on call duties)
5. Advising the institution in developing cost effective patient care.
6. Overall co-ordination of departmental activities including teaching, departmental administration, examination and patient service/care.
7. Supervise and coordinate under graduate teaching by lectures.
8. Taking lecture classes and attends clinics.
9. Monitoring, assessing and marking students work, maintaining accurate records and progress.
10. Demonstrating the various clinical treatment modalities to the students.
11. To schedule and conduct seminars, journal clubs for post graduates.
12. Hands on teaching of complicated or cases of academic interest.
13. To participate in seminars conference at national international level.
14. To conduct clinical and epidemiological research and present papers in conference.
15. To support and guide all students in their curricular and extracurricular activities.
16. Ensuring patient care and conducting morning/ evening rounds & ensuring proper patient data & its documentation
17. Participate in the development of SOPs and treatment guidelines & protocols.
18. Assist & coordinate all academic , research & patient care activities in consultation with Assoc. Prof & Professor of the ward
19. Any other task assigned by Prof. Principal or Chief Executive
20. Examination Duties
 - a. Promptly carry out the examination duties assigned by the supervisor or the university, which may include.
 - b. Invigilation during examination

- c. Assisting the examiners in the examination work as clinical experts
- d. Valuation of answers scripts
- e. Conduct practical examination of undergraduate and postgraduate students setting question papers.

DUTIES OF SENIOR REGISTRAR

1. Reports to his/her Head of Clinical Unit and, through him, to the Medical Superintendent.
2. His/her job is full-time, residential & non-practicing. However Volunteer Institutional Private Practice(VIPP) will be allowed with the approval of management council & as per mutually agreed TORs
3. Works under the supervision of Head Of Unit
4. Supervises Registrar, SMOs/Mos, House officers, Nurses Staff & other subordinate staff working in the unit
5. Stays on call for emergency cases and critically ill patients and be immediately summoned to the hospital when required.
6. Makes regular detail morning & evening round of the in-patients as well as surprise visits to ensure that work is being carried out in accordance with instructions.
7. Operates on scheduled & emergency cases independently
8. He / She assist the Prof., Assoc. Prof & Asstt. Prof in administering the unit, supervise the performance of subordinate staff, delegates to them activities they are qualified & competent to do in accordance with their clinical privileges.
9. Provides out patients consultation , attends to inter departmental references, and examines in patients at morning & evening and more frequently when warranted
10. He / She independently carries out diagnostic & therapeutic procedures in accordance with his approved clinical privileges
11. Ensures that records of patients treated by his unit are legible, up-date & correctly reflect the patient's condition and response to treatment
12. Prepares & verifies medical reports, death reports & medico legal reports issued by the unit
13. Co-ordinates the clinical audit, teaching & research activities of the unit
14. Carries out all other duties as may be assigned to him by the head of unit, M.S, Chief Executive & Management Council

EVALUATION

Training evaluation checks whether training has had the desired effect. Training evaluation ensures that whether candidates are able to implement their learning in their respective workplaces or to the regular work routines.

Evaluation of any training program is of paramount significance in three aspects:

1. Trainees evaluation
2. Faculty evaluation
3. Program evaluation

TRAINEES EVALUATION

Postgraduate trainees in any medical institute should be evaluated in compliance with Miller's Pyramid of Competence shown below in Figure 1.

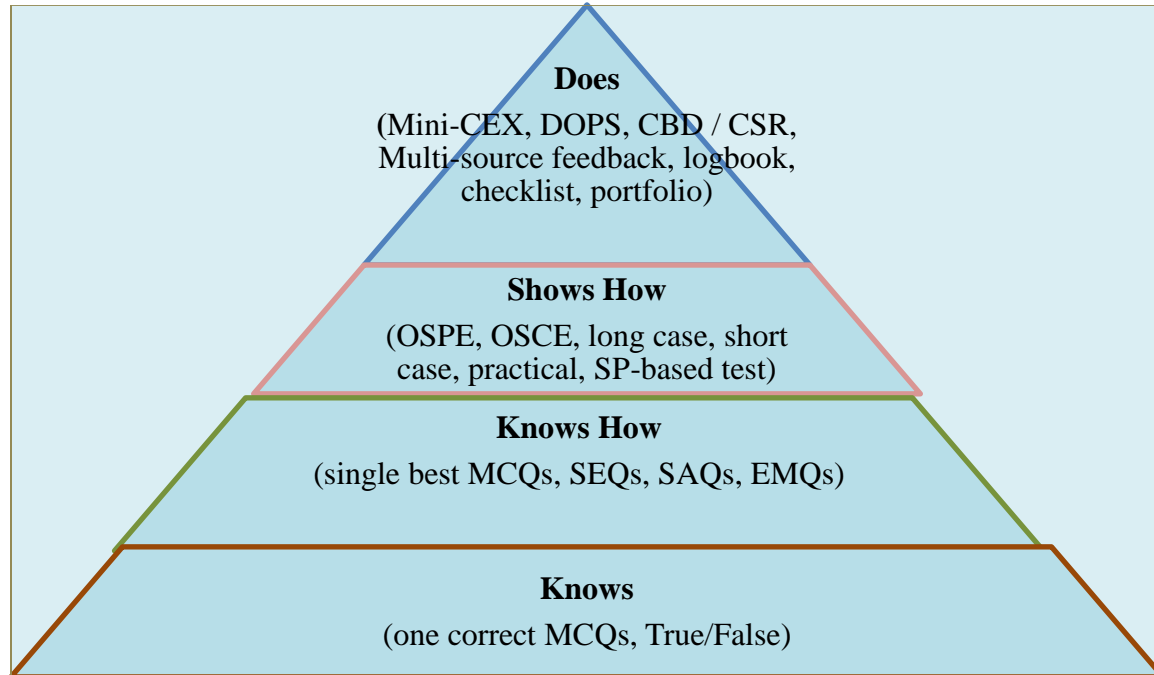


Figure 1: Miller's Pyramid of Competence

This pyramid is reflecting very clearly the aspect of competence to be evaluated along with appropriate tools used for evaluation. These tools can be employed for evaluation of basic knowledge of trainees as well as their clinical competencies at their workplace. Of the abovementioned tools in pyramid, Multi-source Feedback (360 degree) evaluation can provide a comprehensive picture pertinent to core competencies of trainees.

Evaluation of trainees should be carried out by designing structured feedback proforma attached as Annexure.

However, evaluations / feedback on performance should be accessible to the trainees for reviewing their strengths, deficiencies and suggestions for improvement.

Ramani S, Leinster S, AMEE Guide no 34: Teaching in the clinical environment. Medical Teacher, 2008;30(4):347-364.

FACULTY EVALUATION

Faculty should be evaluated annually followed by provision of feedback to them confidentially.

This evaluation should include a review of faculty members' clinical teaching abilities, their commitment to educational program / training, clinical knowledge, professionalism, ethics and scholarly activities.

In some universities like University of Health Sciences, Lahore professional audit of the faculty is mandated whose data is then subjected to statistical analysis for further line of action.

The General Medical Council (GMC) states that, as part of good medical practice, maintaining and improving performance, doctors should

- Take part in regular and systematic audit.
- Take part in systems of quality assurance and quality improvement.
- Respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary.

- ❖ Feedback of the trainees regarding their supervisors / faculty of department should also be given due consideration which can be collected by floating the feedback proforma (Annexure).

Medical Education by University of Health Sciences Available at: www.uhs.edu.pk.

Good Medical Practice (2013); General Medical Council.

PROGRAM EVALUATION

Any postgraduate training program can be evaluated by surveying the trainees (duty hours), their work environment, clinical responsibilities and teamwork. Any training program can comprehensively be evaluated by following steps:

- Engage stakeholders
- Describe program
- Focus evaluation design
- Gather credible evidence
- Justifying the conclusion
- Ensuring the use of program and sharing the lessons learnt

Program evaluator must:

- Document formal, systematic evaluation of curriculum annually
- Monitor and track
 - a) Trainee performance
 - b) Faculty development
 - c) Graduate performance
 - d) Program quality
- ❖ An action plan should be documents if deficiencies are found

Before, during and after models have been designed in order to evaluate any residency or fellowship training program by faculty working in University of the Health Sciences Bethesda, Maryland, USA that was found to be very feasible and practical. It can be voluntarily put into practice for new and existing medical education programs. Proforma for training program evaluation is attached as Annexure.

Kirkpatrick evaluation model can be used to evaluate training program.

Steven J. Durning Paul Hemmer Louis N. Pangaro. The Structure of Program Evaluation: An Approach for Evaluating a Course, Clerkship, or Components of a Residency or Fellowship Training Program. Department of Medicine Uniformed Services University of the Health Sciences Bethesda, Maryland, US.

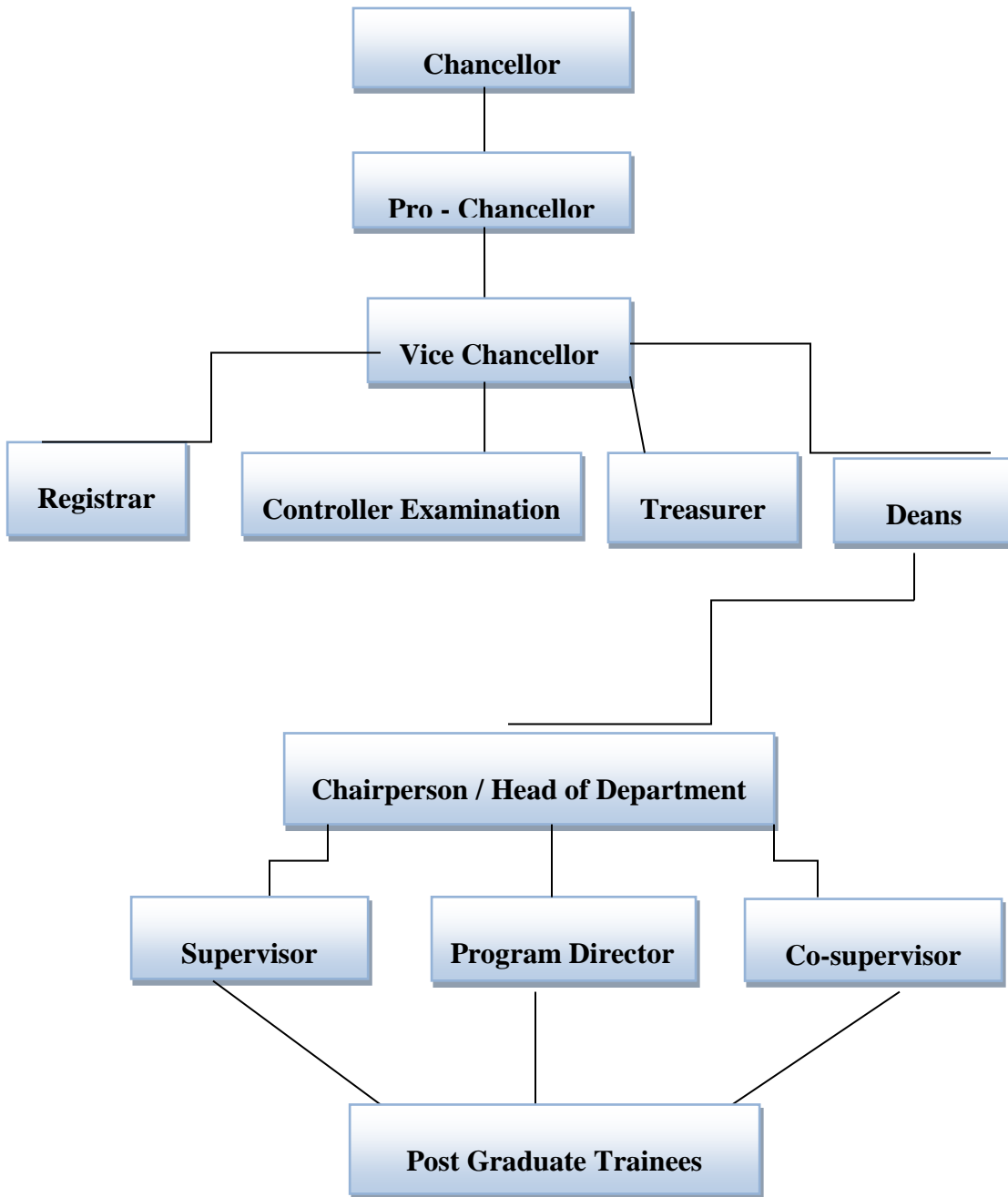
*REGULATIONS GOVERNING THE REQUIREMENTS OF TEACHING
FACULTY IN MEDICAL COLLEGE & ATTCHED TEACHING HOSPITALS*

These regulations are available at www.pmdc.edu.pk.

*REGULATIONS FOR ACCREDITATION OF POSTGRADUATE TRAINING
PROGRAMS BY PM&DC*

PM&DC Postgraduate Medical and Dental Education Regulations, 2010 dated 8th May, 2010 are available at www.pmdc.edu.pk.

HIERARCHY OF UNIVERSITY OFFICERS / STAFF



LIST OF ABBREVIATIONS

AJK	Azad Jammu and Kashmir
CBD / CSR	Case Based Discussion / Chart Stimulated Recall
CEO	Chief Executive Officer
CME	Continuous Medical Education
CPD	Continuing Professional Development
CPSP	College of Physicians & Surgeons Pakistan
DAI	Degree Awarding Institution
DHQ	District Head Quarters
DOPS	Direct Observation of Procedural Skills
EMQs	Extended Matching Questions
FATA	Federally Administered Tribal Areas
FCPS	Fellowship of College of Physicians and Surgeons
FJMU	Fatima Jinnah Medical University
GB	Gilgit Bultistan
GMC	General Medical Council
HEC	Higher Education Commission

HO	House Officer
HOD	Head of Department
ICT	Islamabad Capital Territory
IMM	Inter Mediate Module
JCAT	Joint Centralized Admission Test
JR	Junior Registrar
KEMU	King Edward Medical University
KPK	Khyber Pukhtun Khawa
MCPS	Membership of College of Physicians & Surgeons
MCQs	Multiple Choice Questions
MD	Doctor of Medicine
MDS	Master of Dental Surgery
Mini-CEX	Mini Clinical Evaluation Exercise
MO	Medical Officer
MS	Master of Surgery / Medical Superintendent
OPD	Out Patient Department
OSCE	Objectively Structured Clinical Evaluation

OSPE	Objectively Structured Performance Evaluation
PG	Post Graduate
PGME	Post Graduate Medical Education
PM&DC	Pakistan Medical and Dental Council
PPM	Policy & Procedures Manual
Pro VC	Pro Vice Chancellor
RTMC	Research & Training Monitoring Cell
RMB & MW	Research Methodology Biostatistics & Medical Writing
SAQs	Short Answer Questions
SEQs	Short Essay Questions
SHC & ME	Specialized Health Care & Medical Education
SMO	Senior Medical Officer
SOPs	Standard Operating Procedures
SP-based test	Simulated Patients based test
SR	Senior Registrar
THQ	Tehsil Head Quarters
TORs	Terms of References

UHS	University of Health Sciences
VC	Vice Chancellor
VIPP	Volunteer Institutional Private Practice
VPCE	Video Projected Clinical Examination

ANNEXURES



Rawalpindi Medical University

Quality Enhancement Cell

Training Program Evaluation by Trainee

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Total Score = 4

Assessment Date: _____

Sr. #	Contents	Excellent (4)	Very good (3)	Good (2)	Poor (1)	Very poor (0)
1.	Content of the course					
2.	Time allotted for the course					
3.	Quality of the material / content provided					
4.	Instructor's knowledge about the subject					
5.	Illustration by practical examples					
6.	Presentation methods					
7.	Communication skills					
8.	Questions handling					
9.	Interaction of the trainers with trainees					
10.	Extent to which training environment is favorable					
11.	Training is helpful in getting aware of latest trends in medicine					
12.	Opportunity provided to implement the skills learnt					

13.	Extent to which training program resulted in change of behavior					
14.	Extent to which training program brought about change of techniques					
15.	Extent to which training met my expectations					
16.	Extent to which training helps me in my future career					

Score Obtained =

Reference: Akhila Kunche , Ravi Kumar Puli , Sunitha Guniganti , Danaiah Puli.. Analysis and Evaluation of Training Effectiveness. Human Resource Management Research 2011; 1(1): 1-7



Rawalpindi Medical University
Quality Enhancement Cell
Training Program Evaluation by Supervisor

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Assessment Date: _____

1. What are the strengths of training program?

2. What is the weakness of training program?

3. Are sufficient resources available for successful execution of training program?

Yes

No

do not know

4. To what extent were the identified training needs objectives achieved by the program?

5. To what extent trainee's objectives were achieved?



Rawalpindi Medical University
 Quality Enhancement Cell
Trainee Feedback for Supervisor / Faculty

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Performance ratings

Assessment Date:

The following guidelines are to be used in selecting the appropriate rating:

0=Strongly Disagree

1=Disagree

2=Neutral

3=Agree

4= Strongly Agree

1. My supervisor makes me feel that he / she really wants me learn the best

0

1

2

3

4

2. My supervisor uses several good ways to explain each topic

0

1

2

3

4

3. My supervisor explains difficult things clearly

0

1

2

3

4

4. My supervisor helps to correct mistakes

0 1 2 3 4

5. My supervisor makes topics interesting

0 1 2 3 4

6. Supervisor employs diverse teaching methodologies to make us learn about the topic

0 1 2 3 4

7. My supervisor respects my ideas and suggestions

0 1 2 3 4

8. My supervisor checks me to make sure that I have understood what he / she taught.

0 1 2 3 4

9. The comments of my supervisor at workplace helps me to improve my performance

0 1 2 3 4

Reference: Gathering Feedback from Students. Vanderbilt University, Centre for Teaching



Rawalpindi Medical University

Quality Enhancement Cell
360 Degree Evaluation Proforma (by Supervisor / Faculty)
PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Total Score= 4

Performance ratings

Assessment Date:

The following guidelines are to be used in selecting the appropriate rating:

0=Never

1= Rarely

2= Occasionally

3= Frequently

4= Always

1. Patients Care

Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location, or socioeconomic status.

0

1

2

3

4

2. Medical Knowledge

Keeps current with research and medical knowledge in order to provide evidence-based care.

0

1

2

3

4

3. Interpersonal and Communication Skills

Works vigorously and efficiently with all involved parties as patient advocate and/or consultant.

0 1 2 3 4

4. Practice based Learning and Improvement

Assesses medical knowledge and new technology and implements best practices in clinical setting.

0 1 2 3 4

5. Professionalism

Displays personal characteristics consistent with high moral and ethical behavior.

0 1 2 3 4

6. Systems Based Practice

Efficiently utilizes health-care resources and community systems of care in the treatment of patients.

0 1 2 3 4

Score Obtained =

Reference: Competencies identified by ACGME & ABMS
ACGME Accreditation Council for graduate medical education
ABMS American Board of Medical Specialties



Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Colleague)

PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Total Score = 4

Performance ratings

Assessment Date:

The following guidelines are to be used in selecting the appropriate rating:

0=Never

1= Rarely

2= Occasionally

3= Frequently

4= Always

1. He/she is often late to work

0

1

2

3

4

2. He/she meets his deadlines most often.

0

1

2

3

4

3. He/she is willing to admit the mistakes.

0

1

2

3

4

4. He/she communicates well with others.

0

1

2

3

4

5. He/she adjusts quickly to changing Priorities.

0

1

2

3

4

6. He/she is hardworking.

0 1 2 3 4

7. He/she works well with the other colleague.

0 1 2 3 4

8. He/she co-worker behave professionally.

0 1 2 3 4

9. He/she co-worker treat you, respect fully.

0 1 2 3 4

10. He/she co-worker handles criticism of his work well.

0 1 2 3 4

11. He/she follow up the patient's condition quickly.

0 1 2 3 4

Score Obtained =

Reference: <http://www.surveymonkey.com/r/360-Degree-Employee-Evaluation-Template>



Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (Self-Assessment)

PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Total Score = 4

Performance ratings

Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating:

0=Poor

1= Less than Satisfactory

2= Satisfactory

3= Good

4= Very Good

1. Clinical knowledge

0

1

2

3

4

2. Diagnosis

0

1

2

3

4

3. Clinical decision making

0

1

2

3

4

4. Treatment (including practical procedures)

0

1

2

3

4

5. Prescribing

0

1

2

3

4

6. Medical record keeping

0

1

2

3

4

7. Recognizing and working within limitations

0 1 2 3 4

8. Keeping knowledge and skills up to date

0 1 2 3 4

9. Reviewing and reflecting on own performance

0 1 2 3 4

10. Teaching (student, trainees, others)

0 1 2 3 4

11. Supervising colleagues

0 1 2 3 4

12. Commitment to care and wellbeing of patients

0 1 2 3 4

13. Communication with patients and relatives

0 1 2 3 4

14. Working effectively with colleagues

0 1 2 3 4

15. Effective time management

0 1 2 3 4

Score Obtained =

Reference: www.gmc-uk.org



Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Paramedical Staff)

PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Performance ratings

Assessment Date:

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

1- مریض کی تشخیص بالکل ٹھیک کرتا/کرتی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

2- دستاویزات وقت پر تیار ہوتے ہیں اور اس پر عمل کرنے میں آسانی ہوتی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

3- ٹیم ورک کو اہمیت دیتا/دیتی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

4- موقع ملنے پر عملہ اور طالب علم کو تعلیم دیتا/دیتی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

5- عملہ کی بات پر جلدی جواب دیتا/دیتی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں



Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Attendant)

PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Performance ratings

Assessment Date:

لاگو نہیں ہمیشہ اکثر کبھی کبھار کم سے کم کبھی نہیں

1- ڈاکٹر نے مریض کی صورتحال تشخیص و تفصیل سے بتائی ہے۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

2- ڈاکٹر نے اپنی پریشانی بتانے کے لئے مجھے حوصلہ دیا۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

3- ڈاکٹر نے عزت سے میرا علاج کیا۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

4- ڈاکٹر نے مجھے جو تفصیلات بتائیں وہ آسانی سے سمجھ آ گئی۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں

5- ڈاکٹر نے میرے احساسات کا خیال رکھا۔

کبھی نہیں کم سے کم کبھی کبھار اکثر ہمیشہ لاگو نہیں



Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Patient)

PGT, MO, HO Proforma

Reviewer

Evaluation for

Name:

Name:

Designation:

Designation:

Performance ratings

Assessment Date:

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

1۔ ڈاکٹر نے آپ کا معائنہ عزت اور احترام سے کیا ہے۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

2۔ ڈاکٹر نے آپ کی بیماری کے متعلق آپ کو روکے ٹوکے بغیر تسلی سے سنا۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

3۔ ڈاکٹر نے آپ کی بات بہت توجہ سے سنی۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

4۔ ڈاکٹر نے آپ کی زندگی کے متعلق تفصیل سے سوالات کیے۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

5۔ ڈاکٹر نے آپ کے حدیثات کو اچھی طرح سمجھا ہے۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

6۔ ڈاکٹر نے مجھے بیماری سے متعلق تفصیل اور وضاحت سے آگاہ کیا ہے۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں

7۔ ڈاکٹر نے مجھے بیماری سے متعلق صحیح فیصلہ کرنے میں مدد کی۔

کبھی نہیں کم سے کم کبھی بھار اکثر ہمیشہ لاگو نہیں