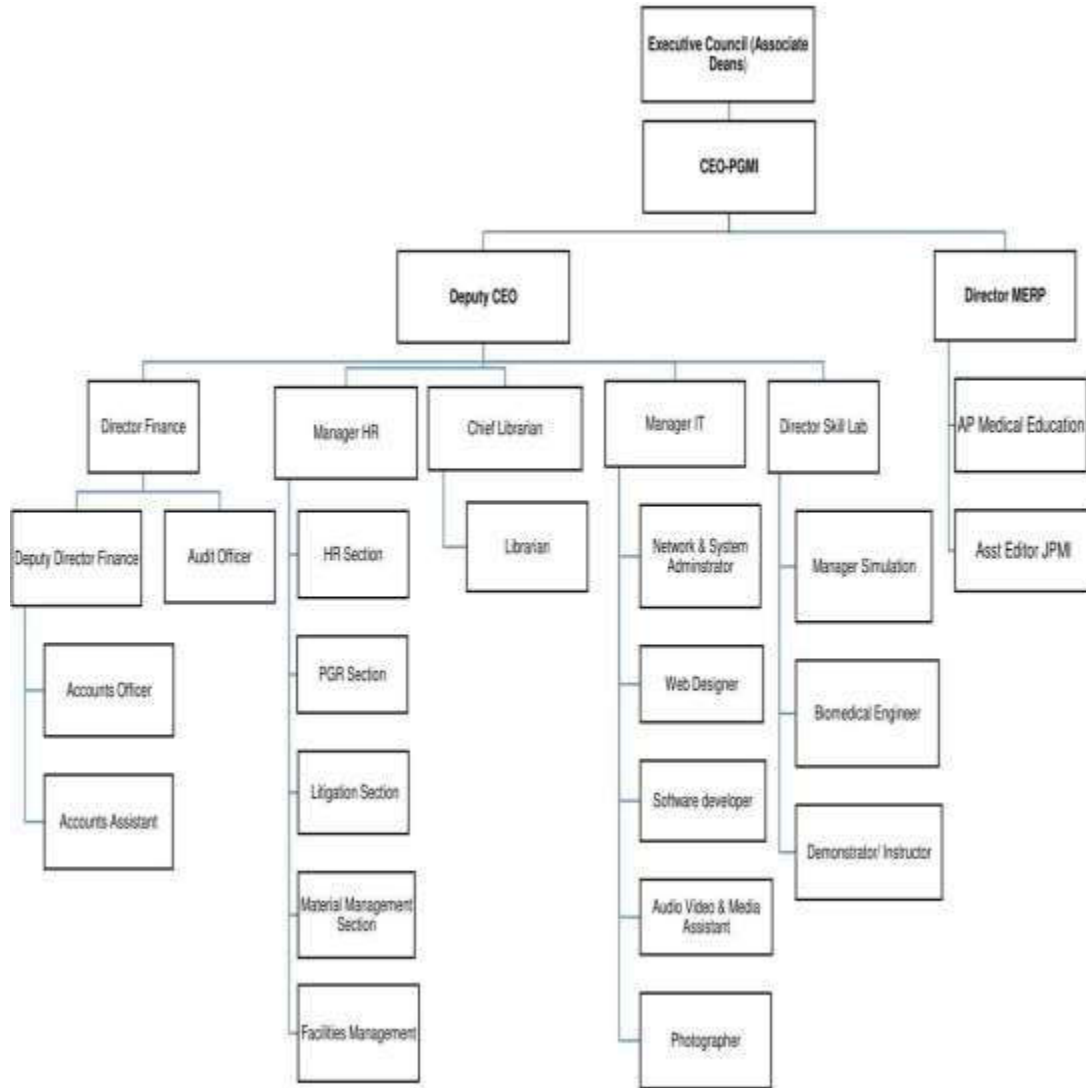


POST GRADUATE MEDICAL INSTITUTE, PESHAWAR PROSPECTUS FOR THE YEAR 2025-26



ORGANOGRAM OF POST GRADUATE MEDICAL INSTITUTE.



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MESSAGE OF THE CEO

Keeping in view the enhanced specialized health care, needs of the province and the severe shortage of specialists to meet those needs, the Government of Khyber Pakhtunkhwa decided to establish a separate and independent Postgraduate Medical Institute at Lady Reading Hospital Peshawar in 1984 with the objectives to prepare and train doctors through a center of excellence enabling them to offer the highest quality of tertiary health care services to the community and to promote medical education & research in all fields of medicine.

The staff of Postgraduate Medical Institute (PGMI) accepted this challenging task with firm determination and total commitment. Despite major obstacles including lack of adequate infrastructure, manpower and equipment, the staff and students of Postgraduate Medical Institute worked extremely hard and converted the dream of postgraduate qualification in the province into a reality. The institute now stands recognized as a premier teaching and training institute by PMC/PMDC/PM&DC, College of Physicians & Surgeon of Pakistan, Khyber Medical University Peshawar and the Royal Colleges of UK and Ireland. The institute celebrated its 38 years of existence in 2022.

The CEO and staff of Postgraduate Medical Institute can rightly claim that the institute has not only served the health needs of the province as major Human Resource Development (HRD) center, but has also succeeded in introducing a culture of research among faculty as well as postgraduate students. The research is regularly published in the Journal of Postgraduate Medical Institute (JPMI) and in many other national and international medical journals. PGMI has Institutional Review & Ethical Board named "IREB", the only ethical committee in Khyber Pakhtunkhwa which is registered with Office of Human Research Protection (OHRP) USA.

PGMI has its own Department of Medical Education (DME) structured according to WHO standards. The JPMI is one of the best journals in the country recognized by Pakistan Medical Commission (PMC/PMDC) registered with Higher Education Commission (HEC) in category Y and the 2nd best journal of Pakistan as declared by South Asian Cochrane Network. The supervisors conduct mock exams in the shape of TOACs & OSCEs. The trainees are assessed and evaluated with feedback.

We hope and pray that in the coming years, we will witness further major successful strides towards achieving the goals of postgraduate medical education.

The revision and updating of this important document was made possible because of the long hours and dedicated work of all staff members. I would like to thank them all for their time, devotion and hard work.

Prof. Mohammad Noor Wazir
Chief Executive Officer
Postgraduate Medical Institute,
Hayatabad Peshawar

FOREWORD

This prospectus shall apply to all the postgraduate courses offered by PGMI from January, 2025 onwards unless changed. The Executive Council (EC) has the right to make changes in the rules and regulations, fee structure, syllabi, curriculum and examination for any course as and when required to do so by PMC/PMDC or Khyber Medical University at any time during the course of studies without prior notification. All these amended/new rules/regulations approved by Executive Council will be applicable to the previous sessions as well except it is mentioned differently. This prospectus is issued in supersession of previous prospectus and shall come into force with immediate effect.

(Errors and omissions are subject to rectification)

PART-I

History of PGMI

Medical profession is one of the fastest growing fields of Pakistan. Its demands are increasing day by day and it is the need of the hour to keep pace with the changing world of medicine. Previously doctors of this province used to go to teaching institutes of other provinces for the sake of training and specialization. That was costly and cumbersome. Looking at the diverse and ever increasing teaching and training needs of the province, the provincial Government of Khyber Pakhtunkhwa decided to establish a Postgraduate Medical Institute. The month of October 1984, was glistening with the crown of the long awaited dream come true. Lady Reading Hospital, Peshawar, being the oldest and the most prestigious medical facility of the province, was given the honor to host the prestigious Postgraduate Medical Institute. The main objectives of PGMI are:

- (i) Teaching and training, (ii) Promotion of research and (iii) Improvement of patient care and professional ethics. During phase I, the institute started clinical diplomas including DGO, DCH, DLO, DA, DCP, DO, DMRD, DTCD. The FCPS training program was added in Phase II. PGMI started in 1984 with 90 postgraduate medical trainees training for diploma courses from University of Peshawar and FCPS/MCPS courses from College of Physicians and Surgeons of Pakistan (CPSP). With the passage of time, the will of young doctors to receive postgraduate training and degrees increased and so did the number of applicants for training slots at PGMI which stood in thousands. PGMI is affiliated with Khyber Medical University Peshawar for the award of degrees and diplomas and recognized/accredited by College of Physicians and Surgeons of Pakistan for the award of FCPS and MCPS diplomas in various specialties. Courses offered* by PGMI are as under:

- FCPS
- MCPS
- Diplomas (registered with KMU)

PGMI acts as the governing body for the selection and distribution of Postgraduate residents (PGRs) (formerly trainee medical officers) for FCPS as well as MCPS and Diploma training programs**. All the training and stipend records of PGRs are maintained by PGMI head office located at Hayatabad, Peshawar in addition to all MTIs[?].

*Subject to change

**New PGMI functional Rules 2017

PGMI affiliated institutes:

- Lady Reading Hospital (LRH) MTI, Peshawar
- Hayatabad Medical Complex (HMC) MTI, Peshawar
- Khyber Teaching Hospital (KTH) MTI, Peshawar
- Khyber Medical College (KMC) MTI Peshawar
- Khyber College of Dentistry (KCD) MTI, Peshawar
- Ayub Teaching Hospital (ATH) MTI, Abbottabad
- Mardan Medical Complex (MMC) MTI, Mardan
- Bacha Khan Medical Complex (BKMC) MTI, Swabi
- Khalifa Gul Nawaz Teaching Hospital (KGN) MTI, Bannu
- Mufti Mehmood Teaching hospital (MMTH) MTI, Dera Ismail Khan
- Saidu Group of Hospitals. Swat
- Qazi Hussain Ahmad Medical Complex (QHAMC) MTI, Nowshera
- Combined Military Hospitals of KP
- Rehman Medical Institute, Peshawar
- Northwest General Hospital & Research Center, Peshawar
- Peshawar Medical College, Peshawar
- Women Medical and Dental College Abbottabad
- Abbottabad International Medical College Abbottabad

VISION, MISSION AND OBJECTIVES

VISION: To be the leader in providing highest quality postgraduate medical education in Pakistan by using innovative teaching and learning methodologies and research based knowledge focused on the needs of community.

MISSION

- To provide state of the art postgraduate training facilities in medical field in the province at par with international standards.
- To ensure professionally trained, ethically sound, competent and caring specialists in all major and minor specialties of medicine and surgery.
- To foster ethical and need based research culture focusing on local health issues.
- To inculcate professionalism in trainees and produce future leaders in medical field.

OBJECTIVES

- Implementation of structured training programs in all teaching hospitals/units in accordance with CPSP and international accrediting agencies' regulations and evaluation by department of medical education (DME).
- Introduction of workplace based methodologies with feedback (Mini-CEX, DOPS and MSF).
- Promoting simulation based learning for imparting advanced professional skills according to the international standards.

ADMINISTRATION OF CENTRAL SECRETERATE OF PGMI

The PGMI is administered by the following administrative structure;

The CEO PGMI, while having the overall administrative and academic responsibilities, is assisted by the following:

A. Academic administration

- Associate Deans
- Deputy CEO
- Deputy Registrar
- Director Medical Education
- Demonstrators
- Technical and support staff

B. Ministerial administration.

- PGR section.
- Human resource department
- Litigation section
- Accounts section
- IT section

The following committees provide advice and assistance in the management:

- Executive Council
- Prospectus Committee
- JPMI Editorial Board
- Appellate Committee
- Appellate Induction/Grievances Committee
- Institutional Research & Ethics Board (IREB)
- Selection and Promotion Committee
- Medical Reimbursement Committee

PGMI COMMITTEES IN DETAIL

I. EXECUTIVE COUNCIL

- CEO PGMI (Chairman)
- All Associate deans of affiliated teaching hospitals
- Deputy CEO (Secretary)

FUNCTIONS

- The Executive Council is the supreme decision-making body of PGMI.
- The Executive Council will determine the requirements of medical education in the light of rules and regulations of PMC/PMDC, College of Physicians and Surgeons of Pakistan, Higher Education Commission, Khyber Medical University, Peshawar, other Universities in the country and various colleges/institutions abroad.
- It discusses ways and means to improve the standard of postgraduate teaching, training and research.
- It makes policies for award of stipend, disciplinary actions, fee structure, medical education, curriculum, syllabi, distribution of duties and other activities of the affiliated institutions.
- It considers ways and means to improve the library services of the institute.
- It addresses any questions referred to it by the Govt. or any educational authority and reports its opinion or recommendations.

II Appellate Council

- Associate Dean, MTI, HMC Chairman
- Associate Dean, MTI, KTH Member
- Associate Dean KCD Member
- 1-2 coopted members at the discretion EC through chairman if needed.
- AD of the concerned institution. In case of MTI, AD, and in case of a private sector hospital, it will be training director of the hospital where the resident is working. However, they will not have the right to vote.

III. Appellate Induction/Grievances committee

- AD LRH Chairman
- AD HMC Member
- AD KCD Member
- AD MMC Member

IV. Prospectus Committee

- Associate Dean, MTI, HMC Chairman
- Prof. Abid Jameel Co-opted member
- Dr. Mumtaz Muhammad Member
- Dr. Farah Sagheer Member
- Mr. Gul Mast Member

IV Technical & Evaluation Committee

- Associate Dean, MTI, KTH Chairman
- Audit Officer PGMI Member
- Accounts Officer PGMI Member
- Dr. Hamid Shehzad I/C A&E, MTI, LRH Member
- Dr. Mumtaz Muhammad Secretary
- Co opted members from DGHS/KPITB or any other department.

V Departmental Selection and Promotion Committee (BPS 11 to 15)

- Chief Executive Officer PGMI Chairman
- Deputy CEO PGMI Member/Secretary
- Representative of Health Deptt. Member
- Representative of Finance Deptt. Member
- Representative of Establishment Deptt. Member
- Co opted Member Member

VI Departmental Selection and Promotion Committee (BPS. 1 to 10)

- Dy: Chief Executive Officer PGMI Chairman (Appointing Authority)
- Rep. of Health Deptt: Member
- Rep. of Establishment Deptt: Member
- Rep. of Finance Deptt. Member
- Co Opted Member Member
- An Officer to be nominated by the appointing authority Member/Secretary

DEPARTMENT OF MEDICAL EDUCATION (DME)

- Director Medical education, R&P Chairman
- AP Medical Education Member
- Demonstrator Member

In line with the latest trends internationally, PGMI has a Department of Medical Education (DME). DME has its own infrastructure and is housed in PGMI. It works under the overall supervision of CEO and is headed by Director Medical Education. It is also CME credit awarding body after KMU and Orthopedic association in the province.

DME is helping PGMI with CME/CPD activities. DME organizes workshops and symposia for PGRs and faculty in order to improve their communication skills, ethics, professionalism and other soft skills. DME is not only training PGRs and faculty of its own institution but also other postgraduate medical institutions of the province by conducting regular workshops for them.

DEPARTMENT OF INNOVATION IN HEALTHCARE SIMULATION

- Incharge skill lab
- Manager skill lab
- Biomedical engineer
- Demonstrator

ACADEMIC ACTIVITIES

Since its creation in 1984, PGMI has grown into a model training institute of this province. There are multiple teaching hospitals with highly qualified faculty imparting training to postgraduate students of PGMI. All of the teaching units of affiliated institutions are recognized by the CPSP for formal training of FCPS program. Besides the degree courses, PGMI offers diploma courses in various specialties.

All of the teaching units have a “Minimum Mandatory Teaching Program” for the trainees. The salient features of the mandatory teaching program include teaching rounds, grand rounds, interactive lectures by the faculty members, departmental CPC presented by the PGRs, journal clubs and case presentations (both short and long). Besides departmental audit, mortality meetings and intradepartmental meetings. Mini-CEX and DOPS shall be started soon in PGMI.

PGMI also regularly organizes seminars, symposia and workshops on common and important subjects. The institute also invites eminent speakers and authorities from abroad to speak on important subjects. The institute also supports and participates in the CPSP workshops being conducted for the trainees and teachers of the PGMI.

Pre-examination intensive courses/MOCK examinations for FCPS Part II and IMM are organized by PGMI in collaboration with departments of Medicine, Surgery, Gynae /Obstetrics etc. Trainees from all over the country attend these courses.

THE PGMI JOURNAL (www.jpmi.edu.pk)

JPMI is the official Journal of Postgraduate Medical Institute, Peshawar, Pakistan and was started in 1986. It is a peer reviewed, quarterly journal recognized by PMDC and HEC in category Y. It is also indexed in WHO Index Medicus (IMEMR), Index Copernicus, Index Academics, Global Health, EMBASE, EMBASE/Excerpta Medica Netherlands, WHO IMEMR Current Contents, Index Copernicus Poland, SCOPUS, CAB Abstract and Global Health, UK, International Serials Data System of France, Pakmedinet, Open-J gate India, Directory of Open Access Journals, Google Scholar and ISC index Iran by ISSN. It is dedicated to encourage and facilitate research at all levels and in all fields of medicine.

With advancing time, the standard of articles being published in JPMI is continuously improving and today the journal stands at par with many of its contemporaries in the country and the region at large.

- It considers original research articles for publication on all topics pertaining to various disciplines of medicine. Its goal is to provide the reader reports of original research conducted nationally and internationally, original clinical observations accompanied by analysis and discussion, critical reviews, case reports with discussions and feedback on articles in the form of letters to editors. The journal is intended primarily for those in the health profession, researchers, practitioners, educators, administrators and medical students. It especially encourages local research which has international application and contributes positively to the knowledge of disease and problems not commonly encountered in the West.

JOURNAL OF POSTGRADUATE MEDICAL INSTITUTE (JPMI)

- | | |
|-----------------------|------------------|
| • Prof. Mohammad Noor | Patron |
| • Prof. Tahmeedullah | Editor in Chief |
| • Dr Zafar Ali | Associate Editor |
| • Dr Ambareen Afridi | Associate Editor |
| • Dr Mumtaz Muhammad | Associate Editor |
| • Dr. Waqas Hayat | Managing editor |

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- Tunku Zainol Abidin, Malaysia
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PGMILIBRARY**LIBRARY COMMITTEE**

- Dr. Abdul Sattar Assistant Professor (Orthopedic) HMC Chairman
- Dr. Shiraz Jamal HMC Member
- Dr. Muhammad Zaib SPR Medical “B” HMC Member

Library is the backbone of every teaching institute. It provides a place of easy reference both for teachers and students of the institute, besides providing an ideal place for the purpose of study. To keep up breast with the very fast day to day developments taking place in the field of medicine, the induction of new facilities into libraries has become mandatory to enable the readers a swift reference to the international literature. That is why there is a very strong emphasis on the introduction of computer technology into these stations of learning. The students and faculty members of PGMI, Khyber Pakhtunkhwa, are lucky to have state of the art libraries with latest medical journals, textbooks and computers with internet connection in teaching hospitals.

MEMBERSHIP ELIGIBILITY:

Use of PGMI library is strictly reserved for the readers possessing a library card. The following are eligible for library membership.

- a. Current PGRs’
- b. Ex-PGRs’
- c. House Officers (Depending upon the availability of seats)
- d. Teaching faculty

MEMBERSHIP FEE:

Security fee	Rs. 5000 (Refundable)
Annual fee	Rs. 1000 (Non refundable)
PGMI staff & faculty members:	Free

TIMINGS

08:00 AM to 12:00 AM

Library will remain closed on Sunday and other public holidays.

IT FACILITY:

Computer and internet connection facility is available in the library and is free for registered members.

Note: Rules & regulations are to be strictly followed. Violation of the library rules can lead to disciplinary actions including cancellation of membership and ban for re-registration.

PART-II
STATUTES AND REGULATIONS

Section-A:
General Statutes and Regulations

Section-B:
PGMI Rules and Regulations for Diplomas

PART-II

Section-A

General statutes and regulations (Khyber Medical University)

(Also see the individual diploma/degrees section for variations in these general statutes and regulations).

Those general statutes and regulations common to various diploma and degree courses are given in this chapter. The specific statutes and regulations are given in the relevant chapters.

Section-B

General rules and regulations for diploma courses:

1. The courses shall be held at the institutions affiliated with PGMI, Khyber Pakhtunkhwa.
2. No accommodation will be provided to the trainees by PGMI.
3. No stipend shall be paid to diploma students (except DA, DCP and DCD). For all diplomas, govt. employees shall obtain EOL from Health Department to make them eligible for stipend from PGMI.
4. Fee is non-refundable in any diploma course.
5. If a candidate resigns from a stipendiary slot, the total stipend received will be recovered.
6. All those trainees who are enrolled in DIPLOMA programs are eligible for FCPS if:
 - I. They have successfully completed the training i.e., have passed Exit Exam.
 - II. They have completed the training but have not passed Exit exam, can apply for the FCPS training but stipend will be paid from the date they pass the exit exam or after deduction of stipend equal to the amount of stipend they received in previous training, whichever comes first.
7. English shall be the medium of instruction and examination.
8. Seats vacated due to any reason will be filled from the waiting list as per merit.
9. Domicile Policy:
 - a. Female candidate upon marriage shall assume domicile of her husband meaning that after marriage, domicile of husband will be considered as domicile of the female candidate. (Post marriage, her own domicile will not be considered as valid).
 - b. Permanent address on CNIC of applicants must be that of Khyber Pakhtunkhwa. In case of married female, the permanent address on CNIC of husband must be that of Khyber Pakhtunkhwa.
 - c. Married female candidates are required to prove their marital status with document issued by NADRA i.e., CNIC or computerized Nikah Nama.

Eligibility:

- i. Medical graduate of any of the universities recognized and registered by PMC /PM&DC.
- ii. One-year house job.
- iii. Foreign candidates with temporary registration with PMC/PM&DC for the specific training.

Note: - All government servants have to apply through proper channel.

8. The number of seats, both in services and private candidates, for various diploma courses are:

DA	(6 each in LRH, KTH, ATH and HMC)	=24
DCP	(HMC)	=06
DMJ	(KMC)	=04
DCD	(KCD)	=04 (2 in Periodontology & 2 in Paediatric dentistry)

9. **Training and examination.**

- a. All candidates are required to complete a log book during their training period duly attested by the relevant incharge diploma course / head of department.
- b. Internal assessment of all candidates is mandatory. It shall be conducted by their departmental faculty every six months and report submitted to the Department of Medical Education of PGMI.
- c. At the end of the course, an examination shall be held by Khyber Medical University, Peshawar at Postgraduate Medical Institute, KP. There shall be no supplementary examination.
- d. The maximum numbers of attempts for the Diploma examinations are four consecutive attempts after completion of the course. This rule is applicable to all Diplomas.
- e. A minimum of 80% attendance as reported by Incharge diploma course / Incharge of the Unit / specialty is mandatory to appear in the exam.
- f. The following workshops and a research paper / article submitted to PGMI will be mandatory to appear in examination.

- Clinical Research Orientation and Project writing
- Professionalism including Communication Skills
- Bio-ethics

g. Examination Fees:

- a. Every candidate shall forward his/her application for examination to the Controller of Examination, Khyber Medical University Peshawar through the CEO, Postgraduate Medical Institute Peshawar thirty days before the commencement of the examination accompanied by the prescribed examination fee.

b. Following is the examination fees structure :

a. KMU Affiliation Retention fee	Rs. 15000/=
b. University (KMU) Registration Fee:	Rs. 2500/=
c. Theory paper fee (per paper)	Rs. 1200/=
d. Practical/viva fee (per viva/ practical)	Rs. 1200/=
e. Detailed Marks Certificate charges (KMU)	Rs. 1100/=
f. Re-totalling charges (KMU)	Rs. 1500/=
g. Degree/Diploma charges	Rs. 5100/=
h. Duplicate Diploma/Degree charges	Rs. 5100/=

(This fee structure may be changed as and when required):

Admission fees for PGMI:

1 The following fees and subscriptions are payable at the time of admission in Diploma to Postgraduate Medical Institute, Peshawar.

- Diploma course: Rs. 30,000
- MCPS course Rs. 30,000

(This is subject to change as and when required/deemed necessary by PGMI).

2. Prospectus fee/application processing fee will be Rs.5000 payable to PGMI

Annual Retention Fee:

Annual Retention Fee Payable to KMU:

An annual retention fee is charged by KMU from all trainees as under.

All trainees will have to pay the annual retention fee per year to PGMI to be paid to KMU annually (in addition to admission fee and examination fee)

1. Annual retention fee for Diploma: Rs. 15000/- per student per year

(NB: for variations and changes in these statutes, rules and regulations please also see the respective individual Diploma/Degree section). The annual retention fee may be changed by KMU any time.

PART – III

DIPLOMAS OF PGMI

PGMI DIPLOMAS

1. Diploma in Medical Jurisprudence (DMJ)
2. Diploma in Anesthesiology (DA)
3. Diploma in Clinical Pathology (DCP)
4. Diploma in Clinical Dentistry (DCD)

In addition to these diplomas, foreign nationals can also apply for admission in the below mentioned diplomas;

5. Diploma in Child Health (DCH)
6. Diploma in Ophthalmology (DO)
7. Diploma in Otolaryngology (DLO)
8. Diploma in TB and Chest Diseases (DTCD)

(DA, DCP and DCD are paid for Pakistani graduates while rest of the diplomas are unpaid)

**DIPLOMA IN CHILD HEALTH (DCH)
COURSE DURATION: TWO YEARS**

1. Course

Paper – A

1. Neonatology
2. Diseases of the children
 - a. Infection
 - b. Diseases of gastrointestinal tract, cardiovascular system, nervous system, genitor-urinary system, endocrines, musculoskeletal system, respiratory system, eye and nose & throat.
 - c. Genetics and dysmorphology
 - d. Hematology
 - e. Oncology
 - f. Allergy and Immunology.

Paper - B

1. Epidemiology
2. Nutrition
3. Growth and development
4. Preventive and social pediatrics.

2. Log Book (25 marks)

During 24 months of training candidate must have performed the following diagnostic and therapeutic procedures, duly entered in a log book.

i.	Case histories	300
ii	OPD attendants	50
iii	Presentations on Departmental CPCs	10
iv	Presentations on Journal Club	10
v	Intravenous Cannulations	500
vi.	Lumber Punctures	50
vii	Bone Marrow Aspirations	10
viii.	Paracentesis (Pleural/Peritoneal)	30
ix.	ECG technique and interpretation	50
x	Fundoscopy examinations	50

- xi. Exposure to techniques like sub-dural taps, fluoroscopy, and ultrasound guided biopsies of liver, spleen, kidneys and jejunal biopsy.

Note:

The course of study and the outlines of examination prescribed by *the Executive Council* as prescribed in the syllabus may be changed by the *Executive Council* and approved by the syndicate, KMU, as and when found necessary. Such changes however, shall be notified at least one year before the date of commencement of the examination in which they will become effective.

5. Internal assessment

The overall performance and conduct of a DCH trainee shall be “constantly” assessed though the Faculty and Medical Staff of the concerned Paediatric Units, and duly marked. This internal assessment shall be confidential.

Note: The marks for the (1) log book, (2) internal assessment shall be forwarded to the Khyber Medical University for incorporation in the overall result of the final DCH examination.

6 Examination

1. There shall be one examination each year
2. There will be no supplementary examination.
3. Success in examination will lead to the award of Diploma in Child Health by Khyber Medical University.
4. The examination will be conducted in one part.

Components of Examination

A) Paper A (100 marks)

- a. Written paper in neonatology and diseases of children.
- b. There shall be 6 short essays of 10 marks each and 20 MCQ/EMQ of 40 marks.
- c. Time allocated shall 3 hours.
 - One hour for MCQ and
 - Two hours for the Essay questions.

B) Paper B (100 marks)

- a. Written paper in nutrition, epidemiology, preventive and social pediatrics and growth and development.
- b. There shall be 6 short essay question of 10 marks each and 20 EMQ/MCQ of 40 marks.
- c. Time allocated shall be 3 hours.
 - One hour for MCQ and
 - Two hours for the Essay questions.

C) Clinical Examination

a.	OSCE/TOACS	100 marks
b.	Short cases	50 marks
c.	Long cases	50 marks
Grand total		200 marks

OSCE will include recognition of Photographs, X-ray's, Slides, ECG, CT scan, Data and Special Reports interpretation.

Books and Journals Books

Books

- a Text book of Pediatrics by Vaughan and Mackay
- b Practical Pediatrics problems by H Hutchison
- c Tropical Pediatrics by Jelliffe
- d Medical care of Newborn babies by Pamela Davis
- e Text book of Pediatrics by Illingworth Signs and symptoms of diseases of childhood by Illingworth
- g Any other books recommended by the teachers from time to time

Journals

- a Archives of diseases in childhood, BMJ Publishing Group, London
- b Pediatrics by American Academy of Pediatrics
- c Journal of Pediatrics. Mosby-Year Book inc. St Louis
- d. BMJ
- e Lancet. The Lancet Limited, London
- f JPMA. Pakistan Medical Association, Karachi
- g New England Journal of Medicine Pakistan Pediatric Journal, Pakistan Pediatric Association Lahore Indian Journal of Pediatrics.
- i. Journal of Postgraduate Medical Institute (JPMI). Peshawar

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS (DGO)

COURSE DURATION: TWO YEARS

(FOR THOSE INDUCTED BEFORE JANUARY 2023 SESSION)

Curriculum

1. The course shall consist of following subjects.
 - i Anatomy, Embryology, Physiology of reproductive organs
 - a Normal pregnancy, abnormal pregnancy, normal labour, abnormal Labour abnormal puerperium, obstetrics procedures and problems of Newborn.
 - ii Menstruation normal and its disorders, abortion ectopic pregnancy Trophoblastic tumor, genital tract infections and vaginal discharges, genital prolapsed, benign and malignant tumors of vulva, vagina, cervix, uterus, ovaries, infertility and contraception.
 - iii During two years of training in the department of Gynae & Obstetrics each student should have
Performed at least the following.
 - a 40 Gynaecology outpatient session
 - b 60 Antenatal clinic sessions
 - c 50 Normal deliveries
 - d 10 Caesarean Sections
 - e 10 Forceps deliveries
 - f 10 Vacuum deliveries
 - g 5 Breech deliveries
 - h 2 Abdominal hysterectomies for ruptured uterus
 - i 2 Anterior and posterior operations
 - j 5 Sessions of ultrasonography
 - k 3 Session of hystero-salpinography
 - l 5 Session at family planning clinic
 - m 5 Laparoscopic procedures

Component of Examination

Written

Paper: A: (Obstetrics)

- a Written paper in clinical obstetrics. It shall also contain questions relating to Anatomy, Embryology, Physiology, Pathology and neonatal pediatrics
- b There shall be 6 short essay questions of 10 marks each and 20 MCQ's of one best type of 40 marks with a total of 100 marks.
- c Time allowed shall be 3 hours.

Paper; B; (Gynecology)

- a Written paper in clinical Gynaecology. It shall also contain question relating to family planning radiology, Radiotherapy, Oncology.
- b There shall be 6 short essay questions of 10 marks each and 20 MCQ's of one best type MCQ of 40 marks with a total of 100 marks.
- c Time allowed shall be 3 hours.

Practical Objective Structured Oral and practical Examination:

- a It shall include TOACS/ OSCE of 100 marks
- b Two long cases of 100 marks each (one obstetric and one gyneacology)
- c OSCE will include recognition of photographs, X-ray's Scans, Data and special report interpretations and examination of clinical skills on models

A. Recommended book and journals

Books

- a Obstetrics by Ten Teachers Seventeenth edition Geoffrey vp Chamberlain.
- b Jeff Coat's Principles of gynecology. Fifth edition VR Tondall.
- c Dewhurst's text Book of Obstetrics and |gynecology for Postgraduates Sixth Edition D. Keith Edmonds.
- d Current Obstetrics and gynaecology. Diagnosis and Treatment Ralph C Benson.
- e Shaw's Text Book of Operative Gynecology.
- F Progress in Obstetrics and Gynecology. Edited by John Studd.
- G Medical Disorders in Obstetrics Practice. Medical de Swiet.

Journals

- a British journal of Obstetrics and Gynecology.
- b Lancet
- c Journal of College of Physicians and Surgeons of Pakistan.
- d Journal of PMRC

DIPLOMA IN OPHTHALMOLOGY (DO)

COURSE DURATION: 2 YEARS

Course Duration: Two (2) Years.

1. **Curriculum:**

The course shall consist of the following subjects.

- 1.1 Anatomy, Embryology and Histology of the visual apparatus (including the contents of orbit, anterior and middle cranial fossae, the bones in the neighborhood there of and the central nervous system related to vision.
- 1.2 Physiology of vision.
- 1.3 Elementary, Physiological, and Ophthalmic Optics.
- 1.4 Ophthalmic Medicine, Ophthalmic Surgery and Ophthalmic Pathology.

Syllabus

4.1 PAPER A (Total 100 marks)

4.1.1 Written paper in Anatomy, Histology, Embryology and Physiology of visual apparatus including contents of the orbit, anterior and middle cranial fossae the bones in the neighborhood there of and nervous system related to vision. This paper will also include elementary optics, ophthalmic optics and refraction.

4.1.2 There shall be two sections.

I. 8 short essay questions of 7.5 marks each (Total 60 marks)

II. 20 MCQ (one best type) of 2 marks each (Total 40 marks).

4.1.3 Time allocated shall be.

Section I. (2 hrs 20 min)

Section II (Time 40 min).

4.2 PAPER B (Total 100 marks)

4.2.1 Written paper in Ophthalmic Medicine including Medial Ophthalmology, Community Ophthalmology, and Neuro-Ophthalmology.

4.2.2 There shall be two sections.

I. 8 short essay questions of 7.5 marks each (Total 60 marks)

II. 20 MCQ (one best type) of 2 marks each (Total 40 marks)

4.2.3 Time allocated shall be.

Section I. (2 hrs 20 min)

Section II (Time 40 min).

4.3 PAPER C (Total 100 marks)

4.3.1 Surgical Ophthalmology including general principles of asepsis, sterilization and management of shock and cardiac arrest and Ophthalmic Pathology.

4.3.2 There shall be two sections.

- I. 8 short essay questions of 7.5 marks each (Total 60 marks)
- II. 20 MCQ (one best type) of 2 marks each (Total 40 marks)

4.3.3 Time allocated shall be.

Section I. (2 hrs 20 min)

Section II (Time 40 min).

D. 4.4 Objective Structured Oral and Practical Examination (Total 200 marks)

E. It shall consist of the following parts

- 4.4.1 Long case 50 marks
- 4.4.2 OSCE 100 marks
- 4.4.3 Refraction 50 marks

BOOKS

1. Anatomy of the eye and orbit.
 - a. Eugene Wolff. Blackwell Scientific Publication, London.
2. Physiology of the Eye.
 - a. Adler's 9th ed. 1992, Mosby year Book; St. Louis
 - b. Davson's 4th ed. 1980, Churchill Livingstone Edinburgh.
3. Pathology of the Eye.
 - a. Greers 4th ed. 1989, Blackwell Scientific Publication, Oxford.
4. Refraction of the Eye.
 - a. Sir Stuart Duke Elder. 9th ed. 1978, Churchill Livingstone, Edinburgh.
 - b. Elkington. 3rd ed 2000. Blackwell Scientific Publication, London.
5. General Ophthalmology.
 - a. Frank Newell 8th ed. 1996. The C.V Mosby Company, St Louis, USA.
6. Text Book of Ophthalmology
 - a. Jack J Kanski 4th ed. Butterworth-Heinemann, Oxford, UK.
7. Neuro-Ophthalmology.
 - a. David Cogan Vol- I & II. Charles L Thomas Publisher Spring Field, Illinois.
8. Basic and Clinical Science Course by American Academy of Ophthalmology, Publisher American Academy of Ophthalmology, San Francisco
9. Others books recommended by teachers from time to time.

JOURNALS

1. Archives of Ophthalmology. American Medical Association, Chicago.
2. American Journal of Ophthalmology. Elsevier Science Inc. Los Angeles.
3. British Journal of Ophthalmology. BMJ Publishing Group, U.K.
4. Eye. Nature Publishing Group, U.K.
5. Ophthalmology: Lippincott-Williams and Wilkins, Los Angeles.
6. Pakistan Journal of Ophthalmology. OSP Office, Egerton Road, Lahore.
7. Journal of Postgraduate Medical Institute. PGMI, LRH, Peshawar.
8. Other journals recommended by teachers from time to time.

DIPLOMA IN LARYNGO-OTOLOGY (DLO)
COURSE DURATION: TWO YEARS

Course

Paper – A

1. Anatomy of the ear, nose, oral cavity Tracheo bronchial tree, larynx, oesophagus Para nasal sinuses. And their development.
2. Blood supply nerve supply and lymphatic drainage of the ear, nose, throat, larynx and Para nasal sinuses.
3. Gross anatomy of the neck
4. Detail anatomy of the thyroid and salivary gland.
5. Physiology of hearing, balance, deglutition, larynx, nose and para nasal sinuses.

Paper – B

1. Diseases of the external ear, middle ear and internal ear.
2. Diseases affecting the nose, and paranasal sinuses.
3. Surgical procedures on external ear, middle ear and internal ear.
4. Surgical procedures on the nose and paranasal sinuses.
5. Artificial aids for hearing.
6. Audiology
7. Hearing and vestibular tests.

Paper - C

1. Diseases affecting the oral cavity nasopharynx, oropharynx, hypo pharynx and the surgical procedures performed on them.
2. Diseases affecting the Larynx, trachea. Bronchi. Esophagus and the surgical procedures performed on them.
3. Diseases affecting the Thyroid, salivary gland and neck and the surgical procedures performed on them.
4. Endoscopic examination of the esophagus. trachea and bronchi and the surgical procedures performed on them.

During 24 months of training candidate must have independently performed the following diagnostic and therapeutic procedures, duly entered in a log book.

S. No	DIAGNOSTIC PROCEDURES	Total case
1	Routine radiology for ENT Head & Neck	60
2	CT Scan and MRI interpretation	30
3	Contrast medium studies of oesophagus	12
4	Performs and interprets audiogram and tympanogram	30
	THERAPEUTIC PROCEDURE	TOTAL CASE
1	Nasogastric intubation	24
	Tracheostomy	18
3	Anterior nasal packing	60
4	Posterior nasal packing	06
5	Nasal cautery	30
6	Proof puncture/ Antral lavage	24
7	Draining of abscesses	30
8	Syringing of ear / Aural Toilet	60

Removal of visible foreign bodies	30
Endoscopic removal of foreign body under GA	18
Manipulation of nasal fractures	18
Nasal polypectomy	18
Turbinate surgery	18
Intranasal antrostomy	18
Caldwell- Luc sinus antrostomy	18
Direct laryngoscopy and biopsy	18
Oesophagoscopy and biopsy	18
Cortical mastoidectomy	18
Adenoidectomy	18
Tonsillectomy	30
EUM and myringotomy	12
Endotracheal intubation	12
Septal surgery	30
Incision and drainage of pharyngeal abscesses	04

Paper - A

- a. A written paper in anatomy, physiology and embryology of the Ear, Nose, Throat, Head and Neck region.
- b. There shall be 6 question of 10 marks each and 20 MCQs of 40 marks.
- c. Time allocated shall be 3 hours.

Paper-B

- a. A written paper in diseases of the ear. nose. paranasal sinuses. artificial aids for hearing. audiology. Hearing and vestibular test.
- b. There shall be about 06 essay questions of 10 marks each and 20 MCQ of 40 marks.
- c. Time allocated shall be 3 hours.

Paper - C

- a. A written paper in diseases of the oral cavity. nasopharynx, oropharynx. hypopharynx, larynx, trachea, bronchi, oesophagus, thyroid. salivary glands, Neck and Endoscopic examination of oesophagus. trachea and bronchi.
- b. There shall be 6 essay question of 10 marks each and 20 MCQ of 40 marks.
- c. Time allocated shall be 3 hours.

CLINICAL EXAMINATION

a.	OSCE/TOACS	100 marks
b.	Short cases	25 marks
c.	Long cases	25 marks
d.	Grand total	150 marks

OSCE will include recognition of Photographs. X-ray's. M.R.L and CT scan, instruments. Audiological Reports interpretation and patient consent and counseling.

BOOKS

- a) Anatomy from standard textbooks of Anatomy by RJ Last, Churchill Living Stone, Edinburgh.
- b) Text Book of Physiology by Hollinshead W. Henry, Harper and Row Hagarstown.
- c) Scott Brown Text Book of Otolaryngology.
- d) Stell and Marran, Head and Neck Surgery
- e) Mawsons Diseases of the ear, Edward Arnold, Ludman.
- f) Paperella and Shumrick. Textbook of Otolaryngology, WB Saunders, Philadelphia.

**DIPLOMA CLINICAL PATHOLOGY (DCP)
COURSE DURATION: 2 YEARS**

1. The course shall consist of instructions and training in clinical pathology lasting for two years, starting from January each year.

The examination shall be held once a year as decided by the authority.

The oral and practical parts of the examination shall be held In the Department of clinical Pathology of respective MTI.

2. The following subjects shall be taught in the course.
 - i. Morbid Anatomy and Histopathology Study of Systematic Pathology Histological Techniques, Cutting and Staining, Exfoliative Cytology and Staining, Museum Mounting and Post-mortem, Histo-Pathological and Cytological Diagnosis.
 - ii. Microbiology and serology: Bacteriological techniques, staining, Cultivation. Agglutination tests, Care of Laboratory Animals, Systematic study of Bacteria, Bacteriology of Water and Mild, Sensitivity of Bacteria to various Drugs Immunology / Serology Study of Immunological Disorders and Diagnostic Methods.
 - iii. Chemical Pathology. Theory and Practice of Chemical Investigations of Blood, Urine, CSF other Body Fluids and Excreta Biochemical Investigations for Biochemical Disorders, Special Techniques and Tests of Functions of various organs and working knowledge of chemistry analyzer.
 - iv. Haematology including Blood Banking Study of Erythropoiesis and Haematological Disorders, Basic Hematological Procedures. Morphological Hematology, Investigations of all types of Anemia, Hemorrhagic Disorders and Leukemia, Blood Groups and Blood group Anti-bodies, Rh. grouping and Cross Matching Tests; Bone Marrow Aspiration, Staining and Examination and working knowledge of hematology analyzer and coagulation analyzer.
3. The DCP course Incharge shall assigned each candidate a research project in any chosen specialty approved by the Incharge of that specialty in first year and shall complete and submit his / her project three months before the examination.
4. The candidates of DCP shall be working In the different disciplines of Pathology as per following schedule.
 - i. Hematology / Blood banking
 - ii. Chemical Pathology
 - iii. Microbiology
 - iv. Histopathology

Examination:

1. There shall be a total of four written papers. one In each subject. There shall be short essay questions and MCOs/EMOs In each paper (all questions compulsory) and shall carry maximum of 75 marks. The duration of each paper shall be three hours.

2. The practical and oral examination shall be conducted separately In each of the four subjects, and shall include the examination of pathological material followed by written report and Viva Voce The Objective Structured Practical and Oral Examination (OSCE and OSPE). In each subject shall carry maximum of 75 marks.

Outline of the examination shall be as follow:

- i. Morbid anatomy and Histopathology:
 - a. One written paper (MCQs/EMQs) (Paper-A) = 75 marks
 - b Practical and oral examination (OSCE/OSPE) = 75 marks
 - Total = 150 marks
 - ii. Microbiology and Serology:
 - a. One written paper (MCQs/EMQs) (Paper-A) = 75 marks
 - b Practical and oral examination (OSCE/OSPE) = 75 marks
 - Total = 150 marks
 - iii. Chemical Pathology
 - a. One written paper (MCQs/EMQs) (Paper-A) = 75 marks
 - b Practical and oral examination (OSCE/OSPE) = 75 marks
 - Total = 150 marks
 - iv Hematology including Blood Banking
 - a. One written paper (MCQs/EMQs) (Paper-A) = 75 marks
 - b Practical and oral examination (OSCE/OSPE) = 75 marks
 - Total = 150 marks
 - v. Viva on Research Project in any chosen specialty = 50 marks
- Grand total = 650 marks

Books of Histopathology:

- a. Robbins Pathological basis of diseases by Ramzi S.Cortan. Vinay Kumar Stanley L. Robbins.
 - b. General Pathology J.B Watter, M.S Israel
 - c Textbook of histopathology: Maximow Bloom
- Journals of Histopathology:
 - a. American Journal of Surgical Pathology.
 - b. Achieves of Pathology.
 - c. International Journal of Cancer.
 - Books of Haematology
 - b. Practical Hematology Daci, JV.
 - c. Clinical Hematology Wintrobe M. Authors. Lee. Boggs. Bithe Athens.
 - d. Postgraduate Hematology, A.V. Hoffbrand.
 - e. Blood Athors, James, H Jandi
 - e. Clinical Hematology in Medical Practice D. Gruchy
 - f. Hematology: Athors, Williams, beutler, Beuler, Erslev Lihman.
 - Journals of Hematology
 - a. British journal of hematology
 - b. Blood
 - Books of Pathology
 - a. Practical Clinical 1st and 2nd Edition by Harold Variley)
 - b. Clinical Chemistry in Diagnosis and Treatment by John F. Zilva
 - c. Microanalysis in Medical Biochemistry, By I.D.P Wooton.
 - d. ABC of Interpretive Laboratory Data by Seymour Bakerman.
 - e. Lecture Notes on Clinical Chemistry By L.G Whitby
 - f. Lynch's Medical Laboratory Technology by Raphael
 - g. A Short Text Book of Chemical Pathology by D.N Baron
 - h. Clinical Chemistry by Teitz.
 - i. A Text Book of Biochemistry International Edition by Lubert Stryer.

BOOKS OF MICROBIOLOGY AND IMMUNOLOGY

1. Medical Microbiology:
By Jawetz. Melnick and Adlberg's.
2. Medical Microbiology and Immunology:
By Warren E. Levinson, Ernest Jawetz.
3. Bailey and Scott's Diagnostic Microbiology:
By Syney M. Finegold, William J. Martin.
4. Zinssev Microbiology:
By Wolfgains K. Joklik, Hiladap While H. & D. Bernard Amos.
5. Manual of Clinical Microbiology:
By Edwin H. Lennette, Albert Baloons and William J. Hansler
6. Essential Immunology:
By Ivan Roitt
7. Mackie and McCartney, Practical Medical Microbiology :
By J.G. Collce, J.P Duguid, A.G Fraser
and B.P. Marmocose.

JOURNALS OF MICROBIOLOGY AND IMMUNOLOGY

1. American Journal of clinical Microbiology.
2. Journal of P.M.R.C
3. Journal of Postgraduate Medical Institute, Peshawar.

DIPLOMA IN ANAESTHESIOLOGY (DA)
COURSE DURATION: 02 YEARS

1. The course shall last for two years starting from January each year.
2. The examination shall be held once a year.
3. The oral and practical parts of the examination shall be held in the Department of Anaesthesia and Medical/Surgical ward, of respective MTI.
4. The following subjects shall be taught in the course
 - i. Anatomy and Physiology relevant to Anaesthesia.
 - ii. Pharmacology of Anaesthesia Drugs.
 - iii. Fundamental of Physics, related to Anaesthesia.
 - iv. Applied Anaesthesia (General and Regional).

Candidate must have completed and written a research project assigned to him/her by his/her supervisor/Head of the Department at least three months before the final examination. Candidates can only appear in the final examinations if their research project is approved by the supervisor/Head of the Department

Course:

1. The Course shall last for two Years from January each year. The course will consist of basic sciences (anatomy, physiology, pharmacology, physics, clinical measurements, statistics, resuscitation and equipment) and clinical anaesthesiology (intensive care, pain management and related aspects of internal medicine and general surgery).
2. During the entire period of training, postgraduate student will be required to work full time, in the department of anaesthesiology & intensive care at the MTI HMC / LRH and affiliated hospitals i.e. KTH & ATH to get the practical training in anaesthesia and will have to follow the schedule of teaching and training given by the department from time to time.
3. The post graduate student will be required to attend a minimum of 80% of all the lectures, tutorials and practical individually.

3. Examinations:

The DA annual examination will be held once a year.

2. Examination Criteria:

A candidate will be allowed to appear in the examination if he or she fulfils the following requirements.

- Has completed two years full time residency training in anaesthesiology.
- Has obtained satisfactory reports for the three-monthly periodical tests.
- Has administered anaesthesia to at least 250 patients, during the period of training, to the entire satisfaction of and certified by the I/C, department of anaesthesiology & Intensive care.
- Completed one workshop on BCLS & ACLS
- Completed and got approved research project on a subject allotted to him/her by his/her supervisor and completed his/her log book.

DIPLOMA IN MEDICAL & RADIOLOGICAL DIAGNOSIS (DMRD)

COURSE DURATION: TWO YEARS

(FOR THOSE INDUCTED BEFORE JANUARY 2023)

1. **Course**

Course shall consist of two Parts (Part-I and Part II) for a period of two years. Six months for Part-I and 18 months for Part-II.

Part-I

Electromagnetic Radiation, Radioactivity, Production of X-rays, Tube rating, measurement of X and Gamma rays, interaction of X-rays with the patient, The Radiological image, The image receptor, Scattered radiation, Radiation protection, Quality assurance, Radionuclide imaging, Computed Tomography, Principles of diagnostic ultrasound, Magnetic Resonance Imaging, Contrast media, Radiological & Cross-sectional anatomy as required in ultrasound, CT & MRI,

Radiography and positioning,

Checking of film quality & observing various procedures

Nuclear Medicine (Production and commonly used radionuclide, radioactive decay, detection equipment, quantification, commonly used diagnostic procedures)

Part-II

Following subjects of Radiology shall be covered.

Musculoskeletal Radiology,

Hepato-biliary and Gastro-intestinal Radiology

Genito-urinary and Gynecology obstetrics

Pulmonary and Cardiovascular

Central nervous system and head & neck

Small parts including breast, thyroid, eye, testes, etc.

3. **Log Book**

Completed Log book should be submitted before Part II Exam.

5. **Internal assessment**

Internal assessment by the faculty every six months.

DIPLOMA IN CHEST DISEASES TUBERCULOSIS (DTCD)
COURSE DURATION: TWO YEARS

Course

- 1 The course shall consist of the following subjects:
2. Applied anatomy, Pulmonary physiology, Pathology and Pharmacology related to respiratory system research Methodology, Biostatistics, Ethics and Epidemiology.
 - i Non-Tuberculous respiratory infection
 - ii. Airways disorder
 - iii. DPLDS
 - iv. Pleural Diseases
 - v. Respiratory Neoplasms
 - vi. Environmental Lung Diseases
 - vii. Pulmonary Vascular Diseases
3. Pulmonary and Extra Pulmonary TB-MDR TB
4. The course of study and the outlines of examination prescribed by the Board of Postgraduate studies as prescribed in the syllabus maybe changed by the said board and approved by the syndicate as when found necessary. Such changes however, shall be notified at least one year before the date of commencement of the examination in which they will become effective.

Log Book

During 24 months of training candidate must have performed the following diagnostic and therapeutic procedures, duly entered in a log book.

- | | | | |
|-------|---|-------------|-----|
| i. | Pleural Aspiration: | Diagnostic | 50 |
| ii. | Pleural Aspiration: | Therapeutic | 30 |
| iii. | Pleural Biopsy | = | 30 |
| iv. | Tube thoracostomy | = | 50 |
| v. | Spirometry | = | 20 |
| vi. | Pleurodesis | = | 50 |
| vii. | Inhaler technique/Spacer technique | | 50 |
| viii. | Sputum for AFB /Side Preparation | | 10 |
| ix. | Arterial puncture for ABGs | | 20 |
| x. | Nebulization Application/Technique = | | 20 |
| xi. | Applying and Setting Oxygen via flow meter | | 50 |
| xii. | Recording and reporting T.B forms in TB Control Programme in Chest OPD | | =20 |
| xiv | Health education and recording Peak-flow in Asthma /COPD/Smoking cessation. | | |
- Clinic in
 Chest OPD =10
- xiv. Exposure to techniques like, ultrasound guided biopsies of chest wall tumors, bronchoscopy. Thoracoscopy, TGV

COMPONENTS OF EXAMINATION

- Paper A (**100 marks**)
- Written paper in Non-TB Respiratory infections, airways Diseases, DPLDS, Pulmonary Vascular Diseases. Environment Diseases.
- There shall be 6 short essay questions of 10 marks each and 20 MCQ/EMQ of 40 marks with total of 100 marks.
- Time allocated shall be 3 hours.

Paper B

- a. Written paper covering all aspects of pulmonary and Extra Pulmonary TB, MDR TB.

b. There shall be 6 short essay questions of 10 marks each and 20 MCQ/EMQ of 40 marks with total of 100 marks.

c. Time allocated shall be 3 hours.

- Objective Structured Oral and Practical Examination
It shall consist of the following parts.

a. OSCE/TOACS	100 marks
b. Short cases	50 marks
c. Long cases	50 marks
Grand Total	200 marks

OSCE will include recognition of Photographs, X-ray's. Slides, ECG, CT Scan. Data and Special Reports interpretation.

Examination Conduct:

- I There shall be 2 sets of examiners, two from *PGMI* and two from outside institution. The examiners will be selected by the controller Examinations, Khyber Medical University, Peshawar, in consultation with the Head Department of Pulmonology, MTI Lady Reading Hospital, Peshawar or other recognized unit of Pulmonology..
2. The short essay questions and MCQS in written papers will be shared on 50% basis both for setting and marking purposes by the internal and external examiner.
3. The minimum number of passing marks to pass this examination shall be 60% in theory component and 60% in oral and practical component separately. The aggregate pass marks shall be 60%. A candidate who secures 80% marks or above shall be declared to have passed with distinction.
4. Head department of Pulmonology, will be the convener of examination.
5. The board of examiners shall arrange the result of written, clinical, practical and oral in a consolidated form and send it as soon as possible but not later than seven days after the completion of the examination to the Controller of Examination for formal declaration.
6. The candidates shall be eligible for four consecutive examination within a period of three years after the completion of the course.

Recommended Books and Journals

Text Books

- a. Current Diagnosis and Treatment in Pulmonary Medicine.
- b. Crofton and Douglas Text Book of Respiratory Diseases.
- c. Synopsis of the Diseases of Chest.

Journals:

1. Thorax (BTS)
2. Chest
3. International Journal of TB
4. Chest Clinics of North America.
5. Pakistan Journal of Chest Medicine
6. Respiratory Medicine.

**DIPLOMA IN MEDICAL JURISPRUDENCE
COURSE DURATION: 2 YEARS**

Course:

Total Duration: 2 years structured training (6 months in Part I and one & a half year in Part II)

Part I-SIX MONTHS

Theoretical

- a. Forensic Anatomy
- b. General & Forensic Pathology
- c. Forensic Serology
- d. Law relevant to medical man
- e. Behavioural Sciences

Clinical Component

1. Microscopic examination of slides of different tests (differentiate human blood from other species or camel, hen, goat etc).
2. To differentiate between wool fiber and human hair.
3. To differentiate between human hair and animal hair under microscope.

Part II-YEAR & a HALF

Specialty oriented training (both theoretical and practical aspects)

Theoretical Component:

1. General forensic medicine
2. Special forensic medicine
3. Toxicology
4. Forensic Biochemistry

Applied/practical component

1. Duties/practical training in postmortem conduction and reporting in autopsy section.
2. Duties in Medicolegal section, Forensic Dept, KMC
3. Duties in office of histopathology, Pathology Dept, KMC.
4. Duties in DNA and Toxicology laboratory, KMC.

Part I DMJ

Topics included

- | | |
|---|-----------|
| 1. Forensic Anatomy | (15 MCQs) |
| 2. Forensic & General Pathology | (15 MCQs) |
| 3. Forensic Serology | (15 MCQs) |
| 4. Law relevant to medical man | (40 MCQs) |
| 5. Behavioral Sciences | (10 MCQs) |
| 6. Introduction to Biostatistics and Research | (05 MCQs) |

Components of the Part 1 examination

MCQ Paper	100 One Best Type
Total Marks	100 Marks

Part 2 DMJ

Topics included in paper 1

1. General forensic medicine
2. Special forensic medicine

Topics included in paper 2

1. Toxicology(80% component)
2. Forensic Biochemistry(20%component)

Part II Examination

Theory

Paper I		(100 Marks)
10 SEQs (No Choice)		(50 Marks)
50 MCQs		(50 Marks)

Paper II		(100 Marks)
10 SEQs	(No choice)	(50 Marks)
50 MCQs	(100 Marks)	(50 Marks)

The candidates, who pass in theory papers, will be eligible to appear in the practical/clinical & viva voce.

OSCE 90 Marks

10 stations each carrying 9 marks of 10 minutes duration each; evaluating performance based assessment with five of them interactive.

Clinical 90 Marks

Four short cases each carrying 15 marks and one long case of 30 marks.

Components of Part 2 Examination

Theory paper 1	(100 marks)
Theory paper 2	(100 marks)
Clinical/Oral	(180 marks)
Log Book	(20 marks)
Total Marks	400 marks

RECOMMENDED BOOKS

CORE TEXTBOOKS

- Anderson Pathology (Latest Edition)
- Knight's Forensic Pathology By Knight (Latest Edition).
- Forensic Pathology By Bernard Knight (Latest Edition).
- Principle And Practice Of Forensic Medicine By Nasib R Awan (Latest Edition).
- Parikh's Textbook Of Medical Juris prudence, Forensic Medicine And Toxicology (Latest Edition).

- Gradwohl's Legal Medicine By Francis E. Camps (Latest Edition)
- Medico legal Investigation of Gunshot Wound By Abdullah Fateh (Latest Edition).
- Last R.J. Anatomy (Regional and Applied)
- Snell. Clinical Anatomy.
- Introduction To Statistics, Publishing Co. Inc, New York.
- Spiegel, Murray R.: Theory & Problems Of Statistics, Sehawm Publishing Co., New York.
- Spitz textbook of forensic pathology.

DIPLOMAS OFFERED BY KHYBER COLLEGE OF DENTISTRY

COURSE DURATION: TWO YEARS

1 The DCD course will be offered in the following subjects: -

- (A) Periodontology
- (B) Paediatric dentistry

2- Duration of Course:

The duration of DCD courses will be two years. All DCD courses are structured in two parts:

i. Part I is structured for the 1st calendar year. The candidate shall undertake training in basic medical sciences, research methodology, biostatistics, oral biology, dental jurisprudence and medical ethics.

ii. Part II is structured for 2nd calendar year. The candidate shall undergo training to achieve educational objectives of the specialty through theoretical knowledge and clinical skills.

3-Scheme of Courses:

A summary of two years diploma in clinical dentistry (DCD) is presented as under:

	Subjects	Final Examination
Part-1	<ul style="list-style-type: none"> • Anatomy, Physiology, Biochemistry, General Pathology & Pharmacology • Research Methodology & Biostatistics • Oral Biology, Dental Jurisprudence & Medical Ethics 	<ul style="list-style-type: none"> • At the end of 1st year • Written: Paper 1: Anatomy, Physiology, Biochemistry, General Pathology, Pharmacology, Paper 2: Oral Biology, Dental Jurisprudence Medical Ethics
Part-II	<ul style="list-style-type: none"> • Advanced professional education in Specialty of admission. • Compulsory rotation in related fields. 	<ul style="list-style-type: none"> • At the end of 2nd year • Written: Problem based questions in the subject Paper 1: Four long essay questions Paper 2: Ten short essay questions • Oral & Practical / Clinical Long case / short cases / OSCE

4-Rotations:

Year	Duration (Months)	Operative Dentistry	Orthodontics	Periodontology	Paedodontics
1	2	Prosthodontics	Periodontology	Restorative Dentistry	Orthodontics
2	1	Periodontology	Paedodontics	Orthodontics	Restorative Dentistry
	1	Paedodontics	Oral Surgery	Oral Surgery	Oral Surgery

FEE & OTHER SUBSCRIPTIONS:

FIRST YEAR

PGMI Dues: 30,000/-

Students Fund:

Basic sciences honourarium to KMC teachers, materials, instruments, stationary, library, litigation and university registration etc.

240,000/- **per annum**

Total: 270,000/-

PART-IV:

STATUTES FOR INDUCTION INTO TRAINING SLOTS OF FCPS PART-II TRAINING PROGRAMME PGMI, KHYBER PUKHTUNKHWA

1. APPLICATIONS

1. Applications for all slots shall be invited by the CEO PGMI through an advertisement in the press for induction in the training course twice a year i.e. January and July each year. The last date for submission of applications shall be definite. No applications shall be accepted after the due date. Incomplete & forms with wrong information will not be entertained.
2. False/forged documents submission will lead to termination of training with penalty of debarring from future inductions for minimum of five years.
3. Applications must be submitted online on www.pgmi.edu.pk.
4. PGMI will not be responsible for the wrong entries / choices in online form filling.
5. Hard copies of applications and documents should be delivered to the CEO's office PGMI Phase IV, Hayatabad, Peshawar at the time of submission report.

2. DOCUMENTS REQUIRED

Scanned original documents should be uploaded in online application form.

- a. MBBS Degree
- b. CNIC
- c. House Job Certificate
- d. 01 Photograph (passport size blue background).
- e. Proof of passing FCPS Part 1 Examination / Exemption from FCPS Part 1 Examination.
- f. Domicile
- g. Valid PMC/PMDC/PMDC registration certificate.
- h. Academic certificate/ Transcript (with detailed marks and attempts in all MBBS professional examinations).
- i. All government servants seeking training through PGMI must get their extraordinary leave (EOL) approved by the competent authority along with arrival report and contract.

INDUCTION POLICY MANUAL (IPM)
FOR POSTGRADUATE RESIDENCY LEVEL-III PROGRAMS (FCPS) SESSION
JANUARY 2026

The competent authority has been pleased to notify the “Induction Policy Manual (IPM) for Postgraduate Residency Level-III Programs (FCPS)” which shall come into force at once, with immediate effect. The salient features of IPM are as under:-

1. INTRODUCTION

The Postgraduate Residency of level-III Program will lead to Postgraduate qualification of FCPS. It will be based on merit and academic performance of the Doctors/Dentists desiring to seek Postgraduate training.

The Induction Policy Manual (IPM) has been devised to:

- a) Continuously assess, review and update the training potential of teaching hospitals,
- b) To improve the standards of training in teaching hospitals and,
- c) To carry out admissions and placements of doctors in Level-III Programs (FCPS) in teaching hospitals.

The policy for selection of PG trainees will be implemented at all the teaching institutions affiliated with Postgraduate Medical Institute (PGMI) as well as in other teaching institutes selected by Central Induction Committee (CIC).

It is applicable for January 2026 induction and onwards.

2. CONSTITUTION OF COMMITTEES AND THEIR TORs

In order to streamline the process of the induction of Postgraduate trainees, following committees and their terms of references (TORs) are mentioned below:

a) Central Induction Committee (CIC)/Executive Council (EC) PGMI:

Central Induction Committee for admission in residency program will consist of the following members

1.	Chief Executive Officer PGMI	Convener
2.	Deputy Chief Executive Officer PGMI	Co- Convener
3.	Associate Dean MTI/Hayatabad Medical Complex, Peshawar	Member
4.	Associate Dean MTI/Khyber Teaching Hospital, Peshawar	Member
5.	Associate Dean MTI/Lady Reading Hospital, Peshawar	Member
6.	Associate Dean MTI/Khyber College of Dentistry, Peshawar	Member
7.	Associate Dean MTI/Peshawar Institute of Cardiology, Peshawar	Member
8.	Associate Dean, MTI/Ayub Teaching Hospital, Abbottabad	Member
9.	Associate Dean MTI/ Mardan Medical Complex, Mardan	Member
10.	Associate Dean MTI/ Bacha Khan College of Dentistry, Mardan	Member
11.	Associate Dean MTI/QHAMC, Nowshera	Member
12.	Associate Dean MTI/GKMC/BKMC, Swabi	Member
13.	Associate Dean LMH/KIMS, Kohat	Member
14.	Associate Dean Saidu Teaching Hospital, Swat	Member
15.	Associate Dean Saidu College of Dentistry, Swat	Member
16.	Associate Dean MTI/Bannu Medical College, Bannu	Member
17.	Associate Dean MTI Gomal Medical College, D.I.Khan	Member

The TORs of the CIC will be as under:

- To uplift the quality of Healthcare in KP through improvement of quality of Medical Education of Health Care Providers
- To frame all the rules & regulations of postgraduate residency training for level-III qualification in teaching hospitals of KPK
- The sole body authorized to induct candidates into Level-III postgraduate residency programs.

b) **INDUCTION APPELLATE & GRIEVANCES COMMITTEE:**

- In order to redress the grievances of applicants of postgraduate residency program, there shall be following Grievances Committee:

1.	Associate Dean, MTI/Lady Reading Hospital, Peshawar	Convener
2.	Associate Dean, MTI/Hayatabad Medical Complex, Peshawar	Member
3.	Associate Dean, MTI/Khyber College of Dentistry, Peshawar	Member
4.	Associate Dean, MTI/Mardan Medical Complex, Mardan	Member
5.	Any Co-opted Member	

The TORs of Grievance Committee will be as follows:

- To address the grievance of candidates regarding admission process in light of the Induction Policy Manual (IPM)
 - The meeting of the committee will be held during the admission process as per requirement.

3. **GUIDELINES/REQUIREMENTS FOR INDUCTION PROCEDURE:**

- a) Induction and Selection for Post-graduation will be carried twice a year (in January & July) as per available stipendiary positions.
- b) The induction will be carried out through centralized, computerized, transparent, merit-cum-availability system. Seats of all specialty programs at all training sites will be calculated and publicized on PGMI official website during the process of induction. All applicants are strongly advised to regularly visit PGMI official website, Facebook page, WhatsApp Channel & PGMI MIS dashboard frequently throughout the admission cycle for updates, announcements & instructions related to the induction process. Please note that SMS & email notifications are supplementary and may be subject to delays or delivery failure, which are beyond the control of the institution. Therefore, reliance solely on SMS or email communication may lead to missing important deadlines or information. Staying updated via the official website is the applicant's responsibility.
- c) If induction is carried out through interview, a candidate will not be considered in absentia until he/she is represented by a person who holds an authority letter duly signed by the candidate. In case the interview carries the marks, applicant shall be required to appear in person.
- d) If induction is carried out telephonically, response from the registered mobile number (or Guardian number if applicant's number is non-responsive) will be taken as final choice of the applicant. In case the given phone is switched off or out of service area or non-responsive applicant will not get any slot and PGMI will not be responsible.

4. **ELIGIBILITY**

- a) Only KP domicile holders are eligible for open merit seats including disabled persons and minorities, quota and non KP domicile holders can apply only on seats reserved for armed forces & civil servant

spouse quota, and Gilgit Baltistan (GB) and Azad Jammu & Kashmir (AJK) quota (Applicants from AJK and GB have to provide sponsorship letter from their relevant governments in advance).

- b) Those who have passed FCPS-I before October 15, 2025 or having FCPS-I exemption letter issued by CPSP on or before closing dates and appeared in PGMI entrance test to be held on 30.11.2025 for the session January 2026 will be eligible.
- c) Candidates applying for Second Fellowship must upload the CPSP congratulation/election letter or official email from CPSP along with online application. FCPS-II result must be announced on or before the closing date.
- d) Admission processing fee is Rs. 5000/= non refundable and should be deposited online (Jazz Cash). Foreign candidates shall apply through their Govt. to Higher Education Commission, Islamabad. If selected they will pay USD 600 per annum in addition to above mentioned application processing fee. The foreign national's stipend will be paid by PGMI as per decision of the PGMI Executive Council.

5. DOMICILE POLICY

- a. Female candidate upon marriage shall assume domicile of her husband meaning that after marriage, domicile of husband will be considered as domicile of the female candidate. (Post marriage, her own domicile will not be considered as valid).
- b. Permanent address on CNIC of applicants must be that of Khyber Pakhtunkhwa. In case of married female, the permanent address on CNIC of husband must be that of Khyber Pakhtunkhwa.
- c. Married female candidates are required to prove their marital status with document issued by NADRA i.e. CNIC or computerized Nikah Nama.

6. **RESERVED SEATS FOR DIFFERENT QUOTA (1st FELLOWSHIP):**

(There is NO quota in Second Fellowship)

a) **KP DOMICILE HOLDERS:**

• Disabled Person Quota:

For disabled Person's quota eligibility, applicant has to apply to PGMI with all relevant documents. PGMI medical board will declare his/her eligibility for the quota or otherwise. The decision of the PGMI medical board will be final. Applicants will get the advantage of only induction as mentioned above, allocation of slot of their choice is not mandatory.

Number of seats reserved = 03 (2 for MBBS & 1 for BDS).

• Minorities Quota:

For minorities, quota eligibility, applicant has to produce NADRA form.

Number of seats reserved = 03 (2 for MBBS & 1 for BDS)

Procedure: The Candidates applying for Disabled person quota & Minorities quota will be in open merit by default. The available slots for each specialty will be calculated before slot allocation process. As per merit of applicants who applied for above mentioned two quotas and the number of slots available in their specialties, the applicants eligible on these quotas will be identified and their merit number will be upgraded to ensure slot allocation to them. Their merit number will remain locked at this position during further process of allocation in this induction and subspecialty induction after Pre-IMM training of this batch if required.

b) **NON KP DOMICILE HOLDERS:**

• Armed Forces Spouse Quota:

The spouse of armed forces personnel (non KP domiciled) who are posted in KP on state-duty will be allowed to apply for induction. They have to provide posting order of the spouse and duty certificate

(not more than 30 days old) by the competent authority & NADRA Document (CNIC with name of husband or Computerized Nikah Nama) as proof of marriage for eligibility. Stipend will be paid by the Govt. of KP.

Number of seats reserved as per merit = 08 (07 for MBBS & 01 for BDS)

• Civil Servant Spouse Quota:

The spouse of civil servant (non KP domiciled) who is posted in KP on official duty will be allowed to apply for induction. They have to provide posting order of the spouse and duty certificate (not more than

30 days old) by the competent authority & NADRA Document (CNIC with name of husband or

Computerized Nikah Nama) as proof of marriage for eligibility. Stipend will be paid by the Govt. of KP. Number of seats reserved as per merit = 03 (02 for MBBS & 01 for BDS)

• Gilgit Baltistan and Azad Jammu Kashmir Quota:

c) Number of Reserved Supervisory Slots AJK 05 (04 for MBBS & 01 for BDS)

d) Number of Reserved Supervisory Slots Gilgit-Baltistan 05 (04 for MBBS & 01 for BDS)

Stipend will be the responsibility of their respective Governments. If sponsorship letter from their respective Governments is not received at PGMI office before final merit list, their names will be excluded from the process.

Procedure: The merit list of the above-mentioned non-KP quotas will be prepared separately and top position applicants as per number fixed for the quota will be selected and will be put in to the general merit list as per their aggregate percentage for the purpose of hospital/unit/specialty allocation.

b) **POLICY FOR FOREIGN NATIONALS:**

All foreign nationals, who have passed FCPS-I and completed step-I to get the NOCs (NOC from Foreign Consulate/Embassy of their respective country in Pakistan, NOC issued by HEC & NOC/Study Visa issued by Interior Ministry of Pakistan) through PGMI are eligible to apply for admission in FCPS-

II. They have to appear in PGMI entrance test. The slot allocation will be as per their merit. The Foreign

Nationals are directed to consult PGR Section at PGMI office for completion of step-I in time and further guidance. In case foreign nationals face any issue or objection from PMDC or CPSP after induction, PGMI shall not be held responsible.

Number of Reserved Supervisor Seats = 03 (02 for MBBS & 01 for BDS) Step-I can be provided till opening of preference & choices of portal.

7. **CRITERIA FOR AWARD OF MERIT MARKS:**

a) **FOR FCPS-II INDUCTION (First Fellowship)**

No	Academics/Experience	Weightage %
1	Experience of periphery health service /hard area*as per certificate by the DGHS. 0.5to2.5marksforonecompletedyearaspernotificationNo.5327-32/DGHS dated: 14.06.2021, (available on PGMI website). Maximum countable experience shall be two years.	05
2	MBBS/BDS or equivalent professional examination Marks	20
3	PGMI entrance test (ETEA) marks	75
	Total Marks	100

*The health department/DGHS/Regional Director General will notify periphery health service/hard area for this purpose and issue the experience certificate. The certificate issued by other than health department/DGHS (e.g. MS/DMS/DHO etc.) will not be accepted.

- Less than 12 months or no experience = NO marks.
- 12 months to less than 18 months = 01 year.
- 18 months or more = 02 year.

The candidates who secure equal marks and fall on same merit position, preference will be given to the candidate whose age is more than the other candidate.

These marks will be given to those Medical Officer's (MO/WMO) who are exclusive servants of Provincial Govt. of KP, and those who are working in hospitals managed by public/private partnership will not be awarded these marks.

Professional Marks Calculation:

The academic marks shall be taken as an aggregate percentage of all professional examinations (semesters) comprising the MBBS degree.

EXAMPLE:

Marks obtained/Total Marks x100 for each prof.

Total aggregate = sum of percentages of all profs / (4 or 5) as the number of profs may be.

FORMAT OF PGMI ENTRANCE TEST FOR FCPS-II

PAPER DISTRIBUTION			
FCPS (MBBS) Medical specialties applicants. Anesthesia, Community Medicine, Medicine & Allied, Pathology, Psychiatry, Pharmacology, Biochemistry and Physiology, Family Medicine		FCPS (MBBS) Surgical specialties applicants. Anatomy, Diagnostic Radiology, ENT, Obst: & Gynae, Surgery & Allied, Ophthalmology	
Basic Medical subjects: Applied Physiology, Applied Pharmacology, Applied Pathology and Applied Anatomy	20%	Basic Medical subjects: Applied Physiology, Applied Pharmacology, Applied Pathology and Applied Anatomy	20%
General Principles of Medicine	50%	General Principles of Surgery	50%
English Language	10%	English Language	10%
Bioethics	10%	Bioethics	10%
Basic Bio statistics	05%	Basic Biostatistics	05%
Communication skills	05%	Communication skills	05%

FCPS (BDS)	
Basic medical subjects: Applied Physiology, applied Dental materials, applied Oral Biology, Community Dentistry, Oral Pathology.	30%
Clinical subjects of Final Year BDS: Oral & Maxillofacial Surgery, Prosthodontics, Orthodontics Operative Dentistry, Periodontology/Oral Medicine.	40%
English language	10%
Bioethics	10%
Basic Bio-Statistics	05%
Communication skills	05%

DIFFICULTY LEVEL:

75% questions shall be of **MEDIUM** difficulty level and 25% shall be of **HARD** difficulty level. It will cover all important parts of the course.

CATEGORY OF TEST:

There will be three categories of test: Medical Specialties, Surgical Specialties and Dentistry.

b) **FOR 2nd FELLOWSHIP INDUCTION:**

It will be based on MBBS marks, Experience, Publications & Interviews as per following weightage.

1. MBBS (**20% weightage**)

2. Post Fellowship Experience (**30% weightage**)

(Applicants must provide an Appointment Letter and an Experience Certificate from the Institute)

Relevant to First Fellowship or Specialty to be pursued (**Maximum Marks: 30**)

Experience in a CPSP-Recognized Unit:

- Less than six months will not be considered.
- 06 months – 10 marks
- 12 months – 20 marks
- 18 months or more – 30 marks

Experience in a Non-CPSP Recognized Unit: (In hospitals not below the level of a DHQ Hospital)

- Less than six months will not be considered.
- 06 months – 6 marks
- 12 months – 12 marks
- 18 months or more – 18 marks

3. For assigning marks for research publication the following criteria will apply (**20% weightage**) (Only original articles published in the last five years, relevant to the First Fellowship or the Specialty to be pursued will be considered) **Maximum Marks: 20**

Applicant must be the First or Corresponding Author.

Publication Scoring Criteria:

a) Impact Factor ≥ 1 – 5 marks

b) Impact Factor 0.3 to < 1 – 2.5 marks

c) Impact Factor 0.1 to < 0.3 – 1.5 marks

d) Publications in PMC/HEC listed journals (excluding those covered in a, b, or c above) – 0.5 marks

Note: For Impact Factor evaluation, only data from the Journal Citation Report (JCR) by Clarivate Analytics will be considered

4. Interview: (**30% weightage**) Maximum marks: 30 (Candidates who fail to appear for the interview on the scheduled date and time shall be considered ineligible, and their names will be excluded from the merit list).

8. **UNINHABITED SPECIALTIES LIST**

The Executive Council shall identify such uninhabited specialties from time to time which are markedly deficient/showing down ward induction trends. The following is the list of uninhabited specialties as revised and approved by the Executive Council for the Session January 2026.

No.	Uninhabited Specialties List for Session January 2026
1st Fellowship (04/05 Years Program)	
1	Emergency Medicine
2	Radiation Oncology
3	Anaesthesiology
4	Psychiatry
5	Ophthalmology
6	ENT
7	Microbiology
8	Histopathology
9	Periodontology
10	Paediatric Dentistry
11	Nuclear Medicine
1st Fellowship Medical Specialty	
12	Clinical Hematology
13	Nephrology
14	Neurology
15	Medical Oncology
16	Pulmonology
1st Fellowship Surgical Specialty	
17	Cardiac Surgery
18	Paediatric Surgery
19	Thoracic Surgery
20	Neurosurgery
2nd Fellowship	
21	ENT Sub-specialties
22	Ophthalmology Sub-specialties
23	Paediatrics sub-specialties
24	Rheumatology
25	Critical Care Medicine
26	Infectious Diseases
27	Vascular Surgery
28	Surgical Oncology
29	Orthopaedics/ Neurosurgery Sub-specialties
30	Breast Surgery
31	All those specialties which are not available in PGMI Affiliated Hospitals.

INDUCTION IN UNINHABITTED SPECIALTIES:

NOC-based induction will be permitted for these specialties, ensuring that training slots available in PGMI-affiliated hospitals do not remain vacant. However, this NOC-based induction is exclusively for KP domicile holders.

- Responsibility for arranging the NOC lies with the applicant.
- Possession of an NOC does not guarantee induction; selection will be based on merit.
- NOCs issued by institutions that have a Memorandum of Understanding (MoU) with PGMI **will not be accepted** for induction purposes. Additionally, NOCs issued by any **Pakhtunkhwa (KPK) will also not be accepted.**

9. **RESERVEDSLOTS:**

As decided by Executive Council PGMI a total of 50 seats are reserved for below mentioned specialties. In the event that the number of applicants exceeds 50, all applicants will be enrolled in the induction process (if slot is allotted), regardless of the total number of applicants. Conversely, if the number of applicants is less than 50, the vacant seats will not be offered to any other specialty and will remain unfilled. Policy for NOC based induction in these specialties shall remain the same as mentioned for uninhabited specialties.

FIRST FELLOWSHIP:

Emergency Medicine, Radiation Oncology, Anesthesia, ENT, Eye, Psychiatry, Microbiology, Chemical Pathology, Histopathology, Periodontology, Forensic Medicine, Family Medicine, Physical & Rehabilitation Medicine.

SUBSPECIALTY:

Nephrology, Medical Oncology, Clinical Haematology, Neurosurgery, Thoracic Surgery & Cardiothoracic Anaesthesia.

SECOND FELLOWSHIP:

ENT subspecialties, Eye subspecialties, Paediatrics subspecialties, Rheumatology, Critical Care Medicine, Vascular Surgery, Breast Surgery, Orthopaedics/Neurosurgery subspecialties, Surgical Oncology, Infectious Diseases, Thoracic Surgery, Transplant Nephrology, Pain Medicine, Paediatric & Congenital Cardiac Surgery, Colorectal Surgery.

(Specialties that are uninhabited or reserved shall be considered only for the purpose of induction. However, additional or special allowances shall be admissible only to those specialties that are duly notified by the Khyber Pakhtunkhwa Finance Department).

10. **ALREADY ENROLLED TRAINEES:**

a) Enrolled in FCPS/Partial Training:

- Enrolled with PGMI Peshawar before July 2025 Session.
They are eligible to apply for this session (January 2026) only if they have resigned and notification of resignation has been issued by PGMI before the closing date i.e. 07.11.2025. Copy of notification of the resignation must be uploaded with online application form.
- Enrolled with PGMI Peshawar in July 2025 Session.
Trainees who got a seat allocated in final slot allocation OR in subsequent placement orders (their names included in any placement order) for FCPS/MCPS/Diploma Session July 2025, are NOT eligible for this session (those applicants who surrendered their slots after due time limit are also not eligible).

b) Enrolled in MCPS/Diploma:

All those trainees who are enrolled in MCPS/DIPLOMA programs are eligible if;

- They have successfully complete the training i.e. have passed Exit Exam.
- They have completed the training but have not passed Exit exam, can apply for the FCPS training but stipend will be paid from the date they pass the exit exam or after deduction of stipend equal to the amount of stipend they received in previous training, whichever comes first.

As per recent notification by the CPSP (No. F-a/Exam-21/CPSP/1102 dated: 15.02.2021, available on PGMI website as well), FCPS and MCPS trainees in all the disciplines are not allowed to join both the program simultaneously. Therefore, MCPS trainees who want to join FCPS prior to passing MCPS

Examination will have to cancel MCPS RTMC. As per PGMI policy if any resident cancels his/her RTMC for any training, he/she shall have to return all amount of stipend (including other financial benefits) received during that training period.

11. **TRAINING RELATED MISCELLANEOUS RULES:**

1. Postgraduate Residents shall be selected for clinical units in all public sector teaching hospitals of KP and other PGMI affiliated institutions on merit. The list of Hospitals/clinical units affiliated with PGMI is available on official website of PGMI.
2. Joining time (to submit arrival in the allotted institutes and to do step-I & II with the CPSP) will be notified in the placement order. If the candidate fails to join in the given time, the seat shall be declared as vacant and applicants, who have not been allotted any slot, will be allowed to avail this slot as per merit. Moreover, the candidate will NOT be eligible for next induction.
3. Applicants applying under designated quota seats will be given a one-time opportunity to avail their respective quota. In the event that a quota seat remains unfilled, no further priority shall be given to quota candidates during the allocation of leftover seats. All remaining seats will be filled strictly on the basis of open merit.
4. Those applicants who get slot allotted in the final slot allocation process and order is issued, if they do not join within the prescribed time or resign before 06 months training, they will not be eligible for next induction.
5. NO waiting list will be maintained.
6. Rules and regulations of PMC/PMDC, PGMI & CPSP for Postgraduate Medical training shall be strictly observed.
7. Selected candidates must read and sign training agreement with PGMI & Surety Bond at the time of arrival.
8. Attachments in online application form for induction: All applicants must attach clear, scanned copies of original documents in online application form. CNIC and PMDC certificate must be valid. Academic transcript/DMC of professional exams must be issued by University or verified by University.
9. An applicant will be offered induction by PGMI up to a maximum of 02 times. He/she will not be allowed to apply for the third time.
10. Those trainees who have already availed a stipendiary program of PGMI Peshawar have to successfully qualify the final examination of the CPSP or KMU as the case maybe, otherwise equal to the amount of stipend received during previous training will be recovered.
11. It is pertinent to mention that Stipend is given for the training period that is recognized by the Degree/Diploma awarding Institute. Any part of training that is not recognized/accepted by that institute will not be paid. If already paid, trainee shall be liable to pay it back to PGMI. In the same way, any training left incomplete (complete means to pass EXIT Exam), trainee shall be liable to refund all the stipend received during that training period along with other financial benefits availed.
12. Any trainee who leaves the training incomplete shall be liable to pay back the stipend.
13. Those who want to switch or change specialty during training will have to refund the stipend received for training in the previous specialty training. This policy is also applicable to those trainees who opt for change of track through CPSP exchange program.
14. A candidate having completed is training in one specialty (FCPS-II) shall be allowed to join training in another specialty only after passing the FCPS-II examination in the previous specialty.
15. The period of training will not be extended beyond the normal period of the course as decided by

- the CPSP, except for the purpose of completion of deficiencies/penalties and that will be un-paid.
16. The Trainees shall not be allotted to engage in any sort of Govt./Private Job or Private practice. If found involved in such practices, strict disciplinary action will be taken and will be reported to CPSP, which may result in termination of training.
 17. The Postgraduate training offered by PGMI is full-time & residential. Postgraduate Residents of PGMI are not allowed to engage in any sort of job/clinical/working relationship with any other institute/organization/person during the tenure of Postgraduate training. In case any trainee is found to have been on job on regular/contractual basis, contractual, project position, autonomous health institution, running private clinic or doing job at any hospital of provincial or federal government and drawing salary there from, his/her training shall be terminated immediately and shall be liable to refund the stipend back to PGMI.
 18. If any trainee receives any pay/financial benefits during the training period in addition to the stipend from the PGMI, (**double pay withdrawal**) he/she shall be liable to refund both amounts to PGMI (stipend received from the PGMI and Pay/Financial benefits from other employer). It means this period will be without stipend as penalty and disciplinary action will also be initiated against him/her that may lead to cancellation of that period of training/full training.
 19. All selected applicants who are **Govt. Servants**, have to submit approved EOL from Health Department, Govt. of KP apart from other required documents along with arrival report. Their arrival will not be accepted without approved EOL as per Govt. Notification No. SO (E) H-II/4-1/2020 dated the 25th August 2020.
 20. Foreign graduates who do not have detailed marks certificate (DMC) shall be given only 60% marks in the merit list.
 21. For conversion of CGPA/GPA into percentage, HEC formula will be used.
 22. PGRs should attend the "Orientation Session" at the start of their training if arranged by the institution.
 23. PGR shall not be awarded Course Completion Certificate unless he/she has successfully completed mandatory workshops as prescribed by CPSP.
 24. Those FCPS PGRs who are **already working with PGMI** and registered with CPSP cannot resign before completing 06 months of training as per PGMI/CPSP rules. In case a trainee resigns before completing 06 months he/she will not be eligible for next induction. Furthermore, if a trainee resigns after 06 months & wants to re-apply, his/her notified resignation by the PGMI/Associate Dean must be submitted to PGMI along with the application form before the due date. Resignation once given & notified cannot be revoked/taken back.
 25. **Resignation Policy:** If a trainee intended to resign shall do so by tendering the resign application one month prior to the effective (resign) date, otherwise, one month stipend shall be forfeited in lieu of prior notice. Such Postgraduate Resident shall be eligible for re-induction if otherwise allowed as per induction policy. Trainees must undergo training at least for a period of two years (including subspecialty) failing which he/she shall refund the stipend received. Experience certificate shall be issued to him/her by supervisor & countersigned by CEO PGMI, after refund of stipend received for training period. Provided that no trainee is allowed to leave the place of duty prior to clearance from the department concern and subsequent acceptance/notification of resignation. If trainee leave place of duty prior to issue of the notification by the competent authority, his resignation process will be stopped and he will be considered as absent. The disciplinary action will be initiated as per policy and it may result in termination of the trainee/cancellation of the training already done. Provided further that resignation once notified by the competent authority shall be final and irrevocable. The Trainees who want to resign are liable

to refund the received stipend to PGMI Peshawar, if they opt not to continue the training. The exit order (NOC to cancel the RTMC) as per standard policy will be issued only if the stipend received during the training is refunded to PGMI Peshawar.

26. Rules of service cannot be applied on the postgraduate resident until approved or adopted by the Executive Council.
27. **Concealment of information /submission of fake documents or incorrect entry** of information will lead to rejection of application and if identified after induction, termination/reporting to CPSP/PMC/ PMDC/ debarring from future inductions in PGMI, Peshawar at any stage and will also be liable to refund stipend.
28. **Termination:** Once a trainee is terminated by the competent authority, he/she shall be banned for two successive inductions, and shall be banned for life if the same lapse is repeated after availing 2nd induction opportunity.
29. The residents shall have to abide by the **rules/regulation of the institutions** where they are inducted.
If biometric attendance is mandatory in the institution, they have to follow rules/regulation by the institution.
30. Any type of **misconduct or violence** during induction process will lead to debarring, blacklisting of the candidate and appropriate legal action.

12. **POLICY/GUIDELINES FOR MANDATORY ROTATIONAL TRAINING:-**

- a) Mandatory rotational training is allowed only in CPSP recognized Units/Departments and with approved supervisors of CPSP.
 - b) Rotation is allowed to PGRs in CPSP recognized Unit/Department in the same hospital. If the unit/specialty of rotation is not available in the same hospital, then the PGR shall be allowed rotation in the CPSP recognized Unit/Department of some other training institute. In this regard, CPSP guidelines will be followed. "Rotation should be in the same institute. If not available within the institute, then within the same city and if not available within the same city, then outside the city is allowed".
 - c) Policy for rotation outside Province: The rotation outside the Province is only allowed if that specialty is not available in whole Province. Prior permission from PGMI and DNRP is mandatory.
 - d) The application should reach PGMI at least seven days before date of commencement of rotation. If a PGR proceeds on rotational training before approval from the competent authority, he/she will be considered as absent and immediately disciplinary action would be taken as per policy. If that period is accepted as part of training, this period will be considered without stipend.
- a) ROTATION GUIDELINES FOR MTIs Residents:**
- i. Associate Dean can allow rotation within the institute. If desired specialty is not available in the institute, then he/she can refer the case to PGMI for permission to do rotation outside the institute. He/She has to certify in his forwarding note that the desired specialty is not available within the institute.
 - ii. **Requirement of application for rotation outside parent Institute:** The application must be recommended and forwarded by the supervisor and Associate Dean with certificate of non-availability of that specialty in the institute. It is also required that he/she (the resident) has to get NOC from rotational supervisor and the Associate Dean/the Dean/Head of Institute/ the Training Director (anyone nominated by the Head of Institute) of the institute where rotation is desired.

b) ROTATION GUIDELINES FOR NON-MTIs Residents:

- i. The Dean/Head of Institute/the Training Director of the institution can allow rotation within the institute. If desired specialty is not available in the institute, then he can refer the case to PGMI for permission to do rotation outside the institute. He/She has to certify in his forwarding note that desired specialty is not available within the institute.
- ii. Requirement of application for rotation outside parent institute: The application must be recommended and forwarded by the supervisor and the Dean/Head of Institute/the Training Director (anyone nominated by the Head of Institute) with certificate of non-availability of that specialty in the institute. It is also required that he/she (the resident) has to get NOC from rotational supervisor and the Associate Dean/the Dean/Head of Institute/the Training Director (any one nominated by the Head of Institute) of the institute where rotation is desired.

POLICY/GUIDELINES FOR LEAVE/BREAK IN TRAINING

- 1) As per CPSP & PGMI rules, a total of **15 days** leave with stipend is allowed over a period of six months and it's not accumulative.
- 2) Absence from training without prior permission of the competent authority will be considered as absent period and as a policy every absent period will be considered as unpaid. Moreover, if it is declared as deficiency in training, will complete it at the end of training without stipend. The AD/training director may refer the case to Institutional Disciplinary Committee for further action.
- 3) Residents applying for long leave/break i.e. Hajj leave, Umrah leave, freezing of training, wedding leave or maternity leave, should submit their application at least fifteen (15) days before the commencement of leave, for approval. If a PGR leave his institution without approval of competent authority and DNRP/CPSP, then that period will be considered as absent.
- 4) In case of **maternity leave**, it is mandatory to provide original Medical Certificate issued by Consultant Gynecologist from parent training institution (if Gynae & Obst: Department is not available in parent institution, then from a public sector hospital) along with ultrasound report and application. As per CPSP & PGMI's rules, maximum of ninety (90) days leave is allowed. It will be approved as break in training without stipend and this deficiency in training shall be completed at the end of training with stipend. Maternity leave is allowed once in the entire FCPS training, therefore, if a PGR applies for another one, only 45 days leave shall be granted without stipend and the deficiency period of the second maternity leave shall be completed at the end of training without stipend.
- 5) **Medical leave** should be submitted for approval along with a medical certificate from public sector hospital and documentary proof of illness. The sick leave shall be considered break in training without stipend and the deficient period shall be completed at the end of the training with stipend. In case of medical leave, it can be started without prior permission of competent authority provided medical grounds and documents are correct.
- 6) **Break/freeze in training** is allowed once in the entire FCPS training. A PGR is eligible to apply for break/freeze in training on genuine grounds as per CPSP policy. As per CPSP policy no candidate is allowed to avail break in training before completion of 02 years of training. After 02 years of training a break of 06 months is allowed.
Departure & Arrival by the concerned PGR shall be submitted to PGMI duly forwarded by the Supervisor & Associate dean/ head of institution. The arrival report must accompany CPSP approval for the availed Leave/Break otherwise it will be considered as absent period. It will be responsibility of resident to inform and get approval of CPSP in time.

FOR NON MTI RESIDENTS:

1. The competent authority for sanction of paid leave up to 07 days at a stretch (15 days in total every six month) is Dean/Head of Institution/Training Director.
2. The competent authority for sanction of all other leaves/unpaid Leave/ Break/Freezing/leave more than 07 days/Medical leave is the Chief Executive Officer PGMI.
3. All applications submitted to PGMI by residents for leave/break in training should be duly forwarded by the supervisor & Dean/Head of Institution/Training Director. The CPSP/DNRP approval/consent will be required.

FOR MTI RESIDENTS:

1. All applications submitted by residents to PGMI regarding any issue, must be forwarded by their supervisor & Associate Dean of concerned MTI (duly signed, stamped and dated).
2. The competent authority to sanction all leaves up to 15 days is Associate Dean of respective MTI. The competent authority to sanction Break/freezing in training is the Chief Executive Officer PGMI

13. **MISCELLANEOUS:**

- a) Application submitted in PGMI for any purpose, must be forwarded by the supervisor & the Associate Dean/Training Director/Head of Institution (duly signed, stamped and dated)
- b) Executive Council an [amend rules/regulations](#) from time to time as and whenever needed. All these amended/new rules/regulations approved by Executive Council will be applicable to the previous sessions as well except it is mentioned differently.

This policy is issued in supersession of previous Induction Policies and shall come into force with immediate effect. However, all instructions, notifications/updates and policies issued from time to time in future which are applicable and valid for Level-III (FCPS) training program shall be considered part and parcel of this manual.

5 **PGMI AFFILIATED INSTITUTIONS:**

MTI Institutions: MTI/LRH, MTI/KTH/KMC, MTI/HMC/KGMC/IKD, MTI/ATH/ACD, MTI/MMC, MTI BKCD, MTI/GMC, MTI/QHAMC, MTI/GKMC/BKMC, MTI/KCD, MTI/Bannu & MTI/PIC. The STH, SCD & DHQTH/KIDS/LMH Kohat are also considered as MTI for the purpose of PGMI rules.

NON MTI Institutions: CMH Peshawar, CMH Abbottabad, CMH Nowshera, CMH Kohat, RMI, NWGH, PMC/PDC, AIMC & WMDC Abbottabad, Watim Medical & Dental College Rawalpindi & Sardar Begum Dental College Peshawar.

(Approved by the 55th Executive Council PGMI Khyber Pakhtunkhwa)

CHANGE OF INSTITUTE / SUPERVISOR POLICY

As per 41st Executive council meeting held on 24-02-2023, it is unanimously decided that change of supervisor and re allocation of units for sub specialties is not allowed.

Army Spouses

PGMI is responsible for the stipend of army spouses when serving in KP after being selected on army spouse quota. The stipend will be paid for the duration till their spouses are on official duty in KP. In case of transfer out from KP, the trainee will be having two options, either to resign from PGMI or continue her training at the same station till completion of the training.

Security.

In case of security issues/threats the trainee will have to produce evidence i.e. FIR, or any authentic verified report by Security Agencies. In case of approval the trainee will be sent to the following institutions/hospitals for further training:-

1. Bolan Medical College Quetta.
2. Chandka Medical College Larkana.
3. Nishter Medical College Multan.

Job Description of PGRs

- Job is full time and residential. (Accommodation of PGRs will not be responsibility of PGMI.)
- PGRs shall be fully responsible for patients assigned to them by the supervisor/HOD and emergency cover at any time.
- PGRs shall be responsible for the mandatory CPC activities that includes, but is not limited to, attendance at CPC, Ward educational sessions, mandatory structured program of PGMI. In addition, PGR's must also actively participate in symposia and workshops.
- Mandatory rotation, recommended by Supervisor shall be routed through Associate Deans of the MTIs and training officer / head of institutions.
- All the correspondence with PGMI shall be through supervisor routed through Associate Deans of the MTIs and training officer / head of institutions.

DIPLOMA OF COLLEGE OF PHYSICIANS
AND SURGEONS PAKISTAN

(MCPS-ANAESTHESIOLOGY)
DURATION OF TRAINING = 2 YEARS

1. MCPS program will be offered only in public sector hospitals. Application for MCPS Anesthesia will be invited through advertisement once in January in each year. Applicants will be selected after the written test in PGMI through software.
2. A maximum of 02 candidates in each MTI (LRH, KTH, HMC, ATH) and CMH Abbottabad will be selected.
3. All the general rules and regulations of PGMI and CPSP are applicable to the MCPS candidates.
4. The examinations form shall be sent to the CPSP Karachi through the [CEO's Office](#).
5. Fee structure is described in the relevant section (currently [PKR. 30,000/-](#) for Pakistani nationals per full course).
6. If a candidate once inducted, resigns, he/she will be ineligible for one induction.
7. It is necessary for Incharge course to report within a week of joining time if a candidate has not given arrival.
6. Fee once charged is non refundable due to wastage of slot.
7. All candidates are required to furnish a contract as laid down by PGMI.

TRAINING PROGRAMME.

MCPS in clinical disciplines: Presently, the PGMI offers training for MCPS in Anesthesia only.

Training in the discipline takes place under the supervision of a CPSP approved supervisor according to the minimal requirements of training identified by the relevant CPSP specialist faculty.

Eligibility to enter training

- MBBS or equivalent qualification
- One-year house job recognized by the PMC/PMDC.

Training Program:

Rules:

- 1 Change / switch over from one institute to another will not be allowed.
- 2 Only those candidates who have passed entry test (written and oral) will be allowed to join the MCPS training in PGMI against the available slots on merit. No lateral entries will be allowed.

Duration:

Two years structured training program under an approved supervisor after registration with CPSP and completion of other requirements as specified in the CPSP prospectus "Requirement for training program in MCPS" of the respective discipline".

Log Book

The trainees must obtain a log book and get it signed routinely by the immediate supervisor. A complete and duly certified log book will be part of the requirement of sitting in the MCPS examination.

Workshops:

The candidate for the MCPS Anesthesia have to participate in three mandatory workshops organized by the CPSP as part of their mandatory requirements.

The three workshops are

1. Introduction to computer and Internet
2. Communication Skills
3. Research Methodology, Biostatistics and Dissertation writing

Eligibility to sit in the Examination

- Completed two years structured and supervised Training in a Training slot.
- Certificate of attendance of mandatory workshops.
- Duly filled and certified log book
- Fulfillment of all other requirements as laid down in the relevant prospectus of CPSP.

Details about written and oral/clinical examination of each subject are given in the notification of CPSP inviting application for sitting in the examination and in the relevant prospectus of CPSP which can be obtained from its regional office in Peshawar.

CRITERIA FOR FOREIGN STUDENTS ADMISSION
INTO POSTGRADUATE COURSES
DIPLOMA/MCPS/FCPS

- 1 MBBS or equivalent qualification. Registration of qualification with PMC/PMDC.
- 2 Proof of passing FCPS Part I exam / Exemption from FCPS Part-I examination.
- 3 8 Passport size recent colored photographs.
- 4 Surety Bond/PGR contract.
- 5 House job for one year.
- 6 As per 32nd Executive council meeting held on 21-09-2021, it is unanimously decided that foreign nationals will pay the same fee to PGMI for their training in Diploma and MCPS as paid by all other Pakistani Nationals. However, foreign nationals residents for FCPS part II will continue to pay US Dollar 600/- per annum as admission fee. The foreign nationals stipend shall be paid by PGMI as per the decision of EC. There is no exemption for any foreigner even with NADRA Afghan or other refugee card. Installments will not be allowed.
- 7 Fee once deposited will not be refunded.
- 8 The candidate will have to provide names of at least two referees when applying for admission.
- 9 Clearance from relevant security agencies and permission of HEC will be required before admission.
- 10 Selection will be made by the induction committee.
- 11 Trainee will be responsible for his/her boarding and transportation.
- 12 Life and health insurance will be the candidate's own responsibility.
- 13 No change of specialty will be allowed once selection is made.
- 14 All the rules and regulations of FCPS part-II training program of PGMI shall apply equally to the foreign candidates.
- 15 Foreign students will abide by the rules and regulation of PGMI as well as all the laws of Government of Pakistan, a breach of which can lead to their expulsion from the course without reimbursement of the amount / fee which has been paid by them at the time of admission. Furthermore, they will be debarred from admission in any course for at least five (5) years.
- 16 Valid student visa from Pakistan Embassy in home country and/ or registration with NADRA.
- 17 General rules prescribed for minor diplomas shall be applicable in addition to the above requirements.

PART-V

APPENDICES
Guidelines for supervisors

A. Minimal mandatory teaching program

The supervisor will ensure to implement minimal teaching /training program which includes the following;

1. Teaching rounds two per week.
2. Weekly journal club and mortality meetings
3. Weekly long case presentation
4. Two short cases per week
5. Monthly one to one interaction with PGRs (discussion about synopsis/dissertation and progress of training).
6. OT cases /training (if applicable)
7. Interactive lectures twice a year by each supervisor.

B. Synopsis/dissertation & educational activities

The supervisor will ensure that the trainee should:

1. Submit the synopsis within six months of starting training in parent specialty.
2. Submit dissertation one year before the completion of training.
3. Attend C.P.Cs, Symposia, seminars and conferences.
4. Attend mandatory workshops during the training period.

C. Discipline/attendance/log book

1. Attendance registers for morning and afternoon to ensure the punctuality and attendance of PGRs.
2. A minimum of one in three on call rota for trainees.
3. Weekly signature of log books (Mandatory submission of photocopy of log book pages for the corresponding period along with proforma). CPSP has already introduced the e-log.

D. Assessment

1. Written assessment (Short essay questions and one best type MCQs) once in six months.
2. Long case and TOACS twice a year (Local faculty members from other hospitals to be examiners).
3. Devise course outline for six months in coordination with Director Academics.
4. **Indigenous Diploma Courses of PGMI.** PGMI will induct trainees in the specialty of Anaesthesia only.

Jurisdiction of the Appellate Committee

- a. A PGR if terminated by the Respective Associate dean on the recommendations of the “MTI Disciplinary Committee” can appeal to the central “Appellate Committee”. The “Appellate Committee” will hear the PGR in person on a date fixed. The PGR will be given an opportunity to prove himself/herself innocent. The “Appellate Committee” will dispose the appeal within 15 working days.
- b. The “Appellate Committee” will act as Disciplinary committee for dealing those PGRs, who are involved in misconduct in the premises of PGMI, or if the matter is between a PGR and any official of PGMI, or if the matter is related to disruption of the induction process in PGMI. In case of interference into the affairs of PGMI, disruption of induction process or maligning campaigns against PGMI/MTIs, the matter will be decided by the “Appellate Committee” as routine or on emergency basis as the case may be. Under such circumstances the “Appellate Committee” can terminate the PGR or can debar the “applicant doctor” of the induction process for single term or for a lifetime.
- c. Complaints related to misconduct or violation of discipline forwarded by the administration of public or private hospitals other than MTI where training of PGRs is directly under the administrative control of PGMI will be dealt by the “Appellate Committee”. The PGR in that case would reserve the right to appeal for review in the “Appellate Committee” against his/her termination.

GENERAL GUIDELINES FOR PGRs/ PGR CONDUCT/ DISCIPLINARY RULES AND ACTIONS

Rules of conduct for the PGRs are intended to promote the orderly and efficient operation of the post graduate program, as well as to protect the rights of the PGRs. Violations, therefore, shall be regarded as cause for disciplinary action. Ignorance of conduct rules is not an acceptable excuse for violation. It is each PGR's responsibility to know the rules and abide by them. These rules are not all-inclusive, and other departmental or Hospital regulations may exist. PGRs are expected to know and abide by those rules as well.

Following are the general Guidelines for the PGRs/ Disciplinary rules and actions. These are applicable to all PGRs inducted by PGMI in MTIs, Public/ private Hospitals within KP and other provinces. For violation of any of the following rules, PGR shall be subject to penalty ranging from a formal written warning notice up to, and including, termination of training.

I. CPSP Training Guidelines related to discipline.

CPSP is the supervisory, statutory and degree awarding institute for the PGRs inducted for FCPS/MCPS programs by the PGMI. All the PGRs are therefore directed to follow and obey the CPSP Guidelines which are available on the CPSP website. The PGRs must follow the notifications issued by CPSP from time to time. Strict compliance with the CPSP Guidelines must be observed.

The PGRs of the Diploma Programs are directed to follow and obey the guidelines of KMU and PGMI.

II. Disciplinary Rules of MTIs/ Other hospitals.

The PGRs inducted by PGMI in MTI or other Hospital will follow and obey the disciplinary rules of the respective MTI/ Hospital. The Associate Deans shall encourage the respective supervisors to use informal efforts to resolve minor instances of poor performance or misconduct. If the remedial efforts are unsuccessful or where misconduct is of a serious nature, the Associate Dean may refer the case to “MTI Disciplinary committee” to impose formal disciplinary action. Formal disciplinary action includes

- a. Termination or a ban on re-induction.
- b. Reduction, limitation, or restriction of the PGR clinical responsibilities
- c. Extension of the residency or fellowship program or denial of academic credit that has the effect of extending the residency or fellowship.
- d. Denial of certification of satisfactory completion of the residency or fellowship program.

Formal disciplinary action may be taken for due cause, including but not limited to any of the following:-

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the PGR, or that could prove detrimental to the Hospital’s patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the PGMI or Hospital, Department, Division, or training program.
6. Scientific misconduct.
7. Neglect of duty.
8. Insubordination or refusal to comply with supervisor’s instructions.
9. Immoral or indecent conduct.
10. Violation of local, state, or federal law which causes unfavourable publicity to the PGMI or Concerned hospital.
11. Intentional falsification of personnel records, training record, payroll reports or other records.
12. Intentional destruction or defacing of the PGMI/ MTI/Hospital property.
13. Deliberate or careless conduct endangering the safety of self or other PGRs/staff/ employees, including the provocation or instigation of violence/agitation and protests.
14. The PGR shall not indulge in any kind of political or unionist activities. They shall not resort to any sort of strike, protest or demonstrations. They shall not join any political association, organization or doctor’s unions. Those involved in political or non-political doctor unions, protests, strikes, disruption of services in the hospitals and instigating the doctors against government or its institutions shall be dealt with strictly by action including termination of training. In case of strikes, protests, disruption of services and instigation of doctors/public against government or its institutions, the directives of government and health department will be followed in letter and spirit.
15. Drug addiction while on duty or the possession or consumption of illegal drugs.
16. Abusing or threatening of another PGR, employee of the hospital or hostel roommate.
17. Reporting for work in an unsafe condition which includes but is not limited to, being under the influence of alcoholic beverages or drugs.
18. Knowingly admitting an unauthorized person or persons into the offices of PGMI, Associate Deanery or hospital Administration.

19. Absenteeism. PGR with attendance below 80% is liable to termination.
20. Posting unauthorized materials on social Media/ walls of PGMI/ MTIs/ Hospital or bulletin boards; defacing or maligning PGMI, MTI, hospital, Health department, government or its institutions. PGR involved in such activities will be identified and disciplinary action will be initiated against him.
21. Failure to report for duty without sanctioned leave.
22. Leaking, posting or publishing PGMI, MTI or Hospital confidential information.
23. The Training of PGRs is paid, residential and on whole time basis. PGR is NOT allowed to work as doctor in any other hospital as part time for financial benefits or in any other institution for simultaneous academic qualification. PGRs are not allowed to run private clinics.
24. To ensure a safe workplace and to reduce the risk of violence, PGMI will not tolerate any threats, threatening behaviour, or acts of violence committed by or against employees or on hospital property. Violations of this rule will lead to disciplinary action up to and including termination, as well as arrest and prosecution for any criminal acts.
25. PGRs are prohibited from making threats or engaging in violent activities. This list of behaviour, while not inclusive, provides examples of conduct that is prohibited.
 - a. Causing physical injury to another person.
 - b. Making threats of any kind.
 - c. Aggressive, hostile or violent behaviour, such as intimidation of others; attempts to instill fear in others; or subjecting others to emotional distress.
 - d. Other behaviour which suggests a propensity toward violence, which may include hate speech, sabotage or threats of sabotage of PGMI or hospital property, or a demonstrated pattern of refusing to follow ward or hospital discipline.
 - e. Possession of an illegal weapon.
 - f. Committing acts motivated by, or related to, sexual harassment.
26. No PGR is allowed to change his/her institution or supervisor without prior approval and written notification by the Executive council PGMI. Violators will be dealt as dropped out of the training. No stipend and experience certificate will be issued to such PGRs and the same will be notified and communicated to CPSP.
27. PGRs involved in concealment of facts, misinformation, Forgery and deceptions will be strictly punished. Fake signatures of supervisors, Associate Deans or any other authority will lead to termination of training.
28. Maternity leave period has to be compensated at the end of training. Deduction of stipend for the duration of maternity leave will be made in installments, the deducted amount will be returned once the PGR repeats/compensates for the leave period after completion of training. It is the responsibility of the PGR to forward her maternity leave application to the respective associate deanery/ PGMI. In case she fails to forward leave application or fraudulently deceives the relevant offices of the leave she has availed, strict disciplinary action will be taken against her.
29. PGR is not allowed to leave, break or freeze training on his/her own without the approval and notification of Executive Council PGMI. If any PGR leaves or breaks training on his/her own, his/her training will be terminated.
30. PGR can avail leave as per CPSP leave policy. Only 15 days leave is admissible in 06 months of training. No paid leave will be granted if the PGR has already availed 15 days leave in 06 month training. Prior approval from CPSP for long leave is mandatory.
31. After issuance of the induction office order, If a PGR fails to register his/her training with CPSP in stipulated time, he/she will be de-notified and dropped out of the induction.
32. Any change without the permission/NOC of PGMI will not be accepted and stipend will not be paid being the time without permission NOC/Permission of PGMI authority i.e. CEO PGMI

Disciplinary action for the same or different offences shall progress in the following manner:

- I. **Verbal warning.** Verbal statement to the PGR that he/she has violated a rule and/or regulation and that such violation may not continue.
- II. **Written Warning.** Formal notification in writing to the PGR that he/she has violated a rule and/or regulation.
- III. **Deduction of stipend.** For a specific number of days depending on the severity of the offence. Notice of stipend deduction shall be provided to the PGR in writing.
- IV. **Debar from Induction.** By the Appellate committee.
- V. **Termination from Training.** By the Disciplinary committee and or Appellate committee.

FOR GENERAL INDUCTION & SUBSPECIALTY INDUCTION SESSION JANUARY 2026

(On Rs.100/-Stamp Paper)

TRAINING AGREEMENT WITH POSTGRADUATE MEDICAL INSTITUTE KP

This training agreement is executed on this date of _____ / _____ / _____, between:

Dr. _____ S/D/W of _____ Resident of _____,

Holder of CNIC No. _____ the First Party)

and

The Postgraduate Medical Institute (PGMI) Khyber Pakhtunkhwa Phase IV Hayatabad Peshawar, through the Deputy Chief Executive Officer of PGMI Peshawar (as the second party)

WHEREAS PGMI published an advertisement/announcement on PGMI official website inviting applications for training as Postgraduate Resident (PGR)/Trainee Medical Officer (TMO).

AND WHEREAS the First Party applied in response to the advertisement/ announcement, and after the preparation of the merit list of the best performing candidates, the First party was selected for induction as PGR/TMO for _____ years.

NOW THEREFORE it was agreed as follows:-

- 1- That First Party shall be regular and punctual throughout his/her training period and endeavor to attend the unit/ward for duties, all the Clinico-Pathological Conferences (“CPC”), interactive lectures, symposia, seminars, workshops, etc., as part of his/her structured training program. Furthermore, he/she shall carry out their duties and patient care with utmost responsibility and sincerity.
- 2- That the first party shall treat all his/her patients, colleagues, and peers with utmost respect and dignity and shall not discriminate against anyone based on race, ethnicity, religion, sex, color, or caste and shall not express his/her political or religious beliefs to others.
- 3- That if the First Party’s biometric attendance is below 80% in any month, that will lead to termination of his/her training and he/she shall be liable to refund all stipends received by him/her.
- 4- That the First Party shall maintain proper discipline and shall not absent him/herself from duty or exert any kind of political pressure or indulge in an inappropriate or immoral activity or any other activity that violates the PGMI’s Rules & Regulations, made from time to time. In case a complaint of the said nature is received against the First Party, PGMI shall terminate the training without any notice with a fine of Rs. 50,000/- and additionally, the First Party shall refund stipends received. In the event the First Party does not pay the fine and reimburse the stipend, the surety shall refund the stipend as well as the fine.
- 5- That the First Party shall not demand accommodation from the PGMI at any stage of training.
- 6- That the First Party shall not indulge in any kind of medical practice for financial benefit or academic qualification, paid or unpaid, in addition to the duties assigned to him/her during the training period.
- 7- That the First Party shall be answerable to his/her supervisor, Head of the Department, Associate Dean, and the Chief Executive Officer of PGMI Peshawar in all matters pertaining to academics or discipline and shall refrain from acts/deeds/omissions which leads to the disrepute of the medical profession.

- 8- That the First Party shall follow the College of Physicians and Surgeons of Pakistan Rules. The First Party shall not change his/her hospital and the specialty assigned to him/her assigned by PGMI at the time of induction under any circumstances, failing which his/her training shall be terminated, and refund shall be effected as per Clause-4 of this agreement. In case of NOC based induction it will be the responsibility of first party to arrange alternate supervisor in case of transfer/resign/death of primary supervisor.
- 9- Concealment of facts may lead to termination of training and initiation of legal proceedings as per policy.
- 10- Failure to join or leaving training without permission will lead to debarring of the trainee from subsequent induction(s).
- 11- If First Party leave the training incomplete or completed but does not pass the exit exam, he/she shall be liable to refund all stipend (including all financial benefits) form PGMI received from the training.
- 12- First Party accept to pay back all stipend (including all financial benefits) form PGMI received from the training which he/she has not completed or completed but has not passed exit exam.
- 13- That the First Party shall undergo training at least for a period of two years failing which he/she shall refund the stipend along with fine as mentioned in Clause-4 above. Experience certificate shall be issued to him/her by supervisor & countersigned by CEO PGMI, after refund of stipend received for training period.
- 14- In addition to clause 13, the first party inducted in the subspecialty induction shall undergo subspecialty training at least for a period of two years failing which he/she shall refund the stipend along with fine as mentioned in Clause-4 above.
- 15- That the First Party shall strictly abide by the laws/bylaws/rules/regulations of the institution for which he/she is selected.
- 16- That the First Party shall not been titled to migration, and this shall also be applicable to the specialty for his/her mandatory rotation if available in the institution of his/her initial induction. The first party shall be liable to refund the stipend received from PGMI Peshawar, if he/she is re- inducted in a specialty, for which his/her previous training is not acceptable by CPSP.
- 17- That the First Party has read and understood the terms of this agreement and will abide by all the clauses thereof and rules & regulations of PGMI Peshawar. This agreement is terminable by one months' notice or one months' stipend in lieu of notice.
- 18- In the event of any dispute or difference arising from or related to the terms of the instant agreement or the interpretation thereof, the same shall be referred to arbitration under the provisions of the arbitration under the Arbitration Act, 1940. The venue of arbitration shall be Peshawar.
- 19- That the agreement is signed in the presence of parties and witnesses after due being read and understood.
- 20- If First Party leave the training incomplete or completed but does not pass the exit exam, he/she shall be liable to refund all stipend (including all financial benefits) form PGMI received from the training.

21. First Party accept to pay back all stipend (including all financial benefits) form PGMI received from the training which he/she has not completed or completed but has not passed exit exam.
- 21- That the First Party shall undergo training at least for a period of two years failing which he/she shall refund the stipend along with fine as mentioned in Clause-4 above. Experience certificate shall be issued to him/her by supervisor & countersigned by CEO PGMI, after refund of stipend received for training period.
- 22- In addition to clause 13, the first party inducted in the subspecialty induction shall undergo subspecialty training at least for a period of two years failing which he/she shall refund the stipend along with fine as mentioned in Clause-4 above.
- 23- That the First Party shall strictly abide by the laws/bylaws/rules/regulations of the institution for which he/she is selected.
- 24- That the First Party shall not been titled to migration, and this shall also be applicable to the specialty for his/her mandatory rotation if available in the institution of his/her initial induction. The first party shall be liable to refund the stipend received from PGMI Peshawar, if he/she is re- inducted in a specialty, for which his/her previous training is not acceptable by CPSP.
- 25- That the First Party has read and understood the terms of this agreement and will abide by all the clauses thereof and rules & regulations of PGMI Peshawar. This agreement is terminable by one months' notice or one months' stipend in lieu of notice.
- 26- In the event of any dispute or difference arising from or related to the terms of the instant agreement or the interpretation thereof, the same shall be referred to arbitration under the provisions of the arbitration under the Arbitration Act, 1940. The venue of arbitration shall be Peshawar.
- 27- That the agreement is signed in the presence of parties and witnesses after due being read and understood.

PARTY NO.1

S/D of _____
 Address: _____
 CNIC No. _____
 Cell/ Phone No. _____

PARTY NO.2

CEO/Deputy CEO
 PGMI Hayatabad Peshawar

(ONLY GAZETTED OFFICERS AS WITNESS)

No.1

No.2

Signature with stamp Name _____	Signature with stamp Name _____
CNIC No. _____	CNIC No. _____
Contact No. _____	Contact No. _____
Address: _____	Address: _____

SURETY BOND BY PARENTs/GUARDIAN

(On Rs.100/-Stamp Paper)

I, _____ S/D/W of _____

R/O _____ *Parent/Guardian of Mr.* _____

S/D of _____ do hereby submit this surety Bond duly signed by two attestators/Gazetted Officers to the effect that my Son/Daughter/Ward will abide by all Rules, Regulations of PGMI, as well as all clauses of Contract, entered in to with PGMI and in case of any non-observance/ violation of the same by my Son/Daughter/Ward shall make His/Her induction liable to be cancelled/terminated without any notice. Furthermore, I being Parent/Guardian, shall reimburse all the amount paid and spent by PGMI for the principal's training in addition to Rs.100,000/- (Rupees One Hundred Thousand) to the PGMI as fine. In case of my failure, the below-mentioned attestators/Gazetted Officers shall be responsible/liable to PGMI for payment of the amount paid and spent by PGMI for the training in addition to a fine of Rs.100000/-(One Hundred Thousand).

PARENT/ GUARDIAN

Signature _____ CNIC No. _____

Contact No. _____ Address: _____

(ONLY GAZETTED OFFICERS AS WITNESS)

No.1

No.2

Signature with stamp Name _____ Signature with stamp Name _____

CNIC No. _____ CNIC No. _____

Contact No. _____ Contact No. _____

Address: _____ Address: _____