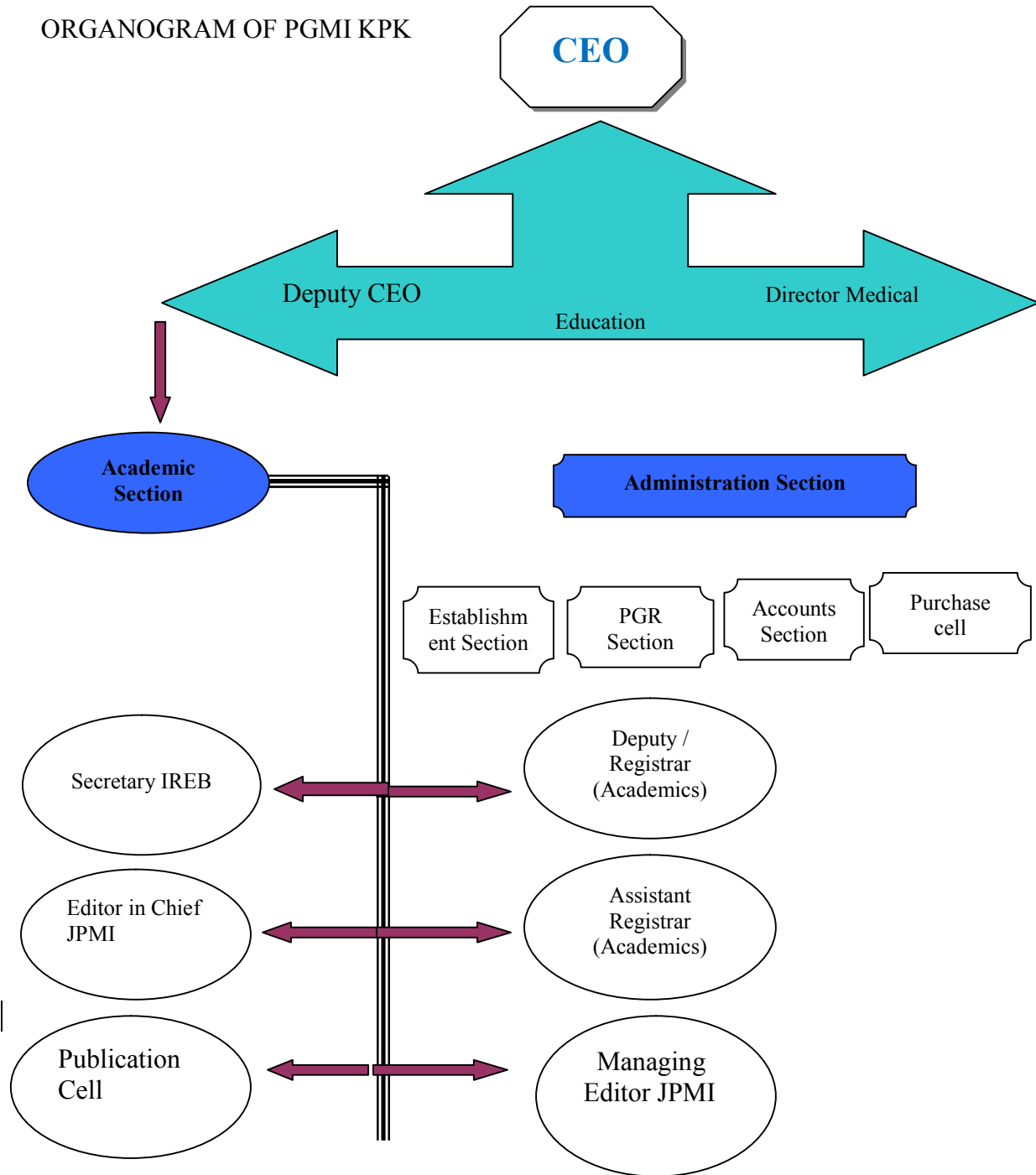


ORGANOGRAM OF PGMI KPK



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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 35 years of existence in 2019.

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 Pukhtunkhwa 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. It is the only public sector institute which has fellow of the FAIMER (Foundation for Advancement of International Medical Education & Research Institute). The JPMI is one of the best journals in the country recognized by Pakistan Medical Commission (PMC/PMDC) (erstwhile PM&DC) registered with Higher Education Commission (HEC) in category X 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. Dr. Muhammad Arif Khan
Chief Executive Officer
Postgraduate Medical Institute,
Hayatabad Peshawar

FOREWORD

This prospectus shall apply to all the postgraduate courses offered by PGMI from January, 2021 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 (erstwhile PM & DC) or Khyber Medical University at any time during the course of studies without prior notification.

Errors and omissions are subject to rectification.

PART-I**History / Background**

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.

*Subject to change

**New PGMI functional Rules 2017

Postgraduate trainings are offered at:

- Lady Reading Hospital (**LRH**), Peshawar
- Hayatabad Medical Complex (**HMC**), Peshawar.
- Khyber Teaching Hospital (**KTH**), Peshawar
- Khyber Medical College (**KMC**) Peshawar
- Khyber College of Dentistry (**KCD**), Peshawar
- Ayub Teaching Hospital (**ATH**), Abbottabad
- Bacha Khan Medical College Mardan
- Bannu Medical College, Bannu
- Gomal Medical College, Dera Ismail Khan
- Saidu Groups of Hospitals. Swat
- Qazi Hussain Ahmad Teaching Hospital Nowshera
- Combined Military Hospitals

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 shall be observed and evaluated by Department of Medical Education (DME).
- Introduction of workplace based methodologies with feedback (Mini-CEX, DOPS and MSF).
- Establishing Clinical Skills Labs 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 hierarchy:

A. Academic Administration

- Associate Deans
- Deputy CEO
- Deputy Registrar
- Research Registrar
- Demonstrators
- Technical and support staff

B. Ministerial Administration.

- PGR Section.
- Establishment Section
- Litigation Section
- Account Section
- I.T. Section

The following committees provide advice and assistance in the management:

- Executive Council
- Disciplinary Committee
- Prospectus Committee
- Finance Committee
- JPMI Editorial Board
- Appellate Disciplinary Committee
- Appellate Induction Committee
- Office of Research Innovation and Commercialization (ORIC)
- Library /Publications Committee.
- Institutional Research & Ethics Board (IREB)
- Departmental Selection and Promotion Committee
- Medical Reimbursement Committee

PGMI COMMITTEES IN DETAIL

I. EXECUTIVE COUNCIL

- CEO PGMI (Chairman)
- All Associate Deans from constituents & 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 Pakistan Medical Commission, 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 Disciplinary Committee

- Associate Dean, MTI,HMC Chairman
- Associate Dean, MTI,KTH Member
- Associate Dean, MTI,LRH Member
- Deputy CEO Secretary

III. Appellate Induction Committee

- Prof. Dr. Ghareeb Nawaz Chairman
- Prof. Dr. Nowshad Khan Member
- Prof. Dr. Zakir Ullah Member
- Prof. Dr. Zafar Mehmood Member

IV. Prospectus Committee

- Associate Dean, MTI,KTH Chairman
- Dr. Fazlina Shaid Member
- Dr. Mumtaz Muhammad Member
- Dr. Fatima Humaira Member
- Mr. Irshad Khaliq Secretary

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

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

- Chief Executive Officer PGMI Chairman
- Representative of Health Department Member

- Representative. of Establishment Depart: Member
- Representative of Finance Deptt: Member
- Deputy CEO PGMI Member/Secretary
- 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)

- Prof: Abid Jameel Chairman
- Dr. Sahibzada Mehmood Noor Member
- Dr. Tariq Mehar Member

SKILL LABS COMMITTEE

- Prof: Noor Wazir Chairman
- Prof. Muhammad Zareen Member
- Dr. Hamid Shehzad Member

SYMPOSIUM SEMINAR, WORKSHOP/WEBINAR COMMITTEE

- Prof: Sanaullah Jan Chairman
- Dr. Mian Mukhtar ul Haq Member
- Dr. Yousaf Jamal Mahsood Member
- Dr. Muhammad Ibrahim Member
- Dr. Ali Hassan Nasir 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 *who is assisted by a Deputy Director and demonstrators. PGMI takes pride in the fact that all the members of DME are either qualified in Health Professions Education (HPE) or properly trained in HPE from reputable institutions of the country.* 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.

ACADEMIC ACTIVITIES

Since its creation in 1984, PGMI has grown into a model teaching institute of this province. There are multiple teaching hospitals with highly qualified faculty imparting training to postgraduate students of PGMI. All of the units are recognized by the CPSP for formal training of FCPS trainees. Besides the degree courses, some of the units are also offering diploma courses such as DCH, DGO, DO, DLO, DCP, DA, DTCD, DMRD and DCD in Orthodontics, Periodontics, Paedodontics and Operative Dentistry.

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, 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. Many trainees from all over the country attend these courses.

8. 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 X. 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 professions, 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. Mahammad Arif Khan | Patron |
| • Prof. Sadaqat Jabeen | Editor in Chief |
| • Dr. Zahid Nazar | Executive Editor |
| • Dr. Khalid Mahmood | Associate Editor |
| • Dr. Zafar Ali | Senior Managing Editor |
| • Dr Mumtaz Muhammad | Managing Editor |

Editorial Board

- Dr. Waqar Alam Jan, Pakistan
- Dr. Javed Iqbal Farooqi, Pakistan
- Dr. Muhammad Abdur Rahman Afridi, Pakistan
- Dr. Muhammad Irfan, Pakistan
- Dr. Faaiz Ali Shah, Pakistan
- Dr. Irfan Ullah, Pakistan
- Dr. Wajid Ali, Pakistan
- Dr. Khalid Mahmood Khan, Pakistan
- Dr. Lal Rehman, Pakistan

International Advisory Board

- Dr. Saeed Farooq (UK)
- Dr. Lelia Duley (UK)
- Dr. Ashfaq Shuaib (Canada)
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- Dr. Adrian Ooi (Malaysia)
- Dr. Martin Partridge (UK)
- Dr. Puna Rerk (Thailand)
- Dr. Uma M Irfan (USA)
- Dr. Qazi Naiyer (UK)
- Dr. Sajad ur Rehman (Qatar)
- Dr. Tariq Azam Siddique (Saudi Arabia)

LIBRARIES OF PGMI

Library Committee.

Dr. Abdul Sattar Assistant Professor (Orthopedic) HMC	Chairman
Dr. Shiraz Iqbal I/C A&E 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 TMOs
- b. Ex-TMOs
- c. HOs (Depending upon the availability of seats current HOs of HMC membership will be given up-to six months after completion of House job)
- 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 02:00 AM

Library will remain closed on Sunday and other public holidays.

IT FACILITY:

Computer and internet connection facility is available in the library 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.

General rules and regulations for diploma courses:

1. The courses shall be held at the institutions affiliated with PGMI, KP.
2. No accommodation will be provided to the trainees by PGMI.
3. No stipend shall be paid to Diploma students, {except DMRD (9 Seats) DCP (13 Seats) and DA (27Seats) per two years}. For these three paid diplomas Govt: Employees training in PGMI shall obtain E.O.L from Health Department to make them eligible for stipend from PGMI.
4. Fee will not be refunded in any diploma course.
5. If a candidate resigns from a stipendary slot, the total stipend received will be recovered.
6. If a candidate has availed stipendary training in one program and is interested to join another program without passing the first one, he/she has to refund the total stipend received.
7. English shall be the medium of instruction and examination.
8. Seats vacated due to any reason within one month time period from the start of the course will be refilled from the waiting list on the recommendation of I/C diploma course.
9. The domicile of candidates should be of Khyber Pukhtunkhwa, the domicile of husband will be considered in case of married female.

Eligibility:

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

Note: - All Govt: servants should apply through proper channel.

* as decided vide WP No.3944/2019, dated. 23/06/2020 Dr. Muzdalfa Pervez vs Govt.

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

DA	(9 LRH, 9 KTH, 9ATH)	=27
DGO	(9 LRH, 9HMC, 9ATH)	=27
DCH	(9 LRH/HMC, 4 ATH)	=13
DO	(HMC+ LRH)	=9
DLO	(HMC+ LRH)	=9
DMRD	(LRH)	=9
DTCD	(LRH)	=9
DCP	(HMC)	=13
DMJ	(KMC)	=4
DCD	(KCD)	=6

12. 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 / speciality 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 :
 - KMU Affiliation Retention fee Rs. 5000/per year
 - University (KMU) Registration Fee: Rs. 1800
 - Theory paper fee (per paper) Rs. 850/-
 - Practical/viva fee (perviva/ practical) Rs. 850/-
 - Detailed Marks Certificatecharges (KMU) Rs. 300/-
 - Re-totaling charges (KMU) Rs. 1500/-
 - Degree/Diploma charges Rs. 5000/-
 - Duplicate Diploma/Degreecharges Rs. 5000/-

(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 to Diploma and others conducted at Postgraduate Medical Institute, Peshawar.

- PG Diploma full course: Rs. 30000
- MCPS full course Rs. 30000

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

2. Prospectus fee will be Rs.4000 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. 5000/- 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 Child Health (DCH)
2. Diploma in Gynecology and obstetrics (DGO)
3. Diploma in Ophthalmology (DO)
4. Diploma in Otolaryngology (DLO)
5. Diploma in Clinical Pathology (DCP)
6. Diploma in Anesthesiology (DA)
7. Diploma in Medical & Radiological Diagnoses (DMRD)
8. Diploma in TB and Chest Diseases (DTCD)
9. Diploma in Medical Jurisprudence (DMJ)
10. Diploma in Clinical Dentistry (DCD)

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

Curriculum

1. The course shall consist of following subjects.
 - i Anatomy, Embryology, Physiology of reproductive organs
 - ii Normal pregnancy, abnormal pregnancy, normal labour, abnormal Labour abnormal puerperium, obstetrics procedures and problems of Newborn.
 - iii 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.
 - iv During two years of training in the department of Gynae & Obstetrics each student should have Performed at least the following.
 - a 40 Gynaecology out patient 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 gynecology)
- 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 Wolfgang 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

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) Orthodontics
- (B) Periodontology
- (C) Operative Dentistry
- (D) Pedodontics

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: 30000

Students Fund:

Basic sciences honourarium to KMC teachers,
materials, instruments, stationary, library, litigation
and university registration etc. 240,000

Total: 270000

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 should be delivered personally or posted through a registered post to the CEO's office PGMI Phase IV, Hayatabad, Peshawar before closing date. Receipt should be obtained at the time of personal delivery.

2. DOCUMENTS REQUIRED

The following documents duly attested by a grade-17 officer or above, must accompany the application form.

- a. MBBS Degree
- b. CNIC
- c. House Job Certificate
- d. Three Attested Photographs (passport size blue background) 1 on front & 2 on back side.
- 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 (with detailed marks and attempts in all MBBS professional examinations).
- i. Character certificate.
- j. All government servants seeking training through PGMI must get their Extra Ordinary Leave (EOL) approved by the competent authority along with arrival report and contract.

3. **FCPS-II TRAINING INDUCTION POLICY.**

“Postgraduate” study in medical sciences is not an inalienable right of any individual. It is, in fact, a privilege which must be availed after going through the due process of competition, in order to bring out the best of the best individuals for holding the highest qualifications in medical profession.

- A. The practice of inducting trainees in “General/ session-wise Inductions” for hospitals outside Khyber Pakhtunkhwa and Private Medical Institutions in Khyber Pakhtunkhwa shall cease to exist, except for the following disciplines; provided that training positions already available within Khyber Pakhtunkhwa shall be filled first.
- B. **RESERVED LIST.** The following reserved list for uninhibited specialties was revised and approved by the Executive Council PGMI.

SNO.	Reserved Specialties
1.	Medical Oncology
2	Emergency Medicine
3.	Critical Care Medicine
4.	Anesthesiology
5.	ENT & its Sub-specialties
6.	Ophthalmology & its specialties
7.	Psychiatry
8.	Pediatrics sub-specialties
9.	Microbiology
10.	Histopathology
11.	Nephrology
12	Thoracic Surgery
13.	Rheumatology
14.	Radiotherapy
15.	Vascular Surgery
16.	Periodontology
17.	Infectious Diseases
18.	Surgical Oncology
19.	Orthopedics Sub-specialties
20.	Breast Surgery
21.	Neurology
22.	Cardiac Surgery

- C. The number of seats previously allotted to these specialties has been abolished and have been made unlimited. NOCs will be issued for trainees going to these specialties irrespective of the number. However arranging training slot will be the responsibility of TMOs.
- D. The Executive Council shall identify such uninhabited specialties from time to time which are markedly deficient/ showing downward induction trends and reserve training positions against each accordingly.
- E. The reserved training positions shall not be utilized to accommodate candidates from general pool of applicants, even if such positions are rendered unfilled due to insufficient number of relevant applicants.
- F. In view of the above the uninhabited specialties so identified shall be communicated to the Deans of all Public Sector Medical Colleges so that the final year students are counseled for better career options in view of the needs of the province/ job market.
- G. Total of 10 supervisory slots (05 each for Gilgit Baltistan and Azad Jammu & Kashmir) shall be kept for candidates belonging to these areas upon which candidates shall be inducted on merit. However, selection would be subject to provide of sponsor letter from respective govt: stipend will be given as per approval their respective govts.

- H. In view of the acute shortage of stipendiary slots and remarkably high number of competing candidates. A total of 05 positions shall be reserved for spouses of Armed Forces Personnel who are on state duty within Khyber Pakhtunkhwa. These training positions shall be allocated on merit basis and stipend shall be paid by PGMI.
- I. No Postgraduate Resident shall be permitted to do additional job or get involved in any such arrangement whatsoever during the entire tenure of training period. Such cases if identified/ reported shall be dealt with strict disciplinary action which may lead up-to termination of training.
- J. Quota for disabled persons-03 seats (1 for BDS 2 MBBS).
- K. Quota for minorities-03 seats (1 for BDS 2 MBBS).
- J. Quota for spouse of civil servants posted in KP from other provinces-03 seats. (1 for BDS 2 MBBS).
- K. MCPS induction shall be reserved for uninhabited specialties on need basis.

Induction criteria:

AWARD OF MERIT MARKS FOR FCPS-II INDUCTION

No	Academics	Weightage %
1	Matric/ Equivalent examination Marks	2.5
2	Intermediate pre- Medical (A-level/F.Sc) Examination marks	2.5
3	MBBS/BDS or equivalent Professional examination Marks	20
4	PGMI Induction Test (ETEA) Marks	75
	Total Marks	100

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

Example of professional marks calculation:

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

EXAMPLE

Marks obtained /Total Marks x 100 for each prof.

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

FORMAT OF PGMI ENTRY TEST FCPS-II

PAPER DISTRIBUTION			
FCPS (MBBS) Medicine & Allied specialties applicants.		FCPS (MBBS) Surgery & Allied specialties applicants.	
Basic medical subjects: Applied Physiology, applied Pharmacology, applied Pathology and applied anatomy.	10%	Basic medical subjects: Applied Physiology, applied Pharmacology, applied Pathology and applied anatomy.	10%
General Principle of Medicine	50%	General Principle of Surgery	50%
English Language	20%	English Language	20%
Bioethics	10%	Bioethics	10%
Basic Biostatistics	05%	Basic Biostatistics	05%
Communication skills	05%	Communication skills	05%

FCPS (BDS) Medicine & Allied specialties applicants.	
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.	30%
English Language	20%
Bioethics	10%
Basic Biostatistics	05%
Communication skills	05%

Difficulty Level:

75% questions should have medium difficulty level and 25% should have a hard difficulty level. It should cover all important parts of the course.

2nd Fellowship Induction criteria.

A. MBBS 40 marks (80%)

The relevant experience and publication will be given weight-age as under:-

B. **Experience** will be considered only if it is done in a CPSP recognized unit and is relevant.

- i) Credit will be given as 1 Mark per year.
- ii) Experience over six months will be considered as 1 year and less than 6 months as no experience.
- iii) Maximum marks for experience will be five (10%).

C. **Publications**

- i) Articles only as a 1st Author in a PMC/PMDC recognized Journal will be acceptable.
- ii) Article should be relevant to his/her primary specialty done after passing FCPS Part-I
- iii) Each article will carry one mark and maximum marks will be five (10%).

Change of Hospital / Supervisor FCPS-II

SOPs/Guidelines for NOCs for change of Hospital/Supervisors/Specialty the following general guidelines as under:-

- a) Postgraduate Training is a privilege and not a right. More-over rules of service cannot be applied on Trainee Medical Officers until approved or adopted by Executive Council.
- b) Merit should not be violated while issuing NOC for any change.
- c) Minimum time period to apply for NOC will be two years of training in General Group and at least half of the time period for specialties (Post IMM) training should be completed before applying for NOC.
- d) Consent of both Supervisors and Associate Deans from both institutions and in case of non MTIs Supervisors and Head of institution/Commandant is mandatory.

a) **Mutual Exchange.**

Mutual exchange will not be allowed as merit is violated in any case.

b) **Social Issues.**

It is almost impossible to classify or verify the social issues/problems/ circumstances. There are high chances of misuse and wastage of time therefore, it cannot be allowed.

c) **Spouse**

Changes in Situations/Circumstances during Training.

Spouse can be allowed for change of institution with the following conditions:-

- i. It should be from high merit position to low merit to avoid violation of merit.
- ii. If change of job or wedding / marriage have taken place after induction of the trainee.
- iii. If two years of FCPS-II training has been completed in general group and one and a half years in post IMM training.
- iv. It must be recommended by both supervisors & Associate Deans.

d) **Army Spouses**

PGMI is responsible for the stipend of Army Spouses when serving in KP after being selected on Army Spouses 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 be relieved from PGMI if wants to leave her station or continue her training at the same station till completion the training.

In case of transfer of Army Spouse inside KP then the above mentioned General Spouse policy at C (II) will be applicable.

- e) On the transfer/retirement of the Supervisor with no other approved supervisor or the available supervisor having maximum number of trainees, the trainee can be transferred to any affiliated institute with the approval of executive council.

f) **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.

FREEZING/BREAK IN TRAINING.

It was unanimously decided that freezing/Break in training will be allowed after applying for IMM, maximum duration of freezing will be six months one time during training the trainee should apply to CPSP through PGMI.

Note:- Executive Council of PGMI can revise/review from time to time the rules, regulations, criteria and policies about training program

4. SELECTION AND RELATED MATTERS

The selection will be done by the Central Induction Committee of PGMI with the help of software.

- I. 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, if induction is carried out through interview.
- II. The PGMI/CPSP Rules shall be strictly observed.
- III. The trainees will be the responsibility of the Supervisor and Associate Dean of the respective MTI for their administrative, academic and financial matters.
- IV. Rules and regulations of PMC/PMDC for postgraduate medical training shall apply.
- V. 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 may be, otherwise stipend will not be paid during initial two years of FCPS-II except in the specialty of anesthesia where the trainee will get stipend for initial two years if he/she has completed two years diploma course in the same specialty. However, these trainees have to qualify their diploma exam to get stipend for the remaining two years of FCPS-II training.
- VI. Those who want to switch or change specialty during training will have to refund the received stipend from the time of induction in previous specialty.
- VII. Candidates shall be selected for clinical units in all public 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.
- VIII. A candidate having completed his training in one specialty (FCPS-II) shall be allowed to undertake training in another specialty only after passing the FCPS-II examination in the parent/chosen specialty
- IX. Repeat admission in the same course shall not be allowed.
- X. Maximum joining time will be notified in the induction office order after which the seat shall be declared as vacant. No further selection shall be made on vacant slots till next induction.
- XI. 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.
- XII. The Trainees shall not be allowed to engage in any sort of Govt/Private Job or Private practice. If found involved in such practice, strict disciplinary action will taken which may result in termination of training.
- XIII. Foreign candidates who do not have Detailed Marks Certificate (DMC) shall be allowed 60% marks only in the merit list.
- XIV. All PGRs must submit the required contract, approved EOL from Health Department Govt: of KP (for Govt: servant) along with arrival report.
- XV. PGRs should attend the "Orientation Session" at the start of their training.
- XVI. PGR shall not be awarded Course Completion Certificate unless he/she has successfully completed mandatory workshops as prescribed by [CPSP](#)
- XVII. Those FCPS PGRs who are already working with PGMI and registered with CPSP cannot resign before completing 6 months of training as per PGMI/CPSP rules. In case a trainee resigns before completing 6 months he/she will not be eligible for next induction. Furthermore, if a trainee resigns to re apply after 6 months, his/her notified

resignation by the PGMI / Associate Dean must be submitted to PGMI along with the application form before the due date.

XVIII. No waiting list will be maintained.

XIX. Mandatory Rotation in other hospitals will not be allowed if specialty for rotation is available in the parent hospital if not then trainee can be sent to another hospital in same city. Even if the specialty is not available in the same city the trainee can be sent to another city / province.

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.

5. LEAVE RULES

1. According to CPSP rules, a maximum leave period of 15 days will be allowed every 06 months. This leave may be availed for few days at a time or for the full / remaining period of 15 days entitlement. If all of this leave is not availed during a period of six months, the remaining leave will not be carried over to next six months of the year.
2. The training period is considered as stipendiary and so normal government rules regarding sick leave / casual leave / earned leave etc do not apply.
3. In case of sickness or absence exceeding 15 days (total period of leave of all kinds taken in six months) will have to be completed prior to certification as completion of training for that year. However, no stipend or pay shall be paid by PGMI for the excess leaves.
4. **Maternity leave.** According to CPSP rules twelve weeks maternity leave without stipend shall be allowed **ONCE** during the whole training. The candidates shall, however, complete this shortage by undertaking additional training at the end of training with stipend. The candidates shall inform the RTMC before proceeding on leave. **2nd maternity** leave is not allowed under the CPSP/PGMI rules if a trainee availed it she will have to complete the deficient period without stipend at the end of the training.

6. MIGRATION FROM OTHER INSTITUTIONS

1. Candidates (KP Domicile) undergoing training at other hospitals, outside the jurisdiction of PGMI will be allowed to join the course at PGMI through induction process only on dates of selection of any given year and availability of leftover / vacant seats. Their resignation from previous training will have to be duly accepted by their present employers.
2. He or she would be required to produce proof that he/she had been selected for training in a structured training program recognized for the above purpose by the college (CPSP). Moreover, his/her previous training must be recognized by CPSP.
3. Candidates undergoing training in the institutions within the jurisdiction of PGMI will not be allowed to migrate from one institution to another except the criteria mentioned above for change of supervisor/hospital/specialty.

11. REGULATIONS FOR FCPS DISSERTATION:

See Rules and Regulations of CPSP.

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 July in each year. Applicants will be selected after the written test and interview in PGMI through Head of Departments in their respective units. Final list of selected candidates will be sent to CEO PGMI.
2. A maximum of **four** candidates in each MTI 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 and USD 2000/- per year for foreign nationals, including Afghanis/ NADRA Card holders)
6. If a candidate once inducted, resigns, he/she will be banned for two years to get re inducted afresh.
7. It is incumbent upon 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, Biostatics 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 For FCPS/MCPS/Diploma, admission fee shall be 2000 USD per annum. 500 USD stipend shall be paid per annum to the trainee. The rate of stipend shall be determined on the exchange rate on the day on which the fee is deposited with PGMI. 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. Clearance from relevant security agencies will be required before joining.
- 9 Selection will be made by the induction committee.
- 10 Trainee will be responsible for his/her boarding and transportation.
- 11 Life and health insurance will be the candidate's own responsibility.
- 12 No change of specialty will be allowed once selection is made.
- 13 All the rules and regulations of FCPS part-II training program of PGMI shall apply equally to the foreign candidates.
- 14 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.
- 15 Valid student visa from Pakistan Embassy in home country and/ or registration with NADRA.
- 16 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 elog.

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.

DISCIPLINARY COMMITTEE RULES OF PGMI

A. Disciplinary Committee at MTI level

There will be a disciplinary committee in each MTI which shall be headed by the respective associate dean and shall have at least 04 other members. The overall constitution of the “MTI Disciplinary Committee” shall be as under. This would be a permanent committee formed by the associate dean of the respective MTIs in consultation with the members of the specialist training committee or the supervisor committee or members of the academic council (depending upon the deanery and its constitution)

1. Professor (CPSP supervisor) Chairman of the committee
2. Two Faculty members (CPSP Supervisors) one from each Permanent Members
Surgical & Allied and Medical & Allied specialties of the respective MTI
3. Chairman Or Head of the department/
Or Incharge of the unit where PGR is inducted Co-opted Member
4. Supervisor of the concerned PGR Co-opted Member
5. HD/MD/MS/CEO or administrator Co-opted Member Of the MTI if the matter is related to Hospital Administration.

Jurisdiction of the MTI Disciplinary Committee

The “MTI Disciplinary Committee” will complete the enquiry within 02 weeks and will submit the report to the Associate Dean. The Associate Dean being the overall incharge of the administrative, Academic and financial affairs of the PGRs will take the actions as recommended by the “MTI disciplinary committee”. The Associate Dean will notify in writing the action being taken and the reasons. A copy of the notification shall be furnished to the CPSP, Executive council PGMI, CEO PGMI and any other department/ agency if needed. Minor penalties would be imposed without any review at the appellate committee. The notification should advise the PGR of his or her right to request a review of the action if the action taken is “termination”. In case of termination, the written notification should precede the effective date of the termination unless the Associate Dean determines in good faith that the continued training of the PGR places safety or health of patients or personnel in jeopardy or immediate termination of training is required by law or necessary in order to prevent imminent or further disruption of Hospital activities, in which case the notice shall be provided at the time of Termination.

If the Administration of the Hospital has a complaint about performance or conduct of a PGR, the matter should first be brought to the attention of the Associate Dean. The Associate Dean will forward the matter to the “MTI Disciplinary Committee” for probing and fixing of the responsibility. In such cases a co-opted member nominated by the hospital Administration will be included in the “MTI Disciplinary Committee”.

The “MTI disciplinary committee” is empowered to impose penalty ranging from Deduction in stipend as minor penalty up to termination of the PGR if the breach in discipline is of severe nature.

B. Appellate Committee at PGMI level

There will be an “Appellate Committee” at PGMI Level. The “Appellate Committee” will constitute of any 03 permanent Members of the Executive Council.

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 programme, 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 programmes 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 Programmes 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.

CONTRACT AGREEMENT
(BETWEEN INDUCTEE & PGMI)
(On Rs.200/- Stamp Paper)

I _____ S/D/O _____ R/O _____ (Herein and after referred to as Party No.1.) & Mr. _____ CEO/Dy: CEO PGMI (Herein and after referred to as Party No.2), Both are agree in presence of marginal witnesses to enter into a contract on the following terms.

- 1- That the party no.1 shall abide by all the rules and regulations laid down by PGMI, CPSP and PMC/PMDC (erstwhile PM & DC) however, the Rules and regulations of PGMI shall have overriding effect on all others.
- 2- That the party No.1 shall be regular and punctual throughout his training period and endeavor to attend the unit/ward for duties, all the CPCs, interactive lectures, symposia, seminars, workshops etc as part of his structured training program. He shall carry out his duties and patient care with utmost responsibility and sincerity.
- 3- That the Party No.1 shall treat all his patients, colleagues and peers with utmost respect and dignity and shall not discriminate against any one on the basis of race, ethnicity, religion, sex, color or caste and shall not express my political or religious beliefs to others.
- 4- That if Party No.1's attendance is below 80%, that will lead to termination of his training and he shall be liable to refund all stipends received by him and in case of continuous willful absence for seven days without proper permission, the training of the party No.1 shall stand terminated automatically without any notice or hearing.
- 5- That in case of absence of party No.1, caused due to genuine reasons, in that case the Party No.2 will refer the case to the Executive Council who will look into that on case to case basis and the decision of the Executive Council shall be final.
- 6- That the party No.1 shall maintain proper discipline and shall refrain from indulgence in any kind of strike, political activities, exerting any kind of political pressures, immoral activities, and in any other unsocial activities which is in violation of PGMI's Rules & Regulations. In case any trainee is reported for such violations as mentioned above, the Party No.2 shall reserve the rights to straight away terminate the training without any notice with payment of Rs. 50000/- as fine and the Party No.1 shall be liable to refund the received stipends along with fine of Rs. 50000/- and further in case of failure on the part of party No.1 the witnesses/sureties shall be liable and responsible to make good.
- 7- That the Party No.1 shall not demand for accommodation if it is not available and shall not resort to any kind of protest or strike.
- 8- That the party No.1 shall not indulge in any kind of independent private practice during training period by clearly understanding that his training is full time and shall not joining any political association, organization or trade union.
- 9- That the party No.1 shall be answerable to his Supervisor, Head of the Department and CEO in all matters pertaining to academics or discipline and shall not use his post or profession to unduly pressurize others for obtaining/extending any kind of un due favours and shall refrain from acts/deeds/omissions which leads disrepute of profession.
- 10- That the party No.1 shall follow CPSP Leave Rules. And will not change his hospital under any circumstances to which his initial selection is done, and his specialty given to him at the time of induction failing which his training shall be terminated and refund shall be affected as per Clause-6 of this agreement.
- 11- That Party No.1 being selected for shall serve at least for a period of two years before resigning or applying for re-induction failing which he fully understands that he will refund the stipend back along with fine as mentioned in Clause-6 above, and no experience certificate shall be issued to him for the same.
- 12- That the Party No.1 if selected for Private Sector hospitals, he shall serve the institution concerned according to their laws/ bylaws/rules/regulations and according to the contract signed by him with them for a period not less than 02 years and in case of failure his training will be terminated and shall be liable to refund the stipend back to PGMI along with fine as mentioned in Clause-6 above.
- 13- That the party No.1 shall not apply for migration and this shall also be applicable to the specialty for his mandatory rotation if available in the institution of his initial induction. Party No.1 shall be liable to

refund the stipend received from PGMI, if he is re-inducted in a specialty, for which his previous training is not acceptable by CPSP.

14- That if Party No1 is selected on a slot, which is due to be vacant in due course of time, he shall not demand any stipend during that period neither he shall take matter to any court of law. If he did ,his TMO ship will be terminated automatically.

15- That the Party No.1 shall compulsorily serve for three years in the district of my domicile an in case of non-availability of a post in the district of domicile; I shall serve for three years in the rural area allocated to me by the Government.

16- That the Part No.1 has read and understood the prospectus o PGMI and clauses of this agreement thoroughly and will abide by the all clauses of this contract, rules and regulation laid down therein and any rules and regulation made by PGMI thereafter.

17- That the agreement is signed in presence of parties and witnesses after due being read and understood.

PARTY NO.1

Signature: _____

Name: _____

S/D of: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____

PARTY NO.2

CEO/DY CEO, PGMI, Hayatabad, Peshawar.

WITNESS NO.1/ GAZETTED OFFICER.

Signature: _____

Name: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____

WITNESS NO.2/ GAZETTED OFFICER.

Signature: _____

Name: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____

SURETY BOND BY PARENTS

(On Rs.100/- Stamp Paper)

I _____ S/W _____ 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 into 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
and I being Parent /Guardian shall pay Rs. 100000/- (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 fine
of Rs. 100000/- (One Hundred Thousand).

PARENT/GUARDIAN.

Signature: _____

Name: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____

WITNESS NO.1/ GAZETTED OFFICER.

Signature: _____

Name: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____

WITNESS NO.2/ GAZETTED OFFICER.

Signature: _____

Name: _____

Address: _____

CNIC NO. _____

Cell/Phone No. _____