



**Interim  
Accreditation Standards 2021**  
*for*  
**Training Hospitals**  
*for*  
**Postgraduate Medical  
Education**

*As Amended on 1<sup>st</sup> August, 2021*

## TABLE OF CONTENTS

TOPIC	Page #'s
<b>PMC Interim Accreditation Standards 2021 for Teaching Hospitals for Postgraduate Medical Education in Pakistan</b>	<b>2</b>
<b>Standard 1: Mission statement</b>	<b>3</b>
<b>Standard 2: Outcomes</b>	<b>4</b>
<b>Standard 3: Institutional autonomy and academic freedom</b>	<b>5</b>
<b>Standard 4: Programme organisation</b>	<b>6</b>
<b>Standard 5: Educational contents</b>	<b>7</b>
<b>Standard 6: Programme management</b>	<b>8</b>
<b>Standard 7: Assessment</b>	<b>9</b>
<b>Standard 8: Trainees</b>	<b>10-11</b>
<b>Standard 9: Trainers</b>	<b>12</b>
<b>Standard 10: Programme evaluation and continuous renewal</b>	<b>13</b>
<b>Standard 11: Governance, services and resources</b>	<b>14-15</b>
<b>APPENDIX I: Essential Services for Training Hospitals for Postgraduate Medical Education</b>	<b>16-23</b>
<b>APPENDIX II: Physical Facilities</b>	<b>24</b>
<b>APPENDIX III: Annotations</b>	<b>25-27</b>

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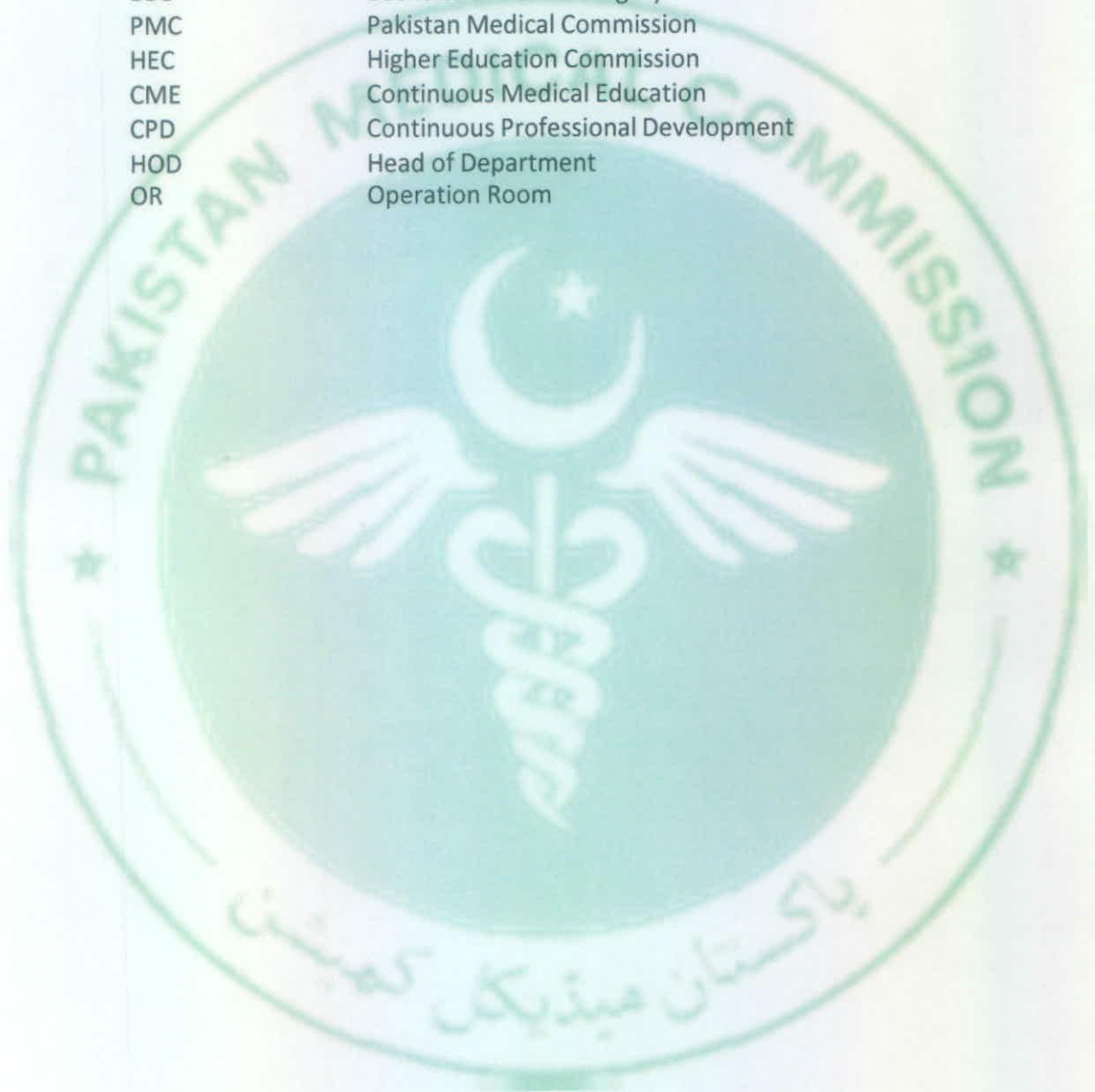
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## LIST OF ABBREVIATIONS

NMDAB	National Medical and Dental Academic Board
CAC	Curriculum and Academics Committee
MBBS	Bachelor of Medicine and Bachelor of Surgery
BDS	Bachelor of Dental Surgery
PMC	Pakistan Medical Commission
HEC	Higher Education Commission
CME	Continuous Medical Education
CPD	Continuous Professional Development
HOD	Head of Department
OR	Operation Room





**PMC Interim Accreditation Standards 2021**  
**for**  
**Training Hospitals**  
**for**  
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**in**  
**Pakistan**

## **PMC Interim Accreditation Standards 2021 for Training Hospitals for Postgraduate Medical Education in Pakistan**

**Please note that these are Interim Accreditation Standards 2021 for Training Hospitals for Postgraduate Medical Education in Pakistan that will be used for inspection of training hospitals for one-year provisional recognition.**

These Interim Accreditation Standards 2021 for Training Hospitals for Postgraduate Medical Education in Pakistan comprise of essential standards, quality standards and a few annotations.

Essential standards must be met and fulfillment demonstrated by the training hospital for accreditation. Essential standards are expressed by a “must”.

Quality standards are for improvement/development, are expressed by a “should” and suggest a level above and beyond that of an essential standard.

Annotations are used to clarify standards. No new terminologies are used in the annotations.

**Standard 1: Mission Statement**

**Standard 2: Outcomes**

**Standard 3: Institutional Autonomy and Academic Freedom**

**Standard 4: Programme Organization**

**Standard 5: Educational Contents**

**Standard 6: Programme Management**

**Standard 7: Assessment**

**Standard 8: Trainees**

**Standard 9: Trainers**

**Standard 10: Programme Evaluation and Continuous Renewal**

**Standard 11: Governance, Services and Resources**



## STANDARD 1: MISSION STATEMENT

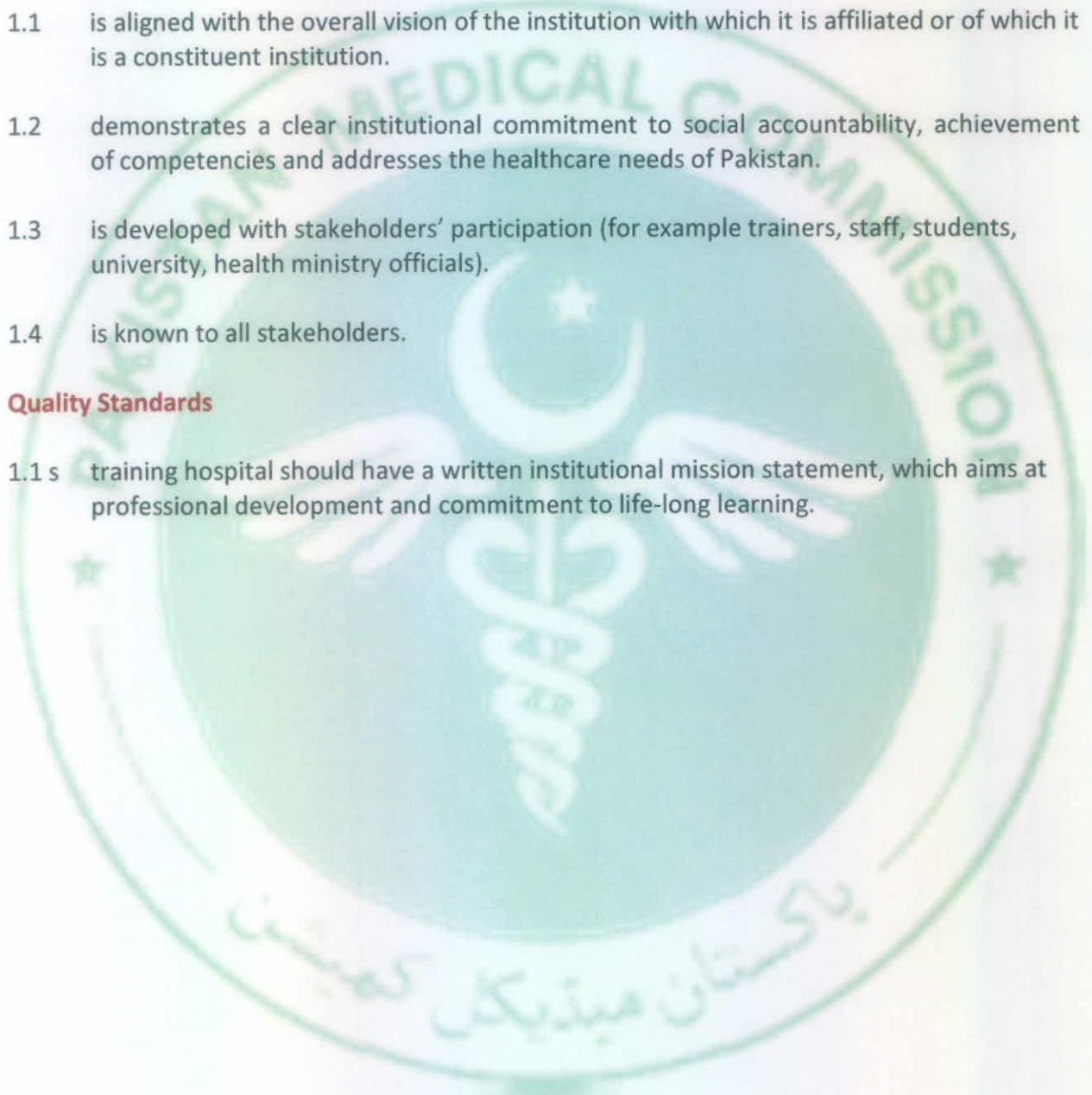
### Essential Standards

The training hospital must have a written institutional mission statement, which:

- 1.1 is aligned with the overall vision of the institution with which it is affiliated or of which it is a constituent institution.
- 1.2 demonstrates a clear institutional commitment to social accountability, achievement of competencies and addresses the healthcare needs of Pakistan.
- 1.3 is developed with stakeholders' participation (for example trainers, staff, students, university, health ministry officials).
- 1.4 is known to all stakeholders.

### Quality Standards

- 1.1 s training hospital should have a written institutional mission statement, which aims at professional development and commitment to life-long learning.

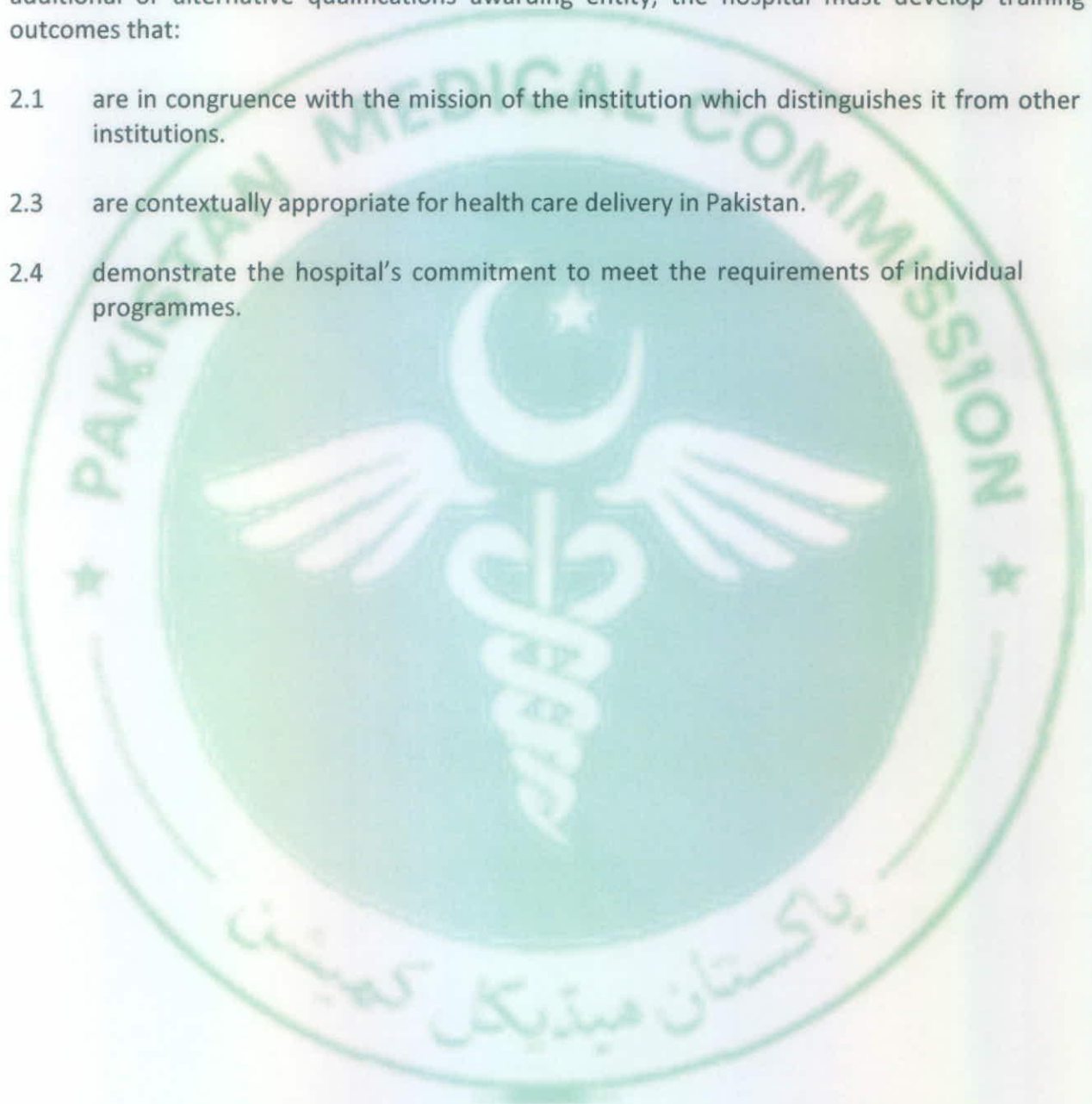


## STANDARD 2: OUTCOMES

### Essential Standards

Where the training outcomes of individual programmes are determined by postgraduate additional or alternative qualifications awarding entity, the hospital must develop training outcomes that:

- 2.1 are in congruence with the mission of the institution which distinguishes it from other institutions.
- 2.3 are contextually appropriate for health care delivery in Pakistan.
- 2.4 demonstrate the hospital's commitment to meet the requirements of individual programmes.

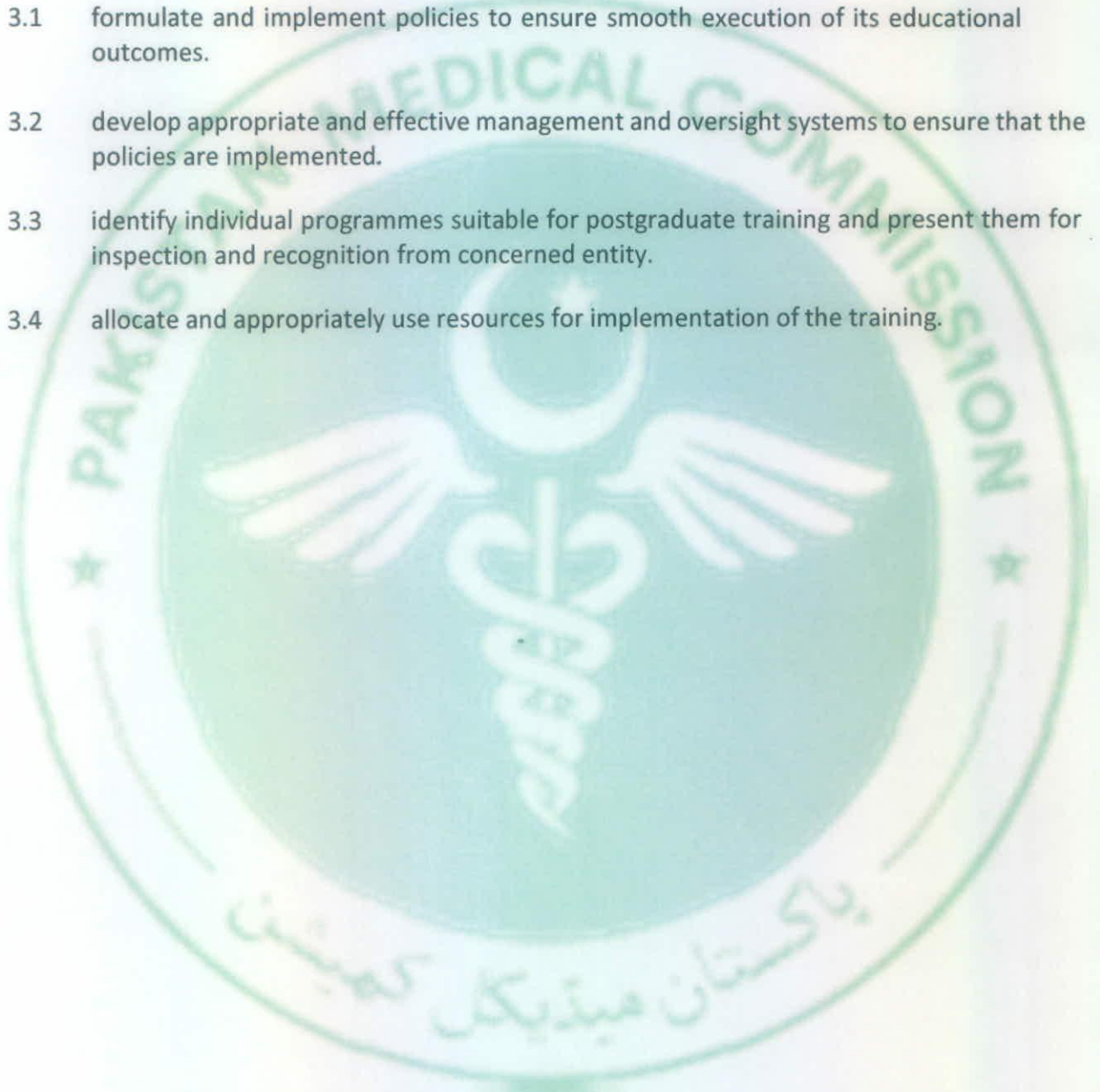


### STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

#### Essential Standards

The academic leadership of the hospital must have autonomy to:

- 3.1 formulate and implement policies to ensure smooth execution of its educational outcomes.
- 3.2 develop appropriate and effective management and oversight systems to ensure that the policies are implemented.
- 3.3 identify individual programmes suitable for postgraduate training and present them for inspection and recognition from concerned entity.
- 3.4 allocate and appropriately use resources for implementation of the training.



## **STANDARD 4: PROGRAMME ORGANISATION**

### **Essential Standards**

The training hospital must:

- 4.1 clearly document the sequence of training along with their rationale for the sequence.
- 4.2 encourage trainees to link concepts in clinical context.
- 4.3 ensure systematic and organized learning.
- 4.4 implement training programmes that incorporate hands-on, active learning as the principal educational strategy.
- 4.5 ensure that its clinical service needs DO NOT compromise the learning/training requirements and objectives of trainees during the programme.
- 4.6 use practice-based training involving the personal participation of the trainee in the services and responsibilities of patient care.
- 4.7 deliver the programme in accordance with principles of equality.
- 4.8 inform trainees about the programme and the rights and obligations of trainees.
- 4.9 include the commitment to ethical considerations in the programme.
- 4.10 use a trainee-centered approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.

### **Quality Standards**

The training hospital should:

- 4.1s incorporate innovative educational/training strategies such as self-directed learning, independent learning, inter-professional learning, use of e-technology and simulations.
- 4.2s recognise gender, cultural and religious specifications and prepare the trainee to interact appropriately.

## STANDARD 5: EDUCATIONAL CONTENTS

### Essential Standards

The training hospital must:

- 5.1 ensure a minimum annual case-load in the programmes recognised for postgraduate trainings defined in Annexure 1.
- 5.2 ensure rotations in accordance with the rules and regulations of the College of Physicians and Surgeons, Pakistan or the institution awarding alternative postgraduate qualification.
- 5.3 have a document of the training programme which includes the learning objectives of each rotation and the desired skills to be achieved (see Appendix II below). This must be disseminated to all the stakeholders.
- 5.4 ensure that the content and its delivery are aligned with the competencies and outcomes prescribed by PMC.
- 5.5 ensure that the content that is taught and assessed are congruent with the level of the trainee.
- 5.6 use logbooks (preferably electronic) which clearly specify the objectives and skills-to-be-achieved during the rotations.
- 5.7 include the following:
  - Communication skills
  - Patient safety & Infection Control
  - Professionalism, medical and Islamic ethics
  - Evidence-based medicine
  - Ethics of patient care
- 5.8 have an orientation programme for its trainees.
- 5.9 implement the curriculum of individual programme is prescribed by CPSP or the university/ institution awarding alternative or additional to postgraduate qualification.
- 5.10 ensure the curriculum is conveyed to and understood by all stakeholders.
- 5.11 ensure that, in cases where the institution is conducting more than one educational programmes of the same discipline, the delivery of education content is aligned.
- 5.12 ensure that in cases where the institution is conducting more than one training programmes of same discipline, the number of trainees in both programmes shall not exceed the maximum number of trainees permitted in an individual programme.

## STANDARD 6: PROGRAMME MANAGEMENT

### Essential Standards

The training hospital must:

- 6.1 have a training oversight committee Programme that governs, approves and oversees all postgraduate training programmes.
  - 6.1.1 have a committee that has the authority to implement all quality assurance measures programme that ensure the programmes are run in accordance with prescribed standards programme.
  - 6.1.2 have the committee that is headed by the hospital programme director who is supervisor of training and examiner of a postgraduate programme in one's own specialty.
- 6.2 provide all trainees with salary that is no less than the salary of a postgraduate trainee in the public sector.
- 6.3 ensure that adequate supervision and feedback is provided to the trainee throughout the period of training.
- 6.4 ensure that the trainees have valid and appropriate PMC license / registrations.
- 6.5 have all the requisite audiovisual aids to facilitate classroom teaching.
- 6.6 have physical facilities to support a learning environment for the trainees (see Appendix II).
- 6.7 have a grievance policy and a committee to manage grievances.
- 6.8 issue a certificate of completion of training as per the policy/regulations of the degree awarding institute.
- 6.9 have written policies and procedures for trainee recruitment and appointment and must monitor each programme for compliance.
- 6.10 monitor programmes with regard to implementation of terms and conditions of appointment.
- 6.11 ensure that trainees are provided with a written agreement/contract outlining the terms and conditions of their appointment.
- 6.12 provide an educational and work environment in which trainees may raise and resolve issues without fear of intimidation or retaliation.

## STANDARD 7: ASSESSMENT

Assessment is an essential and integral part of educational process. Its outcome bears importance for both trainees as well as the trainers. For the trainees, its importance lies in the fact that it determines the certification of attainment of competencies. For the trainers, assessment provides the grounds for substantiation of their observation regarding the progress of the trainee. For the hospital, it provides the essential and sound grounds for programme evaluation.

### Essential Standards

The training hospital must:

- 7.1 develop appropriate and contextual policies for in training assessment of trainees.
- 7.2 ensure that formative assessments cover all domains including knowledge, skills and attitudes.
- 7.3 use a wide range of assessment methods.
- 7.4 define a clear process of assessment.
- 7.5 ensure that the assessment practices are compatible with educational outcomes and instructional methods.
- 7.6 use a system for appeal of results.

## STANDARD 8: TRAINEES

The training hospital must engage their trainees in the management, delivery and evaluation of their services. They should be consulted, given certain rights and responsibilities in all academic matters that concern them.

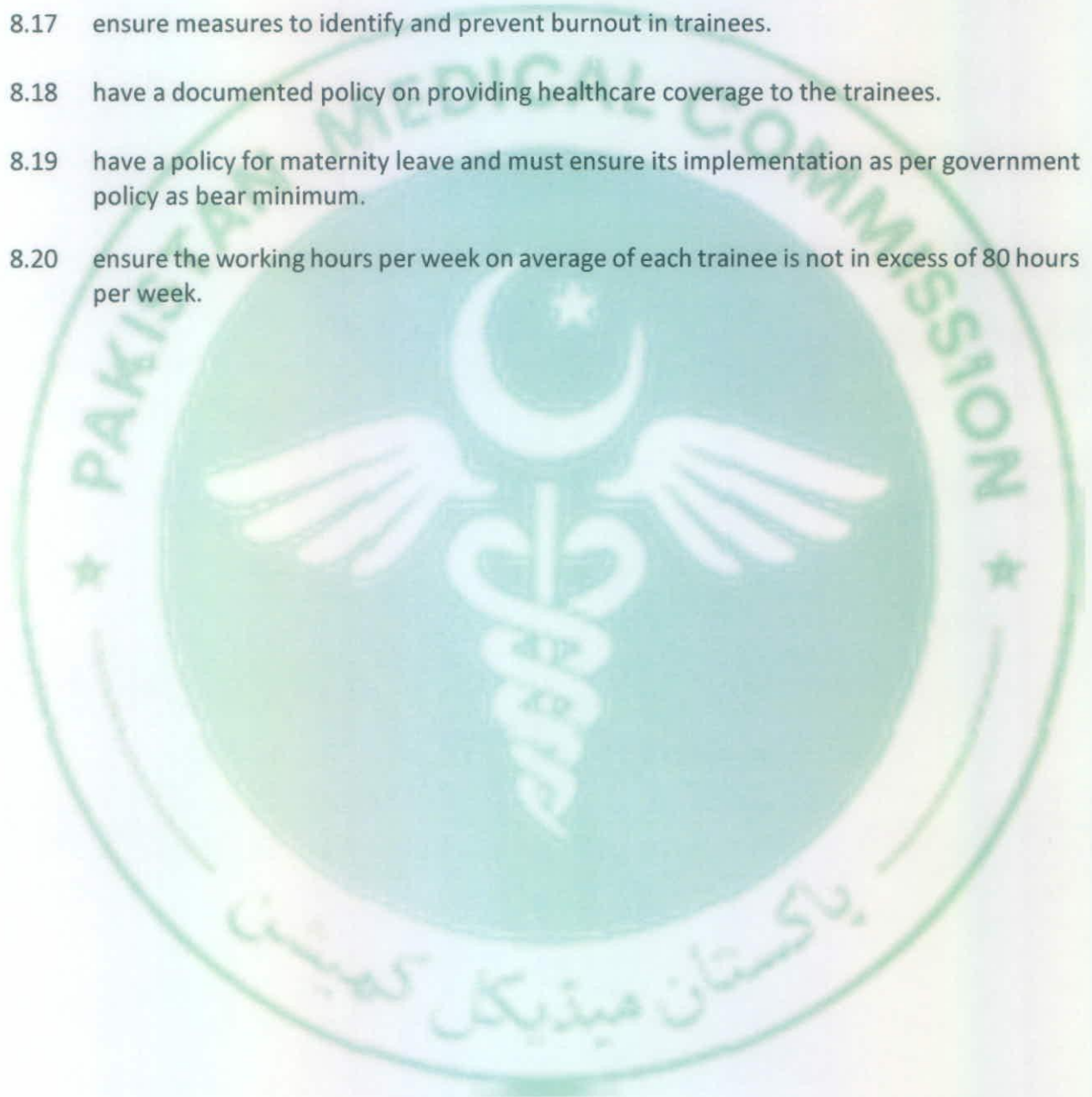
### Essential Standards

The training hospital must:

- 8.1 follow the admission/ induction policy in congruence with the national regulations/ guidelines or in the absence thereof the applicable institutional regulations of the qualification awarding institution.
- 8.2 clearly communicate the responsibilities and expectations to the trainees before the start of the training.
- 8.3 possess a mechanism for future career counseling of the trainees.
- 8.4 ensure that trainees have access to counseling to address their psychological, academic and/ or career needs.
- 8.5 ensure confidentiality of trainees' academic and medical records.
- 8.6 ensure trainee representation and appropriate participation in educational committees and any committee where they can provide meaningful input.
- 8.7 have access to records and appeal's process in case of discrepancies.
- 8.8 have clear policies on funding, technical support and facilities for co-curricular opportunities for the trainees.
- 8.9 have a policy and practice to systematically seek, analyze and respond to trainee feedback about the processes and products of the training programmes.
- 8.10 ensure a fair and formal process for taking any action that affects the status of a trainee.
- 8.11 have policies and code of conduct that is known to all trainees.
- 8.12 have clearly defined transfer policies.
- 8.13 have documented policy on forbidding trainees from taking part in any political activity.



- 8.14 have infrastructure to facilitate the differently abled trainees.
- 8.15 ensure that all trainees have access to all the teaching bed patients.
- 8.16 have adequate mechanisms in place to ensure the well-being of trainees and trainers.
- 8.17 ensure measures to identify and prevent burnout in trainees.
- 8.18 have a documented policy on providing healthcare coverage to the trainees.
- 8.19 have a policy for maternity leave and must ensure its implementation as per government policy as bear minimum.
- 8.20 ensure the working hours per week on average of each trainee is not in excess of 80 hours per week.



## STANDARD 9: TRAINERS

### Essential Standards

The training hospital must:

- 9.1 ensure that the trainers have valid permanent PMC license / registrations.
- 9.2 have robust trainer's recruitment, selection, promotion and retention policies.
- 9.3 have sufficient qualified and trained trainers based on needs of the programme.
- 9.4 ensure that the trainers fulfill their various roles as defined by the hospital and the training programme.
- 9.5 have CME/CPD programme for trainers with clear goals aligned with trainers and programme needs.
- 9.6 have a policy for maternity leave and must ensure its implementation as per government policy.

### Quality Standards

The training hospital should:

- 9.1s ensure that the institution is led by qualified (education, training and experience) person commensurate with hospital's needs.

## STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

PMC encourages hospitals to ensure quality assurance through programme evaluation.

### Essential Standards

The training hospital must:

- 10.1 ensure processes and schedules for review and update of all training activities through an established mechanism of programme evaluation.
- 10.2 regularly review results of evaluation and trainees' assessments to ensure that the gaps are adequately addressed in the training in consultation with the relevant committee.
- 10.3 allocate resources to address deficiencies and continuous renewal of programmes.
- 10.4 ensure the standards are in compliance with PMC accreditation standards.
- 10.5 ensure that the trainees, trainers and administration are involved in programme evaluation.
- 10.6 have mechanism for monitoring of training and of progressive improvements.
- 10.7 ensure that amendments based on results of programme evaluation findings are implemented and documented.

## STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES

### Essential Standards

The training hospital must:

- 11.1 demonstrate annual bed occupancy of at least 60%, verifiable through an HIMS system, or by alternative means if HIMS system is not installed subject to installation of an HIMS system within 12 months.

*On account of Covid-19 restrictions, during inspections till further orders bed occupancy ratio under the standards shall not be negatively marked or adversely affect the result and score of inspection.*

- 11.2 have essential services as given in Appendix I of this document.
- 11.3 be approved and registered with by the respective government authority (e.g. Health care commission or any other regulatory body).
- 11.4 have a hierarchical system of governance of training programme.
- 11.5 have mechanisms for dissemination of all policies and procedures related to governance, services and resources.
- 11.6 have a Human Resource Department and an anti-harassment policy in line with the national guidelines.
- 11.7 have adequate and safe buildings and structures.
- 11.8 have satisfactory and functional IT and library facilities.
- 11.9 have appropriate budgetary allocations for trainers' professional development programmes.
- 11.10 have mechanisms for addressing disciplinary issues of trainer, staff and trainees.
- 11.11 adhere to its commitment to social accountability.
- 11.12 ensure that patients admitted on the designated teaching beds have a documented consent to allow access to the trainees.
- 11.13 have a documented policy ensuring that clinical work or procedures and cost of any material used during training and studentship is not charged to the trainees.

## Quality Standards

The training hospital should:

- 11.1s preferably have a basic Health Information Management System (HIMS) installed or alternatively have an HIMS system installed within 12 months of issuance of this policy.



## APPENDIX I

### ESSENTIAL SERVICES FOR TRAINING HOSPITALS FOR POSTGRADUATE MEDICAL EDUCATION

#### Minimum case-load for a programme recognised for postgraduate training

- The Institution must be accredited or should have applied to be inspected for accreditation by the relevant provincial health care commission.
- For each programme in a surgical specialty a minimum of 180 operative cases per trainee per year fulfilling the case mix as defined by the training programme.
- For each programme in a medical specialty 200 admissions per trainee per year fulfilling the case mix as defined by the training programme.
- For each specialty that is primarily outpatient in nature, a minimum patient load of 300 patients per trainee per year.
- For each programme in the specialty of Pathology a minimum of 2500 histopathology specimens per trainee per year, 2000 lab Haematology specimens per trainee per year, 2500 microbiology specimens per trainee per year and 7500 chemical pathology/immunology specimens per trainee per year. All subspecialties should fulfill the case mix as defined by the training programme.
- For each programme in the specialty of radiology a minimum of 5000 studies per trainee per year fulfilling the study mix as defined by the training programme.
- **It will be the responsibility of the institution to ensure that one patient is NOT logged by more than one trainee from the same year of training of the same specialty.**

#### Operation Rooms/Theatres and Peri-operative services

The training hospital must have adequate operating rooms with all requisite equipment commensurate with the needs of the training programme, pre-anesthetic, and recovery/PACU areas with appropriate staff in sufficient number for peri-operative services. These services are supervised by physician(s) trained in perioperative care.

Operating room services must:

- ensure the presence of qualified anaesthesia consultants supervising perioperative care round the clock
- have at least 4 operating rooms, additional rooms may be required to cater to the needs of individual programmes recognised for training
- have drugs and equipment required to administer safe anaesthesia for major surgical procedures in each operating room
- have a system for sterilization and disinfection of all equipment used during surgical procedures including protocols, equipment and manpower

- have nursing and paramedical workforce in sufficient numbers to provide assistance for surgery and anaesthesia
- have a dedicated preoperative holding area for the patients
- have post anaesthesia care unit
- have dedicated rest/lounging area for doctors working in OR
- have trainee and trainers' access to up-to-date professional knowledge for decision support at the point of care

### Critical Care Unit

Critical Care Unit must:

- have at least one unit dedicated to the care of critically ill patients with at least 5% of the hospital beds as ICU beds with a minimum of 6 ICU beds allocated to the unit/s
- be supervised by consultants qualified in the care of critically ill patients
- have a designated Incharge of ICU who is a physician qualified in the care of critically ill patients
- have a clearly defined administrative hierarchy
- facilities for continuous monitoring and organ support on each bed in the unit/s
- unit staff trained for the care of critically ill patients
- provision of oxygen, suctioning and multiple power inlets on each bed
- at least 80% of ICU beds with ICU ventilators
- NIV/BIPAP machine on remaining ICU beds
- Facility for haemo-dialysis in the ICU
- Equipment to manage the airway
- Resuscitation cart
- A nursing ratio commensurate with the needs of the patients

## **Radiology (Essential requirement)**

Radiological services available round the clock throughout the week that are supervised by consultant radiologist/s with postgraduate qualification; trained staff; adequate infrastructure, resources and services to support the needs of postgraduate training programmes in different specialties.

Radiology requirements:

- X-ray unit
- Fluoroscopy unit
- Portable x-ray/fluoroscopy units for ICU, OR and emergency use.
- CT (multi-slice) with power injectors at least 16 slices or above.
- MRI (access to the facility if facility is not available on site)
- Ultrasound
- Basic interventional radiology like biopsies and drainages.
- Angiography and high-end interventional radiology (access to the facility if facility is not available on site)
- Back up plans for referral in case of hardware failure.
- Workstations for high end reconstruction and reporting.
- PACS (not mandatory).

## **Laboratory (Essential requirement (except where specified))**

Laboratory services available round the clock throughout the week that are supervised by consultant pathologist/s with postgraduate qualification; trained staff; adequate infrastructure, resources and services to support the needs of postgraduate training programmes in different specialties. Laboratory services must be accredited or should have applied to be inspected for accreditation by the provincial health care commission and provincial blood transfusion authority.

Laboratory requirements:

Clinical Chemistry

- Automated chemistry analyzers
- Blood Gass analyzer
- Pipette sets
- Centrifuge
- RO water purification system
- Refrigerator 2-8 C (double door)
- Freezer (-20C)



## Special Chemistry

- Immunochemistry analyzer
- Pipette set
- Vortex Mixer
- Tube Mixer
- Centrifuge
- Ultracentrifuge
- Refrigerator 2-8 C (Double door)
- Freezer (-20C)

## Hematology

- 5 parts diff CBC analyzer
- Automated Coagulation Analyzer
- Water Bath
- Centrifuge
- Pipette set
- Microscopes
- Sample mixer
- Refrigerator 2-8 C

Microbiology (access to the facility if not available onsite). The equipment and facilities must be in accordance with the test menu and training programme needs.

- Microscope
- Centrifuges as required by specimen processing
- Water baths
- pH metres
- Automated Media Preparator
- Automated Media Pourer
- Autoclave
- Anerobic jars
- pH meter
- Class-II type A2 biosafety cabinet
- Vortex mixer
- Hotplate/s
- Refrigerator 2-8C
- -20°C and -80°C freezers
- Incubators 37°C and other temperatures as required for pathogens being cultured
- CO2 incubator

- Gene Xpert
- Pipette sets as needed for the tests being offered
- Weighing Balances
- Antibiotic Disk Dispenser
- Automated blood culture system
- Bacterial identification systems ( in case not present; ID kits for routine bacterial identification including for Gram Positive, Gram Negative, fastidious, anaerobic and fungi to be available)
- ELISA readers
- Designated washing and media preparation rooms

Cytology (access to the facility if not available onsite)

- Centrifuge
- Cytospin
- Microscope
- Refrigerator
- Incubator
- Pipette set
- Fume hood
- Patient examination table (for FNA)
- Refrigerator 2-8 C

Histopathology (access to the facility if not available onsite)

- Gross station
- Tissue processors
- Embedding Center
- Wax dispenser
- Cold Plate
- Hot Plate
- Microtome
- Floating Bath
- H&E Stainers
- Special Stains Facility
- Immunohistochemistry Facility
- Fume Hood
- Microscope Double Head
- Microscope
- Weighing Balance
- Refrigerator
- Pippett set

- Dictation System
- pH Meter
- Formalin monitor
- Frozen Section Facility

### **Blood Transfusion services (Essential requirement)**

The training hospital must have functional blood transfusion services supervised by pathologists and qualified staff including resources for cross matching/grouping, screening and storage.

Blood bank requirements:

- Blood donation couches
- Blood bag weight monitor + mixer
- Hb meter (POCT)
- Apheresis Machine
- Donor weight balance
- Refrigerator Centrifuge for Component preparation
- Tube Sealer
- Plasma Separator
- Centrifuge
- Plasma Thawing Bath
- Blood grouping card centrifuge
- Blood grouping incubator
- Pipette set
- Microscope
- Refrigerator 2-8 C (blood bag storage)
- Platelet Agitator
- Freezer (-30°C)

### **Fire Safety and Emergency Evacuation**

The hospital must have a documented fire safety and evacuation plan in conformity to the relevant provincial government regulations. It should include training schedule for staff, faculty, and trainees. The hospital should also conduct mock fire evacuation drills. Hospital staff must be aware of the designated assembly area and fire exits. Portable fire extinguishers must be available at suitable locations.

## **Waste Management**

The hospital must have a documented waste management programme plan in conformity to the relevant government regulations. Infectious waste must be segregated appropriately through colour coded bags. The hospital should possess temporary waste storage facility well placed and away from patients, staff, and visitors. There must be provision for incineration or carriage off facility for disposal of Infectious waste within 24 hours of generation. There should be established and approved protocols handling and disposal of nuclear waste in accordance with national safety guidelines.

## **Infection Control**

There is a documented infection control programme designed by the infection control committee for the institution. There must be protocols in place to ensure safety of staff and patients handling biological and hazardous materials. The infection control programme must comply with the relevant government regulations.

## **Accident and Emergency**

The hospital must have an operational emergency department working 24 hours a day, 7 days a week. The department must:

1. have appropriate functional beds allocated for emergency care.
2. have a clearly defined hierarchical structure and designated SOPs.
3. have a physician heading the department with a clearly defined job description (JD).
4. have measurable quality indicators that are continuously monitored and recorded.
5. have a designated procedure room for the emergency department.
6. have appropriate resuscitation services available.
7. have the system for triage of the patients.
8. ensure the presence of physician/staff with valid advanced life support certification.
9. ensure the presence of physician/staff with valid paediatric advanced life support certification.
10. ensure the presence of physician/staff with valid advanced trauma life support certification (where applicable).

### **Inpatient Services**

The patients admitted on the designated training beds must consent to allow access to trainees' participation. The admitted/treated patients should have diverse pathological backgrounds and case mix as per the training programme requirement.

### **Outpatient Services**

The hospital must have a functional outpatient department. The spectrum of cases must be diverse and the number of patients visiting in each session appropriate in accordance with the training offered.

### **Skills Lab**

The training hospital must ensure that their trainees have access to a skills lab organized by the hospital.

### **Clinical Record Room/Data Centre**

Training hospital must have a system for maintaining patient records and maintain confidentiality.

### **Trainers**

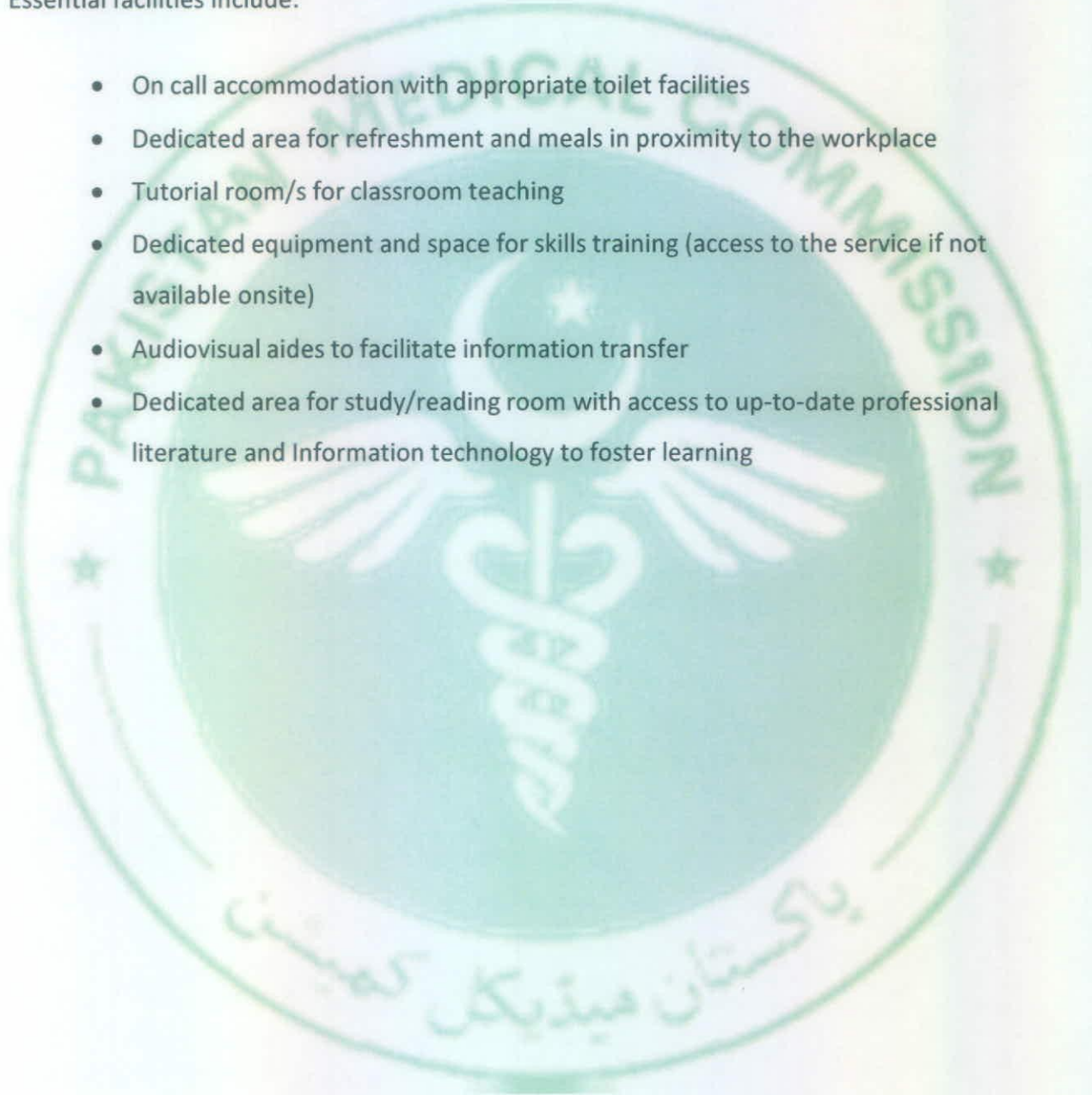
Trainers must meet the minimum criteria to qualify as a clinical faculty member in an undergraduate programme in their respective discipline. There must be sufficient number of trainers to provide round-the-clock patient care.

## APPENDIX II

### PHYSICAL FACILITIES

Hospital must provide physical facilities to support a learning environment for the trainees. Essential facilities include:

- On call accommodation with appropriate toilet facilities
- Dedicated area for refreshment and meals in proximity to the workplace
- Tutorial room/s for classroom teaching
- Dedicated equipment and space for skills training (access to the service if not available onsite)
- Audiovisual aides to facilitate information transfer
- Dedicated area for study/reading room with access to up-to-date professional literature and Information technology to foster learning



## APPENDIX III

### ANNOTATIONS

#### STANDARD 1: MISSION STATEMENT

**Social accountability** of training hospitals is their responsibility towards the community and their trainees. It is the responsibility of the training hospitals to meet the healthcare needs of the country through provision of quality training and service delivery. This service delivery should take ownership of defined populations (especially marginalized populations) and improve the health status of those communities. In this regard, training hospitals will need to delineate how they are contributing towards serving their communities and are socially accountable.

#### STANDARD 2: OUTCOMES

**Outcomes** are statements of intention, just like objectives.

Outcomes provide a clear idea of what the trainees are expected to do (perform) by the end of the entire learning period (e.g., by the end of the postgraduate training programme). Hence, they provide an overview (and not details) of what the trainee is expected to do upon completion of the training programme in which s/he is enrolled.

The number of outcomes is far less than the number of objectives. Usually, outcomes range between 5 to 7 for an extended programme.

**EXAMPLE:** By the end of the training programme, trainees will be able to:

- manage common, non-critical conditions independently
- assist in the management of critically ill patients
- demonstrate professional, ethical and culturally appropriate behavior
- advocate health promotion and disease prevention
- work effectively in a health care team
- demonstrate clear and efficient written and verbal communication abilities

## Annotation for 2.1s

Outcomes are a set of statements which summarize the expected results at the end of the educational programme. Every hospital must have a reason for existence. This reason should be its unique feature which sets it apart from others. A hospital may wish to lay emphasis on training its trainees on providing state-of-the-art high technology training via skills labs or aims at producing doctors' adept at managing emergencies in a lower socio-economic setting. Such unique features must be clear in the outcomes; such statements must be present which help provide an identity to the programme and to the institution.

## STANDARD 4: PROGRAMME ORGANISATION

**Active learning** is any instructional strategy in which trainees are required to do meaningful activities and think about their learning in order to achieve the session's objectives.

**Educational strategy** means teaching method or instructional method, for example lecture or tutorial or small group discussion.

**Patient-centeredness** keeps the training focused on issues of the patient and not around diseases. It aims to produce doctors who deal with patients as humans and not as carriers of disease. It helps trainees provide holistic care to the patients.

## STANDARD 8: TRAINEES

**Academic counseling** would include addressing questions related to the trainees' choice of selected rotation. Academic counseling may also involve helping students improve their learning.

**Career counseling** would include guidance related to achieving their career goals.

**Confidentiality** means available only to members of the trainers and administration on a need-to-know basis. Laws concerning confidentiality of record need to be kept in view.

**Committees** include all educational, management and disciplinary committees. This includes development of the mission and vision, policy guidelines, curriculum committees, academic council and service delivery.

**Areas of appeals** include admission, attendance, assessment, promotion, demotion or dismissal processes and products of the educational programmes means curriculum, teaching and learning processes.

**Fair and formal process** includes timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the Trainees to respond and an opportunity to appeal.



**Status of trainees** means that can affect his/her educational progression for example admission, graduation or dismissal.

**Disability** means any physical disability which may not affect his/her ability to actively contribute as a member of healthcare team. The institutional medical team should decide it on case-to-case basis.

**Transfer policy and exchange mechanisms** mean policies devised by the training hospital for transfer and trainee exchange in congruence with the affiliating university (where applicable), PMC guidelines & government policies.

#### **STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL**

**Programme evaluation** means gathering, analysis and interpretation of information, using valid and reliable methods of data collection, from all components of the programme. The process of evaluation should serve to make judgments about its effectiveness in relation to the mission, curriculum and intended educational outcomes.

**Academic activities** include all formal educational experiences of the Trainees—during their enrolment in the institute.

**Renewal of programmes** refers to modifications made in the programme by incorporating results of programme evaluation.



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