MODULE 14 | MEDICAL TRAINING, ACCREDITATION AND RESEARCH

Managing Medical Training and Safe Clinical Supervision

56

LECTURE

Practical hospital governance in Punjab, Pakistan

Organise learning around safe patient care.
Verify authority, supervision and progress.

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Training is an organised hospital responsibility

The Medical Superintendent (MS) must connect education, clinical supervision and the resources needed to protect patients.

- Identify each learner's status and training route.
- Check supervision, rosters and learning opportunities.
- Use evidence to review progress and address gaps.
- Certify only what the records can support.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A training-control file, a safe coverage plan and a short review of gaps requiring action.

Module 14 | Presentation 1 of 3. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

The three parts of training governance

Medical training, accreditation and research require related but separate decisions.

Lecture	Main subject	Practical output
56	Training delivery and clinical supervision.	Training-control file and coverage review.
57	Recognition, accreditation and quality.	Verified status register and improvement plan.
58	Research ethics, approvals and integrity.	Research approval file and oversight register.

A teaching hospital needs evidence of safe care, valid training arrangements and responsible research.

WORKING METHOD | Illustrative material is identified in the text.

Know who is learning in the hospital

Use the person's actual status, programme and permitted activities.

Group	What the hospital must establish
Medical student	Approved placement, learning objectives, responsible teacher and permitted patient contact.
House officer	Current registration position, recognised placement, rotation plan and supervision.
Postgraduate trainee	Named programme, valid enrolment, approved training arrangements and current clinical role.
Observer or visiting learner	Written permission, identity, any regulatory requirement and clear limits on participation.

An observer badge or an academic admission letter does not itself authorise independent clinical work.

WORKING METHOD | Illustrative material is identified in the text.

Four records answer different questions

Record the relevant decision separately even when the same office holds several documents.

Record	Question answered
Professional registration	Is this person registered for the intended professional role, and subject to what conditions?
Appointment or placement	Has the competent institution authorised this person to work or learn here?
Training registration	Will the relevant university or training body recognise this programme and training period?
Clinical authorisation	Which tasks may this person perform here, and what supervision is required?

Confirm all applicable requirements before allocating clinical responsibility.

Sources: **T3**: training registration | **T5**: standard 27

Assign responsibility without assuming powers

The local governing documents and appointment orders determine the actual roles.

Function	Responsibility to record
Institutional head and MS	Provide safe operating conditions, resources, coordination and escalation within delegated powers.
Academic head or programme director	Organise the approved curriculum, training requirements and formal academic decisions.
Supervisor and clinical team	Teach, observe, give feedback and provide the required clinical supervision.
Training office and trainee	Maintain accurate enrolment, rotations, assessments and submission records; report missing requirements.

In this lecture MS means Medical Superintendent. In an academic degree title, MS may mean Master of Surgery.

WORKING METHOD | Illustrative material is identified in the text.

A training file before the first clinical duty

Suggested minimum file; add the requirements of the actual programme.

01 Identity

Verified identity, contact details and approved role.

02 Registration

Current professional and academic status with evidence.

03 Placement

Appointment or placement order and authorised dates.

04 Supervision

Named clinical cover, educational supervisor and backup.

05 Learning plan

Curriculum, rotation objectives and assessment schedule.

06 Resources

Funding, access, orientation and necessary equipment.

The training office should track missing items, the responsible officer and the decision required.

House-job entry requires a status check

Use current Pakistan Medical and Dental Council (PM&DC) rules and notices for the applicant's circumstances.

Before starting

- The 21 April 2026 notice permits enrolment using a valid provisional licence or confirmation of an application submitted through the PM&DC online portal.
- Confirm the institution, unit, approved slot and rotation arrangements. Keep the authorising documents with the joining record.

If something is missing

- Application confirmation is not proof that a licence has been issued. Verify permitted clinical duties and the date from which training can count under the rules.
- Keep the actual joining date and registration history accurate. Refer any disputed credit for training to the responsible authority.

Never alter dates to make an unverified training period appear eligible.

Sources: **T2**: house-job provisions and current notices

The MBBS house-job rotation plan

The cited Registration Regulations set out four full-time structured modules. Check later amendments.

Module	Specified duration
Internal medicine	Three months.
Allied medicine	Three months.
General surgery	Three months.
Allied surgery	Three months.

Each main six-month medicine or surgery block must meet the approved-hospital requirement. Basic Life Support (BLS) certification is also required.

Sources: **T2**: rules 13-15

Verify credentials and keep them current

The Punjab Healthcare Commission (PHC) standards support verification of professional credentials.

What PHC requires

- Standard 27 addresses verification with the issuing source and current professional registration for those providing unsupervised care.
- Standard 26 covers personnel records, including relevant qualifications and in-service training.

How to organise the check

- Keep the source, result, date and officer who completed the check. Resolve differences before relying on a certificate.
- Track expiry, changes of role and new qualifications. Limit access to personal information to authorised staff.

A photocopy confirms that a document exists; primary-source verification checks whether its claim is genuine.

Sources: **T5**: standards 26-27, indicators 138-143

Training registration follows the chosen route

CPSP and University of Health Sciences (UHS) arrangements must be checked separately.

CPSP route

- The College of Physicians and Surgeons Pakistan uses its Registration and Training Monitoring Cell (RTMC) for training registration and monitoring.
- Check the current specialty requirements, recognised institution and approved supervisor. Process relevant supervisor, venue and rotation changes through the required route.

University route

- Confirm university registration, programme and site approval, supervisor allocation and applicable curriculum.
- UHS Level-III regulations apply to the MD/MS/MDS programmes within their stated scope. Keep the current return and assessment requirements in the programme file.

An appointment to a hospital post and academic recognition of the training period are separate matters.

Sources: **T3**: training registration and RTMC | **T4**: sections 4 and 6

Orientation must prepare the learner for work

PHC standard 24 covers hospital, department and job orientation, including students and trainees.

01 Clinical role

Tasks allowed, tasks requiring help and who authorises them.

02 Escalation

Who to call, how to reach them and the backup route.

03 Patient safety

Emergency response, infection prevention and reporting.

04 Patient rights

Consent, privacy, dignity and respectful communication.

05 Records

Clinical documentation, system access and confidentiality.

06 Training route

Timetable, assessments, leave and concerns procedure.

Keep evidence of participation and understanding. Reorient the trainee when the role or department changes.

Sources: **T5**: standard 24, indicators 130-133

Educational supervision and duty cover

A learner needs both a training relationship and safe clinical cover during actual work.

Educational supervision

- A named supervisor agrees objectives, reviews progress and supports the required assessments.
- The supervisor's programme approval and availability must match the actual training arrangement.

Clinical supervision

- Each shift identifies the senior clinician responsible for advice, review and immediate help when needed.
- The roster states the backup if that clinician is unavailable. Inform trainees how to reach both.

The educational supervisor need not personally cover every shift, but clinical cover must be explicit.

Sources: **T1**: standard 6.1

Write the supervision arrangement in plain terms

These are suggested working descriptions, not regulatory licence categories.

Arrangement	What must be clear
Observe only	The learner watches or discusses care and does not perform the task.
Directly supervised task	A competent authorised supervisor is present for the task and can intervene.
Task with defined support	Permitted only after the appropriate assessment and authorisation; state when senior review is required.
Activity outside current competence	Obtain suitable help, reassign or arrange the necessary supervision before proceeding.

The permitted arrangement depends on the person, task, patient risk, licence and hospital policy.

WORKING METHOD | Illustrative material is identified in the text.

Check the roster before the shift starts

A suggested review for the department lead and duty manager.

1	**Count the work**	Identify essential service areas, anticipated demand and tasks needing senior cover.
2	**Check availability**	Use actual attendance, leave, rotations, restrictions and academic commitments.
3	**Match competence**	Assign work to people authorised and able to perform it with suitable supervision.
4	**Close the gap**	Arrange competent cover or a safe service adjustment; communicate the escalation and backup plan.

A trainee on the staff list is not automatically available or competent for every vacant duty.

WORKING METHOD | Illustrative material is identified in the text.

A roster can be full on paper and still have a gap

Invented coverage example. One slot means one required staffed position for a defined shift.

Required coverage	6 positions each day for 7 days = 42 position-shifts.
Verified availability	After approved leave, rotations and teaching cover, the team can provide 35 suitable position-shifts.
Uncovered work	42 - 35 = 7 position-shifts need a documented solution.
Decision	Identify the dates and skills missing. Obtain competent cover or authorise a safe service change; confirm senior support.

This is a coverage calculation, not a duty-hour standard. Use applicable working-time, rest and training requirements.

TEACHING CASE | Illustrative material is identified in the text.

Make handover a planned clinical task

Suggested structure for the responsible clinical teams.

1	**Identify the patient**	Use the approved identifiers and confirm the current location.
2	**Explain current risk**	State the clinical problem, urgent concerns and care already provided.
3	**Assign the next action**	Name the pending test, review or treatment, its urgency and who will follow it.
4	**Confirm escalation**	Identify the responsible senior and check that the receiving team understands the plan.

Provide protected handover time and an approved record. Teaching must preserve patient confidentiality.

Sources: **T6**: patient-safety education

Teaching must protect patient choice and dignity

Suggested controls for bedside teaching, procedures and observers.

Before the encounter

- Explain the learner's identity and proposed involvement. Follow the applicable consent and chaperone arrangements.
- Respect a patient's decision to decline teaching participation. Arrange care without penalising that decision.

During and after

- Limit attendance to the appropriate group and protect dignity during examination or discussion.
- Use approved records and teaching systems. Do not circulate identifiable cases, photographs or recordings without the required permission.

A clinical encounter is not an unrestricted source of teaching material.

Sources: **T5**: patient rights and IMS confidentiality

Plan rotations before moving the trainee

Confirm the academic requirements as well as the receiving service's capacity.

1	**Match the curriculum**	State the required experience, objectives and evidence to be obtained.
2	**Confirm the placement**	Check recognition, supervisor, dates and any registration or approval requirement.
3	**Arrange the work**	Agree duties, patient-safety cover, orientation and assessment responsibility.
4	**Close the rotation**	Obtain genuine assessments and completion records; resolve gaps through the authorised route.

A rotation created only to fill a service vacancy may fail to meet the programme's requirements.

Sources: **T3**: rotations and registration

Translate the curriculum into a weekly plan

Suggested planning method. The actual curriculum sets the required outcomes.

Learning need	Opportunity	Evidence
Clinical judgement	Supervised review of suitable patients.	Observed assessment and feedback.
Procedural skill	Simulation and supervised clinical practice.	Task-specific assessment and limits recorded.
Communication	Observed consultation or handover.	Feedback on a real encounter.
Use of evidence	Case discussion or journal club.	A reasoned explanation applied to practice.

Name the teacher, time and location. Reschedule missed learning and provide safe service cover.

WORKING METHOD | Illustrative material is identified in the text.

Protect learning within service delivery

For house-job programmes, PM&DC standard 4.5 addresses service pressure that compromises training.

Plan before the week

- Agree the essential clinical duties and scheduled educational activities with the department.
- Provide cover for teaching, assessment and required rotations. Record unavoidable interruptions.

Review what happened

- Ask whether trainees received the planned experience and feedback, not only whether they attended work.
- If a service repeatedly prevents required training, agree a resource or scheduling decision with the academic and operational leads.

Document the actual reason for a missed activity and a realistic recovery plan.

Sources: **T1**: standard 4.5

Assessment methods answer different questions

UHS Level-III regulations include these workplace assessment methods. Use the programme's current forms.

Method	Plain meaning
DOPS	Direct Observation of Procedural Skills: observe the trainee performing a procedure and assess relevant skills.
Mini-CEX	Mini Clinical Evaluation Exercise: observe a focused clinical encounter and give structured feedback.
CBD	Case Based Discussion: explore clinical reasoning and decisions using a selected case.
Portfolio or logbook	A record of learning and assessed work; review its authenticity and what it demonstrates.

An assessment should identify the observed task, assessor, date, judgement and next learning step.

Sources: **T4**: sections 2 and 12(iii)

Feedback should lead to a specific next step

Suggested format for a short teaching discussion after observed work.

1	**Describe the task**	State what you observed, using specific facts rather than personal labels.
2	**Invite reflection**	Ask the trainee what went well and what they found difficult.
3	**Agree one priority**	Explain the change required and the support or practice needed.
4	**Review again**	Set a realistic time for another observation and record the agreed action.

A supportive discussion can still identify serious gaps clearly. Patient-safety concerns need immediate action.

WORKING METHOD | Illustrative material is identified in the text.

Keep the learning record honest and useful

Suggested controls for logbooks, attendance, portfolios and assessment returns.

Record the actual work

- Distinguish observing, assisting and performing. Identify the supervisor and assessment where relevant.
- Check attendance, approved leave, rotations and teaching activity using the programme's stated definitions.

Protect the record

- Use a limited patient identifier where permitted; keep identifiable details in the approved clinical system.
- Keep an audit trail for corrections. Do not sign blank forms, invent cases or certify an assessment that did not occur.

A record of exposure does not by itself establish competence or permission for independent practice.

WORKING METHOD | Illustrative material is identified in the text.

Respond early when progress is inadequate

Suggested response; formal progression decisions follow the applicable programme procedure.

1	**Protect patients**	Adjust duties and supervision immediately if a credible safety concern requires it.
2	**Check the evidence**	Review observed performance, case access, teaching, health and relevant system problems.
3	**Agree a support plan**	Specify the skill gap, teaching support, safe duties and reassessment date.
4	**Use formal review**	Refer unresolved concerns to the authorised academic or employment process with accurate records.

Remediation means a planned attempt to correct a learning gap. It is not a substitute for proper review.

WORKING METHOD | Illustrative material is identified in the text.

Keep safety, academic and conduct decisions distinct

Different issues may arise from the same event and require different responsible authorities.

Immediate action

- An urgent safety restriction should identify the risk, responsible decision-maker and review arrangements.
- A learning concern needs assessment and support. A health concern may need confidential occupational support.

Formal consequences

- Progression, examination eligibility and employment discipline follow their own rules and appeal routes.
- Preserve evidence, hear the relevant account and avoid treating an allegation as an established finding.

The hospital should not invent an academic penalty or promise training credit beyond its authority.

Sources: **T1**: standards 7.6 and 8.10

A safe learning environment needs active support

Suggested controls for trainees and trainers; use the applicable institutional policies.

01 Fatigue

Review unsafe workload, rest opportunities and cover.

02 Health

Provide a confidential route for health and wellbeing concerns.

03 Respect

Address bullying, intimidation and harassment through the proper route.

04 Concerns

Give an alternative contact when the usual supervisor is involved.

05 Fair access

Check access to learning, facilities and reasonable support.

06 Follow-up

Record the action and check whether the concern was resolved.

PM&DC house-job standards include support, grievance arrangements and protection from intimidation or retaliation.

Sources: **T1**: standards 6.5, 6.8 and 8.15-8.16

Keep research requirements on the training calendar

Lecture 58 explains the research approval and integrity controls in detail.

Academic requirements

- Identify the applicable synopsis, thesis or dissertation process, supervisor and submission dates.
- Allow time for a sound research question, suitable methods and the required reviews.

Hospital requirements

- Arrange data access and site permission through the authorised process. Check ethics and regulatory approvals before research begins.
- Do not allow examination deadlines to justify fabricated data, backdated permission or unapproved recruitment.

Academic acceptance, ethics review and institutional permission answer different questions.

WORKING METHOD | Illustrative material is identified in the text.

Continuing training should address a real need

CME means Continuing Medical Education; CPD means Continuing Professional Development.

1	**Identify the need**	Use incidents, observed practice, service changes or staff feedback to identify a gap.
2	**Choose the learning**	Match the activity to the gap: discussion, supervised practice, simulation or formal course.
3	**Check application**	Observe whether the relevant practice improved after training.
4	**Keep the evidence**	Record participation and learning; claim external credit only when the relevant body has approved it.

A local teaching session is not automatically an accredited CPD activity or proof of competence.

Sources: **T6**: continuing patient-safety education

Budget for the training you have approved

Suggested resource review for the hospital and academic leads.

Resource	Question to resolve
People and time	Who will teach, supervise and assess, and how will clinical cover be provided?
Pay and support	Are the applicable appointment, stipend and benefit obligations funded and administered?
Learning facilities	Are teaching rooms, library access, approved digital systems and skills facilities usable?
Clinical experience	Is there sufficient appropriate work and equipment for the required supervised learning?

Record a shortfall before offering additional places or promising a rotation.

WORKING METHOD | Illustrative material is identified in the text.

Measure completed training without overstating the result

Invented departmental review. The measures below answer different questions.

Orientation coverage	18 of 24 new trainees completed the defined orientation: 18 / 24 x 100 = 75%. Six remain incomplete.
Teaching delivered	9 of 12 planned sessions occurred: 9 / 12 x 100 = 75%. Review the three missed sessions.
Assessment completion	15 of 20 scheduled assessments are documented: 15 / 20 x 100 = 75%. Five are outstanding.
Interpretation	These figures show completion of planned processes. They do not establish that 75% of trainees are clinically competent.

Report the denominator, period and definition. Combine completion figures with direct evidence of performance.

TEACHING CASE | Illustrative material is identified in the text.

Before signing a training certificate

Suggested check for the officer authorised to certify the particular facts.

01 Correct person

Identity, programme and registration details match.

02 Correct dates

Joining, rotations, leave and actual completion reconcile.

03 Valid placement

Institution, unit and supervisor status are verified.

04 Actual evidence

Attendance, assessments and required work are supported.

05 Proper authority

The signatory may certify these specific facts.

06 Clear record

Any qualification, unresolved gap or correction is recorded.

The relevant awarding body decides eligibility and credit under its rules. Do not certify facts you cannot verify.

WORKING METHOD | Illustrative material is identified in the text.

TEACHING CASE

A trainee is moved to fill an urgent service gap

All people, events and hospital details in this teaching example are invented. They do not describe an actual hospital event.

Situation	A department asks to use a new trainee in another unit for four weeks. The rotation has not been checked.
Clinical concern	The receiving team has not identified senior cover or confirmed the trainee's permitted tasks.
Academic concern	The trainee asks whether the period will count towards the recognised programme.
Administrative request	The department wants an immediate roster order and a promise that training credit will be granted.

What can the hospital decide now, and which decisions require the training body or university?

TEACHING CASE | Illustrative material is identified in the text.

TEACHING CASE

A reasoned response to the proposed move

A suggested approach to the preceding invented case.

1	**Secure safe cover**	Check the clinical gap and arrange competent coverage with an explicit senior and backup.
2	**Check the placement**	Review the trainee's licence, role, competence and the receiving unit's supervision.
3	**Resolve the academic route**	Obtain the required rotation or registration decision. Do not promise credit before confirmation.
4	**Issue an accurate order**	State duties, dates, supervision, approvals and records required; review the arrangement early.

Urgency changes how quickly the case must be resolved; it does not create missing authority.

TEACHING CASE | Illustrative material is identified in the text.

Three training decisions

Write your answer and the reason before turning to the next page.

1. Missing orientation

A unit has 30 new trainees. Only 21 have completed the specified orientation.

What percentage is complete, and what action remains?

2. Supervisor leaves

The approved educational supervisor leaves. A senior doctor can cover tonight's clinical work.

Does clinical cover automatically settle the training arrangements?

3. Blank assessment

A trainee asks a supervisor to sign empty assessment forms so the office can fill them in later.

What should happen before anything is certified?

Use the actual source, role and evidence when deciding a live case.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

Use the evidence, the calculation and the cited source.

1. Completion is 70%.

21 / 30 x 100 = 70%; nine trainees remain incomplete. Identify missing topics, arrange completion and check safe duties in the meantime.

2. The academic change still needs action.

Keep competent clinical cover. Separately confirm the required replacement supervisor and training-body or university process; do not assume automatic recognition.

3. Certify only completed, supported facts.

Do not sign blank forms. Complete the genuine assessment, record the result and use the authorised route to address any late or missing requirement.

A safe operational arrangement and a valid academic decision must each have supporting evidence.

TEACHING CASE | Illustrative material is identified in the text.

Review one department's training arrangements

Use a non-confidential real case or the invented examples in this lecture.

Training register

List the programmes, trainees, supervisors, registration evidence and upcoming requirements.

Coverage review

Check one week of clinical cover, teaching, rotations and backup arrangements.

Action brief

Identify three material gaps, responsible officers, decisions and review dates.

Review the findings with the academic lead, clinical lead and training office. Use Lecture 57 to verify recognition and accreditation.

Use non-confidential information or invented figures for public teaching. Keep identifiable staff and patient records secure.

WORKING METHOD | Illustrative material is identified in the text.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

T1

House Job Accreditation Standards 2024

PM&DC standards for house-job training hospitals. Standards 4-8 cover programme delivery, supervision, assessment and trainee support. This scope is distinct from postgraduate programme rules.

Pakistan Medical and Dental Council | **Official source**

T2

Registration Regulations 2023 and later notices

Part III, rules 9 and 12-15: registration, recognised placements and MBBS rotations. The 21 April 2026 notice permits specified application evidence for enrolment. Verify clinical authority and recognised dates separately.

Pakistan Medical and Dental Council | **Official source** | **21 April 2026 notice**

T3

CPSP training registration guidance

FCPS-II training registration, approved supervisors and institutions, rotations and changes of venue or supervisor. Apply the current specialty prospectus and session-specific directions.

College of Physicians and Surgeons Pakistan | **Official source** | **RTMC functions**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 2

Select a source title or its official-source link to open the document.

T4

UHS Level-III Regulations 2024, updated 2026

For the UHS MD/MS/MDS programmes within scope. Sections 2, 4, 6 and 12 address registration, supervisors, portfolios and assessment. Other universities and qualifications have their own requirements.

University of Health Sciences, Lahore | **Official source** | **Current postgraduate documents**

T5

Minimum Service Delivery Standards for Hospitals 2024

PHC Category I hospital manual. Standards 24, 26 and 27 address orientation, personnel records and credential verification; patient rights and record confidentiality appear in PRE and IMS.

Punjab Healthcare Commission | **Official source**

T6

Patient Safety Curriculum Guide 2011

WHO multi-professional edition. International teaching guidance supporting safety education and continuing training; it does not determine Pakistani registration or examination requirements.

World Health Organization | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.