MODULE 14 | MEDICAL TRAINING, ACCREDITATION AND RESEARCH

Recognition, Accreditation and Training Quality

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LECTURE

Practical hospital governance in Punjab, Pakistan

Verify exactly what is approved.
Keep the training conditions working every day.

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SELF-STUDY PDF

What this lecture will help you do

Training recognition protects the learner, the patient and the credibility of the institution.

- Verify the programme, site and approval.
- Check capacity, people and resources.
- Prepare evidence and correct deficiencies.
- Protect trainees when arrangements change.

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

An approval register, an evidence index and a practical improvement plan.

Module 14 | Presentation 2 of 3. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Use the rule for the exact training route

This lecture uses current official sources and labels suggested local controls as working methods.

Official requirements

- PM&DC means Pakistan Medical and Dental Council. Its 2026 postgraduate standards and regulations are the main reference for this lecture.
- CPSP means College of Physicians and Surgeons Pakistan. Its programme, unit and supervisor requirements must also be checked for a CPSP training route.

Local implementation

- UHS means University of Health Sciences, Lahore. Its affiliation requirements apply to a UHS programme; another awarding university may have different procedures.
- A programme approval letter may add conditions or limits. Keep the current document, amendments and correspondence beside the general standards.

Do not infer current approval from an old certificate, a pending application or a website heading.

Sources: **A1**: appendices I-II and IV | **A3**: accreditation and supervisory criteria | **A4**: affiliation framework

Different approvals answer different questions

Build one file that links the programme to all of its required permissions.

Approval or status	Question it answers
Qualification recognition	Is this exact qualification, institution and awarding body recognised for the relevant purpose?
Programme and training site	Is this programme approved at this institution, department or participating site, with stated conditions?
University affiliation	May this institution conduct the specified university course under the affiliation decision?
Supervisor and trainee status	Is the named trainer approved, and is the trainee registered for the correct route and period?
Healthcare service licence	May this establishment provide the relevant healthcare services under its licence and conditions?

One approval does not automatically establish the others. Read the scope of each actual decision.

Sources: **A1**: appendices I-II | **A3**: programme and supervisor checks | **A4**: clause 5 | **A5**: licensing | **A6**: qualification list

WORKING METHOD

Define the unit of approval before checking it

“Our hospital is recognised” is too broad for a programme decision.

01 Programme

Exact award and specialty, including the relevant training level.

02 Awarding body

The college, university or other authorised qualification provider.

03 Site and unit

The named hospital, campus, department and approved rotations.

04 People

Approved supervisors and the trainees attached to them.

05 Capacity

The permitted intake or training positions and how the limit is stated.

06 Time and terms

Effective dates, conditions, reviews and any restrictions.

Record the decision number and issuing authority so that another officer can verify the conclusion.

WORKING METHOD | Illustrative material is identified in the text.

Use PM&DC records carefully

The current list identifies qualification titles, institutions and awarding bodies.

Check	Why it matters
Exact qualification	A similar name or a different specialty may not be the same approved programme.
Institution and site	Recognition attached to one institution cannot simply be claimed by another training location.
Awarding body	The university or college named in the record must match the actual course.
Dates and conditions	Read any cohort limitation, continuation condition or later decision that affects the trainee.

If official records appear inconsistent, seek written clarification before making an assurance to a trainee.

Sources: **A6**: official qualification list | **A1**: appendix I

Understand the CPSP and university routes

The institution must satisfy the route under which the trainee is registered.

CPSP programmes

- Check the accredited institution and specialty, the unit decision, approved supervisor and accepted trainee registration. A consultant appointment is not supervisor approval.
- The published CPSP undertaking requires the institution to report changes in faculty, equipment and facilities, and to inform CPSP immediately when a supervisor is transferred or unavailable.

University programmes

- For UHS affiliation, its Affiliation Committee assesses the required infrastructure, faculty and facilities. Recommendations go to the Syndicate for its decision.
- Keep the course-specific affiliation decision and conditions. A recommendation or inspection visit is not itself a grant of affiliation.

A Medical Superintendent (MS) coordinates hospital evidence and resources; the external body decides recognition.

Sources: **A2**: undertaking conditions | **A3**: accreditation and supervisor criteria | **A4**: clause 5

Match the professional route to the programme

Medical education is one part of the hospital’s wider training responsibilities.

Training area	Official route to check
Nursing and midwifery	Pakistan Nursing and Midwifery Council (PNMC): institution and permitted programme.
Pharmacy	Pharmacy Council of Pakistan: recognised institution, programme and applicable limits.
Allied health	Allied Health Professionals Council (AHPC): applicable recognition decision. An application list does not prove approval.
University recognition	Higher Education Commission (HEC): institution and qualification status, alongside the relevant professional requirements.

Clinical placement agreements do not by themselves confer recognition, a degree or professional registration.

Sources: **A7**: recognition directory | **A8**: institution directory | **A9**: application list | **A10**: institutional and programme distinction

WORKING METHOD

Assign the work to the correct office

Use the actual institutional charter, university rules and written delegations.

Role	Main contribution
Institutional or academic head	Owns the academic case and submits it through the authorised institutional route.
Programme director and supervisors	Explain curriculum delivery, supervision, training records, assessments and learning gaps.
Medical Superintendent	Coordinates safe hospital services, facilities, staffing interfaces and assigned administrative actions.
Education and quality teams	Maintain the evidence index, track conditions and support programme review.
Finance and human resources	Verify funded posts, appointments, availability and the resources required to sustain training.

A local review cannot award recognition, alter an external condition or approve a trainer on behalf of a regulator.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Keep an approval register

Use one dated register, linked to the original documents.

01 Identity

Programme, site, unit and awarding body.

02 Decision

Issuing body, reference number and decision date.

03 Scope

Capacity, supervisors, rotations and restrictions.

04 Evidence

File location and the latest verification record.

05 Next action

Condition, renewal or review requirement and its owner.

06 Status

Verified, unresolved or restricted, with a short reason.

Use the dates in the actual decision or applicable rule; do not invent a common renewal period.

WORKING METHOD | Illustrative material is identified in the text.

Prepare an application from checked evidence

The route may be a new programme, a new site, increased intake or continued recognition.

1	**Define the request**	State exactly what change is proposed and which authority must decide it.
2	**Test readiness**	Compare actual people, facilities and programme arrangements with the current requirements.
3	**Complete the case**	Use the applicable form, academic approvals, curriculum and verified supporting documents.
4	**Track the decision**	Record submission, queries, responses, the final decision and each condition for implementation.

PM&DC Appendix I separately identifies new programmes or sites, increased admissions and continuation.

Sources: **A1**: appendix I and programme information form

Approved capacity and usable capacity both matter

A permitted number is a limit. The hospital must also be able to deliver the required training safely.

Read the approval correctly

- Check whether the stated number means annual intake, total enrolled trainees, approved positions or trainees per supervisor. These are different measures.
- Count the relevant people using the same definition. Include overlapping cohorts and other learners competing for the same teaching resources.

Check present capability

- Confirm available supervisors, suitable cases, working equipment, teaching time and required rotations. A funded post may still be vacant.
- Escalate a reduction in resources. Do not fill positions merely because an old approval permits them; obtain the required decisions on a safe training arrangement.

PM&DC requires a balance between educational resources, supervision capacity and trainee intake.

Sources: **A1**: appendix IV, standard 8.12

TEACHING CASE

Calculate the effect of overlapping cohorts

Invented example: the approval allows four entrants each year into a three-year programme.

Item	Calculation or finding
Steady annual intake	4 entrants per year, assuming no attrition or extension.
Trainees present in year three	4 first-year + 4 second-year + 4 third-year = 12 trainees.
An approved extension	If 2 earlier trainees remain, the actual total becomes 14.
Administrative question	Can the approved supervision, cases and resources support 14? Check how all relevant limits apply.

This example teaches counting. It establishes no lawful intake, duration or supervisor ratio for a real programme.

TEACHING CASE | Illustrative material is identified in the text.

Verify the trainer and the time available

A name on a list is insufficient if the trainer cannot provide the required supervision.

Check formal status

- Confirm current professional registration, relevant qualifications, appointment, faculty status and programme-specific supervisor approval.
- Check whether the approval is linked to the specialty, institution, site or unit. Resolve any mismatch through the awarding body or regulator.

Check real availability

- Review leave, transfers, other commitments and the time needed for teaching, assessment and research supervision.
- Keep the duty arrangements and training responsibilities clear. Plan cover before absence; clinical cover and recognised educational supervision may require different approvals.

PM&DC standards require adequate supervision and documented faculty responsibilities with workload calculation.

Sources: **A1**: appendix IV, standards 6.2 and 9 | **A3**: supervisory criteria

Act when a supervisor becomes unavailable

Protect patient care immediately and obtain a valid arrangement for the affected trainees.

1	**Establish the facts**	Record the date, affected programme, trainees, current work and approved supervisor position.
2	**Notify and escalate**	For CPSP, report the change immediately as its undertaking requires. Use other applicable reporting routes as well.
3	**Arrange safe continuity**	Academic leaders propose authorised cover or an approved transfer or rotation; maintain safe clinical supervision.
4	**Confirm the record**	Obtain written decisions on training arrangements and credited periods. Explain the outcome to each trainee.

Do not promise that an unapproved replacement or an informal attachment will count as recognised training.

Sources: **A2**: supervisor unavailability | **A1**: appendix IV, standard 6.2

Match the programme to the available cases

Case mix means the types and range of patient problems available for learning.

Question	Evidence to review
Is the range suitable?	Relevant diagnoses, emergency and elective work, procedures and follow-up opportunities.
Do trainees obtain access?	Rotations and supervised activity records, with the trainee’s actual role identified.
Are important areas missing?	Curriculum comparison and the approved plan for exposure at another suitable site.
Can care remain safe?	Competent supervision, consent arrangements, equipment and supporting services.

High patient numbers do not establish that every trainee receives the required learning experience.

Sources: **A1**: appendix IV, standards 5.4 and 6.2-6.5

Verify that resources work during training

Review availability during actual teaching and clinical hours.

01 Clinical facilities

Suitable rooms, beds and access to the required services.

02 Equipment

Working devices, consumables, maintenance and trained support.

03 Learning access

Library, reliable information access and teaching space.

04 People

Supervisors and clinical, nursing and technical support.

05 Rotations

Agreed sites, objectives, supervisors and access arrangements.

06 Funding

Posts, stipends and other programme costs that can be sustained.

Borrowed equipment or temporary staff presented only for inspection misrepresent the normal training conditions.

Sources: **A1**: appendix II; appendix IV, standards 8.12 and 11.3

Show that teaching and assessment occur

A curriculum states what must be learned. The records should show how learning is delivered and checked.

Teaching and experience

- Keep the applicable curriculum and rotation plan. Link learning outcomes to supervised clinical work, teaching sessions and relevant research activity.
- Review cancelled sessions, missed rotations and gaps in case experience. Record how the programme team will correct them.

Assessment and feedback

- Keep dated assessments, the assessor’s identity, feedback and follow-up. Use the methods and progression rules of the actual programme.
- Protect assessment records and use the authorised appeal and support processes. An attendance sheet alone does not demonstrate competence.

PM&DC standards cover assessment methods, appeals, external examiners and the training logbook.

Sources: **A1**: appendix IV, standards 4-7

Check what the record actually proves

Use a sample of records to test both authenticity and educational value.

Record	What to check
Logbook entry	Dated experience, actual participation and appropriate verification.
Assessment form	Expected skill, observation, judgement, feedback and next action.
Trainee review	Progress, unmet requirements, support and the agreed follow-up date.
Teaching record	Planned topic, delivery, participation and any missed session replaced.
Programme review	The gap found, decision taken, responsible person and evidence of improvement.

A completed form may still be weak evidence. Test a sample against the underlying work and the programme rules.

WORKING METHOD | Illustrative material is identified in the text.

Listen to trainees and address the cause

Feedback is useful when the institution responds and verifies the result.

Collect useful evidence

- Ask about supervision, feedback, access to cases, teaching, workload and support. Provide a confidential route for sensitive concerns.
- Consider response numbers and missing groups. A favourable survey with very few responses may not describe the whole programme.

Act fairly and safely

- Protect confidential academic and health records. Refer safety concerns promptly through the appropriate clinical or administrative route.
- Address educational gaps through the programme’s support and review processes. Handle alleged misconduct under the applicable procedure and authority.

PM&DC standards require counselling access, confidentiality, student feedback and programme evaluation.

Sources: **A1**: appendix IV, standards 8.4-8.11 and 10

Prepare six evidence folders

This is a suggested index. Add the current inspection form and programme-specific requirements.

01 Approvals

Recognition, affiliation, conditions and approved scope.

02 Faculty

Appointments, verified status, workload and availability.

03 Trainees

Intake, registration, rotations and training progress.

04 Learning

Curriculum, teaching, assessments and feedback.

05 Facilities

Functional resources, case mix and support services.

06 Improvement

Previous findings, actions and verified results.

Keep the original record, date, owner and location. Avoid uncontrolled copies containing patient or trainee data.

Sources: **A1**: appendices II and V

WORKING METHOD

Link every claim to evidence

A short evidence index is easier to check than a large unstructured file.

Claim	Evidence	Owner and gap
Supervision is available	Approval letters, current roster and reviewed workload.	Programme director; explain uncovered periods.
Required cases are available	Defined activity report and trainee experience sample.	Department; identify missing case categories.
Assessment is delivered	Dated assessments and feedback records.	Education team; identify overdue reviews.
A previous gap is closed	Completion record and an independent recheck.	Named officer; state any remaining limitation.

Separate “planned”, “in progress” and “verified complete”. A request or purchase order is not a completed correction.

WORKING METHOD | Illustrative material is identified in the text.

Make the inspection an accurate review

Prepare staff to explain normal work and provide reliable records.

1	**Confirm scope**	Know the programme, site, current form and purpose of the visit.
2	**Check the submission**	Correct factual errors before signing. Explain limitations and provide traceable evidence.
3	**Support verification**	Make the relevant people and records available through authorised access arrangements.
4	**Record follow-up**	Log requests, documents provided, questions and the formal findings when issued.

Do not coach misleading answers, backdate records or move staff and equipment to create a false picture.

WORKING METHOD | Illustrative material is identified in the text.

Turn each finding into an action

Use the exact finding and the response period required by the issuing body.

Element	What to record
Requirement and gap	The relevant condition or standard and the observed shortfall.
Immediate control	How patients and trainees will be protected while the gap remains.
Correction	The action, resources, authorised decision and responsible person.
Completion evidence	The record that will show the correction is working.
External response	Authorised submission, delivery record and any further decision required.

If a finding is disputed, provide evidence through the proper review route while addressing any immediate risk.

Sources: **A1**: appendix IV, standard 10 | **A4**: clause 5

A submitted response does not remove a restriction

Read the actual external decision and identify who can change it.

Follow the decision

- Clarify whether it limits admissions, a site, a supervisor, part of the programme or continued training. Record effective dates and conditions.
- Do not describe an appeal, a corrective-action report or a pending inspection as restored recognition. Confirm the operative position in writing.

Protect current trainees

- Academic leaders should obtain decisions on continuity, transfer, supervision and training credit. Maintain a dated record for each affected trainee.
- Explain confirmed facts, available support and the authorised next step. Do not promise retrospective credit or an outcome controlled by another body.

The MS supports implementation within assigned powers; recognition and training-credit decisions remain with the proper body.

WORKING METHOD | Illustrative material is identified in the text.

Review recognition when the service changes

A change may affect training even if it appears to be a routine hospital decision.

Change	Training question
Trainer transfer or prolonged absence	Who will supervise, and which notification or approval is required?
Equipment failure or service closure	Which learning outcomes and rotations can no longer be delivered?
New site or moved department	Does the existing approval cover the new location and facilities?
Higher intake or extra programme	Is the new capacity approved, funded and supported without reducing existing training?

CPSP’s undertaking specifically addresses changes in faculty, equipment and facilities.

Sources: **A2**: undertaking conditions

TEACHING CASE

An inspection finds three unresolved gaps

Invented hospital example: a department seeks increased training intake.

Finding	Evidence available
Trainer continuity	One approved supervisor is being transferred; the replacement application is pending.
Clinical exposure	A required procedure service has been unavailable for six weeks.
Assessment records	Only 18 of 24 scheduled trainee reviews have been completed.
Management request	The department asks the MS to confirm that all conditions for increased intake are met.

What can the MS confirm, what must be escalated and what evidence would justify a later assurance?

TEACHING CASE | Illustrative material is identified in the text.

TEACHING CASE

Give a qualified and useful response

The conclusion should identify the real gaps and the decisions needed to correct them.

1	**State the evidence**	Confirm the verified facts. The pending trainer application is not an approval.
2	**Protect current training**	Notify the supervisor change as required and seek approved continuity arrangements.
3	**Restore learning and review**	Obtain a valid plan for missed clinical exposure and complete the six overdue reviews.
4	**Reassess the request**	Report readiness after the changes are verified. Increased intake still requires the proper external decision.

18 ÷ 24 × 100 = 75% of scheduled reviews completed. This measure does not show that every trainee is competent.

Sources: **A2**: supervisor-change notification

WORKING METHOD

Use a small training-quality dashboard

Choose measures that reveal a problem and lead to a named action.

Measure	Definition	Interpretation
Verified approval status	Programmes with checked current scope ÷ programmes reviewed.	Report unresolved conditions separately.
Review completion	Completed scheduled reviews ÷ reviews due in the stated period.	Check quality and delay as well as count.
Missed learning activity	Required sessions or rotations not delivered.	Identify affected trainees and recovery plan.
Open critical gaps	Unresolved threats to safe care or valid training.	Give each an owner, action and escalation route.

Define the reporting period and denominator. A favourable average must not hide one serious unresolved gap.

WORKING METHOD | Illustrative material is identified in the text.

Keep the programme under regular review

Inspection preparation should draw on normal governance records.

Review evidence together

- The academic team should examine trainee progress, supervision, resources, feedback and previous findings. Hospital management contributes service and funding information.
- Include trainees and relevant faculty through the authorised programme arrangements. Use the findings to select a manageable set of improvements.

Check whether actions worked

- Record the starting problem, change made and evidence after the change. Reopen an action if the expected improvement is absent.
- Update teaching arrangements, resource requests and official notifications where required. Keep the decisions and results available for the next review.

PM&DC standard 10 requires structured evaluation, resources to address gaps and documented implementation.

Sources: **A1**: appendix IV, standard 10

Apply the approval and evidence checks

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

1 | More trainees

A programme has three cohorts of 5 trainees each. Three trainees from an earlier cohort remain on approved extensions.

How many trainees must the resource review include?

2 | Trainer change

A recognised supervisor leaves. An experienced consultant agrees to help, but formal supervisor approval is pending.

What must be checked before promising recognised training?

3 | Closing a finding

A broken training device has a purchase order. The department marks the equipment deficiency “closed”.

Is the evidence sufficient? Explain the next check.

Assume the figures and events are invented. State both the calculation and the administrative action.

Answers and reasons

Use the evidence, the calculation and the cited source.

1 | Review resources for 18 trainees

3 × 5 + 3 = 18. Confirm how the actual intake, total-capacity and supervision limits apply; 18 is a headcount, not permission to train that number.

2 | Obtain the valid training arrangement

Arrange safe clinical cover, notify the change as required and obtain the relevant body’s decision on supervision and training records. Experience alone does not prove supervisor approval.

3 | A purchase order does not establish completion

Check delivery, acceptance, safe operation and availability for learning. Record an interim training plan and close the finding only on verified evidence and any required external decision.

Use the actual programme rules and approval letters for a live case.

Sources: **A2**: supervisor availability | **A3**: supervisory criteria

Prepare an accreditation-readiness brief

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

Approval map

Select one programme. List its exact site, award, scope, supervisors and current decisions.

Evidence check

Sample the records for supervision, resources and assessment. Identify three material gaps.

Action plan

State the owner, interim control, required decision and evidence needed to close each gap.

Ask the academic lead and the relevant administrative officers to verify the brief within their assigned responsibilities.

Do not include identifiable patient or trainee records in a public teaching submission.

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.

A1

Postgraduate Medical and Dental Standards Regulations 2026

Appendices I-II: applications and programme information. Appendix IV: standards 6-11. Appendix V: self-evaluation evidence. Match the programme and any later directions.

Pakistan Medical and Dental Council (PM&DC) | **Official source**

A2

Undertaking: accreditation of units and institutions

Published institutional undertaking: supervisor availability, changes in faculty and facilities, stipend and participation in academic activities. Read with the applicable accreditation decision.

College of Physicians and Surgeons Pakistan (CPSP) | **Official source**

A3

Accredited institutions and supervisory criteria

Official searches distinguish hospital, specialty and training route. Check the current approval letter and applicable supervisor criteria; a clinical job title alone is insufficient.

College of Physicians and Surgeons Pakistan (CPSP) | **Official source** | **Supervisor criteria**

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.

A4

Statutes for affiliation

Clause 5: inspection, recommendations and the Syndicate decision. Applies to the University of Health Sciences route; another university requires its own applicable framework.

University of Health Sciences (UHS), Lahore | **Official source**

A5

Introduction to licensing

PHC explains healthcare-establishment licensing and Minimum Service Delivery Standards. Service licensing and recognition of an educational programme answer different questions.

Punjab Healthcare Commission (PHC) | **Official source**

A6

Recognized Pakistani postgraduate qualifications

PM&DC list dated 18 August 2026. Check the exact qualification, institution and awarding body, together with relevant dates, decisions and subsequent updates.

Pakistan Medical and Dental Council (PM&DC) | **Official source**

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Sources and continued use | 3

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

A7

Recognized nursing institutions

Official recognition directory for nursing and midwifery education. Verify the institution and permitted programme with the Council; do not rely on a hospital name alone.

Pakistan Nursing and Midwifery Council (PNMC) | **Official source**

A8

Recognized pharmacy institutions

Official institution directory, including programme type, seats and status. Verify the applicable pharmacy education and professional registration requirements separately.

Pharmacy Council of Pakistan | **Official source**

A9

Allied health education: recognition applications

The official page describes institutions that have applied for recognition or accreditation. An application listing is not evidence of approval; obtain the applicable decision.

Allied Health Professionals Council (AHPC) | **Official source** | **Council Act**

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Sources and continued use | 4

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

A10

Pakistan Qualification Register: accreditation information

HEC distinguishes institutional recognition from accreditation of individual professional programmes. Check both the relevant institution and the professional route.

Higher Education Commission (HEC), Pakistan | **Official source**

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