



***NISHTAR MEDICAL
UNIVERSITY
MD / MS / MDS
LEVEL - III
REGULATIONS - 2026***

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Nishtar Medical University, Multan
MD/ MS/ MDS Level – III Regulations 2026

1. Short Title, Commencement and Application:

- i. These regulations may be called the Nishtar medical University, Multan MD/ MS/ MDS regulations 2026.
- ii. They shall come into force at once and shall apply on all the trainees of MD/ MS / MDS at Nishtar Medical University, Multan.

2. Definitions:

In these regulations unless the context otherwise requires, the following expressions shall have the meaning here by respectively assigned;

- i. **Act** means Nishtar Medical University Act 2017.
- ii. **Applicant** means a person who applies for admission into MD/ MS/ MDS program
- iii. **Assessment** means a formally defined process in which the candidate's progress in the training program is assessed and measured using a range of defined, validated and reliable assessment tools.
- iv. **Availed Attempt** means the candidate appeared in person in whole or part of the examination during the permissible attempts.
- v. **Un-Availed Attempt** means an attempt in which the candidate did not appear in person for any reason subsequent to becoming eligible for the same. The said attempt shall be counted in the number of permissible attempts.
- vi. **Candidate** means a person who will be selected for training in MD/ MS/ MDS program
- vii. **Candidate's Training Portfolio** means a professional development portfolio to track progress in the training program. It shall consist of a record of acquisition of knowledge, skills and attitudes.
- viii. **Continuous Internal Assessment (CIA)** means candidate's training portfolio assessment and supervisor's annual review report based on these assessments.
- ix. **Supervisor** means a person who supervises MD/ MS/ MDS trainees during training.
- x. **Supervisor's Evaluation Performa** means Supervisor's Evaluation Performa for continuous Internal Assessments
- xi. **Curriculum** means the program specific courses of study and its components approved by the Academic Council and the Syndicate NMU.
- xii. **Core Curriculum** means course of study which is deemed central and usually made mandatory for all students of MD/ MS/ MDS

- xiii. **Examiner** means the examiner of Written, clinical/ oral and thesis examinations of MD/ MS/ MDS Programs
- xiv. **External Examiner** means the one who is not teaching (or has not taught during the academic year) candidates of MD/ MS/ MDS programs or is not from Nishtar Medical University, Multan.
- xv. **Internal Examiner** means the one who is teaching (or has taught for at least six months within two years of commencement of the concerned examination) candidates of MD MS/ MDS programs.
- xvi. **Paper Setter** means paper setter for written papers of MD MS/ MDS examinations.
- xvii. **Government** means the Government of Punjab.
- xviii. **Institute** means the constituent or affiliated medical and dental colleges and hospitals in which MD/ MS/ MDS training is being carried out.
- xix. **MD** means Doctor of Medicine
- xx. **MS** means Master of Surgery
- xxi. **MDS** means Master of Dental Surgery
- xxii. **Program** means each and every component of training for Nishtar Medical University's degrees of MD/ MS/ MDS.
- xxiii. **Program Format** means the whole plan of training and assessment for MD/ MS/ MDS degrees.
- xxiv. **Practice Based Learning (PBL)** means process of learning to use scientific evidence related to patient's health problems and the ability to interpret medical literature.
- xxv. **System Based Practice** means competency of a resident to understand how patient care relates to the health care system as a whole and how to use the system to improve the quality and safety of patient care.
- xxvi. **Specialty Specific Competency** means the qualities or states of being functional adequate or having sufficient knowledge, judgment, skills or strengths which are applicable to the relevant specialty or training.
- xxvii. **Generic Competencies** means the qualities or states of being functionally adequate or having sufficient knowledge, judgment, skills or strengths which are applicable to a whole class or group.
- xxviii. **Thesis** means MD/ MS/ MDS thesis written as long essay or dissertation based on University's approved research project.
- xxix. **Trainee** means the candidate who has been selected in a program of study and registered with the relevant department at Nishtar Medical University, Multan.
- xxx. **Workplace Based Assessment** means assessment of generic and specialty specific competencies at the workplace.
- xxxi. **CIP** means Central Induction Policy of Government of Punjab.
- xxxii. **Root cause analysis (RCA)** means a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.

3. Names & Durations of Programs:

Title of Program	Four Year Duration Programs	Five Years Duration Programs
MD Doctor of Medicine	General Medicine	Cardiology
	Pediatrics	Dermatology
	Psychiatry	Endocrinology
	Radiology	Nephrology
		Neurology
		Oncology
		Pulmonology
MS Master of Surgery	Anesthesia	Neurosurgery
	General Surgery	Orthopedic Surgery
	Obstetrics & Gynecology	Pediatric Surgery
	Ophthalmology	Plastic Surgery
	Otorhinolaryngology	Thoracic Surgery
		Urology
MDS Master of Dental Surgery	Operative Dentistry	
	Oral & Maxillofacial Surgery	
	Orthodontics	
	Prosthodontics	
Any other specialty in the MD/ MS/ MDS as approved by the Academic Council and the Syndicate Nishtar Medical University Multan		

4. Admission Criteria:

- i. Admissions shall be advertised by SHC&ME Department in the print and electronic media in accordance with the governing policies
- ii. Eligibility: the applicants on the last date of submission of applications for admission must possess the;
 - a. Basic Qualification of MBBS/ BDS or an equivalent medical qualification recognized by Pakistan Medical and Dental Council.
 - b. One Year House Job certificate. In case of incomplete house job, the applicant is required to submit House Certificate from the concerned Medical Superintendent that the House Job shall be completed before the closing date for submission of application.
 - c. Valid Certificate of permanent or provisional registration with Pakistan Medical and Dental Council.

5. Entry Examination:

- i. The candidate securing admission into MD/ MS/ MDS programs shall be required to pass the entry test conducted by SHC&MED under Central Induction Policy.
- ii. The regulations notified from time to time shall govern the conduct of entrance examination.

6. Admission Process:

- i. The admission process in public sector institutions shall be central and in accordance with the policies of the Government i.e. Central Induction Policy. (CIP)
- ii. The intake in any program shall be in accordance with the regulations and policies of PMDC.
- iii. The candidate will have to submit joining report to the office of the Registrar within 07 days of issuance of orders from SHC&MED after which it will stand in valid.
- iv. After joining report, the candidate will have to submit the prescribed performa along with the requisite documents to the office of the Registrar with the signature of the Supervisor and Program Director.
- v. In case of any grievances, appeal can be filed within 15 days before the Vice Chancellor whose decision will be the final.
- vi. The Registrar office will issue the Registration Certificate to the candidates for submission on SHC&MED stipend portal.
- vii. The University will charge the fee (non-refundable) for the following components at the time of admission. The exact quantum of fee may be decided and adjusted from time to time by the University.
 - a.Registration Fee
 - b.Four Mandatory Workshops Fee
 - c.Yearly tuition fee to be deposited according to a schedule
 - d.Hostel Charges if university accommodation is availed.
 - e.Utility Charges (Electricity, Gas and Water) if hostel accommodation is availed.
- viii. After a default of more than 30 days' duration for payment of any of the dues, the candidate will be expelled from the program except in special circumstances where it will be endorsed by the Vice Chancellor.
- ix. Any change in the specialty will be in accordance with the CIP.

7. Program Format:

- i. The MD/ MS/ MDS programs shall consist of 4- or 5-years duration.

- ii. The Trainees will complete the program specific mandatory clinical rotations.
- iii. The Trainees will have to complete the mandatory workshops.
- iv. During the course of study, each candidate shall be required to undertake an Intermediate Examination and Final Examination.
- v. The Intermediate examination shall be held after 12 months in the case of 04 years' program and after 18 months in the case of 05 years' programs.
- vi. The Final Examination shall be held only after completion of prescribed training period of 4 or 5 years, as the case may be.
- vii. MD/ MS/ MDS degree shall be research oriented degree and a candidate shall require to write a research thesis apart from undergoing a clinical training program.

8. Mandatory Clinical Rotations:

- i. All the trainees will have to complete the specialty specific mandatory rotations to become eligible for appearing in the examination.
- ii. The Program Faculty Committee will submit the Rotation Calendar of the trainee to the Registrar office within 90 days of trainee's induction.
- iii. The Continuous Internal Assessment (CIA) report for the period of the rotation will be submitted by the relevant HOD under whom the trainee is undergoing rotation.
- iv. The specialty specific rotations of various programs are as below;

**MANDATORY CLINICAL ROTATIONS FOR MD/ MS TRAINEES AT
NISHTAR MEDICAL UNIVERSITY, MULTAN**

LEVEL – III MD Programs (04 Years)

Programs	Before Intermediate Examination		After Intermediate Examination
	1 – 18 months	19 – 24 months	25 – 48 months
MD General Medicine	Medicine	Any three of the following specialties for two months each: 1. Cardiology 2. Pulmonology 3. Neurology 4. Nephrology 5. Radiology	• Medicine • Any three of the following specialties for two months each: 1. ICU 2. Dermatology 3. Clinical Hematology 4. Psychiatry

Programs	Before Intermediate Examination		After Intermediate Examination
	1 – 20 months	21 – 24 months	25 – 48 months
MD Pediatric	Pediatrics	Two Rotations of	• Pediatrics

		two months each 1. Pediatric Surgery 2. Neonatology 3. Perinatal Care	- Mandatory Rotations for 2 months each - Pediatric Cardiology - Pediatric Neurology - Pediatric Gastroenterology - Any two of the following for One month each - Rehabilitation Medicine/ Developmental Pediatrics - Pediatric Nephrology - Pediatric Dermatology - Pediatric Hematology – Oncology - Pediatric Infectious Diseases
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Programs	Before Intermediate Examination		After Intermediate Examination
	1 – 06 months	07 – 24 months	25 – 48 months
MD Psychiatry	Psychiatry	- General Medicine - 3 months - Cardiology – 2 months - ICU – 01 month - Psychiatry – 12 months	Psychiatry including the following mandatory rotations to be completed 1 month before the exit examination: - Neurology – 3 months - Psychology – 3 months

Programs	Before Intermediate Examination		After Intermediate Examination
	1 – 24 months		25 – 48 months
MD Radiology	- Radiology - Nuclear Medicine for 2 months		- Radiology - Clinical Rotations - Pediatric Radiology 01 month - Vascular and Interventional Radiology 02 months

Level – III MD Programs (05 Years)

Program	Before Intermediate Examination			After Intermediate Examination
	1 – 6 months	7 – 20 months	21 – 24 months	25 – 60 months
MD Cardiology	Cardiology	General Medicine	Pulmonology for 02 months	Cardiology including the following mandatory

			- Any of the following for 02 months - Nephrology - Neurology	rotations of 03 months each - Cardiac Cath Lab - Electrophysiology - Pediatric Cardiology - Cardiac Surgery - Echocardiography - Cardiac Imaging like Nuclear Medicine, Cardia CT, Cardiac MRI - ETT - Preventive Cardiology 01 month
MD Dermatology	Dermatology	General Medicine	Any two rotations of two months each: - Cardiology - Neurology - Pulmonology - Nephrology	Dermatology including the following mandatory rotations: - Histopathology 01 month - Plastic Surgery 01 month
MD Nephrology	Nephrology	General Medicine	Any two rotations of two months each: - Cardiology - Neurology - Pulmonology	Nephrology including the following mandatory rotations: - Radiology 01 month - Renal Transplant – 02 months - ICU – 02 month - Any one for 03 months Urology/ Pediatric Nephrology/ Interventional Nephrology
Program	Before Intermediate Examination			After Intermediate Examination
	1 – 6 months	7 – 20 months	21 – 24 months	25 – 60 months
MD Neurology	Neurology	General Medicine	Any two rotations of two months each: - Cardiology - ICU - Pulmonology - Nephrology	Neurology including the following mandatory rotations: - Neurophysiology – 04 months - Psychiatry – 02 months - Neurosurgery – 02 months

				- Diagnostic Radiology (Neuro radiology) – 03 months - Ophthalmology (Neuro-ophthalmology) – 01 month
MD Oncology	Oncology	General Medicine	Any two rotations of two months each: - Cardiology - Neurology - Pulmonology - Nephrology	Oncology including the following mandatory rotations: - Lab Hematology – 01 month - Radiotherapy – 02 months - Radiology – 02 months - Nuclear Medicine – 01 month
MD Pulmonology	Pulmonology	General Medicine	Any two rotations of two months each: - Cardiology - Neurology - Nephrology - Pediatrics	Pulmonology including the following mandatory rotations: - Critical Care – 04 months - Cardiology – 01 month - Thoracic Surgery – 01 month - Diagnostic Radiology – 01 month

LEVEL – III MS Programs (04 Years)

MS General Surgery			
1 – 5 months	16 – 18 months	19 – 24 months	25 – 48 months
General Surgery	Orthopedic and Trauma	Three Rotations of two months each out of following: - Plastic Surgery - Urology - Cardia Surgery - Paediatric Surgery - Thoracic Surgery - Vascular Surgery - Colorectal Surgery - Breast Surgery - Hepato-pancreatico-biliary and Liver Transplant	General Surgery

MS Anesthesia			
1 – 12 months	13 – 24 months	25 – 36 months	37 – 48 months
- Anaesthesia - Post – anaesthesia Care – 01 month	- Anaesthesia for General Surgery – 03 months - Anesthesia for Obstetrics and Gynaecology – 03 months - Anaesthesia for Orthopedics and Trauma – 03 months - ICU – 03 months	Anaesthesia for - Neurosurgery - Urology - ENT/ Head and Neck Surgery - Plastic and Reconstructive surgery - Cardiothoracic Surgery – 01 month	- Anaesthesia - Elective Rotations - Acute and Chronic Pain Services – 01 month - Liver Transplant Anaesthesia – 01 month

MS Obstetrics and Gynaecology			
1 – 6 months	7 – 12 months	13 – 15 months	16 – 48 months
Obstetrics and Gynaecology	General Surgery	- Neonatology – 06 weeks - Any one of the following – 06 weeks - Radiology - Anaesthesia - General Medicine - Urology	Obstetrics and Gynaecology

MS Ophthalmology			
1 – 6 months	7 – 12 months	13 – 18 months	19 – 48 months
Ophthalmology	- General Surgery – 04 months - Neurosurgery – 02 months	Rotations of Six Weeks each: - Vireo – Retina - Cornea Clinic - Glaucoma Clinic - Community Ophthalmology	- Ophthalmology - Rotations in Final Year - Neurology – 02 weeks - Pathology – 02 weeks - Radiology – 02 weeks

MS Otorhinolaryngology			
1 – 6 months	7 – 12 months	13 – 18 months	19 – 48 months
Otorhinolaryngology	General Surgery	Rotations of two months each: i. Head and Neck Surgery ii. Otolaryngology Clinic (Including Hearing Rehabilitation) iii. Rhinology Clinic	Otorhinolaryngology

LEVEL – III MS Programs (05 Years)

Programs	Before Intermediate Examination			After Intermediate Examination
	1 – 6 months	7 – 18 months	19 – 24 months	25 – 60 months
MS Plastic Surgery	Plastic Surgery	General Surgery	Any three rotations of two months each i. Orthopedic Surgery ii. Otorhinolaryngology iii. Dermatology iv. Oral & Maxillofacial surgery v. Pediatric Surgery vi. Anatomy	Plastic Surgery
MS Pediatric Surgery	Pediatric Surgery	General Surgery	Any three rotations of two months each i. Pediatric orthopedic surgery ii. Pediatric Neurosurgery iii. Pediatric Urology	Pediatric Surgery
MS Neurosurgery	Neurosurgery	General Surgery	Any three rotations of two months each: i. Neurology ii. Neuro-Radiology iii. Spine Neurosurgery iv. Endovascular Surgery v. Neuro – critical care vi. Paediatric	Neurosurgery

			Neurosurgery	
MS Orthopedic Surgery	Orthopedic Surgery	General Surgery	Any three rotations of two months each: i. Spine ii. Arthroplasty iii. Paediatric Orthopedics iv. Hand Surgery	Orthopedic Surgery

Programs	Before Intermediate Examination			After Intermediate Examination
	1 – 6 months	7 – 18 months	19 – 24 months	25 – 60 months
MS Thoracic Surgery	Thoracic Surgery	General Surgery	Two rotations of three months each: i. Pulmonology and Critical Care ii. Cardiac Surgery	Thoracic Surgery
MS Urology	Urology	General Surgery	i. Nephrology – 02 months ii. Renal Transplant – 02 months iii. ICU – 01 month iv. Radiology – 01 month	Urology

9. Mandatory Workshops:

The trainees will have to attend 04 mandatory workshops (03 days each) from Department of Medical Education, NMU Multan to become eligible for appearing in the examination. The workshops should be completed preferable within 06 months but not later than the date of submission of application to appear in the Intermediate Examination. The mandatory workshops are as below;

- I. Skills in Communication
- II. Skills in Information Technology
- III. Basic Biostatistics and Research methodology
- IV. Skill in Synopsis and Thesis Writing

10. Synopsis:

- i. The candidate will submit synopsis for approval within the first 06 months' period according to the prescribed framework under the prevailing institutional regulatory requirements for submission of synopsis.
- ii. In case of failure to submit the synopsis for approval within the first 06 months after induction in the program, an additional grace period of 07 days may be granted by the Vice Chancellor.
- iii. Any difficulty faced by the candidate to submit the synopsis should be brought to the notice of the Registrar for remediation before completion of 05 months from the time of induction. The Registrar would issue 02 fortnightly reminders to the appropriate person/ forum and in case of failure, shall bring it to the notice of VC and submit its report to the Institutional Postgraduate Medical Education Committee (IPGME).
- iv. In case of non – submission of synopsis within this period, the candidate will not be allowed to appear in Intermediate Examination, furthermore, he will not be allowed to continue in the training program. The stipend/ scholarship if any will be stopped and the post shall fall vacant.
- v. The candidate will submit certificate of successful submission of synopsis to the Registrar office according to the schedule.

11. Continuous Internal Assessments (CIA)

- i. Continuous Internal Assessments would be submitted by the supervisor considering the following
 - a) Workplace Based Assessments
These assessments will include the following
Generic and Specialty Specific Competency Assessments Multisource Feedback Evaluation
 - b) Assessment of Candidates' Training Portfolio
- ii. The details of above assessments are given below.
- iii. The assessment proforma is available.
- iv. The Continuous Internal Assessment of the trainee will be submitted by the supervisor after every 03 months on the prescribed proforma in sealed envelope to the Registrar's Office for appropriate action.
- v. The Continuous Internal Assessment (CIA) report for the period of the rotation will be

submitted by the relevant HOD under whom the trainee is undergoing rotation.

- vi. The Registrar's Office will be responsible for collection of data on three monthly basis and compile yearly performance report by averaging the submitted reports.
- vii. The candidate would prompt his / her supervisor to submit his / her completed assessment proforma every 03 months or on completion of rotation of any duration.
- viii. The candidate would inform the Registrar in case of any delay/difficulty in CIA proforma submission as soon as possible.
- ix. Failure of the supervisor to submit CIA proforma after 02 reminders fortnight apart by the Registrar, would be reported to the Institutional Postgraduate Medical Education Committee (IPGME) by the Registrar.
- x. A cumulative score of 75% shall be required to pass the yearly Continuous Internal Assessments to be allowed to continue in the training program.
- xi. A candidate, who fails to achieve a cumulative score of 75% on yearly assessments, will be presented to Institutional Postgraduate Medical Education Committee (IPGME) to be considered for remediation / elimination from the program and standard operating procedure will be developed for this purpose.
- xii. The PG Section working under the Registrar, shall keep the record of all the CIA of every candidate in the candidate's file.
- xiii. The examination department shall add the marks of Continuous Internal assessment to the final examination.
- xiv. The cumulative score of all training years will be added together to provide a final cumulative score of Continuous Internal Assessments by the examination department.
- xv. On the basis of formula of 10 % weightage for Continuous Internal Assessment, 100 marks in the final examination would come from cumulative Continuous Internal Assessments.

Details of Continuous Internal Assessments:

a) Workplace Based Assessments

Workplace based assessments will consist of Generic as well as Specialty Specific Competency Assessments and Multisource Feedback Evaluation.

Generic Competency Training & Assessments

The Candidates of all MD / MS / MDS programs will be trained and assessed in the following five generic competencies.

i. Patient Care.

- a. Patient care competency will include skills of history taking, examination, diagnosis, plan of investigation, clinical judgment, plan of treatment, consent, counseling, plan of follow up, communication with patient / relatives and staff.
- b. The candidate shall learn patient care through ward teaching, departmental conferences, morbidity and mortality meetings, core curriculum lectures and training in procedures and operations.
- c. The candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patient management, multisource feedback evaluation, Direct Observation of Procedures (DOPS) and operating room assessments.
- d. These methods of assessments will have equal weightage.

ii. Medical Knowledge and Research

- a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through lectures/discussions on topics selected from the syllabus, small group tutorials and bed side rounds.
- b. The medical knowledge/skill will be assessed by the teacher during case based discussions and presentations to the supervisors / consultants/ senior postgraduate trainees.
- c. The candidate will be trained in designing research project, data collection, data analysis and presentation of results by the supervisor.
- d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptance.

iii. Practice and System Based Learning

- a. This competency will be learnt from journal clubs, review of literature, policies and guidelines, audit projects, medical error investigation, root cause analysis and awareness of healthcare facilities.

- b. The assessment methods will include case studies, presentation in morbidity and mortality review meetings and presentation of audit projects if any.
- c. These methods of assessment shall have equal weight-age.

iv. **Communication Skills**

- a. These will be learnt from role models, supervisor and workshops.
- b. They will be assessed by direct observation of the candidate whilst interacting with the patients, relatives, colleagues and with multisource feedback evaluation.

v. **Professionalism as per Hippocratic Oath**

- a. This competency is learnt from supervisor acting as a role model, ethical case conferences and lectures on ethical issues such as confidentiality, informed consent, end of life decisions, conflict of interest, harassment and use of human subjects in research.
- b. The assessment of residents will be through multisource feedback evaluation according to proformas of evaluation and its' scoring method.

Specialty Specific Competencies

- i. The candidates will be trained in operative and procedural skills according to a quarterly based schedule.
- ii. The level of procedural competence to be achieved at various levels of training will be according to a competency table to be developed by each specialty.
- iii. The following key will be used for assessing operative and procedural competencies:
 - a. **Level 1 Observer status**
The candidate physically present and observing the supervisor and senior colleagues
 - b. **Level 2 Assistant status**
The candidate assisting procedures and operations
 - c. **Level 3 Performed under supervision**
The candidate operating or performing a procedure under direct

supervision

d. Level 4 Performed independently

The candidate operating or performing a procedure without any supervision

iv. Procedure Based Assessments (PBA)

- a. Procedural competency will assess the skill of consent taking, preoperative preparation and planning, intraoperative general and specific tasks and postoperative management
- b. Procedure Based assessments will be carried out during teaching and training of each procedure.
- c. The assessors may be supervisors, consultant colleagues and senior residents.
- d. The standardized forms will be filled in by the assessor after direct observation.
- e. The resident's evaluation will be graded as satisfactory, deficient requiring further training and not assessed at all.
- f. Assessment report will be submitted to the Registrar on 03 monthly basis.
- g. A satisfactory score will be required to be eligible for taking final examination.

Multisource Feedback Evaluation

- i. The supervisor would ensure a multisource feedback to collect peer assessments in medical knowledge, clinical skills, communication skills, professionalism, integrity, and responsibility.
- ii. Satisfactory annual reports will be required to become eligible for the final examination

b) Completion of Candidate's Training Portfolio

- i. The Candidate's Training Portfolio (CTP) will be published (or computer based portfolio downloadable) by the university.
- ii. The candidates would either purchase the CTP or download it from the NMU web site.
- iii. The portfolio will consist of the following components
 - a) Enrollment details.
 - b) Candidate's credentials as submitted on the application for admission form.

- c) Timeline of scheduled activities e.g. dates of commencement and completion of training, submission of synopsis and thesis, assessments and examination dates etc.
- d) Log Book of case presentations, operations and procedures recorded in an appropriate format and validated by the supervisor.
- e) Record of participation and presentations in academic activities e.g. lectures, workshops, journal clubs, clinical audit projects, morbidity & mortality review meetings, presentation in house as well as national and international meetings.
- f) Record of Publications if any.
- g) Record of results of assessments and examinations if any
- h) Synopsis submission proforma and IRB proforma and AS&RB approval Letter
- i) Copy of Synopsis as approved by AS&RB

iv. Candidates Training Portfolio shall be assessed as per proforma given in

Supervisor's Annual Review Report.

This report will consist of the following components: -

- i. Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) determined by relevant board of studies.
- ii. A 90 % attendance in academic activities is expected. The academic activities will include: Lectures, Workshops other than mandatory workshops, Journal Clubs, Morbidity & Mortality Review Meetings and Other presentations.
- iii. Assessment report of presentations and lectures
- iv. Compliance Report to meet timeline for completion of research project.
- v. Compliance Report on Personal Development Plan.
- vi. Multisource Feedback Report, on relationship with colleagues, patients.
- vii. Supervisor will produce an annual report based on assessments as per proforma and submit it to the Examination Department.

75 % score will be required to pass the Continuous Internal Assessment on annual review.

12. Intermediate Examination:

Intermediate examination would be conducted for the candidates getting training in all MD/ MS/ MDS programs during the program.

- i. To appear in intermediate examination, a candidate shall be required to submit following through his/ her head of institution;
 - a. Certificate of achieving 80% attendance in the training program.
 - b. Candidate remained on institution roll during the period approved for appearing in examination.
 - c. Certificate of completion of mandatory workshops.
 - d. Certificate of completion of 12 months training for four year programs and 18 months training for Five years' programs signed by Supervisor, Head of Department of parent department and that of the Head of Department where rotations are done.
 - e. Certificate of submission of synopsis to the University
 - f. Evidence of payment of examination fee as prescribed by the University from time to time.
 - g. Certificates submitted through Dean/ Head of Academic institutions shall be accepted as valid towards the candidature of an applicant.
- ii. The examination fee once deposited cannot be refunded/ carried over to next examination under any circumstances.
- iii. Intermediate Examination will be held twice a year i.e. at least six months apart.
- iv. There will be a minimum period of 30 days between last date of submission of application for the examination and the conduct of examination.
- v. The Intermediate Examination will comprise of a written Examination and Clinical Examination.
 - a. Written Examination 200 Marks
 - b. Clinical Examination 100 Marks

Examination	Total Marks	Components	Marks
Written	200 Marks	100 MCQs 1 x 2 Marks	200 Marks
Clinical	100 Marks	TOACS 10 x 10 Stations	100 Marks
TOTAL			300 Marks

vi. Written Examination (200 Marks)

- a. Written examination shall be based on prescribed curriculum.

- b. The written examination will consist of 100 Single Best Answer Type Multiple Choice Questions each carrying 02 Marks.
- c. The candidates scoring 60% marks shall be declared pass and shall be eligible to appear in the clinical examination.

vii. Clinical Examination (100 Marks):

- a. After passing theory examination, the students shall become eligible for taking clinical examination.
- b. Clinical Examination shall be conducted by a panel of six examiners (03 Internal and 03 External Examiners) to be appointed by the Vice Chancellor from a Panel approved by Board of Advance Studies and Research NMU.
- c. The examination will be based on “Task Oriented and Clinical Assessments” (TOACS).
- d. There will be 10 observed stations (a maximum of 03 static stations) of 10 marks each making a total of 100 marks. The candidates scoring 60% marks will be declared pass in the clinical examination.
- e. A maximum of Three (03) consecutive attempts after becoming eligible whether availed or un-availed to pass clinical/ oral examination will be permitted. However, in case of failure to pass Clinical/ oral examination within stipulated attempts the credit of passing the written examination shall stand withdrawn and candidates shall have to take written examination, afresh.

- viii.** A candidate shall be declared pass in Intermediate examination after passing written and clinical examination independent of each other.

13. Final Examination:

Final Examination would be conducted for the candidates completing training in MD/ MS/ MDS programs.

- i. To appear in the Final Examination, a candidate shall be required to submit following through his/ her head of institution;
 - a. Result card showing that the candidate has passed Intermediate examination.
 - b. Certificate of completion of 4/ 5 years training duly signed by Supervisor, head of parent Department and that of the Head of Department where rotations were done.
 - c. Evidence of thesis submission to Examination Department of NMU.
 - d. Evidence of payment of examination fee as prescribed by the university from time to time.
 - e. The examination fee once deposited cannot be refunded/ carried over to the next examination under any circumstances.

- f. Certificate of achieving 80% attendance in the training program duly signed by Head of Institute.
- g. Candidate remained on institution roll during the period required for appearing in examination.
- h. Only those certificates, submitted through Dean/ Head of Institution shall be accepted.
- i. Final examination will be held twice a year i.e. at least six months apart.
- ii. The Final Examination will comprise of Written, Clinical Examination and Thesis Evaluations.

- a. **The Total Marks of Final Examination will be 1000 distributed as below;**

No	Assessment	Marks
1	Written Examination	300
2	Clinical Examination	300
3	Thesis	300
4	Continuous Internal Assessment	100
	TOTAL	1000

- b. **Continuous Internal Assessment (100 Marks)**

- a. The award of Continuous Internal Assessment shall be submitted confidentially to the Controller of Examinations NMU in a sealed envelope.
- b. The supervisor shall submit cumulative score of internal assessment of all training years to be added together to provide a final cumulative score of Continuous Internal Assessments of all the trainees to the head of the Department.
- c. The Head of Department shall submit the Continuous Internal Assessment score to the Examination Department of NMU.
- d. Score of Continuous Internal Assessment once submitted shall be final and cannot be changed subsequently under any circumstances.
- e. The weightage of Internal Assessment in the Final Examination will be 10%.
- f. Continuous Internal Workplace Based Assessments will be done by the supervisors, that may be based on but not limited to:
 - a. Generic and Specialty Specific Competency Assessments
 - b. Multisource Feedback Evaluations
 - c. Assessment of Candidates Training Portfolio

- c. **Written Examination (300 Marks)**

- a. Written examination of all specialties will be based on their curriculum and as specified in the assessment blueprint/ table of specifications as prescribed in the curricula.
- b. The written examination will consist of two papers;
 - a. **Paper I** shall comprise of 100 single best answer type MCQs each question shall carry 1.5 marks.
 - b. **Paper II** shall comprise of 10 Short Essay Questions, each carrying 15 marks.
- c. The candidates scoring 60% marks in aggregate of Paper I and Paper II, securing not less than 55% in each paper, the written examination will be declared pass and the candidate will become eligible to appear in the clinical examination.
- d. Candidates, who pass written examination, shall be allowed a maximum of Three (03) consecutive attempts whether availed or un-availed to pass Clinical/ Oral Examination. However, in case of failure to pass Clinical /Oral Examination within stipulated attempts the credit of passing the written examination shall stand withdrawn and candidate shall have to take entire examination including written examination, afresh.

d. Clinical Examination (300 Marks)

- a. Clinical Examination will evaluate patient care competencies in detail. A panel of Six examiners (03 Internal and 03 External Examiners) will be appointed by the Vice Chancellor. The examination will be based on;
 - a. One Long Case 100 Marks
 - b. Four Short Cases (25 marks each) 100 Marks
 - c. TOACS consisting of 10 Observed stations of 10 marks each. The two stations will comprise of case discussion based on the student's portfolio(s). 100 Marks
 - d. The candidates scoring 60% marks in aggregate of all the components of clinical examination, not less than 55% in any component, shall be declared pass.

Examination	Total Marks	Components	Marks
Written Examination	300 Marks	Paper – I 100 x 1.5 MCQs	150 Marks
		Paper – II 10 x 15 SAQs	150 Marks

Clinical Examination	300 Marks	TOACS 10 x 10 Stations	100 Marks
		Long Case 1 x 100	100 Marks
		Short Cases 4 x 25	100 Marks

14. Thesis Evaluation (300 Marks)

- a. The Thesis shall be prepared according to the institute's approved guidelines for Thesis writing.
- b. Submission of Thesis is a prerequisite for taking Final Theory Examination. A candidate will submit his thesis at least 06 months prior to completion of training.
- c. The Thesis shall be submitted to the Controller of Examinations through Head of the Institute, duly signed by the Supervisor and Head of Department.
- d. The Controller Examinations will ensure that Thesis is complete in every respect.
- e. Examiners shall be appointed by the Vice Chancellor on the recommendation of Controller of Examinations from a panel approved by Board of Advanced Studies and Research NMU for Thesis Evaluation.
- f. The supervisor shall not act as an examiner of the candidate and will not take part in evaluation of thesis.
- g. All MD/ MS/ MDS thesis shall be evaluated by two local examiners and a External/ Foreign examiner.
- h. The Controller of Examination will make sure that the Thesis is submitted to examiners in appropriate fashion and a reminder is sent after every ten days.
- i. The thesis will be evaluated by the examiners within a period of 06 weeks.
- j. In case the examiners fail to complete the task within 06 weeks with 02 fortnightly reminders by the Controller of Examinations, the Controller of Examinations will bring it to the notice of Vice Chancellor in person.
- k. In case of difficulty in finding an internal examiner for thesis evaluation, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person as examiner in suppression of Clause 177 of Nishtar Medical University, Multan's Regulations.

- l. There will be two internal and two external examiners. In case of difficulty in finding examiners, the Vice chancellor would, in consultation with the concerned Deans, appoint minimum of three, one internal and two external examiners.
- m. Thesis defense shall be held after approval of evaluation reports by Board of Advance Studies and Research (BASR).
- n. Thesis defense shall be held after approval of evaluation reports by BASR NMU.
- o. Thesis defense shall be conducted by two examiners who evaluated Thesis of the candidate.
- p. The candidate scoring 60% marks in Thesis defense examination will be declared as pass in the examination.

15. Declaration of Result & Award of Degree:

- i. A candidate having declared successful in all the components of examination i.e. Theory, Clinical and Thesis shall be declared pass and shall be conferred degree in the prescribed manner.
- ii. Acceptance of a research publication based on thesis shall be the pre – requisite for award of degree. The acceptance should be in a HEC/ PMDC approved Journal.

16. Supervisor/ Examiner

- i. Only those faculty members shall be eligible to supervise or examine a candidate who hold Level III qualification i.e. MD/ MS/ MDS, FCPS or Foreign Qualification
- ii. Have successfully attended the prescribed mandatory workshops for supervisors and had been notified/ certified by NMU.
- iii. Five years post qualification teaching experience in the specialty.
- iv. The supervisor of a trainee will not be the examiner of his own trainee in Final Examination and will be substituted by other internal examiner.

17. Freezing of Program:

- i. Freezing of the program shall be allowed once for maximum period of 1 year in whole program.
- ii. In case of Female post graduate Residents, maternity leave of 90 days with pay will be given only once during the entire course of training.
- iii. All the post graduate residents who will avail freezing or leave more than 04 weeks per year must work to complete the prescribed duration of training without pay.
- iv. All the leave rules will be implemented in accordance with the notified by Government.

18. Disciplinary Action:

- i. For all such offences that occur in the institution, attached hospitals and hostel premises, the Vice Chancellor may at his discretion refer the case to the Disciplinary Committee of the institution, which shall be appointed by the Vice Chancellor approved by the Academic Council from time to time. This Disciplinary Committee shall have the power to hear any student or students or any member of the staff or any member of public and is empowered to send its recommendations to the Vice Chancellor who may or may not seek the ratification of these recommendations by the Academic Council.
- ii. The Disciplinary Committee will consist of at least three professors / senior associate professors.
- iii. After considering the recommendations of the Disciplinary Committee, disciplinary action by the Vice Chancellor against the students committing an offence might take one or more of the following forms depending upon severity of the offence:
 - a. The student may be asked to tender and apology, verbal or written. This shall be placed on the student's record.
 - b. A student may be placed on probation with monthly report from the supervisor securing 70 % score for a period of up to one year. If during the period of probation, he / she fails to improve his / her conduct, he / she may be expelled from the institution.
 - c. A student may be fined up to Rs. 10,000/- or an amount which may be decided and adjusted from time to time by the University.
 - d. Stipend/scholarship if any may be suspended or stopped.
 - e. A student may be suspended from the roll of the institution for a period determined by the Vice Chancellor on recommendation of disciplinary committee.
 - f. The student may be expelled from the institution by the Vice Chancellor on the recommendation of the Disciplinary Committee.
- iv. Regulations related to expulsion.
 - a. Expulsion whenever imposed on a student shall mean the loss of a specific duration of studies and training as determined by the Vice Chancellor and will mean his / her being debarred from the University Examination during the period of his/ her expulsion without refund of fee.
 - b. A student expelled from an institution shall not be readmitted before the expiry of the period of his/ her expulsion.
 - c. Cases of expulsion shall be reported to the Pakistan Medical and Dental Council by the Vice Chancellor for registration and notification.

- v. A student shall continue to be under the disciplinary jurisdiction of the Vice Chancellor till the declaration of the result of final examination of the program.
- vi. The student shall not keep in their possession firearms, other weapons of offence and narcotics, involvement in sectarian or anti Pakistan activities in the premises of the institution, attached hospitals and hostels. Appropriate disciplinary action shall be taken against the students found guilty of contravening this rule.
- vii. The Vice Chancellor is competent to impose and remit fines.
- viii. The Vice Chancellor is competent to impose punishment as deemed necessary.
- ix. The decision of the Vice Chancellor in all cases shall be considered as final and will not be challengeable in any court of law.
- x. The above disciplinary rules may be amended by the Vice Chancellor on recommendation of the Academic Council.



**SUPERVISOR'S EVALUATION PROFORMA
FOR CONTINUOUS INTERNAL ASSESSMENTS**

Name of The Candidate		Program of Training	
University Reg. No		Name of the Supervisor	
Year of Admission		Duration of Assessment	

	1. Generic Competencies		
	(Please score from 1 -100. 75% shall be the pass marks)		Component Score
	i. Patient Care	20	Score achieved
	ii. Medical Knowledge and Research	20	
	iii. Practice and System Based Learning	04	
		04	
		04	
		04	
		04	
	iv. Communication Skills	10	
		10	
	v. Professionalism	04	
		04	
		04	
		04	
		04	
	2. Specialty Specific Competencies		
	Please score from 1 - 100. 75% shall be the pass marks		Score achieved
	Operative Skills/ Procedural Skills		
	3. Multisource Feedback Evaluation (Please score from 1 - 100. 75% shall be the pass marks)		
4. Candidates Training Portfolio {Please score from 1 - 100.75% shall be the pass marks}			
(Please score from 1 - 100. 75% shall be the pass marks)		Component Score	
i. Log book of operations and procedures	25	Score achieved	
ii. Record of participation and presentation in academic activities	25		
iii. Record of publications	25		
iv. Record of results of assessments and examinations	25		

CERTIFICATE OF COMPLETION OF TRAINING BY THE SUPERVISOR

Name of The Candidate		Father/ Husband's Name	
University Reg. No		CNIC	
Year of Admission		Year of Completion of Training	
Program of Training		Name of the Supervisor	

Phase of Training	Components of Training	Completed	Not Completed	Comments	Signature
Year 01 01 – 06 Months	Induction in to the specialty				
	Completion of workshops				
	Synopsis submission				
Year 01 7-12 Months	Training in allocated disciplines as per program format				
Year 02 13 – 24 Months	Training in allocated disciplines as per program format				
	Approval of synopsis				
Year 03 25 – 36 Months	Training of competencies				
	Rotational placements				
	Research				
	Thesis submission				
	Training of competencies				
Year 04 37 – 48 Months	Rotational placements				
	Research				
	Thesis submission				
	Training of competencies				
Year 05 49 – 60 Months	Rotational placements				
	Research				
	Thesis submission				

Program Timeline:

No	Task	Time line from Induction
1	Joining after Induction	07 Days
2	Submission of Documents for Registration	15 Days
3	Submission of Rotation Calendar	90 Days
4	Submission of Synopsis	06 months
5	Completion of Workshops	11 months
6	Intermediate Examination for 04 Year Programs	12 months
7	Intermediate Examination for 05 Year Programs	18 months
8	Submission of Continuous Internal Assessment (CIA)	Every 03 months
9	Submission of Thesis	06 months before completion of training