

KING EDWARD MEDICAL UNIVERSITY LAHORE



"Revised MD/MS/MDS Regulation 2014 (Amended 2024)"
(Approved in Syndicate meeting dated 17/08/2024)

For

MD- Doctor of Medicine
MS- Master of Surgery
MDS- Master of Dental Surgery

CONTENTS

Sr. No.	Description	Page No.
1.	Notification	03
2.	Short title, commencement, and application	03
3.	Definition	03
Part - A		
4.	MD/ MS / MDS Program Objectives	06
5.	Admission Criteria	06
6.	Entry Examination	06
7.	Declaration of result of entry examination	08
8.	Admission Process	08
Part - B		
9.	The Program Format	10
Part - C		
10.	Intermediate Examination	14
Part – D		
11.	Registration for post Intermediate Examination Training	17
Part — E		
12.	Training	18
13.	Continuous Internal Assessments	18
Part — F		
14.	Assessment & Acceptance of Thesis	19
Part – G		
15.	Final Examination	20
Part — H		
16.	Disciplinary Action	23
17.	General Clauses	24
Part — I		
18.	Appendix "A" Hippocratic Oath	26
19.	Appendix "B" List & Duration of Programs	27
20.	Appendix "C" Application Form for Medicine, Surgery and Allied Specialties	29
21.	Appendix "D" MD / MS / MDS Program format of K.E. Medical University	31
22.	Appendix "E" Mandatory Workshops	35
23.	Appendix "F" Continuous Internal Assessments	40
24.	Appendix "G" Proforma for Continuous Internal Assessments	41
25.	Appendix "H" Certificate of Completion Of Training by the Supervisor	42

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KING EDWARD MEDICAL UNIVERSITY,
LAHORE

No. 18827/REG/KEMU/2024

Dated: 24-09-2024

1. **NOTIFICATION**

"THE KING EDWARD MEDICAL UNIVERSITY REVISED MD /MS / MDS REGULATIONS 2014 (AMENDED 2024)"

2. **Short title, commencement, and application:**

- a. These regulations may be called the "THE KING EDWARD MEDICAL UNIVERSITY REVISED MD /MS / MDS REGULATIONS 2014 (AMENDED 2024)" as approved in the Syndicate of KEMU meeting held on 17/08/2024.
- b. They shall come into force immediately and apply to all students already enrolled under "The King Edward Medical University Amended Regulation 2014" (dated 10/05/2014) or who will enroll in the MD / MS / MDS program of King Edward Medical University (KEMU), Lahore.

3. **Definition:**

In these regulations, unless the context otherwise requires, the following expression shall have the meaning hereby respectively assigned to them that is to say:

- a. Act means King Edward Medical University Act, 2005.
- b. Applicant means a person who applies for admission into an MD, MS, or MDS program.
- c. Assessment means a formally defined process within the curriculum in which the candidates' progress in the training program is assessed and measured using a range of defined and validated assessment tools.
- d. **Candidate** means a person who will be selected for training in an MD, MS, or MDS program.
- e. **Candidates' Training Portfolio** means a professional development portfolio to track progress in the training program. It shall consist of a record of acquired knowledge, skills, and attitudes.
- f. **Continuous Internal Assessments (CIA)** mean workplace-based assessments, candidate's training portfolio assessment, and supervisor's review report on these assessments
- g. **Core Curriculum** means a course of study that is deemed central and usually made mandatory for all MD, MS, or MDS students.

- h. **Curriculum** means the set of courses and their content.
- i. **The Deans Committee will consist of all the deans, and the quorum will be one-third.**
- j. **Examiner** means examiner of MD / MS/ MDS program clinical and oral examinations.
- k. **External Examiner** means the one who is not teaching (or has not taught during the academic year) candidates of MD / MS / MDS programs
- l. **Generic Competencies** means the qualities or states of being functionally adequate or having sufficient knowledge, judgment, skills or strengths which apply to a whole class or group.
- m. **Government** means Government of the Punjab.
- n. **Hippocratic Oath** means an oath historically taken by Physicians and other healthcare professionals swearing to practice medicine honestly, as available in Appendix "A."
- o. **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.
- p. **MD** means Doctor of Medicine.
- q. **MS** means Master of Surgery
- r. **MDS** means Master of Dental Surgery
- s. **Paper Setter** means paper setter for written papers and OSCE/TOACS of MD / MS / MDS examinations
- t. **Practice-Based Learning (PBL)** means the process of learning to use scientific evidence related to a patient's health problems and the ability to interpret medical literature.
- u. **Program** means every training component for King Edward Medical University's MD / MS / MDS degrees.
- v. **Program Format** means the whole plan of training and assessment for MD / MS /MDS Degrees, which shall be referred to as Program Format.
- w. **Root cause analysis (RCA)** means a method of problem-solving that tries to identify the root causes of faults or problems that cause operating errors.
- x. **Specialty Specific Competency** means the qualities or states of being functionally adequate or having sufficient knowledge, judgment, skills, or strengths that are applicable to the relevant specialty of training.
- y. **Supervisor** means supervisor for the overall conduct of his specialty in MD / MS / MDS programs.
- z. **Supervisor's Evaluation Proforma** means Supervisor's Evaluation Proforma for

Continuous Internal Assessments, as given in **Appendix G.**

- aa. **System-based practice** means the 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.
- bb. **System Thinking** means an approach to problem-solving by viewing "problems" as parts of an overall system rather than reacting to specific parts, outcomes, or events in isolation and potentially contributing to further developing unintended consequences. System thinking focuses on cyclical rather than linear cause and effect.
- cc. **Thesis** means MD, MS, or MDS thesis written as a long essay or dissertation based on a university-approved research project.
- dd. **Training** means training of medical and dental graduates to achieve generic and specialty-specific competencies of their chosen discipline, leading to postgraduate degrees in MD, MS, or MDS.
- ee. **University** means King Edward Medical University.
- ff. **Workplace-based assessments** mean the assessment of generic and specialty-specific competencies, multisource feedback evaluation, and the assessment of candidates' training portfolios and e-logbooks.

PART - A

4. **MD/ MS / MDS Program Objectives** will be as follows (A chart of various medical and surgical specialties is available in Appendix- "B")

1. To provide training in cognitive, psychomotor, and affective domains
2. To train in a chosen clinical field through a competency-based training system
3. To develop skills in conducting research and its application to the clinical environment.
4. To enable trainees to use modern techniques and technologies effectively.

4. **ADMISSION CRITERIA**

The admission criteria and procedure will be as described below or as per the policy of the Specialized Healthcare & Medical Education Department, Govt of Punjab, from time to time (e.g., the Central Induction Policy).

- a. Applications for admission in MD / MS / MDS Training Programs of King Edward Medical University will be invited at most twice a year through advertisement in print and electronic media mentioning the closing date of applications and date of Entry Examination along with admission criteria on an application format as available at Appendix- "C" along with fee as prescribed
- b. Eligibility: The applicant, on the last date of submission of applications for admission, must possess the
 - i. Basic Medical Qualification of MBBS / BDS or an equivalent medical qualification recognized by the Pakistan Medical & Dental Council.
 - ii. A certificate of one year's House Job experience in institutions recognized by the Pakistan Medical & Dental Council is essential at the time of the interview. The applicant must submit an Experience Certificate from the concerned Medical Superintendent mentioning the details of the house job or stating that the House Job will be completed before the interview.
 - iii. Valid certificate of permanent or provisional registration with the Pakistan Medical & Dental Council

5. **Entry Examination**

- i. The Entry Examination for admission to MD / MS / MDS programs will be a competitive examination.
- ii. The Entry Examination will be held at most twice a year on the dates announced by the Controller of Examinations according to the decision of the Deans Committee.
- iii. The total marks of the Entry Examination will be 350 and to be divided as follows
 - a. Written Paper Total Marks = 300
 - b. Video-Projected Clinical Examination Total Marks = 30
 - c. Interview Total Marks = 20

iv. The Entry Examination will consist of the following components

a) Written paper

- i) The written examination will consist of 150 multiple-choice questions with a single best answer. The MCQs will be derived from different subjects as follows:

i. Applied Basic Sciences	=50 Questions
Anatomy	=15 Questions
Physiology & Biochemistry	=15 Questions
Pathology	=10 Questions
Pharmacology	=10 Questions
ii. General Medicine	=35 Questions
iii. General Surgery	=35 Questions
iv. Specialty Specific	=30 Questions

- ii) For MD Programs, the questions would include those from Applied Basic Sciences, General Medicine, and medical specialties.
- iii) For MS / MDS Programs, the questions would include those from Applied Basic Sciences, General Surgery, and Surgical-related specialties.
- iv) The proportional weightage of Basic & Clinical Sciences questions for each program will be ensured by the final paper setter (or through a computer-based system if possible).
- v) The question papers in duplicate and their key (i.e., correct response) will be signed by the final paper setter or by the computer-based system for the Examination Department.
- vi) The Examination Department will receive sealed envelopes with signatures of the paper setter on the seam overlap of the envelope and then cover them with suitable tape. One of the envelopes will be kept under lock and key in the examination department, whereas the second envelope will be submitted to the Controller of Examinations except for computer-based paper generation
- vii) Each correct answer will carry 02 marks. There will be no negative marking in line with the other examinations of the University.
- viii) The applicant scoring 60 % of marks will pass the written paper.

b) Video-Projected Clinical Examination (VPCE)

- i. The Video-Projected Clinical Examination will consist of 15 videos/slides.
- ii. These videos/slides will consist of data and images based on the subjects of General Medicine, General Surgery, and others.
- iii. Each correct answer will carry two marks.
- iv. The applicant scoring 60 % of marks will pass the Video-Projected Clinical Examination.

c) **Interview**

- i. Only applicants who pass the written paper and video-projected clinical examination with a score of 60 % marks in each of these components will be called for an interview.
- ii. All applicants shall be required to present all their original academic credentials at the time of the interview, including a certificate of completion of House Job by the Medical Superintendent and good conduct from the Head of the Department; otherwise, they shall not be eligible for appearance in the interview.
- iii. The interview will be conducted by a committee constituted by the Vice Chancellor.
- iv. There will be separate interviews for applicants of MD and Allied or MS/ MDS and Allied programs

6. Declaration Of Result of Entry Examination

- i) The candidate must have passed all components of the Entry Examination, securing at least 60% marks in each component of the examination to be declared to have passed the examination.
- ii) Entry examination shall be valid for that particular match or admission and shall not be valid for subsequent admissions
- iii) Passing the Entry Examination shall not automatically guarantee admission to the training program, which will be dependent on available Slots.

7. Admission Process

- i. All seats will be filled with open merit. However, graduates of KEMU will be given 10% weightage while assigning merit.
- ii. The candidates selected according to the admission criteria will be notified and offered admission to either an MD, MS, or MDS training program.
- iii. The university will decide the slots available for each program. (see General Clause 18. iv)
- iv. The candidate will be allocated a specialty of training within the MD or MS programs according to merit and available slots. The training slots in any specialty will depend upon the available human resources, infrastructure, curriculum, track record of the program, and other parameters as decided by the University. The ultimate decision for allocation of slots/continuation in the MD / MS / MDS program in a particular specialty will depend on financial feasibility, to be provided by the Treasurer in November on a yearly basis.
- v. The failure of a program as a result of a poor track record will be referred to the appropriate forum for remediation/discontinuation of the program.

- vi. The acceptance of an offer of admission by the candidate is to be submitted to the Registrar's Office within 07 days, after which it will automatically stand invalid.
- vii. On receipt of acceptance from the Registrar's Office, it shall be transmitted to the Human Resources Department (HRD). The candidate will be responsible for providing all necessary documents to the HRD. After codal formalities, the Registrar of the University will allocate a registration number to each candidate within 15 days. Failure on the part of the candidate to provide all documents within the stipulated time will disqualify the candidate, and the seat will be declared vacant.
- viii. After registration, the candidate will submit a certificate of acceptance from the supervisor of the concerned department as allocated on merit and as directed by the Registrar's Office. Failure to do so within the stipulated time will disqualify the candidate, and the seat will be declared vacant.
- ix. The candidate shall have to get the joining report proforma signed by the Supervisor, and failure to do so within 07 days will result in a declaration of the seat being vacant. This seat may be filled in by the next available candidate on merit.
- x. In case of any grievances, an appeal can be filed within 15 days before the Vice Chancellor, whose decision shall be final
- xi. The Registrar shall maintain a record of registration of all candidates.
- xii. 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 (SOPs to be developed by the academic council in consultation with the Director of Finance from time to time).
 - d. Hostel fee if university accommodation is availed
 - e. Utility Charges (Electricity, Gas, and Water) if hostel accommodation is availed
 - f. After a default of more than 30 days duration for the payment of any of the dues, the candidate will be expelled from the program except in exceptional circumstances where it will be endorsed by the Deans Committee.
- xiv. The candidate will be allowed a one-time change of course after admission, but this will be within the domain of previously selected MD or MS programs, subject to the availability of seats and a No Objection Certificate from the training unit.
- xv. The change of specialty of training shall be permissible within 06 months from the date of admission, and the candidate will pay a non-refundable transfer fee of Rs.25,000/-

- xvi. If a change of specialty is allowed, it will be considered a new admission and would start training from the next induction date of the MD / MS / MDS program
- xvii. In case of a change of specialty, the candidate will prepare a new synopsis, but the credit for attending mandatory workshops will be transferrable.

MD/MS/MDS Regulations (2024)



PART - B

8. THE PROGRAM FORMAT

- i The candidate, after the grant of admission into the MD / MS / MDS program, will be trained according to the Program Format as listed (Chart of program format **available at Appendix D**)
- ii The candidate will spend the first six months of the induction period in the chosen specialty. During this period, the candidate shall learn orientation within the discipline and be introduced to fundamental concepts, including applied basic sciences relevant to the specialty and applied physics in the specialty of radiology.
- iii The candidate will attend four mandatory workshops as given in Appendix E. The workshops should be completed, preferably within 06 months but no later than the date of application submission to appear in the Intermediate Examination.
- iv The candidate will submit a synopsis for approval within the first six months according to the prescribed framework under the prevailing institutional regulatory requirements for submission of synopsis.
- v The synopsis must be submitted and discussed in the respective Board of Studies (to be reflected in the minutes of the BOS) before the candidate is allowed to appear for the Intermediate examination.
- vi Any difficulty the candidate faces in submitting the synopsis should be brought to the notice of the Registrar for remediation before completion of 12 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 the VC and submit its report to the Academic Council.
- vii The candidate will submit the certificate of successful completion of mandatory workshops and a certificate of submission of synopsis to the registrar according to the schedule.
- viii After each rotation and at three monthly intervals during training, the candidate would apply to his supervisor to complete the supervisor's evaluation proforma as given in **Appendix G** and send a copy of this application to the registrar. The supervisor would submit this proforma to the Registrar's office within fifteen days, and he would recruit him for the next phase of the rotation program/training while completing the codal formalities.
- ix In case of non-submission of proforma, the candidate would prompt his supervisor to submit the evaluation proforma and inform the Registrar of this fact.
- x In case of non-submission of the supervisor's evaluation proforma, the Registrar would issue two fortnightly reminders. The matter will be brought to the next Academic Council if the proforma is still not submitted.
- xi All the candidates in the MD program, as given in "Appendix B" will be trained in General Medicine for twelve months except those in MD programs in the specialties of Paediatrics, Psychiatry, Emergency Medicine, Community Medicine, and Radiology. The Intermediate Examination will be held on completion of two years of training in the MD programs.

- a. After completing the first six months of induction in Paediatrics, the candidates will be trained for two months each in Preventive Paediatrics, Neonatology, and Paediatric Emergency. These rotations in the specialties during the second six months of induction may be modified by the Board of Studies of Paediatric Medicine from time to time under intimation to the Registrar's office. The rest of the first two years will be spent in General Paediatrics.
 - b. After completing the first six month period in Psychiatry, the candidates in Psychiatry will be trained for three months in General Medicine. The rest of the first two years will be spent in Psychiatry.
 - c. After completing the first six months of the induction period in radiology, the candidates in Radiology will be trained for three months in General Medicine and three months in General Surgery. The rest of the first two years will be spent in Radiology.
 - d. The candidates in Emergency Medicine will be trained in the Accident & Emergency Department for the first six months and then complete 18 months of pre-IMM mandatory rotations (including a 2-month rotation in Paediatric Emergency), as specified by the Boards of Studies of Emergency Medicine from time to time under intimation to the Registrar's office.
 - e. The candidates in Community Medicine will be trained in the Community Medicine Department for the first six months, followed by 3 months rotation each in General Medicine and Paediatrics, and 2 months rotation each in Family Medicine/General Practice/BHU/RHCs, Psychiatry, and Reproductive Health. The rest of the first two years will be spent in the Department of Community Medicine.
- xii. All the candidates in MS programs, as given in "Appendix B" will be trained in General Surgery for twelve months except those in MS programs in the specialties of Ophthalmology, Otorhinolaryngology, Obstetrics & Gynaecology, Anesthesiology, and MDS programs in Oral & Maxillofacial Surgery. The Intermediate Examination will be held upon completing two years of training in the MS program.
- a. The Ophthalmology candidate will be trained for 02 months in General Surgery after completing their first 06 months of the induction period in ophthalmology. The rest of the first two years will be spent in Ophthalmology.
 - b. The candidate in Otorhinolaryngology will be trained for 02 months in General Surgery after they have completed their first 06 months of induction period in Otorhinolaryngology. The rest of the first two years will be spent in Otorhinolaryngology.
 - c. The candidate in Obstetrics & Gynaecology will be trained in General Surgery for 02 months after they have completed their first 06 months of induction period in Obstetrics & Gynaecology. The rest of the first two years will be spent in Obstetrics & Gynaecology.
 - d. The candidate in Oral and maxillofacial Surgery will be trained for 03 months in General Surgery and 03 months in General Medicine after completing the first six months of the induction period in Oral and Maxillofacial Surgery. The rest of the first two years will be spent in Oral and maxillofacial Surgery.
 - e. The candidate in Anesthesiology will be trained in Anesthesiology for the first 06 months, followed by 06 months in Surgery & allied (General Surgery for 3 months, Surgical ICU for 3 months), and 06 months in Medicine & allied

(General Medicine for 02 months, Cardiology for 2 months, Medical ICU/CCU 2 months). The remaining period of the first two years will be spent in Anesthesiology.

- xiii. It is the candidate's responsibility through his / her supervisor to get his synopsis approved from AS & RB within 02 years of admission into the training program. In case of failure to get the synopsis approved within this time, an additional grace period of 30 days may be granted at the discretion of the VC. If the candidate still fails to get his synopsis approved, he/she will stand ineligible to appear in the Intermediate Examination and will be excluded from the training in the chosen program. His stipend/scholarship, if any, will be stopped, and the post shall fall Vacant.
- xiv. The Intermediate Examination for all MD, MS, and MDS programs shall be conducted after two years of training.
- xv. After the Intermediate Examination, the candidates of five-year programs will initiate research projects at the beginning of the 3rd year of training.
- xvi. After the relevant Intermediate Examination, the candidates of all programs will initiate the research project immediately after approval of the synopsis.

Rotational placements:

- xvii. The rotational placements for MD / MS / MDS training programs will be according to the rotation schedule for each program as prescribed by the respective Board of Studies, approved by the Academic Council, and notified by the Registrar's Office.
- xviii. For all four-year programs, as given in Appendix "B" the candidate will rotate to subspecialties during the third year of training. There will be a minimum of two rotational placements in the relevant fields as specified by the respective Board of Studies, each of three months duration, except for the following programs.
 - a. For candidates in Paediatrics, there will be 03 rotational placements of 02 months each in any 03 of the subspecialties amongst Neonatology and Perinatology, Infectious Diseases, Dermatology, Paediatric Cardiology, Paediatric Neurology, Paediatric Nephrology, Paediatric Hematology/Oncology, Paediatric Surgery, Paediatric Endocrinology, Paediatric Critical Care/PICU, and Child Psychiatry. The Board of Studies in Paediatrics may re-visit the specialties for rotations from time to time under intimation to the Registrar's office.
 - b. For candidates in Psychiatry, there will be one six-month rotational placement in Neurology. Within the department, at least three modules for training in Adult Psychiatry, Clinical Psychology, Child / Adolescent Psychiatry, Addiction Psychiatry, and others (if needed) will be ensured.
 - c. For candidates in Ophthalmology, there will be 05 rotational placements with 06 weeks in Neurology, 06 weeks in Pathology, 02 weeks in Plastic Surgery, 02 weeks in Radiology, and 02 weeks in Dermatology (Total duration of rotations=18 weeks)
 - d. For candidates in Otorhinolaryngology, there will be 02 Rotational placements of 03 months each in Plastic Surgery and Neurosurgery.

- e. For Candidates in Oral & Maxillofacial Surgery, there will be 03 rotational placements of 02 months each to be chosen amongst Plastic Surgery, Neurosurgery, and Otorhinolaryngology.
 - f. For candidates in Radiology, there will be at least 02 rotations in the second year and 02 rotations in the third year of a minimum of two months each in the subspecialties of Radiology, such as Isotope Imaging, MRI, Interventional Radiology, and Neuroradiology.
 - g. For the candidates in Emergency Medicine, there will be two rotations of 2-months each in ICU /critical care/CCU and PICU/Neonatology, and three rotations of 1-month each (neurosurgery, medicolegal/forensic medicine, and Gynecology & Obstetrics).
 - h. All rotational placements, as mentioned in clauses a to g, must be completed at least 06 months before completion of training.
- xix. For all five-year programs, as given in "Appendix B" all candidates except those in Anesthesiology, Dermatology, and Plastic Surgery will rotate to subspecialties during the 4th & 5th Years of training, with a minimum of two rotational placements in the relevant fields as specified by the respective Board of Studies, each of 03 months duration.
- a. For the candidates in Anesthesiology, there will be 03 years of rotations within the subspecialties of Anesthesiology as decided by the respective Board of Studies under intimation to the Registrar's Office.
 - b. For the candidate in Dermatology, there will be three rotational placements (total of three months duration) in the discipline of Dermatopathology (one month), Plastic Surgery (one month), and Lasers and Leprosy (one month).
 - c. For the candidate in Plastic Surgery, there will be two rotations of 3 months each in the disciplines of Ophthalmology, Otorhinolaryngology, or Oral & Maxillofacial Surgery. These rotational placements must be completed at least 06 months before the completion of training

Training Model:

- xx. The training shall be competency-based. There will be generic and specialty-specific competencies for all programs, and they will be assessed with Continuous Internal Assessments
- a) All residents will be trained in the following 05 generic competencies (See **Appendix A and F**)
 - i. Patient care
 - ii. Medical Knowledge and Research
 - iii. Practice & System Based Learning
 - iv. Communication skills
 - v. Affective domain and Professionalism as per the Hippocratic Oath.
 - b) The core curriculum must incorporate all five generic competencies.
 - c) The specialty-specific competencies for training, as explained in Appendix F, will be identified by the respective Board of Studies and incorporated into their curriculum.

- d) Each candidate will undergo Continuous Internal Assessments (CIA) during training. These Continuous Internal Assessments will include Workplace Based Assessments, Assessment of Candidate's Training Portfolio and Supervisor's 03 monthly Review Report as per proforma for Continuous Internal Assessments given in **Appendix G**.
- e) The candidate would ask his supervisor for Continuous Internal Assessment (CIA) proforma report to be communicated to the Registrar as early as possible.
- f) The candidate would prompt his supervisor and also inform the Registrar about the delay in CIA proforma submission.
- g) In case of failure of submission of CIA proforma report, the Registrar would issue 02 reminders at 15 days interval and if the completed assessment proforma is not delivered, the matter will be placed in the next meeting of Academic Council.

PART - C

9. INTERMEDIATE EXAMINATION

Candidates getting training in all MD, MS, and MDS disciplines will take an intermediate examination after completing two years of training as specified in part B above (Appendix B).

The Intermediate Examination will consist of the following components:

- | | |
|--|-------------------|
| i. Written Examination | Total Marks = 300 |
| ii. Objectively Structured Clinical Examination (OSCE) | Total Marks = 200 |

a. Eligibility Criteria:

To appear in the Intermediate Examination, a candidate shall be required:-

- i. To have submitted the certificate of completion of mandatory workshops.
- ii. To have submitted certificate/certificates of completion of the first two years of training from the supervisor/supervisors during rotation (see **Appendix H**).
- iii. To have submitted CIA assessment proforma (see Appendix G) from his own supervisor and rotational supervisor/s on three monthly basis and from his supervisors during rotation, achieving a cumulative score of 75%.
- iv. To have submitted the certificate of submission and discussion of synopsis issued by the Chairman of the respective Board of Studies.
- v. To have submitted evidence of payment of examination fee.

b. Intermediate Examination Schedule and Fee

- i. The Intermediate Examination will be conducted after two years of training and will be held twice a year as per the examination calendar.
- ii. Examination fees will be determined periodically by the university.
- iii. Once deposited, the examination fee cannot be refunded or carried over to the next examination under any circumstances.
- iv. The Controller of Examination will issue Roll Number Slips upon receipt of the prescribed application form, documents satisfying eligibility criteria, and evidence of payment of the examination fee.

c. Written Part of Intermediate Examination

- i. The candidates of MD programs will appear in the subject of "*Principles of General Medicine*" and "*Basics of the relevant specialty*," except in the subjects as detailed below in clause c(iv). The candidates of MS / MDS programs will appear in the subject of "*Principles of General Surgery*" and "*Basics of the relevant specialty*," except in the subjects as detailed below in clause c(iv).
- ii. The written examination will consist of 100 single-answer type Multiple Choice Questions (MCQ) and 10 Short Answer Questions (SAQ). Each correct answer

in the Multiple-Choice Question paper will carry 02 marks. The Short Answer Questions Examination will be clinical scenario or practice-based; each question will have 10 marks.

- iii. The Total Marks of the Written Examination will be 300 and to be divided as follows:

MCQ Paper	Total Marks = 200
SAQ Paper	Total Marks = 100

- iv. The candidate scoring a cumulative 60% mark in both MCQ & SAQ papers will pass the written examination and will then be eligible to appear in the clinical (OSCE) examination.
- v. Students who have passed the written Intermediate examination before July 2024, attaining less than 60% marks, may be allowed to reappear in the written examination on their request, for up to two consecutive attempts, to improve their written examination scores. The latest score of these re-attempts will be taken as the final written score.
- vi. The Chairpersons of each specialty's respective Boards of Studies will be responsible for submitting the Table of Specifications of each examination component through their respective Dean and the Registrar's Office.
- vii. The **MCQs** and **SAQs** in the Intermediate examinations will be derived from different subjects as below:

a. Intermediate Examination in Medicine & Allied Specialties:

Subject	Breakdown	MCQs (100)	SAQs (10)
Medicine & Allied Specialties	Principles of General Medicine	40	4
	Applied Basic Sciences (Physiology, Pharmacology, Pathology)	10	-
	Basics of Relevant Specialty (General Medicine, Cardiology, Dermatology, Neurology, Pulmonology, Gastroenterology)	50	6
Psychiatry	Principles of General Medicine	25	4
	Applied Basic Sciences (Physiology, Pharmacology, Pathology)	10	-
	Basics of Adult Psychiatry	65	6
Community Medicine	Principles of General Medicine	25	4
	Applied Basic Sciences (Physiology, Pharmacology, Pathology)	10	-
	Basics of Community Medicine	65	6
Paediatrics	Principles of General Paediatrics	60	6
	Applied Basic Sciences (Physiology, Pharmacology, Pathology)	10	-
	Basics of Neonatology, Preventive Paeds, Emergency	30	4

Radiology	Principles of General Medicine	20	2
	Principles of General Surgery	20	2
	Applied Basic Sciences (Physiology, Pharmacology, Pathology, Anatomy)	10	-
	Principles of Radiology (Physics Applied to Radiology)	50	6
Emergency Medicine	Principles of General Medicine	20	2
	Principles of General Surgery	20	2
	Applied Basic Sciences (Physiology, Pharmacology, Pathology, Anatomy)	10	-
	Basics of Accident & Emergency Medicine	50	6

b. Intermediate Examination in Surgery & Allied Specialties:

Subject	Breakdown	MCQs (100)	SAQs (10)
Surgery & Allied Specialties	Principles of General Surgery	40	4
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Relevant Specialty (General Surgery, Orthopedic Surgery, Neurosurgery, Cardiac Surgery, Plastic Surgery, Thoracic Surgery, Urology)	50	6
Ophthalmology	Principles of General Surgery	25	4
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Optics, Refraction, Clinical Ophthalmology	65	6
Otorhinolaryngology	Principles of General Surgery	25	4
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Otorhinolaryngology	65	6
Gynaecology & Obstetrics	Principles of General Surgery	25	4
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Gynaecology & Obstetrics	65	6
Maxillofacial Surgery	Principles of General Surgery	30	2
	Principles of General Medicine	10	2
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Maxillofacial Surgery	50	6
Anesthesiology	Principles of General Surgery	20	2
	Principles of General Medicine	20	2
	Applied Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology)	10	-
	Basics of Accident & Emergency Surgery	50	6

d. Clinical & (OSCE) Part of Intermediate Examination

- i. The clinical (OSCE) examination will evaluate patient care competencies in detail.
- ii. The Vice-Chancellor will appoint a panel of examiners, half from KEMU and half from outside KEMU. There will be a minimum of four examiners, but the number of examiners may vary depending upon the number of candidates appearing in each examination. In case of difficulty finding an examiner in a given subject, the Vice-Chancellor, in consultation with the Deans concerned, will appoint any relevant person from inside/outside the University as an examiner.
- iii. The examination will be 200 marks in total and consist of 14 Objectively Structured Clinical Examination (OSCE) stations—13 specialty-specific and 01 Research Station. There will be at least 08 interactive stations, but the numbers may vary per need. Each station will be of 5 minutes duration.
- iv. Each of the 13 specialty-specific stations will carry 14 marks (total of 182), and the Research station will carry 18 marks.
- v. The candidate scoring 60% marks in Clinical (OSCE) will pass this part of the Intermediate Examination.

e. Declaration Of Result

- i. To be declared successful in the Intermediate Examination, the candidate must score 60% marks in the written and 60% in the clinical (OSCE) examination.
- ii. All candidates enrolled under regulation 2014 (amended 2024) must pass the Intermediate examination within a maximum of three years after completing their program.
- iii. After passing the written examination, the candidate may appear in three consecutive attempts to take the Clinical (OSCE) examination. However, if the candidate fails to pass the Clinical (OSCE) within three consecutive attempts (availed or un-availed), he/she has to reappear in the written examination.



PART - D

10. REGISTRATION FOR POST INTERMEDIATE EXAMINATION TRAINING

- a. The candidate will register for this second phase of residency training
- b. The candidate will submit an application and the result of passing the Intermediate Examination/Abridged Examination to the registrar's office as soon as possible, but no later than 90 days after the declaration of intermediate examination results.
- c. Initiation of research will be intimated by the candidate to the Registrar
- d. The fee structure for this training phase will be as follows and will be governed by clause 8, xii.
 - i) Tuition Fee will be deposited in advance on a yearly basis.
 - ii) Hostel Fee if university accommodation availed
 - iii) Utility charges (Electricity, Gas, and Water) if hostel accommodation is availed
- e. Failure to deposit the fee will result in termination of training. However, a grace period of 30 days may be granted in exceptional circumstances.

PART - E

11. TRAINING

The training will be competency-based, as detailed in Appendix F, and these competencies will be assessed in Continuous Internal assessments.

12. 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 available at Appendix F.
 - iii. The assessment proforma is available on **Appendix G**.
 - iv. The 03 monthly Continuous Internal Assessment proformas (see Appendix G) will be submitted by the supervisor in sealed envelop / computer based proformas to the Registrar's Office for appropriate action. The same CIA proforma will be submitted by the appropriate supervisor after completion of rotation of any duration.
 - v. 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.
 - vi. 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.
 - vii. The candidate would inform the Registrar in case of any delay/difficulty in CIA proforma submission as soon as possible.
 - viii. Failure of the supervisor to submit CIA proforma after 02 reminders fortnight apart by the Registrar, would be reported to the Academic Council by the Registrar.
 - ix. A cumulative score of 75% shall be required to pass the yearly Continuous Internal Assessments to be allowed to continue in the training program.
 - x. A candidate, who fails to achieve a cumulative score of 75% on yearly assessments, will be presented to an appropriate forum / Deans Committee to be considered for remediation / elimination from the program and standard operating procedure will be developed for this purpose.
 - xi. Registrar's office shall keep the record of all the CIA of every candidate in the candidate's file and transmit the cumulative annual CIA of every candidate at yearly interval. The examination department shall add the marks of Continuous Internal assessment to the final examination
 - xii. 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.
 - xiii. 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 i.e Final examination of 1000 marks and Continuous Internal Assessment Weightage of 100, giving a total of 1100 marks to the Final Examination. 400 Marks for thesis evaluation are in addition to these marks.

PART - F

13. ASSESSMENT & ACCEPTANCE OF THESIS

- a. The candidate will submit his thesis at least 06 months before completion of training. In case of failure, candidates may submit their thesis later but will only be eligible to appear in the final examination not earlier than six months and subject to acceptance of the thesis.
- b. The thesis along with a certificate of approval from the supervisor, will be submitted to the Examination Department as per the **Uniform Format of Thesis** approved by the Academic Council.
- c. The Controller of Examination will ensure that the Thesis is complete in every respect.
- d. Upon the request of the Controller of Examination, the Vice Chancellor will appoint two examiners from the panel of examiners (approved by ASRB).
- e. The supervisor shall not act as an examiner of the candidate and will not take part in the thesis evaluation.
- f. The Controller of Examination will ensure that the Thesis is appropriately submitted to examiners and a reminder is sent periodically.
- g. The examiners will assess the thesis within a period of 06 weeks.
- h. If the examiners fail to complete the task within 06 weeks despite 02 fortnightly reminders by the Controller of Examinations, the Controller of Examinations will bring it to the Vice Chancellor's attention in person.
- i. In case of difficulty in finding an examiner for thesis assessment, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person as examiner in suppression of Clause 177 of King Edward Medical University's Regulations.
- j. Upon the request of the Controller of Examination, the Vice Chancellor will appoint two examiners from the panel of examiners (approved by ASRB).
- k. The total marks for the thesis assessment will be 400, and 60% marks will be required to pass the evaluation.
- l. The thesis will be considered accepted if the cumulative score of all the examiners is at least 60%. If the candidate fails to obtain 60% marks in the thesis assessment, the matter will be brought to the attention of the Vice Chancellor for further decision.
- m. The clinical training will end at the completion of the stipulated training period, but the candidate will become eligible to appear in the Final Examination after the completion of clinical training and acceptance of the thesis. In case clinical training ends earlier, the slot will fall vacant after the stipulated training period.

PART-G

14. FINAL EXAMINATION

- a. **Eligibility Criteria:** To appear in the Final Examination, the candidate shall be required
- i. To have submitted the result card of passing the Intermediate Examination.
 - ii. To have submitted the certificate of completion of training issued by the supervisor will be mandatory. (Appendix H)
 - iii. To have achieved a cumulative score of 75% in Continuous Internal assessments of all training years. (Appendix G)
 - iv. To have submitted the thesis at least six months prior to completion of training or the final examination date, and got the thesis accepted.
 - v. To have submitted no dues certificate from all relevant departments, including library, hostel, cashier, etc.
 - vi. To have submitted evidence of submission of examination fee.

b. **Final Examination Schedule and Fee**

- i. Final examination will be held twice a year
- ii. The candidates have to fulfill eligibility criteria before permission is granted to take the examination.
- iii. Examination fees will be determined by the university from time to time and notified by the Registrar's Office.
- iv. Once deposited, the examination fee cannot be refunded or carried over to the next examination under any circumstances.
- v. The Controller of Examination will issue an Admittance Card with a photograph of the candidate on receipt of the prescribed application form, documents satisfying eligibility criteria, and evidence of payment of the examination fee. This card will also show the Roll Number, date/time and venue of examination.

c. **Components of Final Examination**

Component	Total marks
Written Part of Final Examination	500
Clinical & OSCE Part of Final Examination	500
Contribution of the CIA to the Final Examination	100
Thesis Assessment	400

i. **Written Part of Final Examination**

- a) There will be two written papers covering the whole syllabus of the specialty of training with a total of 500 marks.
- b) The written examination will consist of 200 single-answer type Multiple-choice Questions (MCQ) and 10 short-answer questions (SAQ). Each correct answer in the Multiple Choice Question paper will carry 02 marks. Each Short Answer Question will carry 10 marks.
- c) The Total Marks of the Written Examination will be 500 and to be divided as follows:

Multiple Choice Question paper
Short Essay Question paper

Total Marks = 400
Total Marks = 100

- d) The Chairpersons of each specialty's respective Boards of Studies will be responsible for submitting the Table of Specifications of each examination component through their respective Dean and the Registrar's Office.
- e) The candidate scoring a cumulative 60% marks in both MCQ & SAQ papers will pass the written part of the final examination and will then be eligible to appear in the Clinical & OSCE examination.
- f) The written part result will be valid for three consecutive attempts to appear in the Clinical and OSCE Parts of the Final Examination. After that, the candidate will have to re-sit the written part of the Final Examination.

Students who passed the written part of the Final examination before July 2024 (with 50% marks) will be allowed to reappear in the written examination on their own request for up to two consecutive attempts to improve their written examination scores. The latest score of these re-attempts will be taken as the final written score.

ii. Clinical and Objectively Structured Clinical Examination (OSCE) Part of Final Examination:

- a) The Clinical and OSCE Examination will consist of 04 short cases, 01 long case, and an Objectively Structured Clinical Examination (OSCE). One internal and one external examiner will examine each long and short case, while a single examiner will examine the interactive OSCE stations.
 - Each short case will be 10 minutes long, with 05 minutes for examining the patient and 05 minutes for discussion. (The short cases in the Radiology Examination will be rapid reporting sessions, each of one-minute duration.)
 - Each long case will be 60 minutes in duration, 30 minutes for history & examination, and 30 minutes for discussion on the long case divided into 15 minutes for each of the two examiners. (The long cases in the Radiology Examination will mean the long reporting sessions, each 10 minutes in duration.)
 - The OSCE Examination will consist of 10 stations (interactive/static), each worth 8 marks. It will include specialty-related laboratory data evaluation, interpretation of radiology images, ECG, and other clinical and research-related tasks. Each OSCE station will last five minutes.
- b) The Total Marks of Clinical & Oral Examination will be 500 and to be divided as follows:

Short Cases	Total Marks = 300 (75 each)
Long Case	Total Marks = 120
OSCE	Total Marks = 80 (8 each)
- c) In the Gynecology & Obstetrics, there will be two long cases – one for Gynecology and one for Obstetrics (120 marks each, total=240), two short cases (80 marks each, total=160), and ten OSCE stations (10 marks each, total=100).
- d) The Vice-Chancellor will appoint a panel of four examiners from among the approved panel of examiners by the ASRB, two of whom will be from KEMU, whilst the other two will be external examiners. The senior examiner from KEMU

will act as a convenor/coordinator. In case of difficulty finding an examiner in a given subject, the Vice Chancellor would, in consultation with the Deans concerned, appoint any relevant person with appropriate qualifications and experience from outside the University as an examiner.

- e) The internal examiners will not examine the candidates for whom they have acted as supervisors and will be substituted by another internal examiner.
- f) The candidates scoring 50 % marks in each component of the long case, Short cases, & OSCE Examination, with a cumulative 60% marks in all components of the Clinical & OSCE examination, will pass this part of the Final Examination.
- g) The candidates who fail to pass the Clinical & OSCE examinations in three attempts (availed or un-availed) will have to re-appear in both the Written and Clinical & OSCE examinations. The candidates will have two attempts to pass the final examination with a normal fee. A special administration fee of Rs 10,000 in addition to the normal fee or the amount determined by the university from time to time shall be charged for further attempts



iii. Continuous Internal Assessment (CIA)

Continuous Internal Assessment will be a stand-alone component. The marks for Continuous Internal Assessment as per the 10% weightage formula will be 100 and will be added to the marks of other components of the final examination and of those of Thesis Evaluation as follows.

iv. Thesis Assessment:

According to the protocols defined by the university, and would carry 400 marks.

d. DECLARATION OF RESULT

For the declaration of the result:

- i. The candidate must have got the thesis accepted.
- ii. The candidate must have passed the final written examination with 60 % marks and the clinical & OSCE examination securing 60 % marks.
- iii. The MD / MS / MDS degree will be awarded after the thesis is accepted and the final examination is passed.
- iv. On completion of the stipulated training period, the candidate's training slot shall be declared vacant irrespective of the result (pass or fail).

PART-H

15. 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 upto 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 upto 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

16. GENERAL CLAUSES

- i. The fee for the application form, prospectus, and processing charges can be revised periodically by the university.
- ii. The Entry Examination, as prescribed, can be revised from time to time by the university.
- iii. A cumulative score of 60 % shall mean 60 % marks to be calculated by adding up secured marks of each component of the examination.
- iv. The number of seats for each MD / MS / MDS training program will be allocated according to the number of available training slots, trainers/supervisors, and the availability of relevant equipment, as well as infrastructure and others within the training units of this institution. These parameters will be subject to annual audit and review by the University.
- v. In all university examinations, the candidate must pass the theory examination before appearing in the clinical, oral, or practical examinations.
- vi. An MS/MS/MDS candidate may freeze his training for a length of period not exceeding one year in total at a stretch or in parts. VC may grant a maximum extension of 30 days in exceptional circumstances over and above this one-year limit. This period may be modified on the recommendation of the Academic Council from time to time. No further extension will be permissible and the training in the allocated program will be terminated.
- vii. The leave rules will be adopted as per directives of the Government for postgraduate trainees or as issued by the competent authority would be applicable to the trainees.
- viii. The supervisor can only be appointed for a program if he/she holds a qualification equivalent or greater than the qualification being offered in the program and has completed all the required supervisor's workshops as notified by the Registrar's office from time to time.
- ix. The examiner can only be appointed for an examination if he/she holds a qualification

equivalent to or greater than the qualification being offered in the program.

- x. In case of any ambiguity or difficulty in interpreting these regulations, the Vice Chancellor will use his / her authority to decide the issue.
 - xi. In case of difficulty in interpreting the rules, the candidates may appeal to the Academic Council and subsequently to the Vice Chancellor. The Vice Chancellor's decision will be final and not challengeable in any court of law.
17. **All the previous MD / MS / MDS regulations and amendments hereby stand repealed.**

Part - I

List of Appendices

Appendix "A"	Hippocratic Oath
Appendix "B"	List & Duration of Programs
Appendix "C"	Application Form for Medicine, Surgery and Allied specialties
Appendix "D"	MD / MS / MDS Program format of K.E. Medical University
Appendix "E"	Mandatory Workshops
Appendix "F"	Continuous Internal Assessments
Appendix "G"	Supervisor's Evaluation Proforma for Continuous Internal Assessments
Appendix "H"	Certificate Of Completion Of Training by the Supervisor

APPENDIX "A"

(See Regulation 9sxiii)

HIPPOCRATIC OATH

1. Respect your teachers
2. Pledge your life to the services of others
3. Place your patients' interests before you
4. Protect your patients from harm and injustice
5. Treat all patients equally
6. Respect patients rights to make deCIAions
7. Continue to improve the care you give
8. Do not become intimate with patients
9. Try to prevent as well as cure disease
10. Protect your patients' confidentiality
11. Impart your medical knowledge to others

APPENDIX "B"
(See Regulation 4, 9)

LIST & DURATION OF PROGRAMS

Title of Program	Four Year Duration	Five Year Duration
MD	Community Medicine & Public Health	Cardiology
	General Medicine	Dermatology
	Paediatrics	Gastroenterology
	Radiology	Neurology
	Psychiatry	Pulmonology
		Emergency Medicine
MS	General Surgery	Anaesthesiology
	Ophthalmology	Cardiac Surgery
	Otorhinolaryngology	Neurosurgery
	Obstetrics & Gynecology	Orthopaedic Surgery
		Paediatric Surgery
		Plastic Surgery
		Thoracic Surgery
		Urology
MDS		Oral & Maxillofacial Surgery
Any other program – as proposed by the Academic Council and approved by the Syndicate may be added to the above list from time to time.		

APPENDIX "C"
(See Regulation 5-a)

FORM - I

Diary No. _____

APPLICATION FORM FOR ADMISSION INTO MD PROGRAMS SESSION KING
EDWARD MEDICAL UNIVERSITY, LAHORE

PROGRAMS		CHOICE OF PREFERENCE	PROGRAMS		CHOICE OF PREFERENCE
1.	Cardiology		6.	Neurology	
2.	Community Medicine & Public Health		7.	Paediatrics	
3.	Dermatology		8.	Psychiatry	
4.	Gastroenterology		9.	Pulmonology	
5.	General Medicine		10.	Radiology	

THE ALLOCATION OF SEATS WILL BE ON MERIT ANBASIS FIRST SERVE

1. Name of Applicant:

2. Father's Name: _____

3. Date of Birth: _____

4. CNIC No. _____

S Present Address _____

Paste Recent
passport size
photograph

Tel: _____

Mob: _____

Email: _____

7. CONTACT NUMBER OF CLOSE RELATIVE/NEXT OF KIN (Tel/Mob) _____

8. For Overseas Applicants

Permanent Address _____

Country of Origin _____ Passport No & Expiry Date _____

Nationality _____ Tel: _____ Cell: _____

E-Mail _____

9. MBBS / Equivalent Degree recognized by PMDC:

Year Obtained _____ Institution Where Studied _____

Degree Awarding University _____

(Please enclose a certified copy of degree)

10. PMDC Registration Certificate:

Registration No. _____ Date of Expiry: _____

(Please enclose a certified copy of valid certificate of Registration)

11. Employment:

Government _____ Private _____ Self Employed _____

12. Fee deposit details

Amount Rs _____ Bank Challan No./ Pay order No. _____

Date _____ Branch _____

13. Two Training Programs of the University or CPSP of the same or different
Specialties are not permissible

14. DOCUMENTS TO ATTACHED (ATTESTED PHOTOCOPIES)

1. Three Photographs Passport Size
2. Matric Certificate
3. F.Sc Certificate
4. MBBS Degree / Relevant Graduate degree
5. Result Cards (All Professionals)
6. Attempt Certificate for all Professionals
7. PM&DC (Valid Date)
8. One year House Job Certificate.
9. CNIC
10. Domicile Certificate
11. Bank Receipts Rs: 2500/- (Original)

Signature of the applicant: _____

FORM - II

Diary No. _____

APPLICATION FORM FOR ADMISSION INTO MS PROGRAMS SESSION
KING EDWARD MEDICAL UNIVERSITY, LAHORE

PROGRAMS		CHOICE OF PREFERENCE	PROGRAMS		CHOICE OF PREFERENCE
1.	Anaesthesiology		8.	Oral and Maxillofacial Surgery	
2.	Cardiac Surgery	_____	9.	Otorhinolaryngology	
3.	General Surgery		10.	Paediatric Surgery	
4.	Neurosurgery			Plastic Surgery	
5.	Obstetrics & Gynaecology		12.	Thoracic Surgery	
6.	Ophthalmology		13.	Urology	
7.	Orthopaedic Surgery				

THE ALLOCATION OF SEATS WILL BE ON MERIT AND FIRST COME FIRST SERVE BASIS.

1. Name of Applicant: _____

2. Father's Name: _____

3. Date of Birth: _____

4. CNIC No. _____

5. Present Address _____

City _____

Tel: _____

Email: _____

6. Permanent Address _____

Paste Recent
passport size
photograph

Tel _____

Mob: _____

7. CONTACT NUMBER OF CLOSE RELATIVE/NEXT OF KIN (Tel/Mob) _____

8. For Overseas Applicants

Permanent Address _____

Country of Origin _____ Passpoi1 No & Expiry Date _____ - -

Nationality -----Tel: _____ Cell: _____

E-Mail _____

e. **MBBS / Equivalent Degree recognized by PMDC:**

Year Obtained _____ Institution Where Studied _____

Degree Awarding University _____

(Please enclose a certified copy of degree)

10. **PMDC Registration Certificate:**

Registration No. _____ Date of Expiry: _____

(Please enclose a certified copy of valid certificate of Registration)

11. **Employment:**

Government _____ Private _____ Self Employed _____

12. **Fee deposit details**

Amount Rs ----- Bank Challan No./ Pay order No. -----

Date -- -- Branch -- -----

13. **Two Training Programs of the University or CPSP of the same or different Specialties are not permissible**

14. **DOCUMENTS TO ATTACHED (ATTESTED PHOTO Ur'los**

1. Three Photographs Passport Size
2. Matric Certificate
3. F.Sc Certificate
4. MBBS Degree / Relevant Graduate degree
5. Result Cards (All Professionals)
6. Attempt Certificate for all Professionals
7. PM&DC (Valid Date)
8. One year House Job Certificate.
9. CNIC
10. Domicile Certificate
11. Bank Receipts Rs: 2500/- (Original)

Signature of the applicant: _____

Specialty: _____

ORIGINAL
For Office Use

ADMIT CARD
University Based Subject Test
POSTGRADUATE ADMISSION
TEST

(Entry Test Centre)

King Edward Medical University
(Library Hall) Patiala Block,
Lahore.

MD MS MDS
Dated _____ Time: 09:00
AM

The admit card is essential to sit for the
Entry Test. Please complete it. This will
be signed, stamped and returned to
the applicant.

Past Recent
Photograph

(ID Card size)

Name: Mr. / Miss / Mrs.:

Father's Name:

CNIC No:

Phone No:

Mobile No:

Admit Card No. Please
leave Blank

Office Of Controller of Examinations

Please follow instructions overleaf

Signature of the Candidate

Specialty: _____

DUPLICATE
For Office Use

ADMIT CARD
University Based Subject Test
POSTGRADUATE ADMISSION
TEST

(Entry Test Centre)

King Edward Medical University
(Library Hall) Patiala Block,
Lahore.

MD MS MDS
Dated _____ Time: 09:00
AM

The admit card is essential to sit for the Entry Test.
Please complete it. This will be signed, stamped
and returned to the applicant.







Past Recent
Photograph

(ID Card size)

Name: Mr. / Miss / Mrs.:

Father's Name:

APPENDIX "D"

(See Regulation Part-A)

MD / MS / MDS PROGRAM FORMAT OF K. E. MEDICAL UNIVERSITY

Application	ENTRY EXAMINATION	Admissions
SHC&ME Dept Policy (JCAT), as announced from time to time		

1 - 6 Months COMMON FOR ALL PROGRAMS: Induction in specialty, Workshops, Synopsis Submission

For 04 YEAR PROGRAM

For 05 YEAR PROGRAM

7-24 M Training in allocated disciplines Synopsis approval within two years	7- 24 Months: Training in allocated disciplines Synopsis approval within two years
Intermediate Examination after two years of training	Intermediate Examination after two years of training
3 rd & 4 th YEAR OF TRAINING	3 rd , 4 th & 5 th Year OF TRAINING
Training of Generic& Specialty Specific Competencies	
Rotational Placements	
Research	
Continuous Internal Assessments	
Thesis Submission and Evaluation	

Completion of Four Year Programs

Completion of Five Year Programs

**Acceptance Of Thesis &
Final Examination**

**Acceptance Of Thesis &
Final Examination**

AWARD OF DEGREE OF MD or MS or MDS

Intermediate Examination for 04 years program in: General Medicine, General Surgery, Community Medicine, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, Radiology, Paediatrics, Psychiatry, Oral & Maxillofacial Surgery

Intermediate Examination for 05 years program in: Cardiology, Dermatology, Emergency Medicine, Gastroenterology, Neurosurgery, pulmonology, Anaesthesiology, Cardiac Surgery, Neurosurgery, Orthopaedic Surgery, Paediatric Surgery, Plastic Surgery, Thoracic Surgery, Urology

APPENDIX "E"

(See Regulation 9-iii)

MANDATORY WORKSHOPS

1. Each candidate of MD/MS/MDS program would attend the 04 mandatory workshops and any other workshop as required by the university.
2. The four mandatory workshops will include the following
 - a. Research Methodology and Biostatistics
 - b. Synopsis Writing
 - c. Communication Skills
 - d. Introduction to Computer / Information Technology and Software programs
3. The workshops will be held on 03 monthly basis.
4. An appropriate fee for each workshop will be charged
5. Each workshop will be of 02 - 05 days duration.
6. Certificates of attendance will be issued upon satisfactory completion of workshops



APPENDIX "F"
(See Regulation 9xxiii, 13, 14 & 16)

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 competencies: will be used for assessing operative and procedural

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.

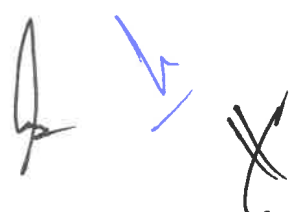
Multisource Feedback Evaluation

- 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 KEMU 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 (**Appendix H**)
 - 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 "Appendix-G".



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 in appendix-G and submit it to the Examination Department.
- viii. 75 % score will be required to pass the Continuous Internal Assessment on annual review.

The block contains three handwritten marks in blue ink. On the left is a signature that appears to be 'F'. In the center is a large 'X' mark. On the right is a signature that appears to be 'K' with a checkmark-like flourish.

APPENDIX " G "

(See Regulation 9ix, 9xxiii-d, 10, 11, 14 & 16)

Supervisor's Evaluation PROFORMA FOR CONTINUOUS INTERNAL ASSESSMENTS

1. Generic Competencies		
(Please score from 1 - 100. 75% shall be the pass marks)		Component Score
i. Patient Care		20
ii. Medical Knowledge and Research		20
iii. Practice and System Based Learning		04
• Journal Clubs		04
• Audit Projects		04
• Medical Error Investigation and Root Cause Analysis		04
• Morbidity / Mortality / Review meetings		04
• Awareness of Health Care Facilities		04
iv. Communication Skills		04
• Informed Consent		10
• End of life deCIAions		10
v. Professionalism		10
• Punctuality and time keeping		0
• Patient doctor relationship		4
• Relationship with colleagues		04
• Awareness of ethical issues		04
• Honesty and integrity		04
2. Specialty specific competencies		
Please Gcore from 1 - 100. 75% shall be the pass marks		04
Operative Skills / Procedural Skills		
		Score achieved
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)		Compon entScore
i. Log book of operations and procedures	25	25
ii. Record of participation and presentation in academic activities	25	25
iii. Record of publications		
iv. Record of results of assessments and examinations		

Score achieved

MD/MS/MDS Regulations (2024)

✓
f x

APPENDIX " H "
(See Regulation 10, 11 & 16)
CERTIFICATE OF COMPLETION OF TRAINING BY THE SUPERVISOR

Name of the Candidate		Fathers Name	
University Reg. No.		CNIC NO.	
Year of Admission		Year of completion of training	
Program of Training		Name of the Supervisor	

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First Phase 06 Months		• Induction in to the specialty				
		• Completion of workshops				
		• Synopsis submission				
Move to the next segment only on completion of above mentioned phase.						
Second Phase a) 7-12 months for four years programs in Abridged Examination scheme		• Training in allocated disciplines as per program format				
b) 7-24 months for four years and five years programs in Intermediate Examination scheme and for Abridged Examination scheme.		• Training in allocated disciplines as per program format				
		• Approval of synopsis				
Move to the next segment only on completion of above mentioned phase.						
Third Phase a) 2 nd , 3 rd , 4 th year of training Abridged Examination		• Training of competencies				
		• Rotational placements				
		• Research				
		• Thesis submission				
		• Training of competencies				
b) 3 rd , 4 th year of training		• Rotational				

after Intermediate Examination	placements				
	• Research				
	• Thesis submission				
	• Training of competencies				
c) 3 rd , 4 th , 5 th year of training after Intermediate Examination	• Rotational placements				
	• Research				
	• Thesis submission				

