

REGULATIONS FOR MTIs

**APPROVED BY THE POLICY BOARD
THE PUNJAB MEDICAL TEACHING INSTITUTIONS (REFORMS) ACT 2020
(Act II of 2020)**

Short title, application and commencement.

- (1) These regulations will be called the Medical Teaching Institutions Regulations, 2021
- (2) They shall come into force at once.

REGULATIONS

1. BOARD OF GOVERNORS

- a) The Board of Governors will be selected as prescribed in section 8 of the Act, with the membership as detailed in Section 7 of the Act and conduct their business as detailed in section 10 of the Act, with the functions and authority defined in section 11 of the Act.
- b) The Board will have overall authority and responsibility for the Institution and will report to Government as prescribed.
- c) The Board will be responsible for implementing the basic standards as laid down by the Policy Board.
- d) The Board will ensure adherence to the minimum qualification standards for all posts in the Medical Teaching Institutions laid down by the Policy Board to ensure merit-based appointments, provided that the Board may enhance such minimum qualification of merit at their discretion;
- e) All members of the Board shall attend the annual meeting of the Boards of all Medical Teaching Institutions called by the Policy Board.
- f) The Board will meet at least every 3 months and more frequently if the Board deems necessary to carry out its responsibilities and duties.
- g) The date and venue of the Board meeting will be widely publicized to employees of the Institution by electronic means at least 10 days before the meeting.

Provided that the Board may, in emergent circumstances, for which reasons shall be recorded in writing and reported as part and parcel of the minutes, meet and hold such meetings by publicizing the date and venue of the meeting to the employees of the Institution in a period which is less than 10 days before the meeting.

- h) Each Board meeting will continue until all essential agenda items have been satisfactorily resolved.
- i) Board meetings will be attended by the Dean, Hospital and Medical Directors, Finance Director and the Nursing Director, as invited guests to make presentations to the Board as required. These attendees may leave the Board meeting after their individual presentations unless otherwise required by the Board. Board may require any other person to attend the meeting if deemed necessary.
- j) The Finance director will make a presentation of the Annual Financial Report to the Board once a year, and will also attend the budget meetings of the Board; the Finance Director may also be required to attend other meetings as deemed necessary by the Board.
- k) An excused absence from the Board meeting, including emergent meeting, will require prior approval of the Board, with a written explanation sent to the Board at least seven days prior to the ordinary meeting and at least 24 hours prior to the emergent meeting.
- l) Employees of the Institution may address the Board after having given prior notice to do so at least 1 week before any board meeting. Employees may address the Board for a maximum of 3 minutes and no discussion will be permitted, except at the discretion of the Board.
- m) Employees may request a meeting with the Board, at a separate time from the Board meeting; the Board may approve or disapprove the request.
- n) The Board will complete review of the annual Institutional budget and forward the same to government by March 1st of each year.
- o) The Board will delegate to the Dean, Medical Director, Hospital Director, Nursing Director, Finance Director the recruitment of all personnel under their respective authorities, except that the Rules and Regulations will be followed in these appointments and the principles of transparency, fairness, and equity will be followed. The same principle of recruitment will apply to all such departments created by the Board from time to time as needed.

- p) Final approval of all medical faculty positions rests with the dean; however, the Board may choose to review any appointments as they may deem fit. Approval of appointments to all Hospital positions at or above managerial level will rest with the Board to whom the relevant authority will present the candidate's file for approval. However, the Board may choose to review selected appointments below managerial level if they deem fit.
- q) The Board may constitute an Executive Committee, Finance Committee, and such other committees or sub-committees as it may deem appropriate, as provided in Section 10 of the Act.
- r) The Board will name the Chairperson and membership of such committees.
- s) Each committee, at its first meeting, shall confirm membership and appoint a Secretary who shall take Minutes and keep a record of each meeting.
- t) The Chairperson of the committee shall call meetings of the committee as required in the specific terms of reference for that committee. The committee may also meet at the request of the Board.
- u) The Minutes of each meeting duly approved by its members shall be forwarded to the Board.

2. GENERAL REGULATIONS FOR ALL EMPLOYEES OF THE MEDICAL TEACHING INSTITUTION.

- a) The general conduct expected of an employee is detailed in the Employee Handbook (Appendix 6) which will be given to each employee on joining service with the Institution.
- b) Employees are expected to uphold the highest standards of integrity, honesty, compassion and goodwill towards patients and their co-workers.
- c) Employees will, upon joining the Institution receive an Orientation to the Institution, its functions and the expected Code of Conduct.
- d) All employees, upon joining the Institution will sign a document indicating their full understanding and acceptance of the Institutional Code of Conduct, receipt of a copy of the Employee Handbook, and their understanding of the same.
- e) For all new appointments there will be a probationary period as decided by the competent authority.

3. BOARD/COMMITTEE MEETINGS

- a) All members attending Board or Management Committee meetings must sign in to document their attendance.
- b) Written minutes will be kept of each Board and committee meeting by the respective secretaries of the Board or Committees as the case may be.
In case of any discrepancy or dissidence, member(s) may place a note of dissent and bring their reservation to the notice of the Board/Committee as the case may be.
- c) Minutes of meetings will be placed as agenda item no: 1 for approval by members in the next meeting. In case of any discrepancy or dissidence, member(s) may place a note of dissent and bring their reservation to the notice of the Board/Committee as the case may be.

4. HOSPITAL DIRECTOR

- a) The Board will appoint a Hospital Director as described in Section 16 (1) of the Act.
- b) The qualifications and experience for the post of Hospital Director shall be as in Section 16(3) of the Act. The Hospital director will have a minimum experience at management level positions of 7years, except that the Board may relax this condition in the case of an outstanding candidate, provided that the Board specifically documents the reasoning for the exception.
- c) The Hospital Director will be selected and appointed by the Board for a term of 5 years and shall be eligible for reappointment at the discretion of the Board based upon performance and so documented by the Board, provided that no Board member shall be appointed as Hospital Director. No person may serve as Hospital Director for more than three terms.
- d) The Board will appoint a Hospital Director with requisite qualifications as described in Section 16 of the Act: A selection committee consisting of 5-7 members will be appointed by the Board consisting of appropriately qualified individuals including:
 - i. a senior and a junior medical consultant representing the hospital
 - ii. a senior representative from the Nursing department
 - iii. the head of a non-medical department from the finance, or other hospital administrative unit.

- iv. a reputable lay person who may be a retired senior civil servant or a recognized philanthropist or reputable member of civil society nominated by the Board.
- v. 2 optional co-opted members nominated by the Board.

The Board will select a chairman of the committee from amongst the members of the selection committee.

- e) The Committee will make its selection and recommendation based entirely on merit, and in a fair and transparent manner after fulfilling the prescribed procedure as laid down hereunder:
- f) The vacancies shall be advertised in at least four leading national Newspapers (two English and two Urdu) specifying therein the application procedure, prescribed qualifications, experience and other academic/technical requirements, date of closure of application, etc.; the selection committee may also advertise in international journals/media if it so desires.
- g) The selection committee will draw up a short list of candidates to interview; at least three candidates will be interviewed. In the event of insufficient candidates, all qualified candidates may be interviewed.
- h) Any member of the selection committee who has a conflict of interest in any form, either with a specific candidate or the position, or for any other reason, will withdraw himself from the process and inform the Board accordingly.
- i) The Board may then choose to appoint another person meeting the criteria in (d) above.
- j) The selected individual will be presented for approval to the Board. The Board may accept or reject the nominee: in the case of rejection, the Board will provide written reasons for the rejection to the selection committee. The Board may then select an alternative applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to reevaluate the candidates and select another individual from the applicants or begin the whole selection process again as in (e) to (i) above.
- k) The functions, responsibilities and requirements of the Hospital Director will be as detailed in Section 17 of the Act. The Board may also assign additional responsibilities to the Hospital Director as needed.

5. MEDICAL DIRECTOR

- a) The Medical Director will be selected and appointed by the Board, in accordance with Section 18 of the Act, for a period of five years, renewable for further terms of five years at the discretion of the Board based upon performance and so documented by the Board. No person may serve as Medical Director for more than three terms.
- b) Candidates will have a record of excellence in clinical care and have at least three years of experience in leading a major hospital clinical unit in any clinical discipline, including medicine and its subspecialties, surgery and its subspecialties, pediatrics and its subspecialties, obstetrics/gynecology and its subspecialties, radiology and imaging services, pathology, and any other major clinical units.

The Board may utilize the services of a reputable recruitment agency to assist with the recruitment and shortlisting process.

- c) A selection committee comprising of 7-9 members will be appointed by the Board consisting of appropriately qualified individuals including:
 - i. 2 senior and 2 junior medical consultants representing different specialties in the hospital,
 - ii. a senior representative from the Nursing department,
 - iii. a head of a non-medical department from the finance, or other hospital administrative unit.
 - iv. a reputable lay person who may be a retired senior civil servant or a recognized philanthropist or reputable member of civil society nominated by the Board.
 - v. 2 optional co-opted members nominated by the Board

The Board will select a chairman of the committee from amongst the members of the selection committee.

- d) The Committee will make its selection and recommendation based entirely on merit, and in a fair and transparent manner after fulfilling the prescribed procedure as laid down hereunder:
- e) The vacancies shall be advertised in at least four leading national Newspapers (two English and two Urdu) specifying therein the application procedure, prescribed qualifications, experience and other academic/technical requirements, date of closure of application, etc; the selection committee may also advertise in international journals/media if it so desires.

- f) The selection committee will draw up a short list of candidates to interview; at least three candidates will be interviewed. In the event of insufficient candidates, all qualified candidates may be interviewed.
- g) Any member of the selection committee who has a conflict of interest in any form, either with a specific candidate or the position, or for any other reason, will withdraw himself from the process and inform the Board accordingly.
- h) The Board may then choose to appoint another person meeting the criteria for membership of the selection committee in clause (c) above.
- i) The selected individual will be presented for approval to the Board. The Board may accept or reject the nominee: in the case of rejection, the Board will provide written reasons for the rejection to the selection committee. The Board may then select an alternative applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to reevaluate the candidates and select another individual from the applicants or begin the whole selection process again as in (d) to (h) above.
- j) The functions, responsibilities and requirements of the Medical Director will be as detailed in Section 18 and 19 of the Act. The Board may also assign additional responsibilities to the Medical Director as needed.

Simultaneously with his appointment as Medical Director, the selectee will also receive a faculty appointment at the appropriate level (associate professor or full professor) in a department appropriate to his specialty, which appointment shall not be limited to the term applicable to the office of the Medical Director.

6. DEAN

- a) The Board shall appoint a Dean, in accordance with Section 15 of the Act, for the Medical College for a period of five years, renewable for further terms of five years at the discretion of the board based upon performance and so documented by the Board.
- b) The Dean will be a medical academic with either a Ph.D degree or a medical qualification such as M.B.B.S or equivalent, plus a higher Diploma, such as a FCPS, FRCP, FRCS, or a US Board certification or equivalent. The Dean will be of National and, preferably, International reputation in his/her field, which may be in the basic or clinical sciences, with at least 7 years administrative experience as head of a department,

unit, program, or institution, with recognized leadership qualities, a track record in teaching, and a commitment to medical education and research.

The Board may utilize the services of a reputable recruitment agency to assist with the recruitment and shortlisting process.

- c) The Board will constitute a Selection Committee of 7-9 members, consisting of:
- i. Two Professors or Associate Professor from Basic Sciences
 - ii. Two Professors or Associate Professor from Clinical Sciences
 - iii. Hospital Director
 - iv. Nursing Director
 - v. Upto 3 x Notable persons nominated by the Board

The Board will designate a Chairman of the committee from the members of the selection committee.

Provided that the Board may choose to renew the appointment of an existing Dean for a further term of five years at their discretion based upon the performance of the Dean. In this case the Board will document a written explanation for such an action. No person may serve as Dean for more than three terms.

- d) for selection of the Dean, the selection committee will follow the procedure as in Regulation 5 (d) to (i) above.
- e) Simultaneously with his appointment as Dean, the selectee will also receive a faculty appointment at the appropriate level (associate professor or full professor) in a department appropriate to his specialty, which appointment shall not be limited to the term applicable to the office of the Dean.

7. FUNCTIONS AND DUTIES OF THE DEAN

- a) The Dean will be head of the Medical school/college and be responsible for all undergraduate and postgraduate medical teaching and research and will report to the Board.
- b) He will be responsible for all budgetary and financial matters relating to the medical school and its functions.
- c) The Dean will select from the faculty an Associate Dean for undergraduate education, and an Associate Dean for postgraduate education, to be approved

- by the Board and designated as such, provided that the Dean may not simultaneously hold the position of Dean and Associate Dean.
- d) The Associate Deans for undergraduate and Postgraduate Medical Education will represent the Institution at relevant educational fora, provided that the Dean may not simultaneously hold the position of Associate Dean for Undergraduate Medical Education or the Associate Dean for Postgraduate Medical Education.
 - e) The Dean will select an Associate Dean for Research for approval by the Board, provided that the Dean may not simultaneously hold the position of Dean and Associate Dean.
 - f) ACADEMIC COUNCIL: The Dean will be advised by an Academic Council, of which he will be Chairman; the Academic Council will consist of the Heads of all the Medical School departments and the Associate Deans. In MTIs with affiliated institutes, the head of the relevant institute, by whatever title, will be a member of the academic council.
 - g) The Dean will act in all matters of the institution in close liaison with the Hospital, Finance and Medical Directors and Associate Deans.
 - h) Dean as Chief Executive Officer: Notwithstanding anything contrary to provisions of the act, the Dean as Chief executive Officer will act as the deciding authority on matters referred by the respective HODs, Medical Director, Director Nursing, Director Finance, Hospital Director or directors of affiliate institutes or any other post created by the Board. He/ she will also ensure resolution of any disputes amongst the directors/senior management of the concerned institute.

8. NURSING DIRECTOR

- a) The Nursing Director will be appointed by the Board, in accordance with Section 20 of the Act, for a term of 5 years which may be renewed by the Board at their discretion, for a further term, provided that no Board member shall be appointed as such. The renewal will be based upon the performance of the incumbent, and the Board will document a written explanation for such an action. No person may serve as Nursing Director for more than three terms.
- b) The Nursing Director will be a qualified nurse (RN), with an advanced degree in Nursing (BScN), preferably MScN/MA with at least seven years

administrative and teaching experience in a reputable health care facility, and Current Nursing Council Registration.

- c) The Board will constitute a 5-member selection committee, with the Medical Director as Chairperson, and including the Hospital Director, a representative of the Dean, plus one Medical consultant and one notable person nominated by the Board to recruit and recommend a suitable candidate to the Board for the position of Nursing Director.
- d) for selection of the Director Nursing the selection committee will follow the same general procedure as laid down in Regulation 5 d) to i) above.
- e) The Board will designate a Chairman of the committee from the members of the selection committee.

9. FUNCTIONS AND DUTIES OF THE NURSING DIRECTOR

- a) The Nursing director will report to the Board as noted in Section 20(4) of the Act.
- b) The responsibilities of the Nursing Director will be as noted in Section 20 of the Act.

10. FINANCE DIRECTOR

- a) A Finance Director will be appointed for a term of 3 years and shall be eligible for re-appointment at the discretion of the Board.
- b) The Board will appoint a selection committee comprising of 5 members with the Dean as Chairman, and Hospital Director, the Medical Director, a nominee of the Board and a reputable lay person with experience in financial matters, to recruit a Finance Director to head the Finance Department of the institution.
- c) The Finance Director shall be a chartered accountant or have ICMAP certification or have a Masters degree in finance. Candidates must have ten years post qualification experience in finance and/or accounts in a major private or public company/institution.
- d) Recruitment will be by a transparent process of public advertisement and evaluation as described in Regulation 5 (d)-(i) above.
- e) Functions and Duties of the Finance Director.

- i. Coordinate and supervise all financial accounting matters of the institution and keep the Dean apprised of monthly cash flow in KS Medical Complex.
- ii. Prepare the detailed regulations and procedures for the financial management of the institution for approval by the Management Committee (see Regulation 12, below) and the Board.
- iii. Advise the Hospital and Medical Directors and the Dean on all financial matters, ensuring transparency and fiscal probity,
- iv. Ensure all the accounts are kept according to rules and regulations approved by the Board,
- v. Assist in the development of the Medical College/school and Hospital budgets by the Dean and the Hospital and Medical Directors, respectively, ensuring that the financial projections and financial accounts are accurate.
- vi. Prepare an Annual Financial Report for approval of the Hospital and Medical Directors and the Dean and present the approved annual financial report to the Board.
- vii. Ensure facilitation of any external audit of the accounts instituted by the Board or Government and implement the recommendations of the audit.
- viii. Any differences arising on financial issues between the Dean/Hospital Director/Medical Director or any other post sanctioned by the Board and the Finance Director, shall be placed before the Board for a final decision.

11. DIRECTOR QUALITY CONTROL

- a) A Director Quality Control will be appointed for a term of 3 years and shall be eligible for re-appointment at the discretion of the Board.
- b) The Board will appoint a selection committee comprising of 5 members with the Dean as Chairman, and Hospital Director, the Medical Director, Nursing Director and a reputable lay person with experience in Quality Control matters, to recruit a Director Quality Control.
- c) The Director Quality Control shall be an M.B.B.S Doctor with an MBA degree

and having at least 7 to 10 years of experience in the relevant field.

- d) Recruitment will be by a transparent process of public advertisement and evaluation as described in Regulation 5 d) to i) above.
- e) The functions and duties of a Director Quality Control Shall be:
 - i. Develop & maintain a close working relationship with the Physicians, Nursing division, & Managers/staff of Support and Ancillary departments
 - ii. Develops and maintains an effective and efficient hospital wide Quality Management program/plan.
 - iii. Play a vital role in Clinical & Nonclinical Risk Management through identification of these risks and implementing mitigatory steps against the same in liaison with the hospital leadership.
 - iv. Develop & supervise patients' feedback system.
 - v. Develop and implement a hospital wide Clinical Audit programme.
 - vi. Establishes quality measurement and improvement activities (indicators) hospital wide, including methods to track implementation of action plans following site surveys and critical events reviews
 - vii. Oversee regulatory readiness, quality measurement, and public reporting programs and initiatives, holding staff and departments accountable for achieving performance goals
 - viii. Aim for ISO and other national/international quality accreditations.

12. MANAGEMENT COMMITTEE

- a) A management committee will be formed for the overall coordination of the Institution. The management committee will be chaired by the Dean and include:
 - i) the Hospital Director,
 - ii) the Medical Director,
 - iii) the Finance Director,
 - iv) the Nursing Director
 - v) two persons nominated by the Board on the recommendation of the Dean.
- b) The secretary to the Dean will act as secretary to the committee.

- c) The committee will report to the Board.
- d) The committee will meet every month or more frequently if the committee or the Board deem necessary.
- e) The committee will review the overall performance of the Institution and implement processes to streamline functions across departments, preventing duplication and ensuring the most efficient and cost-effective function.
- f) The Management Committee will have authority to approve all payments above Rupees two million and five hundred thousand, so long as they are within the approved budget for the Institution and ensuring that all Institutional rules and procedures have been documented and followed in a transparent and fair manner.
- g) Payments equal to or less than Rupees two million and five hundred thousand may be approved respectively by the Hospital Director for Hospital expenditures, and by the Dean for Medical College expenditures, so long as they are within the approved budget for the Institution and ensuring that all Institutional rules and procedures have been documented and followed in a transparent and fair manner.
- h) review and recommend for approval to the Board, the Annual Budget, for the Medical Teaching Institution.

13. HOSPITAL APPOINTMENTS

For all other appointments in the Hospital, apart from the Hospital and Medical Directors, the Finance Director and the Nursing Director, the Board may delegate authority to the Medical Director, Hospital Director Finance Director and Nursing Director.

14. MEDICAL CONSULTANTS

- a) Only Medical faculty, duly recruited as in item 22, below, may be appointed as medical consultants to the Hospital.
- b) Medical consultants will be qualified physicians with M.B.B.S or B.D.S degrees from recognized institutions or equivalent degrees and a higher diploma, such as FCPS, MRCP, FRCS, MDS or a USA subspecialty Board

diploma or equivalent and be licensed to practice medicine// dentistry by the Pakistan Medical Commission (PMC).

- c) At the initiation of the Act, all medical consultants working at the Hospital will continue in their current positions.
- d) All medical consultant positions will be reviewed at least annually and their clinical privileges will be assessed by the Clinical Privileges Committee (CPC) identified in the Medical Staff Regulations and in accordance with Sections 23, 24 and 25 of the Act and duties may be assigned accordingly by the Medical Director in consultation with the Dean and Department Chairman.
- e) New appointments to the Consultant Medical Staff will be on recommendation by the Dean and the relevant department chairman to the Medical Director. Candidates will be clinical medical faculty appointed to the Medical College at senior Registrar or higher level.
- f) The Medical Director will submit the application to the Clinical Privileges Committee (CPC) for approval and assignment [see Regulation 15 (h)].
- g) In the case of rejection of a candidate by the CPC, a full written report indicating the rationale for the rejection will be provided to the Medical Director who will forward it to the Dean.
- h) In the event of disagreement between the Medical Director and the Dean, the matter may be referred to the Board for a final decision.

15. CLINICAL EXECUTIVE BOARD

- a) A clinical executive board will be formed to advise the Medical Director on all clinical matters,
- b) It will consist of the Medical Director, Medical Department heads, Director of Nursing and with the Hospital Director and QA coordinator as ex-officio members.
- c) It will review any current clinical hospital wide clinical problems,
- d) It will monitor and ensure the highest quality of medical care at the Hospital,
- e) It will advise and develop clinical performance metrics,
- f) It will plan future clinical development and programs for the hospital,

- g) It will recommend corrective actions for individuals and departments,
- h) It will appoint a Clinical Privileges Committee as noted in Medical Staff Bylaw No. 7.4(Appendix 7) with the membership and functions delineated therein.

16. CIVIL SERVANTS

- a) All civil servants working in the Medical Teaching Institution, shall at all times, be deemed to be on deputation, and shall be dealt with in such a manner as provided in section 11-A of the Punjab Civil Servants Act 1974 (VIII of 1974), for their future posting, which includes deputation to the Medical Teaching Institution subject to a request being made by the Board.
- b) A civil servant may be sent on deputation to the Medical Teaching Institution by the Government at the request of the Board. For civil servants on deputation to the Medical Teaching Institution, pension contribution shall be made by the Medical Teaching Institution.
- c) The deputation of a civil servant to a Medical Teaching Institution may be terminated by the Board at any time without assigning any reason thereof and such civil servants services shall revert to the Government immediately upon such termination being notified by the Board.
- d) Annual performance reports on all civil servants serving in the Institution will be completed as for other employees and placed in their records at the latest by 31st January of the following year. These annual performance reports will be available to government for purposes of promotion, assignment or any other official activity.

17. PRIVATE PRACTICE

- a. Employees who opt for Institutional private practice may be entitled to such increase in salary, adjustment, bonuses or other ancillary benefits as the Board may approve.
- b. Employees, who do not opt for Institutional private practice within the premises of the hospitals, clinics, imaging facilities and laboratories of the

Medical Teaching Institution, shall not be entitled to any increase and adjustment, incentives, bonuses or other ancillary benefits or administrative posts, except in case of extraordinary need, as decided by the Board.

- c. Consultants professional fee shall not exceed the usual and customary fees charged for the same services in the community, assuring efficiency, and value for money to the clients.
- d. Private patient billing shall consist of the professional fee component and the Institutional charges representing the charges of the clinic, imaging facility, laboratory services, or other Institutional charges. Provided that all patient billing shall be done only by the hospital, clinic, imaging facility, or laboratory, and the professional fee component shall be returned to the Consultant.
- e. No reduction of the professional component income to the Consultant from the patient shall be permissible by the Medical Teaching Institution.

18. GOVERNANCE STRUCTURE OF HOSPITAL

The Hospital will have an administrative structure under the Hospital Director (see Appendix 1) and an administrative structure under the Medical Director (see Appendix 2)

19. HOSPITAL EXECUTIVE COMMITTEE

- a. There shall be a Hospital Executive Committee consisting of the Heads of all the departments under the authority of the Hospital Director (see Appendix 1), which committee shall also include the Nursing Director.
- b. The Executive Committee will meet on a monthly basis under the Chairmanship of the Hospital Director to discuss and resolve issues with Hospital non-clinical functions such as space, building maintenance, information services, procurement and materials management, patient flows, parking, etc.

20. NURSING DEPARTMENT

- a. The nursing department organizational structure is shown in appendix 3.

- b. A Nursing Advisory Board, consisting of all nurse managers will meet on a monthly basis, under the chairmanship of the Nursing Director, to review and discuss current nursing functions and plan future nursing programs and expansions.

21. MEDICAL COLLEGE/SCHOOL

- a. The Medical college and faculty will function under the Dean, as shown schematically in Appendix 4.
- b. The Associate Deans will be selected by the Dean for approval by the Board.
- c. The Associate Dean for postgraduate education will:
 - i. represent the Institution for induction of postgraduate trainees,
 - ii. Oversee postgraduate medical education in the Institution and provide regular reports at 3 monthly intervals to the Academic Council,
 - iii. Assist in the recruitment of trainee house staff for the Institution
 - iv. Perform such other functions as prescribed by the Dean and Academic council.
- d. The Dean, at the recommendation of the Academic Council, may abolish or add any functions to the Associate Dean for Postgraduate Education as they deem fit.
- e. The Medical Teaching Institution will have the right to designate the number of posts available for trainees in any specialty up to the maximum number approved by the College of Physicians and Surgeons or university for that specialty for that institution.
- f. Associate Dean for Undergraduate education selected by Dean:
 - i. will be responsible for undergraduate student affairs pertaining to discipline, overseeing and coordination of all the programs and activities that support student recruitment, education and retention in the college.

- ii. Design, develop, and implement support for academic planning for students.
- iii. Conduct curriculum assessment and provide assessments as necessary.
- iv. Aid in the development of academic and career-development workshops.
- v. Assist undergraduate students with the direction and execution of academic and career advising activities.
- vi. Oversee student teaching in all clinical and non-clinical departments
- vii. Ensure development and training of the faculty to achieve educational objectives
- viii. Ensure compliance with national and international regulatory institutions in medical field
- ix. Establish international linkages with medical institutes for knowledge sharing
- x. Establishes and maintains partnerships which advance the Vision and Mission of the Faculty of Medicine and Dentistry
- xi. Creates a conducive environment for learning and development in under graduate medical education that promotes a pervasive sense of respect, collegiality, empathy and cooperation
- xii. Provide advice and consultation to the Dean on undergraduate education issues that impact the Faculty of Medicine and Dentistry
- xiii. Create a conducive environment for learning and inquiry in undergraduate medical education that promotes a pervasive sense of respect, collegiality, empathy and cooperation that supports patient and learner safety

- xiv. Coordinate the internal review process and assists the accreditation process of residency programs that ensure adherence to accrediting bodies
- xv. Ensure that policies and procedures are developed and implemented catering the needs of undergraduate medical education
- xvi. Provide academic advice on postgraduate education and other health sciences
- xvii. Provide an oversight on continuous quality improvement of all Under Graduate Medical Education programs including the internal review process and assist the accreditation process of all programs
- xviii. Establish a process for ongoing review and improvement of the learning environment
- xix. Provide support and direction to faculty in addressing the educational needs of students
- xx. Collaborate with the Admissions office and the office of Student Affairs on policies and strategies related to student recruitment, retention, and progression toward their degree
- xxi. Implement effective policies and procedures for the intake and orientation of all students and clinical fellows in the Faculty of Medicine & Dentistry
- xxii. Leadership for College-wide undergraduate initiatives
- xxiii. Provide support, direction and assistance to all faculty members and department that address the educational needs of residents and clinical fellows
- xxiv. Develop and maintain liaisons with all distributed and affiliated teaching sites
- xxv. Develop and implement policies and procedures applying to all programs
- xxvi. Other duties as determined necessary by the Dean

- g. Associate Dean for Research will be responsible for:
- i. **Research Leadership** – Provide strategic leadership, guidance and support for research and research training programs within the Faculty and students, including strategic planning, and research program development and evaluation
 - ii. **Research Operations** – Lead and coordinate the operational function of the research according to the MTI Abbottabad’s research plan
 - iii. **Faculty Development** – Provide advice and consultation to Dean, departmental HODs Medical Directors to support faculty research development and to promote research excellence
 - iv. **Faculty Representation** – Represent the Faculty at Institution level and externally on research-related initiatives (e.g., Research Advisory Board, Research Funding Committees, Research Management Boards, and Research Strategic Planning etc.). This includes liaising with partner organizations and industry and advising the Dean and Directors on college and external research initiatives
 - v. Advise the Dean on the appropriate research strategic direction for the Faculty
 - vi. Lead along with Directors, the development and implementation of the Research
 - vii. Strategic Plans of the Faculty and college
 - viii. Liaise with the Pakistan Health Research Council (PHRC) to develop inter-faculty and inter-university collaborative, multi-disciplinary health research initiatives, and to support the Faculty of Health Professions
 - ix. Lead the overall research quality assurance framework of the Faculty by working with the Dean, Directors and academic units of the Faculty to ensure that quality indicators for research are met (Accreditation, regulatory body, etc.)

- x. Establish and implement appropriate systems for the management of all phases of the decision-making process relative to the research policy
- xi. Work with Heads of departments and researchers to encourage the development of quality interdisciplinary research projects and programs, by taking an active role in promoting linkages between researchers within the Faculty of Health Professions and other faculties
- xii. Identify new resources for research in partnership with health centers, government, industry, philanthropy, and other communities to assist in Institute's efforts to lobby at provincial and national government levels and private agencies for appropriate research funding for the Faculty of Health Professions
- xiii. Assist and advise researchers within the Faculty to maximize external research funding through development programs, internal peer review and mentoring processes
- xiv. Lead in the development of strategic policies related to the improvement and management of research space, to evaluate and coordinate effective utilization of that space
- xv. Ensure that faculty and research students are aware of critical issues and granting council expectations regarding scholarly integrity in, and ethics of, the conduct of research in the Faculty
- xvi. Represent the Faculty at appropriate research organizations and committees
- xvii. Assist in establishing policies in the Faculty of Health Professions working in collaboration with the affiliated Health Authorities with respect to intellectual property (IP)
- xviii. Other duties as determined necessary by the Dean/CEO

22. FACULTY

- a. The Board will delegate authority for recruitment and appointment of Medical faculty, both basic science and clinical, to the Dean and Academic Council.

- b. All appointments will be made solely on merit in a transparent and fair manner.
- c. At the initiation of the Act all existing faculty will continue in their current positions.

d. FACULTY RECRUITMENT

- i. The need for new faculty will be generated by the concerned department chairperson, with full justification and job description, indicating the level of the post (assistant professor, associate professor etc.), along with the required qualifications/training/expertise if any, over and above those laid down for each level by the PM&DC, University and the College of Physicians and Surgeons of Pakistan.
- ii. This will be discussed by the Academic Council and Dean and approved or disapproved.
- iii. For an approved post, the Human resources department will arrange to advertise as noted in Regulations 4 (f).
- iv. Suitable candidates will be invited for interviews within the department by a selection committee constituted by the Chairman consisting of the Chairman and at least two thirds of the departmental faculty members to include equal numbers of both junior and senior faculty and one faculty member from a different department nominated by the Dean. The Dean may also nominate an additional expert member if he deems it necessary.
- v. All reviewers will provide written comments on a prescribed standardized form.
- vi. The department chairman will select the candidate with advice of the selection committee.
- vii. The department chairman will present in writing his recommendation along with the candidate's file to the Dean for approval. At the same time the Chairman will provide a list of all applicants and the reasons for their rejection.
- viii. The Dean will inform the Board and the academic council and send the appointment letter to the candidate.

- ix. In the case of rejection of the candidate by the Dean, the Dean will provide a written explanation to the department chairman for the basis of the rejection.

e. FACULTY PROMOTION

- i. Faculty at assistant professor or associate professor level will be considered for promotion to the next level at eight years or less from the time of initial appointment in the post.
- ii. The promotion requirements at each level will be as recommended for that level by the Higher Education Commission or as decided by the Academic Council and the Board, provided that all promotions will be based entirely on merit and meet minimum PMC standards.
- iii. The initial decision to proceed with promotion is to be made by the chairman at the departmental level, by the Departmental Promotions Committee, except at the 8th year when the promotion process must proceed regardless. Provided that those senior registrars, assistant and associate professors who have already served five or more years in the post as of May 1st, 2021 will have a maximum of three years from August 1st, 2021 to be considered for promotion as in Sub-Regulation (1).
- iv. The candidate's dossier, if approved by the Departmental Promotions Committee, will be presented to the Medical College Promotions Committee.
- v. If approved by the Medical College Promotions Committee, the candidate will be promoted and the Board so informed.
- vi. if disapproved the candidate may apply again in the subsequent year; however, if disapproval occurs at the 8th year, the candidate's service will end, effective in six months.

Provided that a candidate for promotion from Associate Professor to full Professor who is unsuccessful may continue in his post and apply again within 2 years. In the event of disapproval for a second time, the candidate's service will end effective in 6 months.

- vii. DEPARTMENTAL PROMOTIONS COMMITTEE - The faculty members in each department will form a departmental promotions

committee, chaired by the department chairman and consisting of all departmental faculty members above the rank of the individual being considered for promotion. Thus for a candidate for promotion from assistant to associate professor, all departmental faculty who are associate or full professors will form the committee, whereas for a candidate for promotion from Associate to Full Professor, only faculty members who are full professors will form the committee. The committee will consist of at least three members, including the department chairman. In the event that there are insufficient requisite faculty members in a Department, the Dean will invite faculty members of appropriate rank from other departments to complete the minimum requirement of three members.

- viii. MEDICAL COLLEGE PROMOTIONS COMMITTEE. -The Dean will appoint a Medical college promotions committee consisting of seven members of the faculty at Professor level and the Medical Director but excluding department chairmen. The Dean will appoint a chairman of the committee from amongst the members. The Dean may not nominate himself nor be a member of this committee. The tenure of members of the committee will be 5 years, at the end of which period the Dean will appoint new members, provided that an existing member's term may be renewed for one more term. No member may be appointed to the committee for more than two successive terms. The committee will receive the promotion recommendation from the departmental promotions committee and make a final decision which will be provided in writing detailing the reasons for the decision to the chairman of the candidate's department.
- ix. APPOINTMENT OF DEPARTMENT CHAIRMEN.-The Dean will form a search committee to recommend candidates for the post of each Department Chairman. The committee will consist of one faculty member from the concerned department and four faculty members from different departments. The committee will also include the Medical Director of the Hospital or his nominee. The Dean will appoint a chairman from amongst the members of the committee. The search committee will invite applications and proceed as in 4 (e) to (g) of the Regulations. The committee will make its recommendation to the Dean who may accept or reject it. In the event of rejection, the Dean will provide a written explanation for his action to the search committee, which will then proceed to recommend another candidate following the procedure mentioned above.

- x. Department Chairmen will serve for a term of three years renewable for two further terms of three years each at the discretion of the Dean and the advice of the Academic Council based upon performance and so documented by the Dean. No person may serve as Department Chairman for more than three terms.

23. BUDGETARY PROCESS

- a. The annual budget development process is shown in Appendix 5.
- b. Annual Budgets will be prepared separately by the Medical College and by the affiliated teaching Hospital.
- c. These budgets will be prepared by a process whereby every department and division will submit an annual budget, to include capital equipment and expenses, to the Finance Director.
- d. These budgets will be reviewed and adjusted by the Director Finance and his/her team and forwarded for approval and submission to the Dean and Academic Council in the case of the Medical College, and to the Hospital & Medical Directors in the case of the Teaching Hospital.
- e. These approved budgets will then be submitted to the Board of Governors for final approval.
- f. The Board of Governors will ask the Finance and Accounts subcommittee of the Board to review the budgets and recommend approval or revision. The Board of Governors will then approve the final budgets.

- g. Once the budgets are approved by the Board of Governors, each Institution (Medical College and Teaching Hospital) will proceed to utilize their funds according to the approved budget - no further approvals will be required, so long as the expenditure is according to the approved budgetary plan.

- h. At the end of each fiscal year, the financial performance of each Institution will be reviewed and audited by the Board of Governors based on financial statements submitted by Director Finance and his/her team to ensure that budgetary recommendations were followed and the approved budget allocations were appropriately followed and the budget was not exceeded, as well as to ensure that all financial processes were transparent and ethical. The Board may recruit the services of an external auditor to verify the authenticity and validity of these financial statements.

24. WORKING HOURS FOR HOSPITAL EMPLOYEES

- a. Regular working hours for employees will be from 8:00 am to 4:30 pm, including a thirty-minute lunch break, five days a week.

- b. However, timings may vary for employees working in shift-based departments as the Hospital works in three shifts. Shift timings are:

Administrative staff

8:00 AM to 4:00 PM-Monday to Friday

Clinical Staff

8:00 AM to 2:00 PM First Shift

2:00 PM to 8:00 PM Second Shift

8:00 PM to 8:00 AM Night Shift

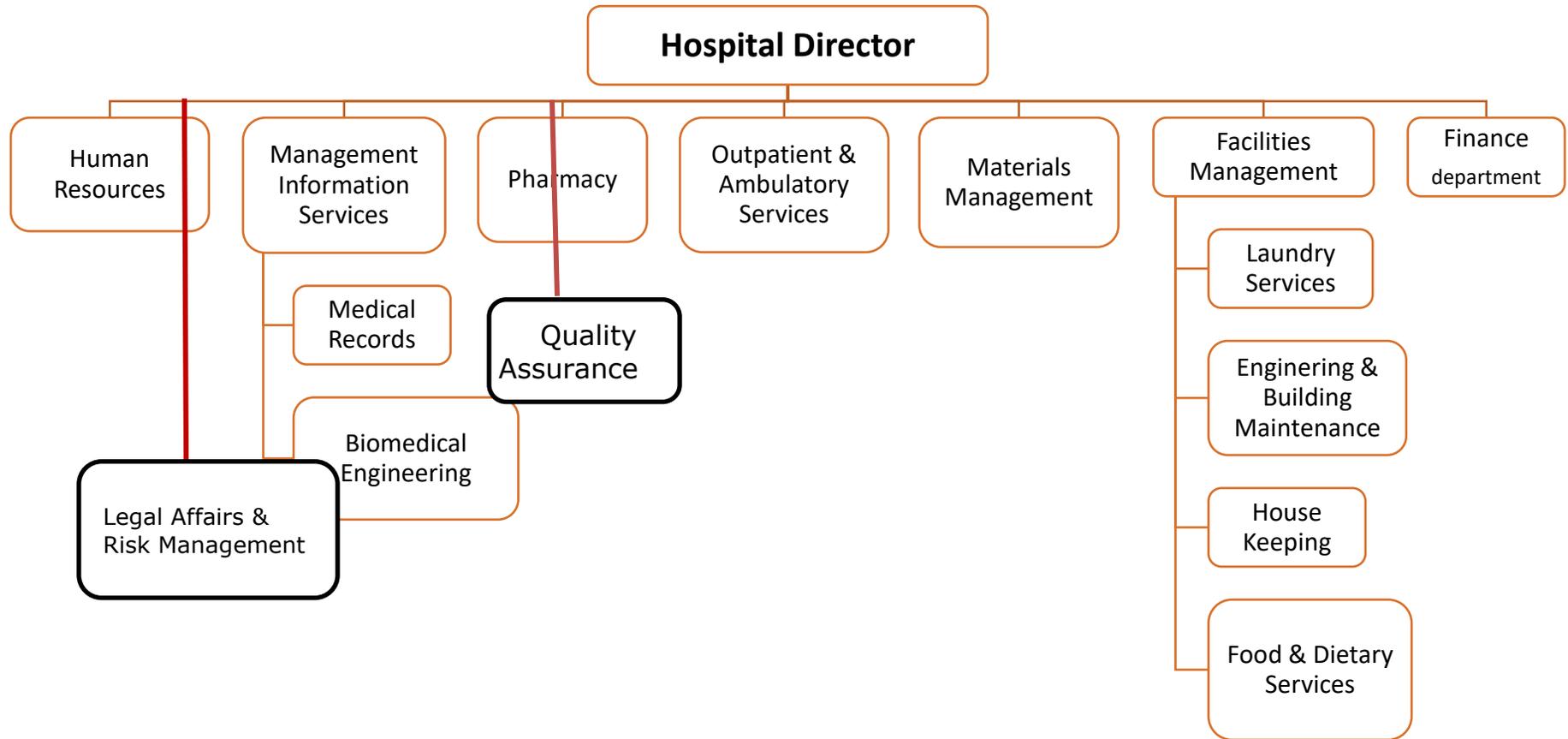
- c. Employees shall observe working hours as determined by their departmental manager or supervisor.

Provided that medical staff, including consultants, and house staff, and essential staff may be required to attend at weekends and nights as determined by the department head and the Medical Director, in order to provide complete medical service to patients at all times. Such attendance would be on a roster basis, ensuring that each medical staff member is treated in an equitable manner and sufficient consideration given to avoid excessive overwork.

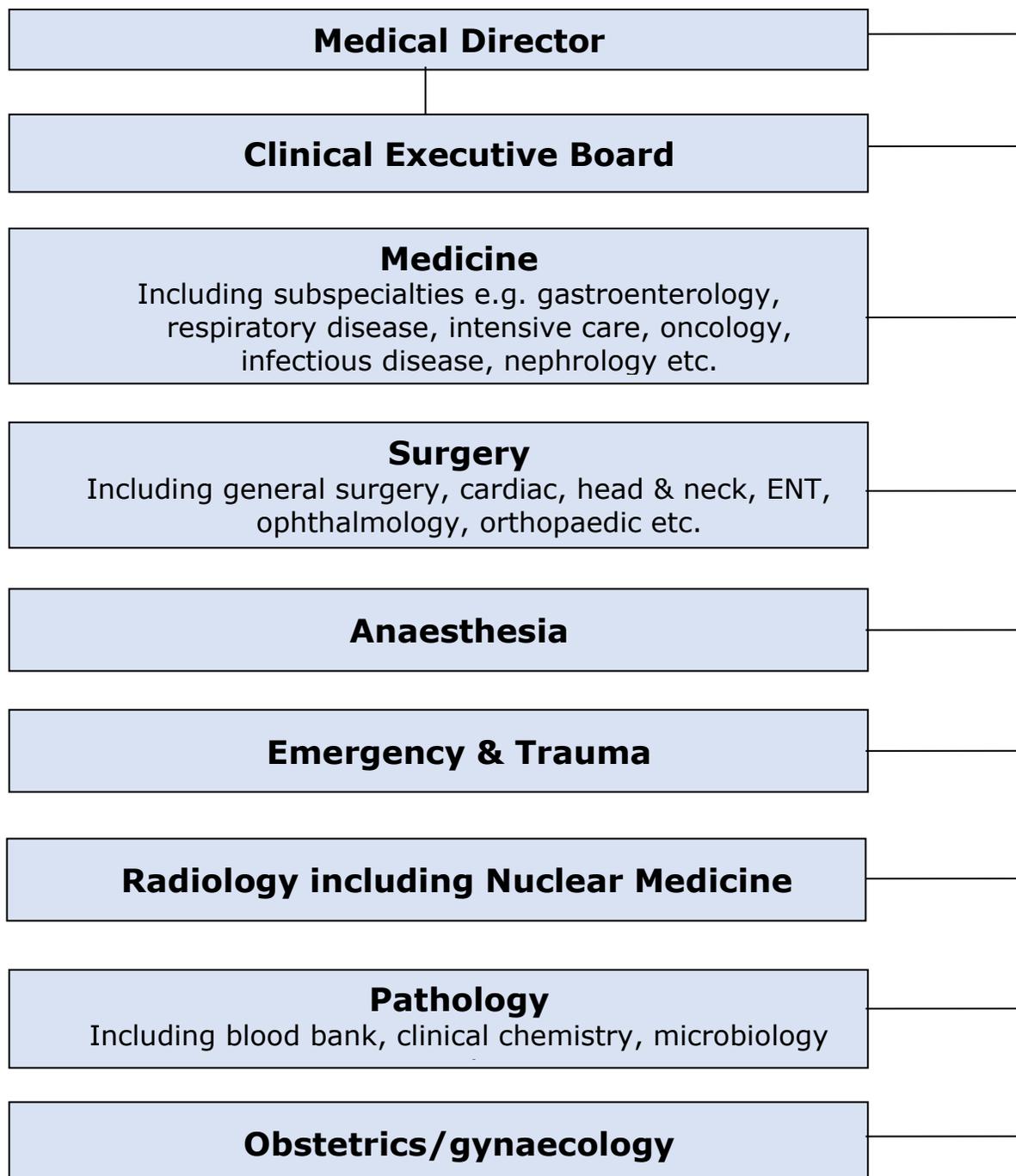
25. EMPLOYEE GRIEVANCE PROCEDURE

- a) All grievances including, but not limited to, efficiency and discipline of any Employee of a Medical Teaching Institution, except the Dean, Hospital Director, Medical Director, Nursing Director and Finance Director shall be initiated by the parent department of the Employee and the matter shall be placed before the Management Committee under Section 14 of the Act. The Management Committee shall conclude its proceedings within fifteen days of receiving the grievance.
- b) For further remedies, the matter shall be dealt with in accordance with Section 22 (12) to Section 22 (16) of the Act.

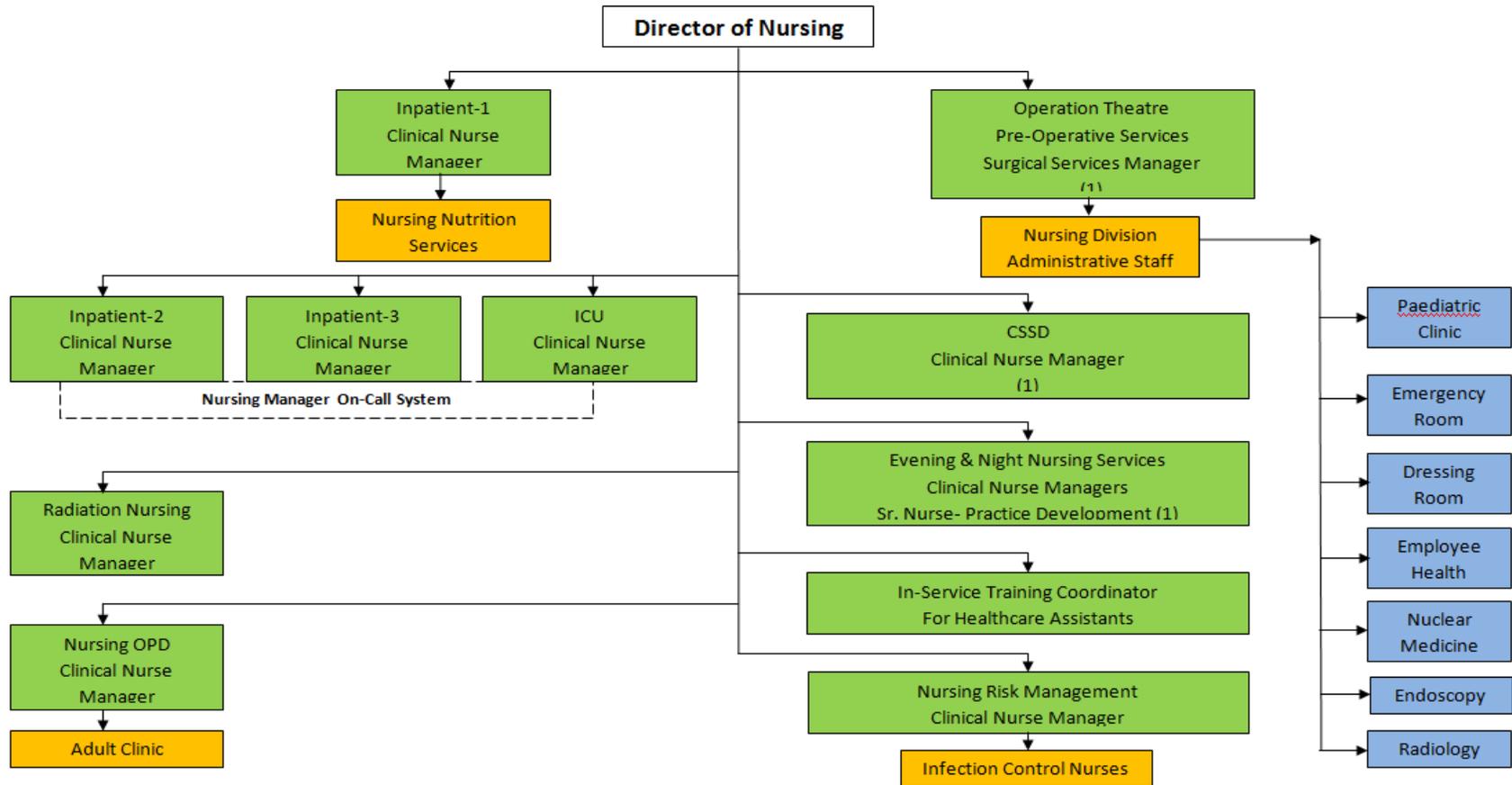
APPENDIX 1



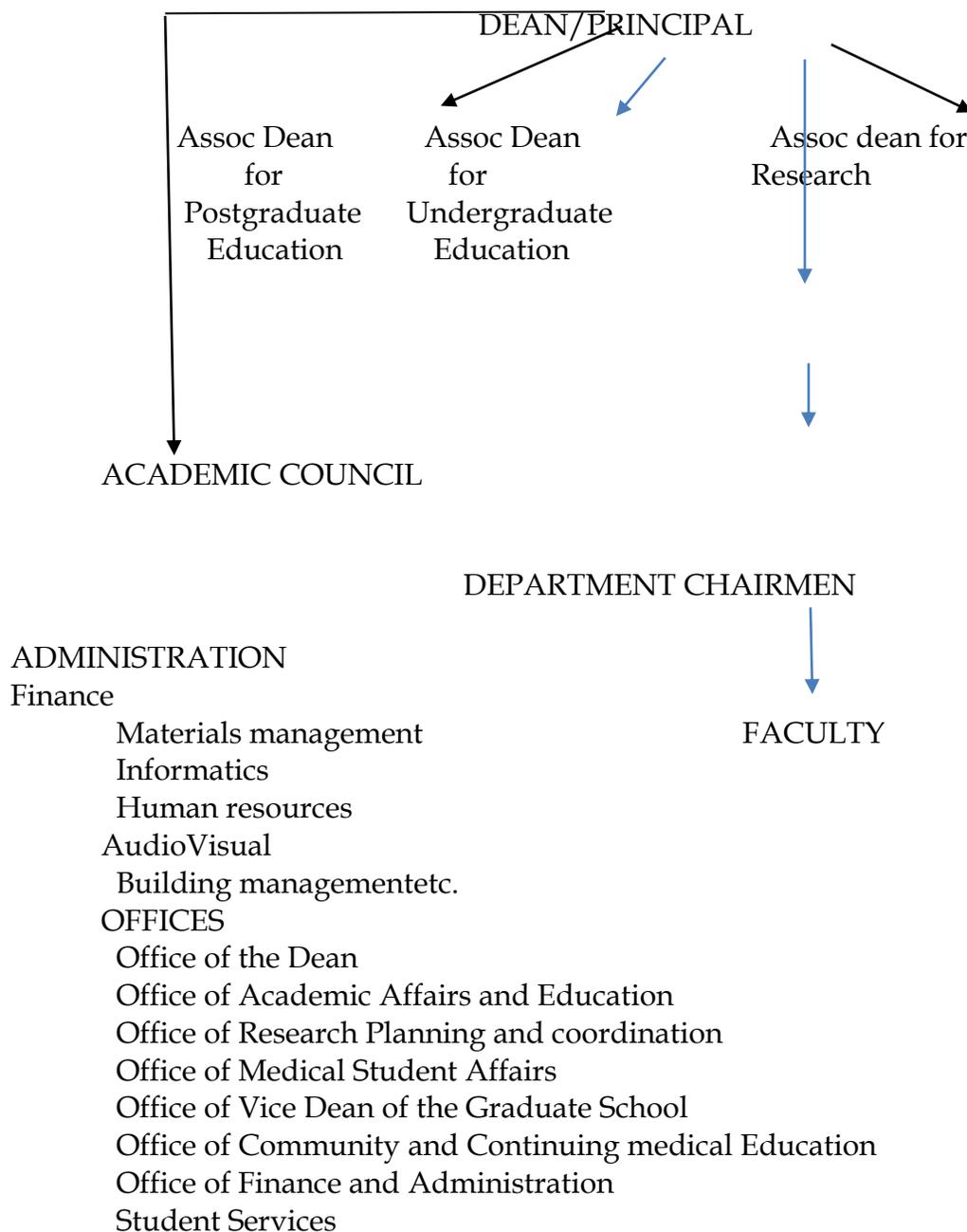
APPENDIX 2



APPENDIX 3



APPENDIX 4 ORGANISATIONAL STRUCTURE OF MEDICAL SCHOOL

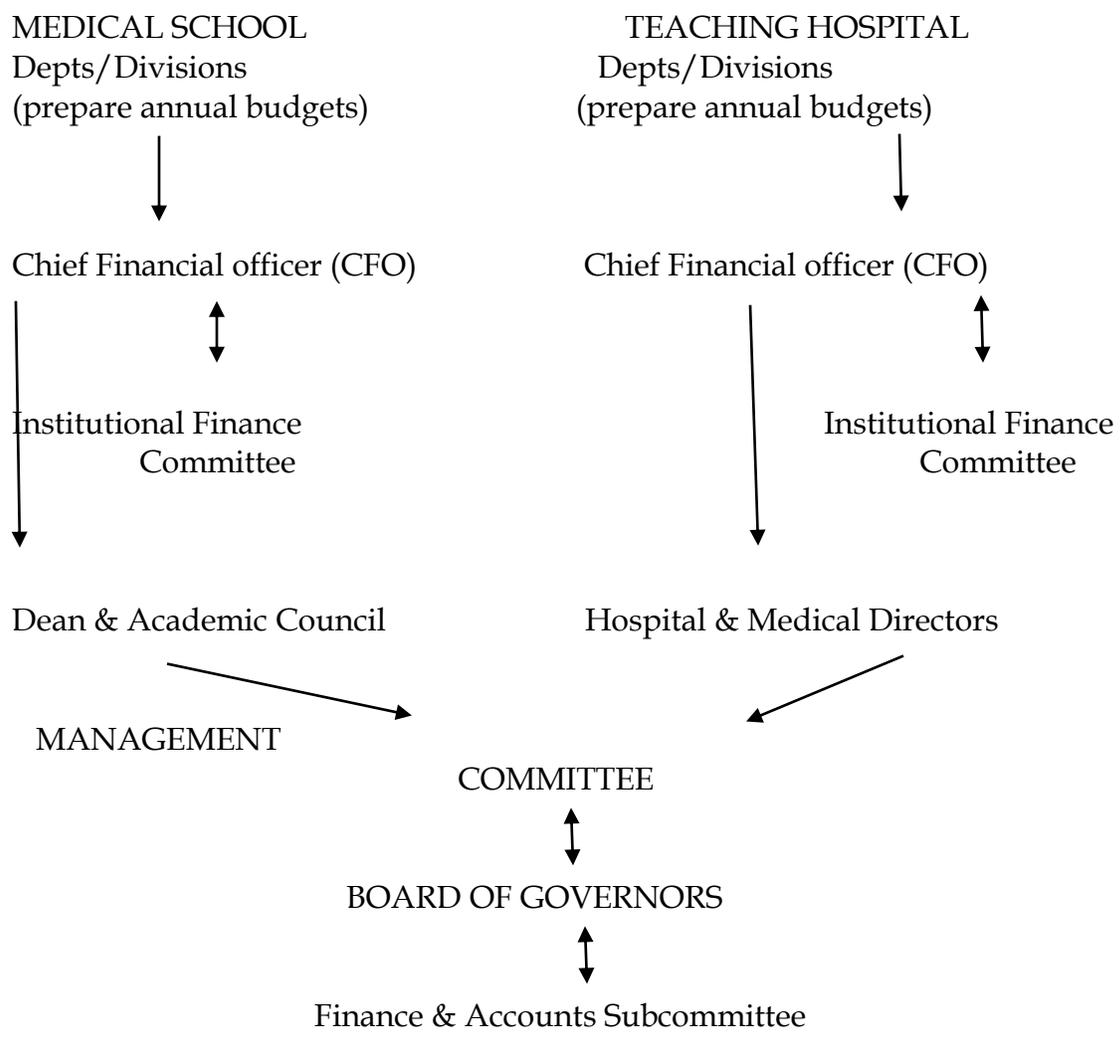


Note: The Academic Council consists of all the Heads of Departments plus two faculty representatives elected by the faculty - one each from the basic science and clinical departments - who are not Department Chairmen. The Associate Deans serve on the Academic Council. The post of Associate Dean and

Department Chairman cannot be held simultaneously. The Dean acts as Chairman of the Academic Council.

APPENDIX 5

ANNUAL BUDGETARY PROCESS



APPENDIX 6:EMPLOYEE HANDBOOK

APPENDIX 7:MEDICAL STAFF REGULATIONS

APPENDIX 8: FACULTY RECRUITMENT & PROMOTION CRITERIA