



**SIALKOT MEDICAL COLLEGE PVT LTD**  
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## MANAGING DIRECTOR OFFICE

NO: SO / SMC (02): 28

Sialkot, the 10<sup>th</sup>, Nov, 2022

To,

Prof. Dr. Muhammad Sabir  
Principal  
Sialkot Medical College, Sialkot

Subject: SOP / Policy for Execution of Postgraduate Medical Education / Training

1. The Honorable Prof. Dr. Imran Idrees Butt, Chief Executive Officer SMC, In exercise of the powers conferred under the companies ordinance, 1984 is pleased to approve the SOP / Policy for execution of postgraduate medical education / training through minute sheet number SO/SMC(02)-SP/PGP dated 9<sup>th</sup> Nov, 2022. Copy of approved SOP / Policy is enclosed herewith as Annex-AA.
2. Forwarded for your kind information and implementation, please.

*Jawad Butt*  
Managing Director Office  
*for MD*  
10/11/2022

**Copy to: -**

- Director Postgraduate Training – With request to disseminate the policy among all supervisors and PGRs.
- Chairman Quality Assurance Committee.
- MS / AMS, IITH.
- HOD Medical Education.
- Incharge Student Affairs.
- Web Developer / IT officer-With request to upload the policy on official website of SMC.
- Official WhatsApp Groups.

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**SIALKOT MEDICAL COLLEGE & ATTACHED HOSPITAL**



**SOP FOR EXECUTION OF POSTGRADUATE MEDICAL EDUCATION / TRAINING**

**2022**

**(To Be Read in Conjunction with PMC / PMDC & CPSP Rules)**



**SIALKOT MEDICAL COLLEGE, SIALKOT**  
**MINUTE / APPROVAL SHEET**

No: SO/SMC(02)-89/PGPom

SHEET NO: 1/2

Subject: **Approval of SOP – For Execution of Postgraduate Medical Education /Training**

1. On the Directions of Worthy Managing Director Sialkot Medical College, the SOP / Policy pertaining to the smooth execution of postgraduate medical education / training has been prepared and enclosed herewith as "**Annex-AA**". The undermentioned Officers / Officials were involved / responsible in order to formulate, prepare, and design of this comprehensive SOP: -

a. **Leading / Supervisory Role:**

(1): Dr. Salman Imran Butt, Managing Director.

b. **Other Officers / Officials:**

(1): Prof. Dr. Muhammad Sabir, Principal SMC.

(2): Mr. Abdul jawad Butt, P/Staff Officer to MD SMC.

2. Initially, the draft of SOP was forwarded to following Professors for review and, input/suggestions: -

- a. Brig (Retd) Prof. Dr. Irfan Zafar Haider, SI (M), Director PGT.
- b. Col (Retd) Prof. Dr. Manzoor Ilahi, HOD Paediatrics.
- c. Prof. Dr. Ammar Hameed, HOD Cardiac Surgery.
- d. Prof. Dr. Saleh Muhammad, HOD Medicine & Allied.
- e. Prof. Dr. Shamaun Razi, HOD Physiology.
- f. Assoc. Prof. Dr. Huma Afridi, HOD Gynecology.
- g. Asst. Prof. Dr. Sadia Zaheer, HOD Medical Education.

2(a). Furthermore, after detailed deliberation the received input / suggestions were incorporated accordingly into the SOP.

3. Formal approval of CEO SMC is required in order to promulgate the enclosed final version of "**SOP FOR EXECUTION OF POSTGRADUATE MEDICAL EDUCATION / TRAINING**" comprised of **15** (Fifteen) pages and **28** paragraphs. Each page of SOP is duly signed by MD and Principal SMC.

4. Put up for perusal / approval of CEO SMC, please.

*Jawad Butt*

P/ Staff Officer to MD SMC

*8/11/2022*

5. **CEO SMC**

Through:

(1): Managing Director SMC: \_\_\_\_\_

(2): Principal SMC: \_\_\_\_\_

(3): Company Secretary: \_\_\_\_\_

*Salman Imran Butt*  
8-11-2022

*[Signature]* 8/11/2022

*[Signature]*

6. CEO Remarks:

Imran Idrees

End note  
immediate  
affected + some  
compliance  
7-11-22

Signature:

Imran Idrees

[Signature]

Approved / Ratified by:  
Chief Executive Officer  
Prof. Dr. Imran Idrees Butt  
Date: 10th / Nov 2022

To PGO/office

Dr  
(ii)

Seen. all comments and approvals.  
The subject Falzy is Promulgated

10th, Nov, 2022

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[Signature]

[Signature]


## Abbreviations

Ser.	Term	Definition
<b><u>Institutional:</u></b>		
1.	<b>SMCS</b>	Sialkot Medical College, Sialkot
2.	<b>IITH</b>	Imran Idrees Teaching Hospital
<b><u>Authorities / Executives:</u></b>		
1.	<b>CEO</b>	Chief Executive Officer (Prof. Dr. Imran Idrees Butt)
2.	<b>MD</b>	Managing Director (Dr. Salman Imran Butt)
<b><u>Management, Officers / Officials:</u></b>		
1.	<b>Principal</b>	Principal SMCS / Head of Institute
2.	<b>Director PGT</b>	Director Post Graduate Training
3.	<b>HOD</b>	Head of Department
4.	<b>MS</b>	Medical Superintendent
5.	<b>DMS</b>	Deputy Medical Superintendent
6.	<b>AMS</b>	Assistant Medical Superintendent
<b><u>General:</u></b>		
1.	<b>SOP</b>	Standard Operating Procedure
2.	<b>PMC / PMDC</b>	Pakistan Medical Commission. Pakistan Medical and Dental Council.
3.	<b>CPSP</b>	College of Physicians and Surgeons Pakistan
4.	<b>PGR</b>	Post Graduate Resident
5.	<b>QAC</b>	Quality Assurance Committee
6.	<b>Mini Cex</b>	Mini Clinical Evaluation Exercise.
7.	<b>DOPS</b>	Direct Observation of Procedural Skills.
8.	<b>CME</b>	Continuing Medical Education
9.	<b>CPD</b>	Continuing Professional Development
10.	<b>HRD</b>	Human Resource Department
11.	<b>ME</b>	Medical Education Department
12.	<b>IT Section</b>	Information Technology Section / Department
13.	<b>Annex</b>	Annexure – Detailed Document Enclosed Separately

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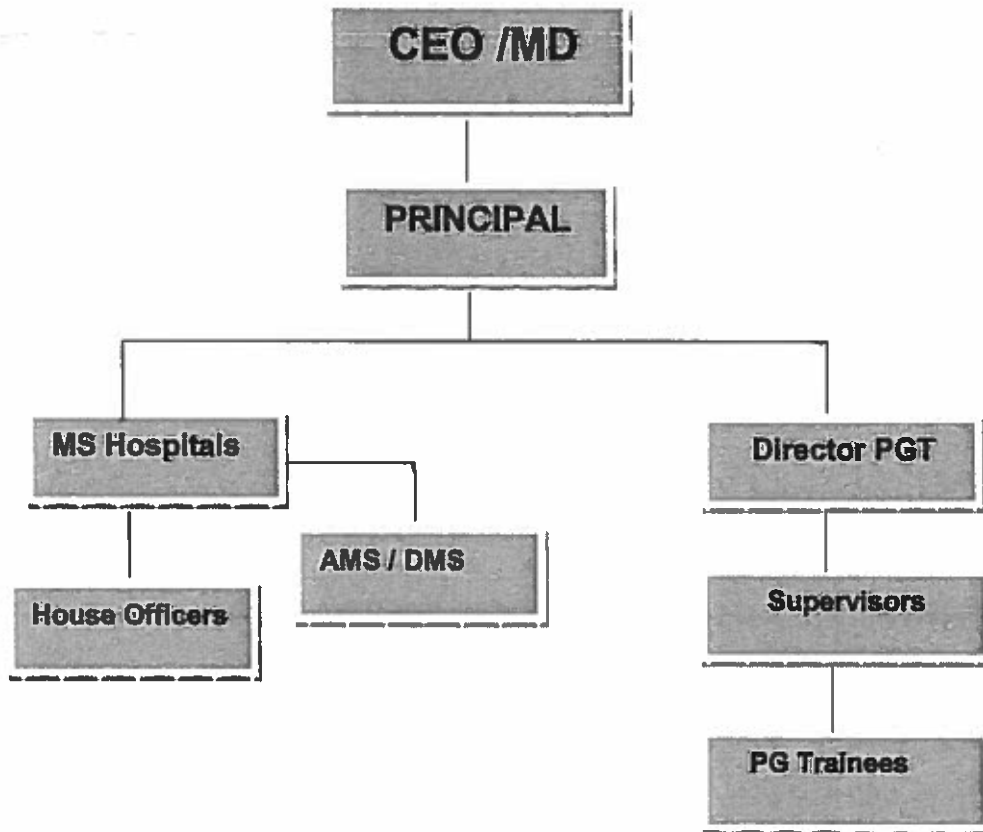
## SIALKOT MEDICAL COLLEGE & ATTACHED HOSPITAL

6 KM DASKA ROAD, NEAR ADDAH, SIALKOT

Ph: 052-3524281-7 Fax: 052-3524280

**General:** The SOP is formulated / prepared in order to streamline the execution of postgraduate education at IITH or any other affiliated hospital of SMC. The SOP covers all major aspects and standards of postgraduate education as explicated in PMC / PMDC & CPSP guideline pertaining to postgraduate medical education. Under appended paragraphs explicating the major points.

**Organogram:** The Organogram is as under:-



### Mission Statement:

*"Mission of teaching hospitals attached with Sialkot Medical College is to serve the ailing humanity ( khidmat, khalke, khuda) by producing competent, research oriented, lifelong learner and professional healthcare providers, who are committed to provide health care services to the communities of Pakistan and abroad"*

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*(Handwritten signatures and initials)*

## Training Outcomes:

**On completion of the training program, post graduate residents shall be able to:**

- a. Manage common, non-critical conditions, in the respective specialty, independently.
- b. Manage critically ill patients in their respective specialty.
- c. Show good listening and communication skills and can do effective counseling of the patients and the relatives.
- d. Work effectively as a team in case of health emergencies and national and international crisis with passion.
- e. Advocate health promotion and disease prevention in local and global communities.
- f. Play a vital role in the projects of research and innovation and to public the results for scholars and healthcare professionals.
- g. Act as a good teacher and train medical, paramedical, nursing and other health profession students.

**1. Establishment / Composition of Mission Statement:** The mission statement must be established / composed as per PMC/PMDC guidelines and demonstrates a clear institutional commitment to social accountability, achievement, of competencies, and addresses the healthcare need of Pakistan.

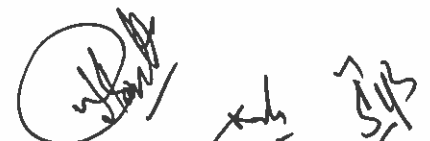
After every 2 years Director PGT will call meeting to look in to the matter of modification in mission statement for postgraduate education, if required in the light of feedback and suggestions (modified mission statement should be aligned with institutional vision / mission), the following officials / officers shall be the member of the meeting: -

- a. CEO / MD ( In Chair)
- b. Principal SMC (Co Chair)
- c. Director PGT (Senior Member)
- d. MS / AMS (Member)
- e. 1x trainee from each recognized department.
- f. At least 2x supervisors nominated by Director PGT.

The mission statement will be modified after approval of chair, if required.

**2. Establishment / Composition of Outcomes:** Office of Director PGT must develop training outcomes that are in congruence with the mission of institution which distinguishes it from other institutions and contextually appropriate for health care delivery in Pakistan. Furthermore, demonstrate the hospital's commitment to meet the requirements of individual programs.

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After every 2 years Director PGT will call meeting to look in to the matter of modification in outcomes for postgraduate education, if required in the light of feedback and suggestions (modified outcomes should be aligned with institutional vision / mission), the following officials / officers shall be the member of the meeting: -

- a. CEO / MD ( In Chair)
- b. Principal SMC (Co Chair)
- c. Director PGT (Senior Member)
- d. MS / AMS (Member)
- e. 1x trainee from each recognized department.
- f. At least 2x supervisors nominated by Director PGT.

The Outcomes will be modified after approval of chair, if required.

**3. Appointment of Director PGT:** Undermentioned standards / practice will be observed for appointment of Director PGT: -

- a. Desirous candidate should be a Professor of Basic / Clinical Sciences.
- b. Must be a supervisor in a department recognized for postgraduate training.
- c. Appointment of Director PGT will be for 3 years (extendable for next 2 years)
- d. **Appointment / Extension of Director PGT:** The appointment / extension will be done by the Principal SMC on the directions or approval of CEO / MD .

**4. Responsibilities of Director PGT:** In order to adhere institutional autonomy and freedom requirement of PMC/PMDC, the management of Sialkot Medical college delegates the various powers / responsibilities to Director PGT.

The Director PGT is empower / responsible for / to: -

- a. Formulate and implement policies to ensure smooth execution of its educational outcomes.
- b. Develop appropriate and effective management and oversight systems to ensure that the policies are implemented.
- c. Identify individual programs suitable for postgraduate training and present them for inspection and recognition from concerned entity.
- d. Allocate and appropriately use resources for the implementation of training.
- e. Performance review of trainees.
- f. Arrange the quarterly / annual meeting with officials to implement the policy and procedures.
- g. Addition of new departments for postgraduate medical education.
- h. To establish and lead the oversight committee.
- i. Arrange quarterly meeting pertaining to launch of future program / trainings.

- j. Plan, organize, and sequence of training of each department for smooth execution.
- k. May issue the instructions to supervisors and trainees through official letter when consider it deems necessary.
- l. Preparation of individual trainee files.
- m. Prepare / provide the handbook manual to all inducted trainees. The rights, obligations, and responsibilities of trainees should be detailed in handbook.
- n. Oversight all the matters related ethical involvement.
- o. Ensure systematic and organized learning as per institutional objectives, vision / mission and PMC / PMDC/ CPSP standards.
- p. Post and convey all the official notifications to supervisor and PGRs.
- q. Ensure the contents and delivery are aligned with the competencies and outcomes prescribed by PMC/ PMDC.
- r. Record management of supervisors and trainees' activities.

**5. Responsibilities of Supervisor:** The supervisor is responsible for/to :-

- a. Provide case load, case mix details to office of Director PGT.
- b. Submit report of mortality meetings to office of Director PGT.
- c. Supervise the trainings of individual / department.
- d. Conduct the journal club meeting of respective department.
- e. Provide and timely amend the learning outcomes of trainees of respective department.
- f. Plan and submit training sequence of respective department.
- g. Monitor the conduct of training according to PMC/PMDC / CPSP criteria.
- h. Follow the institutional organogram.
- i. Involve in trainee interview process.
- j. Encourage trainees to take part in research activities regarding welfare of community.
- k. Implementation of program as per guidelines of SMC & IITH.
- l. Promotion of practice based learning.
- m. Take regular evaluation of trainees according to CPSP and institutional guideline by taking help from mini cex & DOPS assessment tools.
- n. Implementation of training programs that incorporate hands-on active learning as the principal educational strategy. Moreover, ensure that its clinical services DO NOT compromise the learning / training requirements and objective of trainees during the program.
- o. Ensure that trainees under their supervision follow proper CPSP rules, completing workshops and CPSP e log books with in prescribed time.

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**6. Induction of Trainees:** Undermentioned process will be adhered for the induction of trainees: -

- a. Induction of trainees will be as per CPSP and PMC/PMDC rules. MD after consultation with CEO will announce the number of vacant seats in each department and forward the details to HR department for further processing.
- b. HR department will advertise the vacant seats of PGRs on newspaper, social media and / or website of Sialkot medical college.
- c. After cut off /closing date HR department will forward all the applications to Director PGT for shortlisting and formulation of interview panel.
- d. Director PGT will constitute the interview committee of each department which must include all the supervisors of that department.
- e. Interview calls / emails will be made to all shortlisted candidates through HR department.
- f. Interview / written test may be conducted on the announced dates which will assess the candidate on: -
  - (1) Academic Record.
  - (2) Aptitude of candidate.
  - (3) Dressing / Presentation of candidate.
  - (4) Research work done previously.
  - (5) Previous clinical experience and vocal skills.
  - (6) Any volunteer work for the welfare of patients.
- g. Merit list will be displayed on the website.
- h. Offer letters will be sent to selected candidates with the condition to report within 3x days.
- i. Appointment letters will be issued through the Principal office. (Subject to submission of all documents by candidate).

**SN (1):** Preference will be given to graduates of Sialkot Medical College subject to satisfaction of interview panel.

**SN (2):** Induction will take place no more than twice a year

**7. Orientation Program:** Director PGT will nominate respective department supervisor to plan, arrange and organize orientation for newly inducted PGRs / trainees, following information must be included in orientation: -

- a. Information / overview of college and hospital.
- b. Overview of all functional departments.
- c. Overview of policies and procedures.
- d. Information / Overview pertaining to rotations and working style.

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- e. Information about Executives, Department Heads, Consultants and staff.
- f. Information about e log books and CPSP registration.
- g. Information about HIMS and health card management.
- h. Responsibilities and Rights of Trainees.
- i. Hospital services.

**Invitation:** Office of Director PGT will be responsible to send orientation invitations to all trainees. Principal and MS should be invited in orientation program.

**8. Academic Round:** Each clinical department is bound to conduct a grand clinical round of inpatient which must ensure the maximum presence of PGRs. Some guidelines pertaining to academic round are as under: -

- a. Round must be conducted every day and round order must be listed on round register.
- b. Round register must be maintained by the incharge nurse of each department and the incharge nurse must sign at the end of every round mentioning the name of instructor and time of round. This should be cross signed by the instructor.
- c. MS of hospital will timely check the round register. If found incomplete he / she may initiate action upon the HOD of department and incharge nurse.

The purpose of grand academic round is the continuity of patient care and academic improvement of postgraduate resident and house officers.

**9. Case Load:** Detailed PMC/PMDC guidelines pertaining to annual case load is enclosed as Annex-A. However, some gen explanations are as under:

- a. Each department will submit monthly case load report to Director PGT Office, for this purpose support may be sought from IT section.
- b. Director PGT will present the case load report to Competent Authority in quarter and annual meeting.
- c. For continuation of program supervision must maintain record of case load and case mix as per the requirements of CPSP / PMC/PMDC etc.

**10. Rotations:** Rotation will be only allowed according to guidelines of CPSP and PMC/PMDC. To apply for rotation trainee must get a signed written application from main supervisor, rotational supervisor, MS, and HR department. MS & HR office will make sure the distribution of trainees in rotational department keeping in mind the necessary needs of individual department.

The Rotational Supervisor must: -

- a. Provide learning outcomes for rotational PGRs for the specific period of time they are being inducted.

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- b. Supervise the trainee during rotation.
- c. Follow CPSP / PMC/PMDC and IITH guidelines / rules regulations.
- d. Asses / evaluate the trainee at the end of rotation and submit the evaluation report to competent authority.

**Trainee During Rotation:**

- a. Must follow the guideline of individual department.
- b. Must follow the duty roaster of rotational supervisor depending on the requirement of the department.

**SN:** Main supervisor can order the trainee to perform certain duties / calls in main department keeping in mind the criteria of PMC/PMDC pertaining to training. i.e. 60 -80 hours per week.

**10(a): Rotation in Other Hospitals (Non-Affiliated with SMC).**

- a. Rotation will be allowed as per the guidelines of CPSP / PMC/PMDC.
- b. No trainee is allowed to do rotation in a hospital which does not have a recognized department, supervisor and which does not have an MOU signed with IITH /SMC for the purpose.
- c. No trainee can do rotation elsewhere in any other hospital, in a department, which is already recognized by CPSP at SMC or affiliated hospital.
- d. Rotations are only allowed in departments which are not currently available at the time of submission of application. If a duly recognize department is available at SMC /IITH and supervisor is present, trainee must do rotation in SMC.
- e. Rotation outside SMC affiliated hospital is subject to approval of main supervisor and Director PGT.

**11. Role of PGR in Outpatient Department (OPD):** OPD is one of the most sensitive department of hospital where patients must be screened properly to initiate the treatment.

Following guidelines must be followed by PGR in OPDs.

- a. NO PGR is allowed to perform independent OPD before IMM. Whereas PGR may assist consultant in OPD such that no consultant is allowed to discharge patient from OPD relying only on information passed on by PGR. In case of non-adherence serious disciplinary action may be taken against both trainee and the consultant.
- b. After IMM, PGR may do supervised OPD, after registration with own ID in HMIS. For that process, application may be sent to MS of hospital duly signed by supervisor and Director PGT. MS will review the file of individual trainee on the basis of previous evaluation and assessment and may allow him / her.
- c. The Trainee must consult the consultant on duty and consultant on duty must guide the trainee during OPD where consider it deems necessary keeping in mind the patient care.

d. As the basic patient right, the patient must be informed at reception that trainee will be performing his / her initial evaluation under supervision of on duty consultant.

**12. Implementation of Curriculum:** Implementation of the curriculum of individual training program will be discussed and deliberate in length in quarterly meeting.

**13. Dissemination of Curriculum:** It will be the responsibility of Director PGT to ensure the curriculum of postgraduate training programs is disseminated to all stake holders (i.e. CEO / MD , Principal, MS, Supervisors, and Trainees).

**14. Statutory Committees and Work:** Following statutory committees and work should be formulated and comprehended: -

- a. **Training Oversight Committee:** Principal SMC and Director PGT with the consultation of CEO /MD will formulate the training oversight committee which will approve and oversee all postgraduate training programs. The meetings of oversight committee will be held on quarterly bases.
- b. **Quality Assurance Committee:** Principal SMC and Director PGT with consultation of CEO /MD will formulate the quality assurance committee which will ensure the programs are executing in accordance with prescribed standards.
- c. **All Other Committees:** Principal and Director PGT with the consultation of CEO /MD will formulate all other committees as prescribed by PMC/PMDC. (i.e. examination and supervision committee)
- d. **HR Related:** It is the responsibility of HR department to ensure the following: -
  - (1) Trainees have valid and appropriate PMC/PMDC license.
  - (2) Grievance policy and grievance committee to manage grievances.
  - (3) Monitor program with regard to implementation of terms and conditions of appointment.
  - (4) Written agreement / contract outlining the terms and conditions of appointment.

**15. Assessment:** Assessment is an essential and integral part of education process. Its outcome bears importance for both trainees as well as the trainers. Some are as under: -

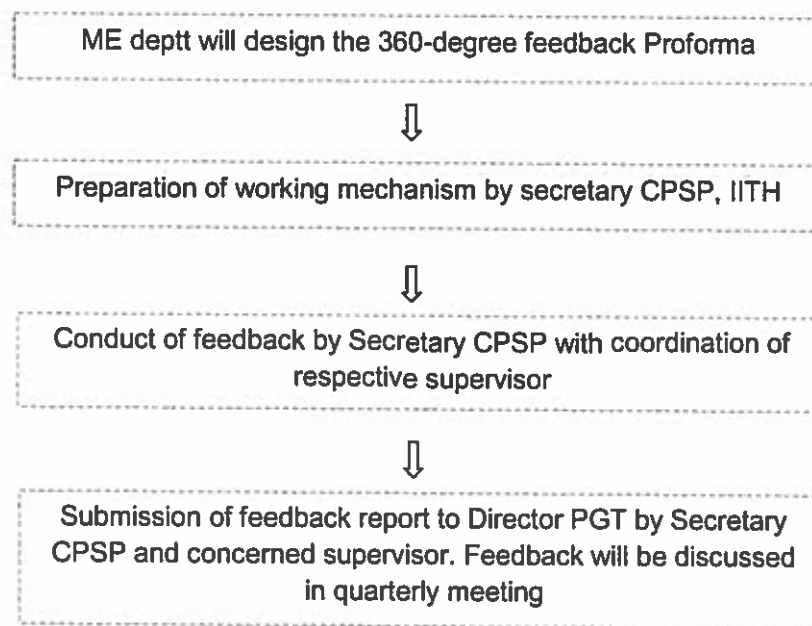
- a. **For the Trainees:** Its importance lies in the fact that it determines the certification of attainment of competencies.
- b. **For the trainers:** assessment provides the grounds for substantiation of their observation regarding the progress of the trainee.
- c. **For the hospital:** it provides the essential and sound grounds for program evaluation

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**15(a): Assessment Methodology:** Following assessment methodologies will be implemented / observed and used for feedback of trainees: -

- a. Assessment through 360-degree feedback.
- b. Assessment through viva voce / monthly and quarterly assessment.
- c. Assessment through Mini- Cex (**Enclosed Annex-B**)
- d. Assessment through DOPS (**Enclosed Annex-C**).

**15(b): Assessment Procedure:** Assessment procedure will be adhered as per under appended flow chart / explanation: -



**15(c): Points to Ponder:**

- a. Medical Education department SMC will formulate / design a comprehensive feedback Proforma as per exact requirements of Directorate of Training.
- b. Secretary CPSP will be responsible to conduct the feedback / assessment of trainees with coordination of concerned department HOD / Supervisor.
- c. Feedback of trainees will be taken from supervisors, consultants, nurses, house officers, and concerned staff.
- d. Feedback of trainees will be conducted quarterly or at the end of each rotation.
- e. Report / summary of feedback of each trainee will be presented to high officials in the quarterly meeting (through Dir PGT).
- f. Copy of feedback reports will be put into personal file of each trainee.

**15(d): Appeal System:** If any trainee feels anomaly in his / her feedback then he / she may write a letter of grievance to Director PGT, after receiving the letter Director PGT will formulate a committee comprising of clinical experts. Committee after detailed deliberations will submit the final verdict to Director PGT. Decision of Committee shall stand final.

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**16. Launch of New Training Program:** If any department head desires to launch new postgraduate training program then he /she will initiate a letter to Principal. After receiving letter Principal will consult with Director PGT and afterthat, necessary action will be taken accordingly regarding inspection.

**SN:** Office of Director PGT will be responsible for preparation, communication, and coordination pertaining to inspection visit (i.e. CPSP /PMC/PMDC).

**17. Trainees:** The hospital may engage their trainees in the management, delivery and evaluation of their services. They should be consulted, given certain rights and responsibilities in all academic matters that concern them. The Directorate of Training and concerned departments must ensure the following: -

- a. **Admission Policy:** Follow the admission / induction policy in congruence with the national regulations / guidelines or in the absence thereof the applicable institutional regulations of the qualification awarding institution.
- b. **Responsibilities / Rights of Trainees:** Responsibilities / rights of trainees should be communicated to all the trainees during orientation.
- c. **Career Counselling:** SMC career counselling cell will be responsible for future career counselling of all trainees. Career counselling cell will arrange events / seminars related to career counselling.
- d. **Representation of Trainees:** Representation of trainees in various educational / administrative committees with voting / input consideration power.
- e. **Trainees with Disability:** Separate infrastructure should be available / functional at hospital premises for disabled trainees.
- f. **Access to Beds:** All the trainees must have access to all the teaching bed patients.
- g. **Working Hours:** Each trainee will serve maximum 80 hours per week.
- h. **E- Log Books:** E Log books of all trainees must be updated which would clearly specify the objectives and skills to be achieved during the rotations.
- i. **Skills / qualities:** Following skills / qualities must be inculcated in trainees during training period: -
  - (1) Communication Skills.
  - (2) Patient Safety and Infection Control.
  - (3) Professionalism, medical and Islamic ethics.
  - (4) Evidence based medicine.
  - (5) Ethics of patient care.
- j. **Benefits / Facilities to Trainees:** Following benefits / facilities should be provided to trainees: -



- (1) Adequate supervision and feedback must be provided to trainees.
- (2) Audio visual aids facility in class rooms teaching.
- (3) Physical facilities to support learning environment.
- (4) Certificate of completion of training.
- (5) Cooperative and congenial work environment.

**18. Policies for Trainees:** Following essential policies are prepared / formulated for trainees and implemented in letter and spirit: -

- (1) Confidentiality of trainees academic and medical records. **(Annex-D)**
- (2) Policy on funding, technical support and facilities for co-curricular opportunities for the trainees. **(Annex-E)**
- (3) Code of Conduct / Discipline policy. **(Annex-F)**
- (4) Policy on forbidding trainees from taking part in any political activity. **(Annex-G)**
- (5) Policy / measures to identify and prevent burnout in trainees. **(Annex-H)**
- (6) Policy on health coverage. (IITH Medical Coverage Policy)
- (7) Policy on maternity leave. (As per CPSP rules /SMC Leave Policy, 06 weeks / 42 days maternity leave is allowed.)
- (8) Policy on clinical work and procedures and cost of any material used during training and studentship is not charged to the trainees. **(Annex-I)**
- (9) Anti-Harassment policy. **(Annex-J)**

**19. Trainers:** The hospital administration must ensure the following: -

- a. The trainers have valid permanent PMC/PMDC license / registration.
- b. Recruitment, selection, promotion and retention policy for trainers.
- c. Hiring of sufficient trainers based on training program.
- d. Performance of trainers.
- e. Employment benefits of trainers as per hospital policy.
- f. Maternity leave policy as per Government rules.

**19(a) ME Related:** Medical Education department SMC will be responsible for following: -

- a. Plan, organize and conduct of CME / CPD for trainers.
- b. Design the CME / CPD workshops as per program need.
- c. Prepare and compile all the record of CME / CPD pertaining to: -
  - (1) Participants attendance.
  - (2) Pictures of CME /CPD workshops.
  - (3) Certificate Record.
  - (4) Data / Content of each CME / CPD activity.

**SN:** PA to Dir PGT will work / coordinate with the department of ME in this regard.

**20. Journal Club Meeting (JCM):**

- a. Each department will must conduct journal club meeting at least once in a month.
- b. Attendance of monthly journal club meeting must be submitted to office of Director PGT which must include the name of presenter, name of article, name of author, and name of journal from which the article is being presented.
- c. Supervisors are authorized to conduct combined journal club meeting in coordination with other recognized departments. Attendance, particulars and minutes of combined journal club meeting must be submitted to Director PGT.

**21. Mortality Meeting:**

- a. Each department will conduct at least one mortality meeting in a month at department level.
- b. Mortality meeting must be attended by all the concerned staff involved in patient care of the deceased patient.
- c. Supervisor may demand individual report in writing from any person concerned in patient care.
- d. Mortality meeting report including the attendance of participants, detail of deceased patient, action taken at department level if any, and suggestions for hospital administration. Copy of mortality meeting must be submitted to office of Director PGT, MS and quality assurance cell.

**22. Quarterly Meeting of Training Oversight Committee:**

- a. At least meeting will be conducted 04 times a year.
- b. Minutes of meeting must be forwarded to MD and Principal.
- c. Director PGT will chair the quarterly meetings.
- d. Meeting will start with the recitation from the Holy Quran.
- e. Agenda, date, time and venue of meeting shall be emailed to all the supervisors / meeting members at least 3 days before the commencement of meeting.
- f. All the points in agenda must be discussed in the meeting. Any additional point can be discussed under the agenda of " Any other Item".
- g. Feedback report of individual department and performance report of individual department must be discussed in every meeting.
- h. In the meeting individual supervisors can discuss the problems faced by them in smooth execution of training program.

10/12



- i. Case load and Case mix of individual department may be discussed in meeting.
- j. Implementation of curriculum will be discussed in length in the quarterly meeting.
- k. Year wise learning outcomes of individual departments and rotations may be discussed and amended in quarterly meeting.
- l. Record of all quarterly meetings shall be kept in a separate file in office of Director PGT.
- m. Any addition in the feedback proforma may be discussed in quarterly meeting and suggestions may be sent to Medical Education Department.
- n. At the end of meeting Director PGT may submit suggestions to QAC which may include the amendments in PGT policy.

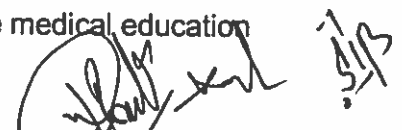
**23. Program Evaluation and Continuous Renewal:** In order to ensure quality of training programs a strong program evaluation system will be implemented under supervision of Principal and Director PGT. Following are the main spheres of the program evaluation and continues renewal: -

- a. **Evaluation Mechanism:** Quality assurance committee (QAC) of postgraduate programs will be responsible for strong program evaluation. QAC committee will hold the quarterly and annual meeting and review all training activities as eye of QEC expert afterthat, brief report along with concluded remarks of all QAC members will be submitted to CEO / MD for consideration and decision making.
- b. **Review of Assessment Scheme:** A combined meeting of both committees (Training oversight committee & Quality assurance committee) will be held on annual basis in order to review assessment scheme / methodology. Both committees will also ensure the benchmark gap among trainees' assessment and evaluation is properly addressed.
- c. **Involvement in Program Evaluation:** Trainers, Trainees and Senior Administration officials including Director PGT and Principal will be involved actively in program evaluation.
- d. **Compliance with PMC/PMDC Standards:** All evaluation methodologies will be implemented and adhered in conjunction with PMC/PMDC and CPSP rules.

**24. Governance, Services, and Resources:** The MS office will be responsible to ensure the following: -

- a. Annual bed occupancy data should be uploaded on HIMS.
- b. Essential services for training hospital for postgraduate medical education

12/10



- c. Registration with respective healthcare commission or any other regulatory body.
- d. Safety and security of building.
- e. Functional information technology Lab and library facility.
- f. Ensure that patients admitted on the designated teaching beds have a documented consent to allow access to the trainees.

**25. Mechanism for Dissemination of Policies:** Following mediums shall be used for dissemination of official notifications, letters, and policies: -

- a. Official Email (Most authentic).
- b. Official Registered Hardcopy / letters with proper receiving record.
- c. Official Website.
- d. Official WhatsApp Group.

**26. Files of Individual Trainees:** The office of Director PGT with coordination of concerned supervisor and HR branch shall prepare the individual file of trainees. Following items / documents must be placed in file: -

- a. Copy of Joining Report.
- b. Copy of Affidavit.
- c. Copy of all documents required for induction.
- d. CPSP letter of passing ( Part-1).
- e. Copy of previous academic record.
- f. Copy of office order.
- g. Copy of performance report of rotations.
- h. Copy of Feedback Report.
- i. Copy of show cause / explanation notice along with reply (if any).
- j. Copy of performance report of individual trainee.
- k. Any other relevant data.

**27. Files of Each department:** Each department offering postgraduate programs shall prepare the departmental record file which will be checked by the office of Director PGT. Following items / documents must be placed in file: -

- a. Detail of Supervisor.
- b. CPSP approval documents.
- c. Minutes of Mortality meetings.
- d. Minutes of Journal club meeting.
- e. Details of CPC presentations.

11/1/19

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- f. Detail of research activities.
- g. Detail of seminar / workshops conducted.
- h. Detail of mortality case load and case mix by the department.
- i. Office orders of all the PGRs pertaining to induction.
- j. Detail of Any other academic activity done by the department.

**28. Fair and Formal Implementation:** This SOP / Policy shall be implemented fairly and formally on all the residents of postgraduate qualification / training program.

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18/12

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**Minimum Case-load for a Program Recognized for Postgraduate Training**

- a. For each program in a surgical specialty a minimum of 180 operative cases per trainee per year fulfilling the case mix as defined by the training program.
- b. For each program in a medical specialty 200 admissions per trainee per year fulfilling the case mix as defined by the training program.
- c. For each specialty that is primarily outpatient in nature, a minimum patient load of 300 patients per trainee per year.
- d. For each program in the specialty of pathology a minimum of 2500 histopathology specimens per trainee per year, 2000 lab hematology specimens per trainee per year, 2500 microbiology specimens per trainee per year, and 7500 chemical pathology / immunology specimens per trainee per year. All sub-specialties should fulfill the case mix as defined by the training program.
- e. For each program in the specialty of radiology a minimum of 5000 studies per trainee per year fulfilling the study mix as defined by the training program.

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# MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: \_\_\_\_\_

Amir B.

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ R&RC Number: \_\_\_\_\_

Year of Residency:  R1  R2  R3  R4

Quarter:  1st  2nd  3rd  4th

Setting:  Ward  Outdoor (Hospital/Community) Others: \_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Complexity of Case/ Procedure:  Low/Easy  Moderate/Average  High/Difficult  N/A

Focus of Clinical Encounters:  History taking  Physical Examination  Management

Communication Skills  Other

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated  YES  NO

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Signature

Annex-2



COLLEGE OF  
OF PHYSICIANS AND  
SURGEONS PAKISTAN

# DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: \_\_\_\_\_

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ R&RC Number: \_\_\_\_\_

Year of Residency:  R1  R2  R3  R4

Quarter:  1st  2nd  3rd  4th

Setting:  O.T.  Procedure Room Other: \_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Procedure: \_\_\_\_\_

Complexity of Case/ Procedure:  Low/Easy  Moderate/Average  High/Difficult  N/A

Number of times procedure performed by Resident: \_\_\_\_\_

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:  
(Low) 1      2      3      4      5 (High)

Resident's Satisfaction with DOPS:  
(Low) 1      2      3      4      5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated  YES  NO

Signature





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**Policy on Confidentiality of trainees academic and medical records**

**General:** Administration of SMC & IITH is pleased to announce policy on confidentiality of trainees academic and medical records. Policy will be implemented on all postgraduate programs.

- Academic record of each trainee during the training will be saved (hard and soft copies) by the head of the department of relevant program, which includes:
  - a. Record of assessment of all trainees.
  - b. Record of co-curricular activities.
  - c. Record of research.
  - d. Record of disciplinary action.
- The medical record of each trainee during the training will be saved in both hard and soft form by the head of department of respective program, which includes:
  - a. Medical leaves / any admission to hospital.
  - b. Vaccination Record.
  - c. Annual medical checkup.
- One copy of each record will be submitted to Director Training office. The management will strictly adhere the policy on confidentiality of trainees academic and medical records.

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**Policy on funding, technical support, and facilities for Co-curricular opportunities for the trainees**

**General:** Administration of SMC & IITH is pleased to announce policy on funding, technical support, and facilities for co-curricular opportunities for the trainees. Policy will be implemented on all postgraduate programs.

- The trainees will be encouraged to take part in extracurricular / co-curricular activities.
- The co-curricular / extracurricular activities available in SMC / IITH, as follows:
  - a. Sports Club.
  - b. Debating Society.
  - c. Community Welfare Society.
  - d. IFMSA.
  - e. Magazine Committee.
  - f. Cultural Committee.

**Technical Support:** Administration of SMC / IITH has appointed Dr Abdul Salam as sports advisor. It is the responsibility of Sports Advisor to provide technical support to trainees regarding sports activities.

**Funding:** Administration of SMC / IITH has been allocated a budget ranging from 1-1.5 million PKR for extracurricular activities. Funds will be released after the approval of CEO.

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**POLICY FOR TRAINEES CODE OF CONDUCT**

1. **Introduction.** A code of conduct is a set of rules outlining the social norms, religious rules and responsibilities of an individual. A code of conduct constitutes principles that govern decisions and behaviors at a place, an institution or organization. A code of conduct whilst in a learning institution defines how a learner should act on a day-to-day basis while ensuring a safe environment for all trainees, faculty / consultants, staff and patients.
2. **Objectives.** The objectives of the policy are to:-
  - a. Ensure exemplary behavior and conduct of the trainees.
  - b. Help trainees in developing ethical behavior to practice medicine.
3. **Implementation of Policy.** The policy will be implemented according to the procedures and guidelines laid down in Part-1.
4. **Composition of the Committee.**
  - All members of Disciplinary committee
5. **Responsibilities of Department/ Committee.** Directorate of Training and disciplinary committee will be responsible to ensure strong adherence to the code of conduct and punishment on non-compliance.

**PART-1**

6. **The Procedures and Guidelines of Policy.** Following procedures and guidelines will be acted upon :-

- a. **General Conduct of Trainees.** All the trainees will: -
  - (1) Present them with dignity. Their appearance, personal hygiene and demeanor should be modest and befitting their status as mature, lawabiding and responsible persons.

- (2) Refrain from activities subversive to discipline and derogatory to the institution reputation.
- (3) Dress in a simple, decent and appropriate manner / or as per Policy.
- (4) Refrain from any behavior that may cause damage to the institution property.
- (5) Ensure that their actions in any way do not threaten or endanger the health, safety or security of other persons.
- (6) Abstain from inappropriate behavior including the use of offensive language, gestures, or remarks with faculty, staff, students or patients.
- (7) Not allowed to upload the Anti-Organization (SMC/IITH) post /content on social media.
- (8) Not allowed to involve in any religious activity which can lead to religious extremism.

b. **Academic Conduct of Trainees.** All trainees will:-

- (1) Diligently involve them in clinical learning and study of course work.
- (2) Attend all academic activities in accordance with the regulations on attendance of trainees.
- (3) Desist from the behaviors that interfere with the learning environment.
- (4) Avoid those behaviors that have been identified as disruptive by faculty or other trainees.
- (5) Show respect while working with human cadavers and humantissue.
- (6) Practice integrity within all learning and assessment situations.
- (7) Adhere to ethical principles while performing research and seek ethical approval from the Institutional Research Ethics (IRE)Committee.

c. **Avoid Discrimination.** All the trainees will: -

- (1) Participate in the care provision to a person without any consideration of race, religion, ethnicity, socioeconomic status, gender or age.
- (2) Treat all patients, faculty, staff, mates, medical specialists, and health care team members with respect and consideration without regard to gender, age, race, religion, ethnicity or class.



d. **Respecting Patients, their Families and Maintaining Confidentiality.**

All the trainees will:-

- (1) Respect dignity and privacy of patients.
- (2) Regard needs and values of patients and their family members.
- (3) Handle the medical information /record of the patients with confidentiality.
- (4) Handle medical records according to the hospital policy with utmost integrity.
- (5) Treat patients politely and considerately.

e. **Respecting Faculty/ supervisors. and Staff.** All the trainees will: -

- (1) Ensure that the professional relations with all the members of the medical community are marked with civility.
- (2) Show respect to doctors, nurses, allied health professionals and all other members of the health care team.
- (3) No trainee is allowed to pass remarks/judgment on any clinical performance of any senior or junior doctor working in any hospital either SMC or elsewhere, such that to discourage / let down particular doctor in front of patient. If brought to the notice of administration, consequently strict disciplinary action will be initiated against trainee.

f. **Requests for Prior Permission.** Trainees will be required to take prior permission, in writing, for the following: -

- (1) Corresponding with the press or other media for mass communication on behalf of institution / commenting on the internal affairs of the institution.
- (2) Organizing any co-curricular activity in the institution.
- (3) Inviting any public personalities or government officials in their official capacity.
- (4) Starting or forming a society, whether as part of co-curricular or academic activities e.g. for research.



g. **Integrity.** All the trainees will :-

- (1) Abide by policies, procedures and guidelines.
- (2) Demonstrate honesty and integrity in all aspects of their training; avoid plagiarizing or assisting others in commissioning of such acts.
- (3) Seek consultation and supervision wherever they are unsure of their level of knowledge and/ or experience.
- (4) Behave with the highest standards of honesty, morality and discipline in their interactions with staff, faculty and patients

h. **Conduct outside the SMC /IITH.** All the trainee will:-

- (1) Have to be mindful that their behavior not only reflects on themselves, but also on the college and the medical profession.
- (2) Observe the code of conduct when representing at any other national / international forum..

i. **Substance Abuse.** All the trainees will:

- (1) Avoid smoking, substance abuse including smoking, alcohol, prescription and non-prescription/street drugs and illegal drugs, as this may lead to behaviors that endanger patient safety.
- (2) Refrain from unlawful possession or distribution of drugs or alcohol.

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**Policy on forbidding trainees from taking part in any political activity**

**General:** Administration of SMC & IITH is pleased to announce policy on forbidding trainees from taking part in any political activity. Policy will be implemented on all postgraduate programs.

- No trainee will take part in any kind of political activities during his / her training.
- Any trainee found involved in politics will be identified and notified.
- His /her case will be referred to disciplinary committee.
- Disciplinary action by the head of institution against trainee might take one or more of the following punishments:
  - 1) The trainee may be asked to tender an verbal /written apology.
  - 2) The trainee may be placed on probation for a period of 06 months, if fail to improve may be terminated from PGR ship.
  - 3) The trainee may be fined up to 20000/- PKR.
  - 4) The trainee may be suspended from the institution roll for a period determined by the head of institution.
  - 5) The trainee may be forcibly migrated to another medical institution.

This information / policy is notified at all the notice boards of SMC and IITH and also forwarded to all departments.

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**Policy / Measures to Identify Burnout in Trainees**

1. **General:** Burnout is characterized by the triad of emotional exhaustion, depersonalization, and a decreased sense of accomplishment in one's occupation. Burnout develops as a result of chronic exposure to stress as a result of a long-term perceived inability to meet situational demands. We care about our residents/trainees, and employees and thereby we want to provide them an environment where they can grow without stress. Burnout is real and it has certain signs which can be identified well on time to deal with them on time. Hence, all the supervisors are advised to report to the department of Medical Education if they observe such signs in their residents. The physical, emotional and behavioral signs of burnout are as under:

a. **Physical**

- 1) Feeling tired most of the time
- 2) Lowered immunity
- 3) Frequent headaches, back pain, or muscle aches
- 4) Change in appetite or sleep habits

b. **Emotional**

- 1) Self-doubt
- 2) Feeling helpless and hopeless
- 3) Detachment
- 4) Decreased motivation
- 5) Increasingly negative outlook
- 6) Decreased satisfaction and sense of accomplishment

c. **Behavior**

- 1) Withdrawing from responsibilities
- 2) Isolation
- 3) Procrastination
- 4) Using food, drugs, or alcohol to cope
- 5) Taking out frustration on others
- 6) Skipping class, ward, OPD – or coming in late or leaving early



2. On identification of the residents / trainees suffering from burnout, they will be offered help by the Department of Medical Education in collaboration with the Department of Psychiatry as counseling sessions on how to manage and regulate daily routine tasks and time, improving mental and physical health by taking certain steps and refining emotional intelligence.

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Annex-1

**Policy on clinical work and procedures and cost of any material used  
during training and studentship is not charge to the trainees**

- 1- It is hereby notified that for all concerned (HODs, Supervisors, Staff, and trainees) the cost pertaining to clinical work / procedures and cost of any material used during training shall be governed / endured by the SMC / IITH.
- 2- Forwarded for information of all, please.

**DIRECTOR TRAINING  
PG Programs**

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**ANTI-HARASSMENT POLICY**

1. **Introduction.** All individuals have right to learn/ work with peace of mind without any intimidation. No institution can strive without harassment free environment, equality and justice. The Administration of (SMC/IITH) considers harassment a breach of its standards of conduct, so an Anti-Harassment Cell will be set up for trainees, students, staff or faculty to lodge complaints against any type of harassment for fair and timely resolution.
2. **Objectives.** The objectives of this policy are to:-
  - a. Create and maintain a congenial learning and working environment for students, trainees, and employees of SMC free of all types of harassment.
  - b. Promote awareness about sexual harassment.
  - c. Ensure fair and timely resolution of harassment complaints.
3. **Implementation of the Policy.** The Principal will constitute a committee to execute the policy under the procedures and guidelines given below.
4. **Composition of the Committee.** The composition of the committee will be as under: -
  - a. **Chairman:** Principal SMC / Dir PGT
  - b. **Members**
    - (1) 1 x Male Professor from Clinical Sciences
    - (2) 1 x Female Professor / PGR
    - (3) Administrator
    - (4) Incharge Student Affairs
5. **Responsibilities of Anti-Harassment Committee.** The chairman and members will have the following responsibilities: -
  - a. **Chairman will be responsible to:-**
    - (1) Ensure fair and timely resolution of harassment complaint.
    - (2) Process all the individual complaints and take suitable action in the manner and mode as per the guidelines of the policy.
    - (3) Form / review the guidelines of policy to rectify the grievance of sexual

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harassment as required from time to time, in the light of the acts of the parliament/ Government of Pakistan on the subject.

- (4) Take preventive steps for all types of harassment specially gender discrimination and sexual harassment.
- (5) Promote awareness about harassment through printed materials, posters or workshops.
- (6) Deal with the false allegations as serious offense and take action under the disciplinary regulations of SMC.

b. **Members will be responsible to:**

- (1) Register complaints of harassment, made by any female/male student, trainee or employee of SMC.
- (2) Provide confidential counseling service to sexual harassment cases, so they can speak about the sensitive incident.
- (3) Forward the complaint to the chairperson.

6. **Procedures and the Guidelines of the Policy.**

The following types of

harassment may be reported to anti-harassment cell for resolution:-

a. **Physical harassment.** It involves physical attacks or threats and includes:

- (1) Direct threats of intent to inflict harm
- (2) Physical attacks (hitting, shoving, kicking)
- (3) Threatening behavior (shaking fists angrily/ shouting)
- (4) Destroying property to intimidate

b. **Personal harassment.** It is bullying in its most basic form and includes:-

- (1) Inappropriate comments / offensive jokes
- (2) Personal humiliation/ critical remarks
- (3) Ostracizing behavior/ Intimidation tactics

c. **Discriminatory Harassment.** It includes unfair treatment of a person because of race, color, religion, national origin, age, disability, gender identity, and gender expression.



- d. **Psychological Harassment.** It generates a negative impact on a person's psychological well-being / self-esteem. It often creates a domino effect, affecting the physical health and interfering with individual's work or academic performance. It includes:-
- (1) Isolating or denying the victim's presence.
  - (2) Belittling or trivializing the victim's thoughts.
  - (3) Discrediting or spreading rumors about the victim.
  - (4) Opposing or challenging everything the victim says.
- e. **Cyber bullying and online harassment.** It includes:
- (1) Sharing humiliating things about the victim by e-mail or chat with mass
  - (2) Spreading lies or gossip about the victim on social media.
  - (3) Sending harassing text messages directly to the victim.
- f. **Power Harassment.** The harasser exercises his / her power by bullying a victim who is lower on the office hierarchy. The harasser subjects the victim to:-
- (1) Excessive demands that are impossible to meet
  - (2) Magnified demands far below the employee's capability
  - (3) Intrusion into his/ her personal life
- g. **Sexual harassment.** It is a serious offence. Pakistani law defines sexual harassment as:-
- (1) Any unwelcome sexual advance
  - (2) Request for sexual favors or other verbal or written communication or physical conduct of a sexual nature or sexually demeaning attitudes
  - (3) Causing interference with work performance or creating intimidating
  - (4) Hostile or offensive work environment,
  - (5) The attempt to punish the complainant for refusal to comply with such a request or is made a condition for employment.
7. **Reporting the incidence:**
- a. The harassed person will approach to any member of the cell personally and/or in company of her/his colleague or departmental head, preferably at the earliest with no time bar.



- b. The harassed person will report the incidence of harassment verbally, on telephone, by written application or email to any member of the cell for onward submission to the chairperson.

8. **Harassment Resolution.** Resolution may be followed through two progressive levels.

- ❖ Informal Resolution (with or without a written complaint)
- ❖ Formal Resolution (with or without a written complaint)

a. **Informal Resolution.** The committee will normally seek resolution through informal means. The committee chairman will:-

- (1) Interview both the harassed and the harasser separately to know their points of view.
- (2) Arrange a conference with them and encourage/ facilitate them to resolve the issue directly through personal discussions in an amicable manner within 07 working days of receiving the complaint.

b. **Formal Resolution.** If informal resolution fails then formal resolution will be done.

Upon receipt of the complaint, the committee chairman will:

- (1) Inform the harasser immediately in writing.
- (2) Start an inquiry within 03 working days based on the evidences provided by the complainant or collected by the committee members.
- (3) Involve both harassed and the harasser in the resolution process.
- (4) Allow an opportunity to the harassed and harasser to discuss the complaint in person for any clarification or evidence.
- (5) Dismiss the complaint if the harassed person fails to prove the case.
- (6) Notify the decision to the complainant/ respondent

9. **Disciplinary Action for Established Harassment / False Allegation.** Depending upon the nature and gravity of the established offence or false allegation, the disciplinary action shall be one or more of the following:

a. **For Faculty / Staff**

- (1) Removal from an administrative/ academic position.
- (2) Dismissal or suspension from service
- (3) Withholding of increment/s
- (4) Financial compensation deductible from accused pay and allowances

b. **For Students / Trainees:**



- (1) A verbal or written warning will be issued to the student / trainee.
- (2) Imposition of fine
- (3) Temporary/ permanent expulsion from hostel/ college / trainee ship.
- (4) Withdrawing scholarship/ other benefits
- (5) Debarring from appearing in any test/examination or other evaluation process
- (6) Debarring from representing SMC /IITH in any national or international event.

10. **Right to appeal.** The accused or complainant, if dissatisfied, will have the right to appeal to competent authority .

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