

CPSP NATIONAL RESIDENCY PROGRAM



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN



ACKNOWLEDGMENTS

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- **Director General National Residency Program (DGMRP)**
- **NRP Committee Members**
- **Directors (National Residency Program)**



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WORDS OF WISDOM

It is a matter of great pleasure that we are formulating the orientation of National Residency Program to make it available to all for comprehensive understanding and follow the parameters desired by Competency Model adopted by the College.

CPSP designed National Residency Program in 2008 itself, soon after our Competency Model was evolved. But as all knowledge evolves, we too developed the parameters & requirements gradually bringing up a full-fledged Directorate of National Residency itself.



It must be recorded here that development and extension of internet in our country helped us to develop E-Logbook/E-portal which became a founding stone for reporting, verification and counter checking of daily performance of our residents within Pakistan and even from abroad.

Training thus became not only extensive but transparent and performance can now be evaluated on daily basis. College had already developed Structured Visual Curricular Display Charts for each discipline wherein minimum number of cases to be performed at competency levels required have been prescribed for each resident. These charts were not only displayed at all concerned institutions and units but are now available on each resident and their Supervisors E-Logbook. This can and does continuously remind the resident and supervisor to perform and evaluate each resident's performance and any short comings too are pointed out.

College of Physicians and Surgeons Pakistan (CPSP), over the years, has been striving to continuously improve the quality of its residency training and assessment in accordance with international standards. This booklet provides a broad overview of the induction, curriculum, residency training, monitoring and assessment of its various postgraduate residency training programs.

Briefly speaking following are the five basics of National Residency Program:

1. **Induction:** twice a year in January and July. Eligibility criteria for induction in the Residency Program is to pass FCPS-I or has been granted exemption.
2. **Curriculum:** as laid down in each phase of training by the respective faculties of all Fellowship and Membership Programs. All Curricula are Competency based and follow world acclaimed Competency Model of College.
3. **Training:** Includes Core, Rotational and Specialty training along with clinical research and workshops.
4. **Monitoring:** Residency Program is monitored through e-logbook on daily basis.
5. **Evaluation:** Residents are to achieve goals and objectives of the Program through Formative and Summative assessments. Performance evaluation of Residents is done by Supervisors while Units and Institutions are evaluated as per Accreditation and Re-Accreditation Criteria.

CPSP council has divided majority of the residency programs into first two years of Intermediate Module (IMM) and last two or three years of advanced specialty residency training. The advantage of making IMM essential and an integral part of fellowship program is two-fold.

Firstly, it provides an opportunity to have a midlevel assessment of a resident to determine the progress and deficiencies in the residency program.

CPSP is encouraging all other disciplines through their Faculties to develop their Intermediate Module examinations so as to achieve above mentioned advantages.

It is mandatory for each resident and supervisor to acquire College I.D. and Password (free of cost), so that they can use e-Logbook for recording their daily work and get it validated from their supervisors. This is a step forward by the College towards achieving a paper free environment.

Another step in this direction is launching of on-line examinations. A large number of candidates are desirous to enter CPSP fellowship programs thus the number of candidates appearing in FCPS Part-I examinations keeps on increasing. Therefore, as per decision of the College Council, College has started on-line examinations for FCPS Part-I from 2016.

College has established Directorate of National Residency Program to further augment Residency Program and with fullest cooperation from its residents, supervisors, institutional directors, accredited residency institutions, Faculties, and relevant CPSP functionaries to implement the Program in its truest spirit and achieve ultimate goal of qualified postgraduates with better performance in their exit examinations.

Recently College has implemented Work Place Base Assessment (WPBA), Self-Evaluation performer for accredited Units / Institutions and Certificate of good academic Standing for Accredited Supervisors.

I am grateful to Dr. Siraj-Ul-Haque Shaikh, Director DME and Prof. Mahmood Ayyaz, Director General National Residency Program who have contributed in preparation of this booklet and I am sure this would help in implementation of competency based medical education in true letter & spirit.

COUNCIL 2023-2027

College of Physicians and Surgeons Pakistan



Sitting
Left - Right

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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

College of Physicians and Surgeons Pakistan was established in 1962 with the objectives of maintaining high principles of medical profession, promotion of specialist practice of Medicine, Surgery, Obstetrics and Gynaecology and such other specialties by securing improvement of teaching and training in hospitals and elsewhere. It was proactive in arranging postgraduate medical, surgical and other specialist residencies; provision for research and bringing together physicians, surgeons and other specialists of Pakistan periodically for scientific discussions and practical demonstrations on various subjects.

Since its inception, College has been actively contributing towards postgraduate medical education in Pakistan. Salient features of our educational programs include:

- Structured Residency Programs and its monitoring.
- Accreditation and Re-accreditation criteria for Institutions and Supervisors.
- Valid and reliable methods of assessment.

At present, Fellowship Residency can be undertaken in over 448 accredited medical and dental institutions throughout the country and abroad. Around 6769 supervisors are engaged in CPSP residency programs in these institutions.

UPDATED RECORD	PAKISTAN				OVERSEAS	TOTAL
	ARMED FORCES	PRIVATE	PUBLIC	TOTAL		
INSTITUTES	48	153	152	353	95	448
SUPERVISORS	1,025	2,229	3,251	6,505	264	6,769
RESIDENTS	5,178	10,589	23,663	39,430	444	39,874

College offers Fellowships in 88 and Memberships in 22 disciplines at present. Requirements for postgraduate training in all these specialties are well documented. Over the years, College has evolved a system of effective and continuous up-gradation of residency training. It remains engaged in improving and updating curricula, associated with teacher's education, supervisory and advisory services, monitoring and evaluation of residency, learning materials, teaching methodologies, examinations and allied activities.

In order to improve overall medical education and research processes, College regularly holds conferences, workshops and courses. Giving further impetus to its continuing medical educational activities, CPSP also holds National and International conferences and seminars.

CPSP NATIONAL RESIDENCY PROGRAM

3.1 Vision

To develop competent and caring specialist doctors and dentists, who can demonstrate professionalism, leadership and advocacy for improving both patient care and health care system.

3.2 Mission

To strengthen and re-align existing residency programs so that the residents develop essential competencies and keep themselves updated as per CPSP standards, within constrained environments. To enable them to assume leadership roles as ethically strong and competent health care providers, faculty members and researchers for their communities in diverse professional settings.

3.3 Establishment of Directorate National Residency Program

To fulfill the mission of National Residency Program in line with vision of CPSP, a Directorate for the National Residency Program has been developed to facilitate, monitor and improve residency programs within the country and overseas residents too.

3.4 Introduction to the College of Physicians and Surgeons Pakistan (CPSP) Programs

CPSP offers two types of qualifications:

- Fellowship Programs are designed to produce consultants, specialists and academia for medical and dental institutions in 88 disciplines.
- Membership Programs are offered to produce specialists for providing specialist cover in 22 disciplines.

S. No	RESIDENCY PROGRAMS	TOTAL SPECIALTIES
1	FELLOWSHIP (First Fellowship) (Second Fellowship)	88
2	MEMBERSHIP	22

FCPS Part-I

Eligibility Criteria: To get registered for FCPS Part-I examination, candidate has to fulfill following requirements:

- MBBS/BDS (for Dentistry) or equivalent qualification registered with the PMDC.
- One year house job in an institution recognized by the CPSP / PMDC, which should have been completed at least two months before the date of examination.
- Alternatively, house job can be compensated by an equal period of residency in an institution recognized by the CPSP.

“Screening for Fellowship Programs (FCPS Part-I)”

FCPS Part-I examination is conducted by CPSP for screening inductees for the fellowship programs.

- **Purpose:** To test the cognitive preparedness of candidates to determine their suitability for their chosen discipline.

Validity of FCPS-I:

- A candidate who successfully qualifies FCPS Part-I examination is required to register as FCPS resident within three years of passing FCPS Part-I
- The validity of FCPS Part-I Exam shall vary with the presence or absence of Intermediate Module (IMM) in the specialty:

Specialty programs with Intermediate Module (IMM):

Following registration with the RTMC, the resident must pass Intermediate Module (IMM) examination (both Theory & TOACS) within six (06) consecutive attempts, availed or un-availed, from the date of completion of two years in training

Specialty programs without Intermediate Module (IMM):

Following registration with the RTMC, the resident must appear at least once in the final FCPS-II examination within a period of 7 or 8 years depending upon the length of their residency training (4 or 5 years) plus 3 years

Note:

Failure to comply with the above mentioned policies will result in the pass status of FCPS Part-I to become null and void. The candidate will therefore be required to re-appear and pass FCPS Part-I examination to keep the residency status alive and to make further attempts in IMM or FCPS-II examination.

FORMAT OF EXAMINATION

The examinations shall consist of two theory papers (Paper-I and Paper-II), consisting of 100 MCQs (One Best Type) each.

PAPER-I: will contain questions from the core knowledge of the following subjects:

- Anatomy
- Physiology and Biochemistry
- Pathology and Microbiology
- Pharmacology
- Research and Biostatics
- Behavioural Sciences and Medical Ethics

PAPER-II: will contain questions from speciality-related Basic Medical Sciences.

Successful candidates are interviewed by a panel of an accredited institution including specialty experts. Induction in a residency program in an institution depends upon the selection committee comprising specialty experts and available slots. Committee tests communication and interpersonal skills as well as commitment and attitude towards a specialty.

GROUPS OF DISCIPLINES: FCPS-I EXAMINATION



FCPS Part-I: 11 DISCIPLINES

- ANAESTHESIOLOGY
- COMMUNITY MEDICINE
- DENTISTRY
- DIAGNOSTIC RADIOLOGY
- MEDICINE & ALLIED

- OBSTETRICS & GYNAECOLOGY
- OPHTHALMOLOGY
- OTO-RHINO-LARYNGOLOGY (E.N.T)
- PATHOLOGY
- PSYCHIATRY
- SURGERY & ALLIED

A) Fellowship Programs

There are two categories of Fellowship Programs:

- First Fellowship
- Second Fellowship

First Fellowship

All Fellowship Programs consist of two Phases:

- During the first phase (first two years), every resident has to complete core training to acquire defined basic competencies.
- In second phase, advanced phase of FCPS residency, it is resident's chosen specialty and resident is required to acquire advance competencies in a period of 2/3 years, as required by specialty program.



Eligibility for First Fellowship program:

- Passed FCPS Part-I examination or secured exemption.
- Registered with the Research & Training Monitoring Cell (RTMC)

Duration of Residency: 4-5 Years.

ELIGIBILITY FOR FIRST FELLOWSHIP PROGRAM

SPECIALTY NAME	ELIGIBILITY CRITERIA
• HISTOPATHOLOGY	FCPS-I IN PATHOLOGY
• IMMUNOLOGY	FCPS-I IN PATHOLOGY
• CARDIOLOGY	IMM IN MEDICINE
• HAEMATOLOGY	FCPS-I IN PATHOLOGY
• BIOCHEMISTRY (BMS)	FCPS-I IN MEDICINE & ALLIED & BMS
• PHARMACOLOGY & THERAPEUTICS (BMS)	FCPS-I IN MEDICINE ALLIED, ALLIED SURGERY, PATHOLOGY, COMMUNITY MEDICINE, BMS
• VIROLOGY	FCPS-I IN PATHOLOGY
• COMMUNITY MEDICINE	FCPS-I IN COMMUNITY MEDICINE & ALLIED
• ANAESTHESIOLOGY	FCPS-I IN ANAESTHESIOLOGY
• CHEMICAL PATHOLOGY	FCPS-I IN PATHOLOGY
• CARDIOTHORACIC ANAESTHESIA	FCPS-I IN ANAESTHESIOLOGY
• DIAGNOSTIC RADIOLOGY	FCPS-I IN DIAGNOSTIC RADIOLOGY
• NEPHROLOGY	FCPS-I IN MEDICINE
• NUCLEAR MEDICINE	FCPS-I IN DIAGNOSTIC RADIOLOGY & MEDICINE ALLIED
• OBSTETRICS & GYNAECOLOGY	FCPS-I IN OBSTETRICS & GYNAECOLOGY
• ORTHOPAEDIC SURGERY 1+4	PART-I IN SURGERY AND ALLIED
• NEUROSURGERY 1+4	PART-I IN SURGERY AND ALLIED
• PAEDIATRICS	PART-I IN MEDICINE AND ALLIED
• PLASTIC SURGERY	PART-I IN SURGERY AND ALLIED
• PSYCHIATRY	PART-I IN PSYCHIATRY
• PULMONOLOGY	FCPS-I IN MEDICINE
• THORACIC SURGERY	PART-I IN SURGERY AND ALLIED
• OPERATIVE DENTISTRY & ENDODONTIC	FCPS-I IN DENTISTRY
• OTORHINO-LARYNGOLOGY (ENT)	FCPS-I IN OTORHINO- LARYNGOLOGY (ENT)
• ANATOMY (BMS)	FCPS-I IN ALLIED SURGERY AND BMS
• DERMATOLOGY	FCPS-I IN MEDICINE
• OPHTHALMOLOGY	FCPS-I IN OPHTHALMOLOGY
• MEDICINE	FCPS-I IN MEDICINE
• MICROBIOLOGY	FCPS-I IN PATHOLOGY

• PHYSICAL MEDICINE & REHABILITATION	FCPS-I IN MEDICINE & SURGERY
• PROSTHODONTICS	FCPS-I IN DENTISTRY
• RADIATION ONCOLOGY	FCPS-I IN DIAGNOSTIC RADIOLOGY, MEDICINE & ALLIED, SURGERY & ALLIED
• GENERAL SURGERY	PART-I IN SURGERY
• PAEDIATRIC SURGERY	PART-I IN SURGERY & ALLIED
• EMERGENCY MEDICINE	PART I IN MEDICINE & ALLIED, SURGERY & ALLIED OR ANESTHESIA
• PERIODONTOLOGY	FCPS-I IN DENTISTRY
• ORAL & MAXILLOFACIAL SURGERY	FCPS-I IN DENTISTRY
• CARDIAC SURGERY	PART-I IN SURGERY & ALLIED
• CLINICAL HAEMATOLOGY	PART-I IN MEDICINE & ALLIED PAEDIATRICS OR MEDICAL ONCOLOGY
• MEDICAL ONCOLOGY	FCPS PART-I IN GENERAL MEDICINE
• NEUROLOGY	FCPS PART-I IN GENERAL MEDICINE
• UROLOGY	PART-I IN SURGERY AND ALLIED
• PHYSIOLOGY (BMS)	PART-I IN MEDICINE & ALLIED BMS
• FAMILY MEDICINE	PART I IN ANY OF THE FOLLOWING SPECIALTIES. MEDICINE & ALLIED, SURGERY & ALLIED, OBSTETRICS AND GYNAECOLOGY, COMMUNITY MEDICINE, PAEDIATRICS, PSYCHIATRY
• FORENSIC MEDICINE	FCPS-I IN MEDICINE & ALLIED OR SURGERY & ALLIED
• ORTHODONTICS	FCPS-I IN DENTISTRY
• NUCLEAR MEDICINE	FCPS PART-I IN GENERAL MEDICINE, DIAGNOSTIC RADIOLOGY

Second Fellowship

Training in second fellowship is undertaken after successful accomplishment of First Fellowship Program.

Eligibility for Second Fellowship Program:

- Qualified FCPS in relevant speciality.
- Candidate must possess a primary (first) fellowship in the discipline identified against each of the second fellowships:

Duration of Residency: 2 years.

For second fellowship the roadmap is as under:



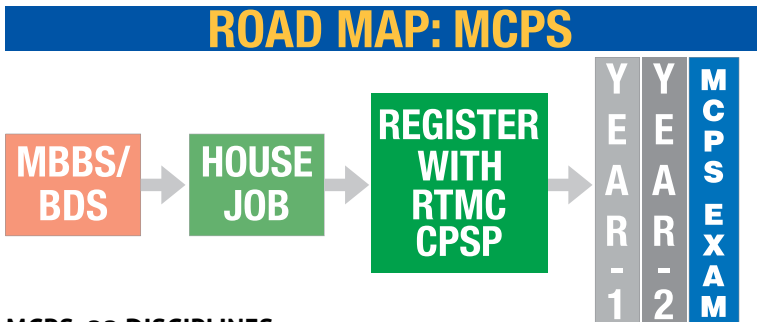
ELIGIBILITY FOR SECOND FELLOWSHIP PROGRAM

SPECIALTY NAME	ELIGIBILITY CRITERIA
• GYNECOLOGICAL ONCOLOGY	FCPS-II IN OBSTETRICS & GYNAECOLOGY
• REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY	FCPS-II IN OBSTETRICS & GYNAECOLOGY
• MATERNAL FETAL MEDICINE	FCPS-II IN OBSTETRICS & GYNAECOLOGY
• PAEDIATRICS DERMATOLOGY	PAEDIATRICS IN FCPS-II AND DERMATOLOGY
• CARDIOTHORACIC ANAESTHESIA	FCPS-II IN ANAESTHESIOLOGY
• GASTROENTEROLOGY	FCPS-II GENERAL MEDICINE
• ORBIT & OCULOPLASTICS	FCPS-II IN OPHTHALMOLOGY
• PAEDIATRIC OPHTHALMOLOGY & STRABISMUS	FCPS-II IN OPHTHALMOLOGY
• PAIN MEDICINE	FCPS-II IN ANAESTHESIOLOGY
• VITREO RETINAL OPHTHALMOLOGY	FCPS-II IN OPHTHALMOLOGY

• CRITICAL CARE MEDICINE	FCPS-II IN ANAESTHESIOLOGY, GENERAL MEDICINE, GENERAL SURGERY, NEPHROLOGY, PULMONOLGY
• SURGICAL ONCOLOGY	FCPS-II IN GENERAL SURGERY
• VASCULAR SURGERY	FCPS-II IN GENERAL SURGERY
• PAEDIATRIC CRITICAL CARE MEDICINE (PCCM)	FCPS-II IN PAEDIATRICS
• PAEDIATRIC ENDOCRINOLOGY & DIABETES	FCPS-II IN PAEDIATRICS
• PALLIATIVE MEDICINE	FCPS-II IN GENERAL MEDICINE & FAMILY MEDICINE
• SPINE SURGERY	FCPS-II IN ORTHOPAEDICS & NEUROSURGERY
• INTERVENTIONAL RADIOLOGY	FCPS-II IN DIAGNOSTIC RADIOLOGY
• PAEDIATRIC & CONGENITAL CARDIAC SURGERY	FCPS-II IN CARDIAC SURGERY
• MOLECULAR PATHOLOGY & CYTOGENETICS	FCPS-II IN PATHOLOGY
• CYTOPATHOLOGY	FCPS-II IN HISTOPATHOLOGY
• CLINICAL CARDIAC ELECTROPHYSIOLOGY	FCPS-II IN CARDIOLOGY
• COMMUNITY & PREVENTIVE PAEDIATRICS	FCPS-II IN PAEDIATRICS
• CHILD AND ADOLESCENT PSYCHIATRY	FCPS-II IN PSYCHIATRY
• DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRIC	FCPS-II IN PAEDIATRICS
• INTERVENTIONAL CARDIOLOGY	FCPS-II IN CARDIOLOGY
• PAEDIATRIC INFECTIOUS DISEASES	FCPS-II IN PAEDIATRICS
• NEONATAL PAEDIATRICS	FCPS-II IN PAEDIATRICS
• PAEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY	FCPS-II IN PAEDIATRICS
• PAEDIATRIC HAEMATOLOGY ONCOLOGY	FCPS-II IN PAEDIATRICS
• INFECTIOUS DISEASES	FCPS-II IN MEDICINE
• PAEDIATRIC NEPHROLOGY	FCPS-II IN PAEDIATRICS
• PAEDIATRIC NEUROLOGY	FCPS-II IN PAEDIATRICS

• RHEUMATOLOGY	FCPS-II IN MEDICINE
• ENDOCRINOLOGY	FCPS-II IN MEDICINE
• PAEDIATRIC CARDIOLOGY	FCPS-II IN PAEDIATRICS
• BREAST SURGERY	FCPS-II IN GENERAL SURGERY
• HEPATO-PANCRETO BILIARY	FCPS-II IN GENERAL SURGERY
• TRANSPLANT NEPHROLOGY	FCPS-II IN NEPHROLOGY
• GLAUCOMA	FCPS-II IN OPHTHALMOLOGY
• COLORECTAL SURGERY	FCPS-II IN GENERAL SURGERY

B) Membership Programs



MCPS: 22 DISCIPLINES

- ANAESTHESIOLOGY
- PATHOLOGY (CLINICAL PATHOLOGY)
- COMMUNITY MEDICINE
- DENTISTRY (OPERATIVE DENTISTRY)
- DENTISTRY (ORAL SURGERY)
- DENTISTRY (ORTHODONTICS)
- DENTISTRY (PERIODONTOLOGY)
- DENTISTRY (PROSTHODONTICS)
- DERMATOLOGY
- DIAGNOSTIC RADIOLOGY
- FAMILY DENTISTRY
- FAMILY MEDICINE
- FORENSIC MEDICINE
- HEALTH CARE SYSTEMS MANAGEMENT
- HEALTH PROFESSIONS EDUCATION
- MILITARY MEDICINE
- OBSTETRICS & GYNAECOLOGY
- OPHTHALMOLOGY
- OTO-RHINO-LARYNGOLOGY (E.N.T)

- PAEDIATRICS
- PSYCHIATRY
- PULMONOLOGY (INCLUDING T.B.)

Eligibility for MCPS Program:

- MBBS / BDS (for Dental specialties)
- Completion of one year house job recognized by the PMDC/CPSP.

Duration of Residency: 2 Years.

4.1 Rules and Procedures

It is responsibility of every candidate to seek information and fully understand current requirements for postgraduate training and certification in his/her discipline of interest. Every resident must ensure that his/her residency training is registered with Research & Training Monitoring Cell (RTMC).

Prior to Registration

Prior to starting CPSP postgraduate training, residents must ensure that:

- Institutions/units are accredited with the CPSP for Residency Training Program.
- Supervisor has been assigned to approved by the CPSP.
- Residencies are structured according to CPSP Residency Training Program guidelines given in the respective prospectuses.

Up-to-date information is available at website:

www.cpsp.edu.pk

Registration

- It is mandatory for every Fellowship or Membership candidate to get him/herself registered with Research & Training Monitoring Cell (RTMC), CPSP, for the residency training program with induction in hospitals either in January or July (with a one month of grace period) and closely follow CPSP structured residency training program of his/her specialty.

- Registration forms are available with RTMC and at all Regional Centres. They can also be downloaded from CPSP website www.cpsp.edu.pk. Candidates must submit the name of supervisor he/she is assigned to by the date indicated on the registration form. Residency training is compulsorily under-taken with CPSP approved supervisor registered with the Research & Training Monitoring Cell (RTMC). Residents are not allowed to work simultaneously in any other department/institution for other academic qualifications.
- **Candidates entering into Medicine or Surgery and Allied programs are required to specify in the Registration Form of RTMC, whether they would pursue straight residency in the desired discipline or would like to join subspecialty group A or B after Intermediate Module (IMM).**
- Registration will be confirmed and a registration certificate will be issued by the RTMC upon fulfillment of all prescribed requirements, receipt of fee and in case institution/units supervisor has been changed, change must also be re-registered.
- CPSP has fixed a maximum number of residents to be inducted in a unit. It is the responsibility of the head of unit to ensure that the number does not exceed the maximum allowed. Inductees RTMC will not permit registration of a candidate if the unit already has inducted maximum number of residents allowed by CPSP.

Note:

No relaxation in the duration of residency can be claimed on account of unregistered and unsupervised residency training.

Residency:

There are forty-six (46) First Fellowship Residency Programs, forty-two (42) Second Fellowship Residency Programs leading to provision of academicians and consultants for teaching institutions, while twenty two (22) Membership Residency Programs are providing specialists for peripheral hospitals in essential disciplines including two (2) Membership Programs for preparing medical educationists (HPE) and health administrators (HCSM) for the country.

Residency Programs along with training in main specialty have mandatory rotations in related disciplines. Goals and objectives of each residency program are provided in prescribed booklets. All medical graduates desirous of entering Fellowship Residency Programs must pass FCPS Part-I exam and apply to the accredited institutions during January or July for induction.

During residency program they must:

- Satisfactorily complete training including all rotations.
- Documents required signing off of all activities and procedures in specialty specific SVCD Charts are available for all residents on their specific E-Logbook.
- Ensure documentation of all prescribed Work Place Base Assessment (WPBA) in his/her e-Logbook.
- Submit Synopsis for approval of research work before appearing in IMM.
- Appear and clear IMM examination
- Submit and seek approval of Article as per: Vide notification numbers CPSP/Sec/2024/45 dated 15th March, 2024, F-1/Exam-24/CPS/3008-A dated 30th August, 2024, and CPSP/Sec/2024/454 dated 09th September, 2024.
- Appear and clear FCPS-II Examination after completion of training and approval of article.

It is responsibility of resident and supervisor allocated by unit head that resident keeps her/himself up-dated with changes and current regulations of CPSP made during his/her residency period. Upon registration with RTMC each resident is allotted a registration number and a password to log on to the E-Logbook on CPSP website. Resident is required to enter all of his performed work and the academic activities in his/her E-Logbook on daily basis. Unit head will appoint one of CPSP registered supervisor of the unit who has been to verifying all entries made. This system ensures timely entries by residents and prompt verification by his/her supervisor appoint by unit head. It also helps in monitoring progress of residents and vigilance on the part of supervisors.

Mandatory Workshops:

It is mandatory for all residents to attend following CPSP certified workshops during first two years of residency, and for MCPS.

- Introduction to Computer & Internet.
- SCoPE Workshop (Skills for Communication, Orientation Professionalism & Ethics)
- Research Methodology, Biostatistics & Article Writing (RMBAW) (not for MCPS residents)
- Primary Surgical Skills (For Surgical Programs)
- Basic Life Support (BLS)

CPSP may add more if and when required

Research

- **First fellowship:**

Vide notification numbers CPSP/Sec/2024/45 dated 15th March, 2024, F-1/Exam-24/CPS/3008-A dated 30th August, 2024, and CPSP/Sec/2024/454 dated 09th September, 2024.

- Residents inducted in the CPSP 1st fellowship programs from January 2025 and onwards, will be required to provide evidence of publication of one research paper in a CPSP approved journal, for appearing in final fellowship examination
- Synopsis duly approved by the supervisor must be submitted to the REU of CPSP:
 - Before six (06) months of scheduled IMM examination (for straight track)
 - In the first six (06) months of 3rd year of residency training/first year of Allied specialty training (for Allied specialty candidates of Medicine/Surgery/ Anaesthesiology)
- Synopsis of the research paper must be approved by the Research & Evaluation Unit (REU) of CPSP before starting the research work
- The evidence of publication of one research paper in a CPSP approved journal must be submitted along with the final FCPS-II examination form

- **Second Fellowship:** Candidate must submit one research paper as first author, published/accepted for publication in one of the CPSP approved Journals. Research study for this article must be undertaken during RTMC registered training period and must be on a topic related to their discipline/specialty. Title of the research has to be approved by REU.

Monitoring

CPSP has facilitated “Structured Residency Training Program” by placing Structured Visual Curriculum Display (SVCD) charts at E-Logbook of all residents. It serves as a reminder and reference guide to ensure timely acquisition of required competencies at the prescribed level. Achievement of given competencies as per respective SVCD chart is regularly monitored by taking help of information technology. Passwords are allocated to all the residents and supervisors to access their accounts. E-Logbook monitoring of Residency Program of each resident is done quarterly through Performance Evaluation Report System.

GOALS AND OBJECTIVES OF NATIONAL RESIDENCY PROGRAM

National Residency Program focuses on the acquisition of the CPSP outcome based and competency attainment curriculum. Specialty-specific goals and objectives of each Residency Program are provided in their respective curriculum booklets.

Competency Based Medical Education in Residency Training Program

College has moved towards competency based medical education and developed its own competency model.



4.2 Resident's Role and Responsibilities

Residents are required to:

- Accept responsibility for their own learning and ensure that it is in accordance with the relevant specialty.
- Acquire all CPSP Outcomes/Competencies and get these signed off through Work-Place-Based Assessments (Case-Based Discussion/Chart-Stimulated Recall, Mini Clinical Evaluation Exercise/Consultation Observation Tool, Direct Observation of Procedural Skills, Objective Structured Assessment of Technical Skills, Multi Source Feedback).
- Demonstrate integrity and honesty, ethical & professional practice.
- Keep their knowledge up to date and practice evidence-based medicine.
- Demonstrate altruism and advocacy for the patient.
- Demonstrate effective interpersonal and communication skills with cultural sensitivity.

- Know their limitations & seek help from senior if needed.
- Be effective team member, and assume leadership role when needed.
- Sort out sources of information about training program and potential units, and play an informed role in the selection and appointment of the supervisor allocated by unit head.
- Seek infrastructure support from their institution and supervisor, and use this support effectively.
- Ensure that they undertake residency diligently.

Research

- **First fellowship:**

Vide notification numbers CPSP/Sec/2024/45 dated 15th March, 2024, F-1/Exam-24/CPS/3008-A dated 30th August, 2024, and CPSP/Sec/2024/454 dated 09th September, 2024.

- Residents inducted in the CPSP 1st fellowship programs from January 2025 and onwards, will be required to provide evidence of publication of one research paper in a CPSP approved journal, for appearing in final fellowship examination
- Synopsis duly approved by the supervisor must be submitted to the REU of CPSP:
 - Before six (06) months of scheduled IMM examination (for straight track)
 - In the first six (06) months of 3rd year of residency training/first year of Allied specialty training (for Allied specialty candidates of Medicine/Surgery/ Anaesthesiology)
- Synopsis of the research paper must be approved by the Research & Evaluation Unit (REU) of CPSP before starting the research work
- The evidence of publication of one research paper in a CPSP approved journal must be submitted along with the final FCPS-II examination form
- **Second Fellowship:** Candidate must submit one research paper as first author, published/accepted for publication in one of the CPSP approved Journals. Research study for this article must be undertaken during RTMC registered training period and must be on a topic related to their discipline/specialty.

- Follow the College complaint procedures if serious problems arises.
- Complete all requirements for taking examinations, as specified in the specialty.
- Provide feedback regarding training post to CPSP on prescribed confidential form.
Notification # CPSP/DME/2016/Plagiarism/01

4.3 Supervisory Role and Responsibilities

Every resident must be registered with a recognized unit of the discipline he/she is resident of. Each CPSP recognized unit is allowed to induct 4 residents for Fellowship at each time of induction, i.e. January and July each year. However units that do not have ward duties like Anaesthesiology, can register 6 Residents at each induction time.

Residents are inducted by a recognized unit which does meet the minimum requirements of accreditation. Each unit must have a Professor, Associate Professor and an Assistant Professor as Faculty of a unit. These are minimum requirements of accreditation by CPSP in respect to Faculty.

The resident so inducted can be guided by any one of the Faculty members as Supervisor who is recognized as supervisory by CPSP. In case of transfers, the resident stays with the unit and can be assigned to another member of Faculty who also be a CPSP recognized supervisor.

Supervision of a resident is a multifaceted job. Arbitrarily the task is divided in following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract & versatile role.

All Faculty members of an accredited units must be Fellows of CPSP or have equivalent certification accepted and recognized by CPSP. Any member of the Faculty of Unit who is Subject specialist and accredited by CPSP as Supervisor is allowed to monitor the Resident. The unit is responsible for the supervision of every PG Resident and allocated supervisor

certifies resident's daily performance in accordance with the Faculty laid down Prospectus and SVCD Charts.

Resident will work directly under the supervision of the Faculty of the Unit he/she is associated with, throughout the residency program approved by College.

Notification # Ref No. CPSP/Secy/2013 (20-A)

Notification # Ref No. CPSP/Sec/2019/486

Notification # Ref No. CPSP/DNRP/2020/Notification for Modification in Rules of CPSP National Residency Program

Notification # Ref No. CPSP/Sec/2018/173 (Re-Registration)

Notification # Ref No. CPSP/Sec/2018/02 (Leave)

Expert, Role Model, Mentor

- All Faculty members of the recognized units are believed to be role model in all aspects for the residents.
- This is a fundamental role expected from all CPSP accredited supervisors. They must ensure acquisition of CPSP competencies/outcomes by their supervisees. They have to ensure and monitor the residency training and also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail observing resident's performance and rapport with all the people within the work environment. Resident will be constantly viewed by the allocated supervisory Faculty of Unit and his performance will thus be improved with multiple oversight.
- Faculty of the unit should help in learning and acquisition process of residents and help him/her overcome hurdles during the learning process.
- It is the job of the supervisors to help resident develop the ability to interpret findings in his/her patients and act suitably in response.
- Supervisory team must be adept at providing guidance in writing/research articles (which are essential components of training).
- All members of Faculty are expected to participate actively in supervisor's workshops, conducted regularly by CPSP, and do their best to implement their regularly updated information/ skills in training of residents. It is basic duty

of supervisors to keep abreast of innovations in their field of expertise and ensure that this information percolates to residents of all years working with them.

- Supervisors are expected to be mentor residents for professional and personal development too.

Reliable Liaison

- The supervisors of the unit must should meet the resident regularly individually and collectively.
- Supervisors must maintain regular contact with College regarding training and conduct of various mandatory workshops and courses.
- Supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of resident.
- They must be able to coordinate with the administration of their institutions / organizations in order to ensure that their residents do not have administrative problems hampering their training.

Proficient Administrator

- Supervisors must ensure that residents regularly fill their E-Logbook and keep it updated.
- The supervisor must provide assessment reports to the College at the end of each year of training period. These reports are used to evaluate a resident's performance and should indicate if training has been followed satisfactorily. The report must also contain positive and negative aspects of each resident's performance and any extra academic endeavors made by them. Prolonged absence must also be mentioned in sufficient detail. It is essential that each report be discussed and signed by both, the in charge of the Faculty of the Unit and the resident before it is sent to College.
- The supervisors may be required to submit confidential reports on resident's progress to the College.
- The Faculty unit should notify the College of any change in the proposed approved residency program.

- The Resident should be constantly under supervision and in no case Resident should be left without supervision. It is the responsibility of the head of Faculty Unit's to arrange satisfactory alternate supervision during the entire residency period, if his/her direct supervisor has left/ transferred.

Rotations

During training, residents are required to rotate through different specialties and treat patients under the supervision of different physicians / specialists. Residents elicit patient histories, complete physical examinations, write progress notes, and assist in surgeries, medical procedures and follow-up.

4.5 Structured Visual Curriculum Display (SVCD)[®] Charts

CPSP has prepared Structured Visual Curriculum Display Charts (SVCD Charts) beginning with the intermediate module based on the curriculum and table of specification for various disciplines. These are to be displayed in Units to provide guidelines for both supervisors and PG residents.

In these charts, minimum requisite competencies have been described along with the level of learning (i.e., observer, assistant, performance under indirect supervision and independently).

These charts not only list the competencies, but also categorize them under appropriate headings e.g., patient management, pre-operative preparation, procedures/ operations, pre-operative care and anesthesia as detailed in the chart are meant for the discipline of Surgery. Likewise different headings are in other divisions like Anaesthesiology, Diagnostic Radiology, Otorhinolaryngology, Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Psychiatry and Community Medicine.

The period of acquisition and number of cases needed to be experienced (during each quarter and year) are mentioned horizontally. It also mentions the level of competence required against period of rotation spent in each specialty.

The chart reminds residents (and their supervisors as well) how many workshops / short courses should be attended and guides them when to attend these workshops. The chart guides supervisors as well; when residents should focus on their research, get their research topic approved, discuss their synopsis with the supervisors and submit it to the College for approval. The delays in submission of synopsis and article/ paper publication can thus be avoided, as the residents have constant visual reminders in the form of charts. College would appreciate remarks, errors or any misprints detected during the course of its use so that these errors may be rectified in subsequent editions/printings. These charts are available on each resident's E-Logbook for his/her discipline.

(Fascimile of a chart which is 23"x36" in Size)



STRUCTURED VISUAL CURRICULUM DISPLAY (SVCD) CHART INTERMEDIATE MODULE IN MEDICINE AND ALLIED

2007

COMPETENCIES	First Year												Second Year					
	3 Months		6 Months		9 Months		12 Months		Total Case		13 Months		18 Months		Total Case			
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	1st Year	Level	Cases	Level	Cases	2nd Year	Level	Cases		
Pleural Aspiration	L/T	2	3	2	4	2	4	2	6	4	5	4	5	2	7	7		
Peritoneal Lavage	L/T	2	3	2	4	2	4	2	6	4	5	4	5	2	7	7		
Lumbar puncture	L	2	3	2	3	2	4	2	6	4	5	4	5	2	7	7		
Haemostatic Intubation	L/T	2	3	2	4	2	4	2	6	4	5	4	5	2	7	7		
Orotracheal Intubation	L/T	2	3	2	4	2	4	2	6	4	5	4	5	2	7	7		
Recording and reporting ECG	S	2	3	2	3	2	3	2	5	2	4	3	4	2	5	5		
Proctoscopy	-	-	3	3	3	3	3	3	9	3	3	3	3	3	3	3		
Endotracheal Intubation	S	3	3	3	3	3	3	3	9	3	3	3	3	3	3	3		
Cardio Primary Resuscitation (CPR)	L/T	1	2	1	2	1	2	2	6	3	3	3	3	3	3	3		
Insertion of CVP lines	S	1	2	1	2	1	2	2	6	3	3	3	3	3	3	3		
Arterial puncture	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2		
Urethra Catheterisation	S	1	2	1	2	1	2	2	6	4	5	4	5	2	7	7		
Uter Vaginal	S	1	2	1	2	1	2	2	6	4	5	4	5	2	7	7		
Pleural Biopsy	-	-	3	3	3	3	3	3	9	3	3	3	3	3	3	3		
Lumbar Puncture	-	-	-	-	1	1	1	1	3	1	1	1	1	1	1	1		
Spine marrow aspiration	-	-	3	3	3	3	3	3	9	3	3	3	3	3	3	3		
Central Biopsy	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
Hemodialysis	-	-	3	3	3	3	3	3	9	3	3	3	3	3	3	3		
Upper GI Endoscopy	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
Lower GI Endoscopy	-	-	-	-	-	-	-	-	3	3	3	3	3	3	3	3		
Arthroscopy	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
Abdominal Ultrasound	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
Genetic Test/Screening Test	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2		
Electrocardiogram	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
CT Scan Head/Neck/Abdomen	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
USG	-	-	-	-	-	-	-	-	3	3	3	3	3	3	3	3		
USG/MS	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2		
Oral Intubation	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2		
Peritoneal Dialysis	-	-	-	-	-	-	-	-	3	3	3	3	3	3	3	3		
MR Brain and Spine	-	-	-	-	1	1	1	1	3	2	2	2	2	2	2	2		
Diastolic and anastomosis	-	-	-	-	-	-	-	-	3	3	3	3	3	3	3	3		

COMPETENCY LEVEL KEY

- Observer
- Assistant
- Performed under supervision
- Performed independently

TRAINING DURATION

Total duration of Fellowship in Internal Medicine is 4 years while in all its sub-specialties is 3 years and is divided into:

- Intermediate Module: First two years.
- FCPS II: Internal Medicine: 3 years. Sub-specialties: 3 years.

80% training including rotations must be completed within first two years.

WORKSHOPS

It is mandatory for all residents to attend following CPSP certified workshops/courses in the first year of training:

- Introduction to Computer and Internet
- Research Methodology, Biostatistics and Dissertation Writing
- Communication Skills
- Basic Life Support (BLS) Course

Any other workshops as may be introduced by the CPSP.

RESEARCH

One of the training requirements is research work on a topic related to the specialty resulting in Dissertation or two research articles published or accepted for publication in CPSP approved journal(s) as first or second author.

• Synopses of Dissertation or topics of articles must be approved by Research Evaluation Unit (REU) of CPSP before undertaking research work.

• Synopses of Dissertation must be submitted to REU in the first year of training.

ROTATIONS

TWO MONTHS IN ANY FOUR OF THE FOLLOWING DISCIPLINES, CARDIOLOGY BEING MANDATORY. Rotations to be incorporated as and when available with the consent of requested supervisor.

CARDIOLOGY (Mandatory)

Level	Cases
Thrombolysis in acute MI	3 6
Management of Arrhythmias - Drug, Defibrillation	3 4
ECG recordings and reporting	3 6
STT	2 2
ECHO	1 4
CPR	2 2

RADIOTHERAPY & MEDICAL ONCOLOGY

Level	Cases
Chemotherapy	2 4
Radiotherapy	1 2

PULMONOLOGY

Level	Cases
Pleural Aspiration	3 3
Pleural Biopsy	1 1
Chest Intubation	1 1
Bronchoscopy	1 2
Pulmonary function test	1 2
Blood gases interpretation	2 2

NEPHROLOGY

Level	Cases
Haemodialysis	3 4
Renal Biopsy	3 3
Insertion of occlude lumbar catheter	2 2

NEUROLOGY

Level	Cases
CT Scan Interpretation	3 2
MR Interpretation	3 2
EEG Interpretation	1 1
EMG Interpretation	1 1

CLINICAL HEMATOLOGY

Level	Cases
Routine Hematology	2 2 20
Haemoglobinopathies	1 2 10
Coagulation disorders	1 1 10
Stem cell transplantation	1 1 1
Malignant Haematology	2 2 5
Blood transfusion	1 2 10

GASTROENTEROLOGY

Level	Cases
Peritoneal Aspiration	3 3
Liver Biopsy	1 2
Upper GI Endoscopy	1 2
Colonoscopy, Sigmoidoscopy	1 2
Colonoscopy, Sigmoidoscopy	1 2

DERMATOLOGY

Residents are required to see cases of following diseases:

- Psoriasis
- Scabies
- HS Purpura
- Erythema Nodosum
- Fixed Drug Eruption

4.6 Assessments

A) Formative Assessments

Formative assessment is an integral part of Residency training and is the responsibility of the supervisors and resident; to complete it in time and rectify mistakes identified. It employs following Work Place Based Assessment Tools. Results and remedial measures are to be reported quarterly through E-Logbook by the supervisors.

Work Place Based Assessment (WPBA)

- Work Place Based Assessment is the assessment of a resident's professional skills and attitude and should provide evidence of appropriate everyday clinical competencies. It has the advantage of high content validity through assessment of actual performance in the workplace. Work place-based assessments are an integral part of curriculum design and educational planning, in which teaching, learning, assessment and feedback are closely integrated.
- Feedback is the key.
- WPBA is also an excellent potential source of information for educational supervision and feedback. It is geared toward providing evidence of satisfactory progress, achievement in addition to identifying areas needing further improvement and then discussing and agreeing to means of addressing.
- Residents should generally be judged against the standard that they are expected to have reached by their current stage of training.
- Workplace-based assessment tools include: (see Annexure)
 - Case-Based Discussion (CBD) and/or Chart Stimulated Recall (CSR)
 - Mini Clinical Evaluation Exercise (Mini-CEX) and/or Consultation Observation Tool (COT)
 - Direct Observation of Procedural Skills (DOPS)
 - Objective Structured Assessment of Technical Skills (OSATS)
 - Multi-Source Feedback (MSF)
- Work Place Based Assessment (WPBA) is resident-led.

- Work Place Based Assessment (WPBA) is conducted in multiple settings, with multiple assessors and different patients with different severity of illness, different procedures with different levels of complexity.

B) Summative Assessments

In Training Assessment (ITA)

In training assessments has to be conducted by the supervisors and institutions for Continuous Objective Assessment of the resident. Faculty has proposed two components of In-Training Assessment:

- Yearly Written Assessment of residents: Scores attained by each resident are to be sent to CPSP through E-Logbook.
- Work Place Base Assessment:

Intermediate Module (IMM) Examinations

- Intermediate Module (IMM) Examinations were initiated in 2001 and since then, has been introduced.

IMM DISCIPLINES

- ANAESTHESIOLOGY
- ANATOMY
- BIOCHEMISTRY
- CARDIOTHORACIC ANAESTHESIA
- CHEMICAL PATHOLOGY
- CLINICAL HAEMATOLOGY
- COMMUNITY MEDICINE
- DENTISTRY (ORAL AND MAXILLO-FACIAL SURGERY)
- DENTISTRY (ORTHODONTICS)
- DENTISTRY (PERIODONTOLOGY)
- DENTISTRY (PROSTHODONTICS)
- DIAGNOSTIC RADIOLOGY
- EMERGENCY MEDICINE
- FAMILY MEDICINE
- FORENSIC MEDICINE
- HAEMATOLOGY
- HISTOPATHOLOGY
- IMMUNOLOGY
- MEDICINE
- MICROBIOLOGY
- NUCLEAR MEDICINE
- OBSTETRICS AND GYNAECOLOGY
- OPERATIVE DENTISTRY & ENDODONTICS
- OPHTHALMOLOGY
- OTORHINOLARYNGOLOGY (E.N.T.)
- PAEDIATRICS
- PHARMACOLOGY
- PHYSICAL MEDICINE AND REHABILITATION
- PHYSIOLOGY
- PSYCHIATRY
- RADIATION ONCOLOGY
- SURGERY
- VIROLOGY

- IMM Examination is the mid residency assessment program.
- **Eligibility Criteria:** Residents are required to complete two years in the core specialty along with the mandatory workshops & submit synopsis for approval to the Research & Training Monitoring Cell (RTMC) before registration in IMM examination.
- **Frequency:** IMM Examination is held twice a year.
- **Format:**
 - Main components of IMM examination are Theory Paper-I & Paper-II with 100 single best MCQs or 10 SAQs (Short answer questions) and a Clinical Examination called Task Oriented Assessment of Clinical Skills (TOACS).
 - TOACS is a clinical assessment which comprises of 10-15 interactive stations with structured clinical tasks. In some disciplines long cases are also part of clinical assessment.
- After IMM, residents progress to advanced phase of training for FCPS-II in the specific discipline.

FCPS-II Examination

- **Eligibility Criteria:** The candidate should have:
 - Completed the duration of residency as per requirement (2 years Pre IMM and 2 or 3 years post IMM training making total 4 to 5 year training)
 - Research articles approved (related to the specialty) published / accepted for publication in CPSP approved journals
 - Certificates of attendance of all mandatory workshops
 - Complete, Supervisor approved entries in e-logbook.
 - Passed IMM examination (if prescribed)
- **Frequency:** FCPS-II examination is held twice a year.
- **Format of Examination:**
 - Written Examinations comprise of Paper-I & Paper-II consisting either of 100 MCQs (single best) or 10 SAQs as per specialty or sub specialty.
 - Clinical examination comprises of the Task Oriented Assessment of Clinical Skills (TOACS) with 10-15 interactive stations, long and short cases, as determined by the specific faculties.

- Format of Short Cases (all short cases are observed by the Examiners).

Candidates are given specific tasks to perform on patients and are then assessed on their:

- Clinical examination skills
- Logical interpretation of findings
- Justification of diagnosis
- **Format of Long Case (all long cases are observed by the Examiners)**
Candidates are assigned patient/patients for a certain time to take history and conduct physical examinations and then are assessed for:
 - Interviewing skills
 - Clinical examination skills
 - Giving correct findings
 - Developing appropriate provisional and differential diagnoses
 - Enumeration and justification of relevant investigations in a cost-effective manner
 - Logical interpretations of tests
 - Discussion of management plans
 - Opinion on prevention and prognosis
 - Mention any recent advances relevant to case

MCPS

- **Eligibility Criteria:** Candidate should have:
 - Completed two years of Post Research & Training Monitoring Cell (RTMC) registered training, in an approved unit of an institution recognized by CPSP. A certificate of completion of training must be submitted in specific discipline
 - Complete, Supervisor approved entries in e-logbook
 - Certificates of attendance of all mandatory workshops
- **Frequency:** MCPS examinations are held twice a year
- **Format of Examination:** There are Written Paper-I & Paper-II with Clinical Examination and TOACS. Only those residents who pass MCPS written papers qualify for clinical examination. Paper-I and Paper-II consist of 100 MCQs (single best or extended matching type) or 10 SAQs. Each paper is of three hours duration.

4.7 Criteria for Appointment of CPSP Examiners

Following criteria is applied for selection of examiners for CPSP examinations:

- Must be a CPSP approved supervisor with five years teaching experience after acquiring FCPS or equivalent postgraduate medical qualifications and worked as an observer in two CPSP examinations
- The examiner ship should start from Intermediate Module (IMM) and MCPS examinations and then go up to FCPS examination
- CPSP registered supervisor with eight years' experience are qualified as IMM examiner and with ten years' experience are qualified as FCPS-II examiner.
- Convener of examiners panel should have 15 years teaching experience after acquiring major qualifications and must have been examiner in that subject on four earlier CPSP examinations
- The maximum tenure of an examiner usually is for 8 examinations for all types of CPSP examinations followed by a break
- Relaxation in the above rules may be granted by the President, CPSP in special situations/emergencies

4.8 Criteria for Appointment of CPSP Supervisors

Following criteria is applied for selection of CPSP supervisors:

- As per CPSP policy it is mandatory that applicant at least holds the position of Assistant Professor/Consultant to be approved by CPSP as a supervisor for training of post graduate candidates and to have 5 years Post Fellowship Experience after acquiring FCPS or equivalent qualifications recognized by CPSP to be approved as a supervisor
- Form 'B' i.e. supervisor data duly filled form to be sent to RTMC
- Application has to be properly recommended and forwarded by the Principal/Head of the Institution
- Appointment letter for the present position in the institute/ hospital. Also mention the unit of specialty or sub specialty you are working and how many previously approved supervisors are working in the same unit. Also provide the faculty details including number of beds and

status of registered trainees with previously approved supervisors

- Complete Curriculum Vitae
- Photocopy of valid PMDC registration certificate duly updated showing all your post graduate degree/ qualifications
- Good standing fellow
- Photocopies of 4 mandatory workshops for supervisors i.e.
 - Educational Planning & Evaluation
 - Assessment of Competence
 - Supervisory Skills
 - Research Methodology, Biostatistics & Medical Writing

4.9 Accreditation & Re-Accreditation Criteria

Aim of review of a program / re-accreditation is to establish the strengths and weaknesses of:

- Accredited training site.
- System of care in place and practices in accordance with CPSP laid down parameters.
- Discipline and regularity with which these systems are implemented.
- Hierarchy of responsibility in existence in that unit/ institution.
- Quantum of supervision and independence (technical/ procedural and academic)
- Quality of evaluation systems in place and being practiced.
- Response of tiers (hierarchy) to technical/procedural/ academic needs of subordinates
- Leadership and its capacity to mentor
- Program review must objectively identify strengths and specific weaknesses, to assist the program
- Areas to be highlighted for Re-Accreditation:
 - Changes from last Accreditation
 - Steps taken to overcome previously identified areas for improvement and outcome there after
- Evaluation of residency program

Guidelines For Accreditation & For Re-Accreditation Standards

Summarized document includes data base of previous accreditation visit.

Purpose of Accreditation and Re-Accreditation by CPSP is to establish the strengths and weaknesses of the residency program for improvement.

1. Institutional Context/ Training Settings

- Mission and Vision (Desirable).
- Public/Private, for Profit/Not for Profit.
- Has its own Hospital, single or multi-site?
- Have MBBS, Dental, Allied Health and/or Nursing School?
- How many CPSP Residency Program are there in that institution?
- Any Other Programs/University Programs in that specific specialty in the institution?
- Infection control policy.

2. Ancillary Services: Radiology, Pathology, Blood Bank, Pharmacy, ICU, HDU others.

3. Unit/Department: must meet professional standards and ethical behavior.

- System of care in place and practices relevant to current standards.
 - Current Standards: Each Specialty Faculty should identify current standards (updated in the last 5 years) for top 20 conditions/procedures
 - Patient turnover rate
 - Mortality rates for top 20 conditions
 - Safety policy
- Patient safety
- Learners safety
- Discipline and regularity with which these systems are implemented
 - Clinical Protocols and guidelines (Desirable)
 - Clinical Audits according to guidelines (Desirable)
- At least three sanctioned academic positions in that unit for major specialties (senior registrar to professor). For basic sciences & public health any individuals with major qualifications

4. Governance: The hierarchy of responsibility in existence in that unit/institution, and response of tiers (hierarchy) to the technical/procedural/academic needs of residents.

- Supervisor, Co-supervisor and residents (total number of residents to each supervisor (including MCPS, FCPS, second Fellowship programs, and other University Programs), frequency of meetings for feedback with documentation
 - Access of Supervisor by the resident
 - The mentoring capacity of the Supervisors
- Departmental Residency Committee (DRC): Program Director, Program Coordinator with at least 2-3 key clinical faculty and a resident member.
 - Composition, frequency of meetings and minutes
 - Access to the DRC
- Institutional Level: Institutional head of postgraduate medical education (PGME) chosen by the institution: Institutional Director PGME
 - Anti-harassment Policy and Grievance Policy
 - Recruitment, progression and termination policies
- Alignment to CPSP: Institutional Director (PGME) reports to CPSP Directorate of National Residency Program (NRP).

5. Academic Program

- Competency/Outcome-based Curricula document which is clear, known and followed by supervisors and residents. (with evidence of implementation)
- Residency Program: Where and how each competency is taught and learned.
 - Workplace Based Assessment: Faculty should assess, provide feedback & signoff acceptable competence at least once, for patient/ procedure/ technique for example, Case Based Discussion (CBD), Consultation Observation Tool, (COT), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Objective Structured Assessment of Technical Skills (OSATS), and Multisource Feedback (MSF) or 360° Feedback.
 - Academic Time: A minimum of six hours per week of fellowship time should be allocated to academic (educational and research) and administrative duties

[Please attach Residents' Weekly Schedule]. Resident participation in academic societies and educational programs to enhance educational and administrative skills (conferences, seminars, meetings).

- Patient Safety for example infection control hand over, preventions of falls etc.
 - Safety policies
 - Self & Team Safety
- Electives and/or Resident Exchange Programs
- The quantum of supervision and independence (technical/ procedural / academic). All residency programs require:
 - Duty hours for departments which take emergency, 6 hours a day in a six-day working week i.e. 36 hours per week are mandatory, with one 24-hour emergency and one 12-hour emergency, so it makes a total of 72 hours per week for a resident. For departments, who do not take emergency, 8 hours a day i.e. 48 hours a week and one call of 24 hours i.e. in total 72 hours a week is the mandatory requirement.
 - Decreasing direct supervision & increasing independent practice with increasing years of residency, e.g. Resident Clinics, Level 5 of procedures;
 - Specialty Faculties must review Curriculum Competencies Structured Display (CCSD) SVCD Charts for independence of clinical and procedural work. The Charts should be achievable, user friendly, holistic;
 - E-Logbook completion and signed off.
- Article Writing: Availability and Access to:
 - Research technical support (Biostatistics, Epidemiology etc.)
- Assessment: Where and how is each competency assessed?
 - Continuous and Periodic Assessment (to DRC)
- Continuous Assessment and Sign Off for each procedure/ competency:
 - Case Based Discussion (CBD)
 - Consultation Observation Tool (COT)
 - Mini Clinical Evaluation Exercise (Mini CEX)
 - Direct Observation of Procedural Skills (DOPS)

- Objective Structured Assessment Of Technical Skills (OSATS)
 - Periodic
- Cognitive Assessment
- 360° or Multi-source Feedback (MSF) Every three months
- Clinical Supervisor's Report (CSR) either 6 monthly or annual
 - Any other Assessment of
- Cognition: MCQs
- Skills: OSCEs, Long/short cases, TOACS
- Attitudes and Values
- The quality of evaluation systems in place and being practiced: frequency, validity and reliability
- E-Logbook Completion
- Residents allowed to complete some training without stipend (OPD/grand rounds) till the next FCPS examination
- Faculty: Faculty must demonstrate a strong interest in the education of fellows
 - Number, qualifications, CPSP Supervisor Status
 - Capacity to be mentor
 - Able to devote sufficient time to fulfill their supervisory & teaching responsibilities (Please attach Faculty Weekly Schedule)
 - Evidenced by faculty evaluations and feedback to Supervisors
 - Appointment and Promotion Guidelines
 - Recruitment and Retention Policies
 - Faculty Development activities completed
 - Number of CME Credits / year for supervisors.
 - Credentialing, Re-credentialing and/or Re-licensure (Desirable)
- Residents
 - Number & level, as well as Resident/Supervisor ratio
 - Duty hours and on-call hours
 - Availability of On-call rooms
 - Completed all CPSP Workshops
 - Any additional mandatory workshops offered by the institution, for example, additional skills workshops, Residents as Educators Program, etc.
- Department of Medical Education for
 - Assistance and guidance in the curriculum (must)

- Capacity building for faculty (preferred)
- Mandatory
- Optional and available
- Educational Resources:
 - Number of Beds and average occupancy, number of inpatient admissions, number of Outpatient Visits in the last year
 - Specialty Faculty must specify
- Patient Mix
- List of the top 20 Procedures and their frequency in the last year
- Mandatory instruments, machines, equipment with minimum numbers
 - Information Management System
 - Library, internet facilities & computer access (preferably resident owned)
 - Skills Lab and /or Patient Bank.
- Program Evaluation: System of Internal Evaluation and Continuous Renewal
 - Program review must objectively identify strengths and specific weaknesses, to improve the Program.
 - Self-study should be conducted at least every 3 years and verified by Inspectors.
- Supervisor Evaluation (to be discussed with the residents)
- Program Faculty Evaluation (to be forwarded by the supervisor to unit head to Institutional Director then to registrar and Director National Residency Program)
- Residency Program Evaluations by residents and faculty

4.10 Accreditation Council for Continuing Medical Education (ACCME)/Continuing Professional Development (CPD) Credits:

College of Physicians and Surgeons Pakistan is accredited with Accreditation Council for Continuing Medical Education (ACCME) since July 31, 2016. CME unit of CPSP will be awarding henceforth AMA PRA Category 1 Credits™ to all its live activities on 1:1 basis that will be one credit for one teaching hour. For further details refer to the CME booklet placed on the CPSP website: www.csp.edu.pk and is accessible on the following link: <http://www.csp.edu.pk/files/program/cme/CME-Booklet.pdf>

4.11 Specialty Faculties

Faculty Unit in the Department of Medical Education, College of Physicians and Surgeons Pakistan was established with the aim of providing assistance and guidance to the specialty faculties in defining competencies, outcomes/objectives and outlining postgraduate training programs for various disciplines in which College offers fellowship and membership diplomas. This unit co-ordinates activities of faculties and provides advice on developing curricula, structured residency activities and assessment guidelines relevant to each particular specialty, including those for Work Place Base Assessments. It is also entrusted with the task of developing log books and prospectuses and to assist in formulating guidelines for effective supervision, monitoring and accreditation. Thus, Faculty Unit plays a pivotal role in implementing all policy decisions taken by the College Council regarding residency programs.

Terms of Reference for Specialty Faculties

Each faculty will:

- Have prime responsibility for the design, development and implementation of all aspects of the curriculum aligned to CPSP competencies/outcomes
- The faculty will follow CPSP's quality assurance & approval processes in the development of modules and courses that are included in the entire curriculum and contributes to quality of FCPS and MCPS
- Identify criteria for appointment of supervisors as well as examiners for respective specialty training and for assessment
- Lay down specific curriculum/procedures/health problems for accrediting units and departments for the specialty training (See Accreditation and Re-Accreditation Criteria)
- Be responsible for proposing new modules and courses, modifying modules & courses, and withdrawal of existing provisions in order to keep the specialist training in accordance with national needs and international trends. Such proposals are made by specialty faculties, via the Faculties Unit, to the College Council

- Be active in accordance with CPSP's policies & procedures, each Specialty Faculty (SF) has the responsibility to identify /link the content related to:
 - Each competency
 - Each Module / Course / Rotation

They will institute workplace based Assessment for feedback and signing off. They will also identify the content to be assessed in summative examinations, IMM, FCPS-II & MCPS examinations.

- Be responsible for determining best means of engaging across sites and with partner institutions as necessary, so that all residents achieve required outcomes & objectives of training programs
- Be responsible for arranging and managing consultation and debate among all supervisors for the challenges faced by the specialty and suggest feasible solutions
- Advise and makes recommendations to CPSP Council on matters relating to postgraduate research, its training, supervision during training period
- Facilitate, encourages interdisciplinary & cross institutional education and training
- Strengthen MCQ / TOACS banks

THREE BASIC ELEMENTS OF CPSP NATIONAL RESIDENCY PROGRAM (DNRP)



DIRECTORATE OF NATIONAL RESIDENCY PROGRAM (DNRP)

5.1 Introduction

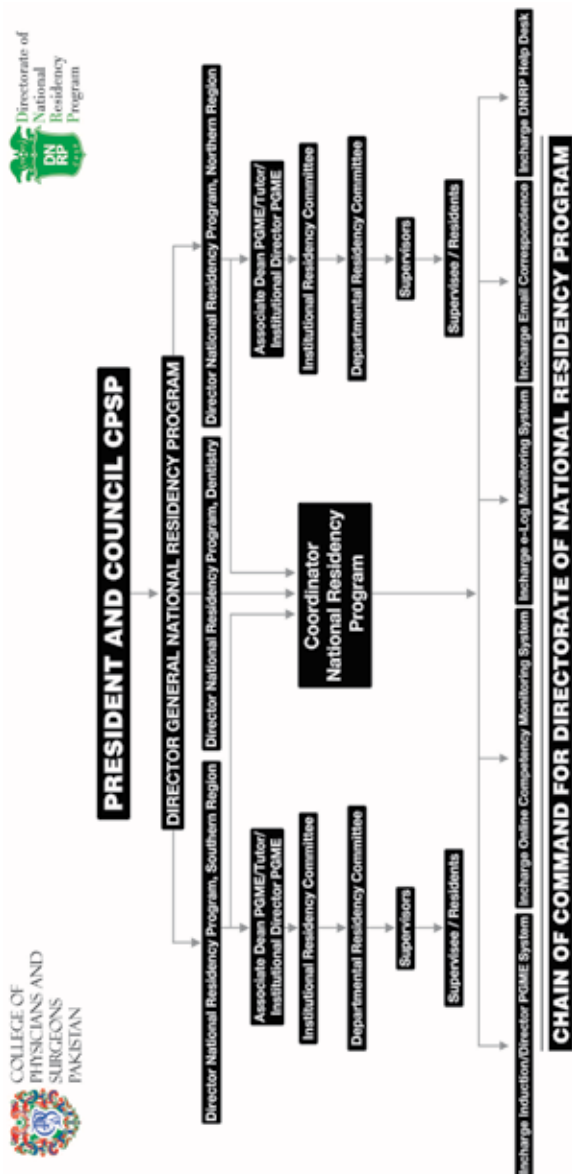
Directorate of National Residency Program (DNRP), College of Physicians & Surgeons Pakistan was established to improve the organization and quality of CPSP Residency Program.

Directorate has to oversee and support:

- Induction: Induction of residents in training programs twice yearly.
- Faculty: To maintain support with faculties along with Department of Medical Education (DME) in Reviewing, Aligning & updating curricula in line with CPSP Competency Based Curricula
- E-Logbook: E-Logbook is an integral competent for monitoring of residency training at CPSP
- Institutional Director PGME / Tutor: Supervisor with excellent academic and professional expertise would be nominated as tutors and would help resolve resident's problems by maintaining a bridging contact between supervisors, residents & Directorate of National Residency Program (DNRP)
- Foreign Help Desk: A foreign help desk has been established to look after need of overseas placements of residents
- DNRP also:
 - Aims to provide information to supervisors and Institutional Director to facilitate understanding of basic theme and structure of effective Post Graduate Training Programs
 - Collates necessary information regarding residents, supervisors, Institutional Director, curricula, units, specialties, sub specialties and accredited institution from RTMC, IT Department and Advanced Skills Department
 - To evaluate performance of supervisors, Residents & Institutions through on-line Performance Evaluation Report System that is used to generate quarterly reports

- Maintain records of Accreditation & Re–Accreditation of CPSP Training Institutes along with their residency positions by coordinating with Registration Department
- To work closely with DME, Examination Department and Registrars Department
- DNRP will co-ordinate with residents and supervisors to give advices and resolve their queries. This in due course of time should be through the concerned Institutional Director PGME of the institution
- Receive queries of residents and supervisors and respond them promptly and appropriately
- Arrange moots of the faculties, supervisors, residents, various CPSP department heads and institution heads (Institutional Director) separately on regional basis.
- Keep a record of the proceedings of moots related to National Residency Program for perusal of President and Council and facilitate for implementation of their approved recommendations
- E-Logbook monitoring & evaluation. Prepare quarterly reports from E-Logbook for feedback and case entries
- Maintain all records of performance report of residents & supervisors in data base. Maintain records of policies, regulations, notifications and propose necessary amendments to update them
- Support Research & Training Monitoring Cell (RTMC) for induction of residents in accredited institutions, to update the vacant and filled residency program.
- Online DNRP applications on e-portal are functional from September, 2023

5.2 Organogram



5.3 Functional Working of DNRP

Functions of DRNP are at the following levels:

- National
- International
- Within CPSP
- Within DNRP

A. Induction System

- With the coordination of Registrar Department and Research & Training Monitoring Cell (RTMC) the induction system will be monitoring all the total vacant and filled positions of residents in each CPSP accredited residency training institution/unit in the month of January and July.
- It will also monitor total and vacant supervisor's position and supervisor trainee ratio in each induction cycle.

B. Faculty System

- Liaise with Department of Medical Education to update record of Specialty Faculties, and Curricula of Fellowship and Membership programs.
- Oversee and support
 - Competency-based curricula in each specialty
 - Work Place Based Assessments for feedback and signing-off the competency
 - Faculties
 - Workshop, retreats and short courses
- Plan meetings with faculties and residents at regional level.
- Arrange and maintain records of all the meetings.
- Provide an appropriate solution of each query related to faculty system.
- Maintain record of IMM, FCPS and MCPS examinations results for each specialty in collaboration with the Examination Department, CPSP.
- Correspondence through email with all specialty faculties and residents.
- Provide related information of faculty system to all related departments and stakeholders.

- Develop an On-line Performance Evaluation Report System for generating quarterly reports on:
 - Supervisor-Resident Ratio
- Provide information about the faculty system to President and Council, CPSP.

C. E-Logbook Monitoring System

- Maintain record of SVCD Charts and competencies of each specialty within E-Logbook.
- E-Logbook monitoring of each resident quarterly.
- E-Logbook monitoring of supervisors on a quarterly basis, based on SVCD Charts:
 - Supervisors Feedback, Specialty-wise Report
 - Supervisor-Case entries Report
- Maintain record of residents, supervisors, Institutional Directors and accredited institution.
- Ensure that required information about residents, supervisors, Institutional Directors and institutions does reach within DNRP Office.
- Develop electronic directory with email addresses, DNRP Office numbers, landline numbers, and postal address of all the residents, supervisors, Institutional Directors and accredited institutions.
- Liaise with Department of Medical Education for updated record of CME credits.
- Send quarterly performance reports through email to supervisors and residents.
- Provide all the information related to the e-logbook monitoring system to President and Council, CPSP.
- Develop an On-line Performance Evaluation Report System to generate biannual reports evaluating functioning of Institutional Directors System in each CPSP Accredited Residency Training Institution.
- Prepare and upload (on CPSP website) Frequently Asked Questions (FAQs) based on all the queries of Supervisors, Residents and Institutions and respond to the queries related to E-Logbook, feedback of residents and supervisors.

D. Institutional Director PGME System / Tutor System:

- Maintain updated records of Institutional Directors, PGME.
- Correspond with Institutional Directors on a quarterly basis:
 - Emails
 - Meeting
- Plan, arrange and maintain record of meetings with Institutional Directors at regional level.
- Provide all the information related to the Institutional Directors System to the President and Council through Institutional Directors PGME of each level institution.
- Develop an On-line Performance Evaluation Report annually.

E. Overseas Help Desk

- Maintain updated records of all overseas CPSP registered supervisors, residents and institutions/units.
- Correspond with all overseas CPSP registered supervisors, residents and institutions.
- Resolve queries with the approval of CPSP authorized committee of all the overseas CPSP registered supervisors, residents and institutions through emails, telephone and by post.
- Develop an On-line Performance Evaluation Report System for generating quarterly reports on:
 - Overseas CPSP registered supervisors
 - Overseas CPSP registered residents
 - Overseas CPSP registered institutions
- Plan and arrange meetings with overseas CPSP registered supervisors and residents.
- Upload all the upcoming locum or any exchange program with foreign countries on CPSP website.

5.4 DNRP Intra - Departments

Management Information System

- Management Information System Unit was established in 2009, and built ERP (Enterprise Resource Planning) system for CPSP. The functions of the MIS are to:
- Develop Integrated MIS Systems with the technology of free, open-source, real-time online Management Information System.

The entire process of compiling reports and submission for processing is through a centralized data repository CPSP can access residents, supervisors and institutional records.

- Identify cost-effective solutions to help with the management and administrative processes in coping with multiple centers having various operations, which ultimately will help to streamline decision making process, as the idea is to centralize online Management Information System and to eliminate need for elaborate reports. Deploy online modules of said ERP for Examination, RTMC and Finance.
- Design online FCPS-I examinations.
- Design online exam application forms, online workshop forms for residents, e-certification for residents and online E-Logbook.
- Provide DNRP with the updated record of residents, supervisors and CPSP Residency Training institutions/units to evaluate the performance of program.

ANCILLARY SUPPORT SYSTEM OF DNRP

Directorate of National Residency Program liaisons with overarching Committees:

- NRP Committee
- Curriculum Committee

- **NRP Committee**
 - Provide recommendations related to issues of residency program.

- **Curriculum Committee**
 - Provide recommendations about new specialties, curricula updates and the workshops.

6.1 CPSP Inter- Departments

Directorate of National Residency Program works closely with the following departments.

Examination Department

- Examination department conducts postgraduate examinations in various medical, surgical and dental disciplines for College of Physicians and Surgeons Pakistan.
- DNRP works in close association with the Examination Department to
 - Announce the proposed dates for the examinations for the coming calendar year.
 - Prepare list of the examiners with the help of the respective faculties.
 - Evaluate reports of each examination results.
 - Improve Examination system, as desired and needed.

Registrar's Office

Registrar of CPSP is responsible for

- Accrediting and Re-Accrediting institutions offering CPSP residency programs after the approval of President and Council CPSP.
- Keeping updated records of National and Overseas Institutions, recognized by CPSP.
- DNRP works in close association with the Registrar to:
 - Prepare and share department and unit wise residency positions in each CPSP recognized training institutions.
 - To Prepare and share list of paid and unpaid inductees unit-wise, institution-wise, city-wise, province wise, country-wise and overseas residents.
 - Update list of names, email addresses, postal addresses and mobile numbers of all the residents, supervisors and accredited institutions.
 - Update information about deficient and new units.

Research & Training Monitoring Cell (RTMC)

Research and Training Monitoring Cell (RTMC). is being supervised by Registrar, CPSP.

DNRP Oversee and support the evaluation of Synopsis and Article and provision of inputs with regards to enhancement of quality Research and Capacity building of health professionals regarding Research.

Functions of the RTMC are:

- Registration of Residents.
- Registration of Supervisors.
- Induction of Residents in Institutions in January or July.
- Maintain updated record of residents, supervisors and institutions.
- Promote a culture of research.
- Provide training and guidance to all research personnel associated with CPSP, throughout Pakistan.
- Develop and implement policies and procedures to ensure standardization & quality assurance in evaluation of protocols.
- Induct and train all research workshop facilitators throughout Pakistan and overseas centers.
- Provide to DNRP records of synopsis and research papers of residents as per requirement.

Directorate of Medical Education (DME)

Main objective of Department of Medical Education is to support CPSP in development of Postgraduate residency, fellowship programs and examination system, as well as, to help train the faculties for these programs.

DME:

- Creates awareness for innovative concepts and facilitate their introduction into the Health Professions Education. DME develops and organizes a variety of workshops and courses primarily for the residents and supervisors of CPSP programs.

- Addresses educational issues, concepts, and methodologies. It helps faculties and fellows of CPSP to:
 - Develop competency/outcomes-based curriculum and courses.
 - Include structured instructional and learning strategies to facilitate acquisition of the CPSP competencies with feedback.
 - Develop Assessment Systems to ensure all competencies/outcomes were achieved by all the residents.
 - Encourages supervisors to facilitate and monitor resident's research projects and article writing.
- Plays a key role in these endeavors by assisting faculties in the development of curricula for upcoming medical/dental specialties, reviewing and revising previous ones and developing new tools for monitoring and assessment.
- Is developing a National CME Policy and strategic guidelines.
- Establishes linkages with national and international institutions and organizations for the promotion of health professions education in the country.
- DNRP works in close association with the DME to vet all new fellowships and residency programs:
 - An update on the performance of the residents, fellows and supervisors.
 - Provide recommendations about new specialties, curricula updates and the workshops.
 - Facilitates online meetings between the faculties.
 - Helps in capacity building of different specialties.

Workshop Unit

Workshop unit arranges following mandatory workshops for Supervisors and Residents.

Supervisors Workshops	Residents Workshops
Educational Planning and Evaluation	SCoPE Workshop (Skills for Communication, Orientation Professionalism & Ethics)
Assessment of Competence	Primary Surgical Skills
Supervisory Skills	Introduction to Computer and Internet
Research Methodology, Biostatistics & Medical Writing	Research Methodology, Biostatistics & Article Writing

DNRP works with Workshop Unit to update and conduct residents and supervisors mandatory workshops and suggest new ones.

Faculty Unit

Faculty unit of Department of Medical Education (DME) works in close liaison with the specialist faculties and;

- Organizes faculty meetings.
- Assists in development and review of curricula.

Faculty unit is also involved in capacity building of supervisors by conducting refresher workshops on:

Supervisors Refresher Workshops

Writing Short Answer Questions (SAQs)
Writing single best Multiple Choice Questions (MCQs)
Developing Task Oriented Assessment of Clinical Skills (TOACS) stations
Work Place Based Assessment (WPBA)
Outcome / competency based including professionalism curriculum development
Professionalism

Advanced Skills Department

Advanced Skills Department established in 2007 is responsible for conducting Life Support Courses like Basic Surgical Skills:

- Advanced Trauma Life Support (ATLS)
- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Life Support in Obstetrics (ALSO)

More than 16,000 workshops have been conducted during the last eight years.

The Advanced Skills Department (ASD)

- Maintain records of residents and supervisors who have completed life support courses.
- Deals with the queries related to the courses.
- Arrange courses.
- Maintain record of participants.
- Coordinates with A.C.S and International Association to share experience.

Information Technology (IT) Department

Information technology works in close association with DNRP to:

- Share the information related to residents, supervisors, Institutional Directors, specialties, subspecialties and training institution.
- Share lists of names, email addresses, postal addresses and mobile numbers of all the residents, supervisors, residents and accredited institutions
- Assist design of report templates for residents and supervisor's performance, unit -wise, specialty wise, supervisor-wise, city-wise, province-wise, country-wise and internationally.
- Prepare appropriate responses about queries in consultation with concern department.
- To run, expand and maintain the National I.T. and video system of the college.

Directorate of International Relations

The Directorate of International Relations has been established in the College of Physicians & Surgeons Pakistan due to increasing collaboration with the International Institutions like HSE of Ireland, Royal College of UK along with University Hospital Birmingham, Saudi Commission for Health Specialties (SCFHS) and Colleges of Medicine South Africa (CMSA). CPSP has got the collaboration with SAARC countries in the form of exchange of examiners and mutual conferences. This Directorate look after the induction, registration and monitoring of the trainees working abroad along with the help of National Residency Program. This Directorate also look after the accreditation of the institutions in various countries, appointment of examiners from abroad & arrangement of the mutual collaborative activities of CPSP and other institutions. This department works under Director International Relations (DGIR), Prof. Muhammad Asghar Butt.

SOP FOR REDRESSAL

If any resident/supervisor/fellow wants to submit appeal/plea against the Directorate of National Residency Training Program (DNRP) Department, can email to the CPSP Competent Authority at: **president@csp.edu.pk**.

ANNEXURES

This is for the information of all residents of Fellowship and Membership Programs of College of Physicians and Surgeons Pakistan, who have opted to write article(s) for the award of CPSP qualification as a prerequisite for appearing in examination, they can do so by submitting evidence of publication/acceptance for publication Impact factor journals and HEC recognized journals.



College of Physicians & Surgeons Pakistan
OFFICE OF THE SECRETARY CPSP

Ref # CPSP/Sec/2022/250

02nd June, 2022

NOTIFICATION

The CPSP Council in its 197th Meeting considered the difficulties faced by trainees in getting timely acceptance and publication of Articles in CPSP approved Journals.

In order to overcome this issue & help the trainees it has been decided to include Y, X and W category HEC approved Journals in the list of CPSP approved Journals, with immediate effect.

This issues with approval of Competent Authority.

Prof. Irshad Waheed
Secretary, CPSP

C.c:

- CPSP Council
- CPSP Regional Centres
- CPSP Website
- All Concerned

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
Tel: 99298400 (10 lines); Fax: 99268432; UAN: 111-606-606 Ext: 205 / 373
Website: www.cpsp.edu.pk

ANNEXURE: 2

SAMPLES OF WORK PLACE BASE ASSESSMENT (WPBA) TOOLS



**COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN**

Mini-Clinical Evaluation Exercise (CEX)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/ CHECKING APPROPRIATE BOXES

Trainee Name (Full): _____

RTMC Number: _____ Hospital Name: _____

Specialty: _____

Trainee Level: R1 R2 R3 R4 R5

Quarter: 1st 2nd 3rd 4th

Clinical Setting: Ward Outdoor(Hospital/Community)

Total Time: _____ Time for feedback: _____

Clinical Area: _____

Focus of clinical encounters: History taking Physical Examination Communication Skills

Complexity of case Low Average High

Please grade the following areas on the given scale:	Below Expectations		Borderline	Meets Expectations		Excellent
	1	2	3	4	5	
1. Informed Consent of patient						
2. Interviewing Skills						
3. Systematic Progression						
4. Presentation of positive & significant negative findings						
5. Justification of actions						
6. Organization/Efficiency						
7. Overall clinical skills						

Strengths	Suggestions for Improvements

Trainee satisfaction with Mini-CEX LOW HIGH
 Assessor satisfaction with Mini-CEX ① ② ③ ④ ⑤
① ② ③ ④ ⑤

Assessor Information:
 Do you feel Confident with Mini-CEX
 Do you Need Training

Assessor Name: _____ Signature: _____ CPSP ID: _____ Date: _____

ANNEXURE: 3



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/ CHECKING APPROPRIATE BOXES

Trainee Name (Full): _____

RTMC Number: _____ Hospital Name: _____

Specialty: _____

Trainee Level: R1 R2 R3 R4 R5

Quarter: 1st 2nd 3rd 4th

Clinical Setting: O.T. Procedure room

Total Time: _____ Time for feedback: _____

Name of procedure: _____

Difficulty of procedure: Easy Average Difficult

Number of times procedure performed by Trainee: _____

Please grade the following areas on the given scale:	Below Expectations		Borderline	Meets Expectations		Excellent
	1	2	3	4	5	
1. Indications, anatomy & steps of procedure						
2. Informed consent, with explanation of procedure and complications						
3. Preparation for procedure						
4. Use of Anesthesia, Analgesia or sedation						
5. Observance of asepsis						
6. Safe use of instruments						
7. Use of accepted techniques						
8. Management of unexpected event (or seeks help)						
9. Post-procedure instructions to patient and staff						
11. Overall ability to perform whole procedure						

Strengths	Suggestions for Improvements

Trainee level of satisfaction with DOPS **LOW** ① ② ③ ④ **HIGH** ⑤

Assessor satisfaction with DOPS ① ② ③ ④ ⑤

Assessor Information:

- Do you feel Confident with DOPS
 Do you Need Training

Assessor Name: _____ Signature: _____ CPSP ID: _____ Date: _____



Ref # CPSP/Sec/2023/706

19th September, 2023

NOTIFICATION

Sub: DNRP processing fee.

It is notified for information of all concerned that National Residency Program initial processing fees Rs.2,000/- and on execution cases Rs.5,000/- is applicable with immediate effect.

This notification is issued as per decision of the CPSP Council.

Prof. Irshad Waheed
Secretary, CPSP

C.C:

- > DNRP
- > CPSP Website.
- > All Concerned.



NOTIFICATION

Sub: Rules for Uninformed Break in Training or Change of Supervisor or Institution in the FCPS Program.

- 1) If a trainee has taken an uninformed break or has changed Institution and supervisor without permission of DNRP, this is considered as a gross violation of CPSP regulations.
- 2) The resident has to complete an additional penalty along with deficit period of unapproved break before exit exam. The penalty or additional training will be equal to the half of the unapproved gap/break in the training period.
- 3) The candidate will have to submit an affidavit that he/she will not conduct any further break in the training or change of institution and supervisor as in this case his/her training will be terminated with no further relief.

RULE FOR MATERNITY:

- 1) One maternity leave of three months during the residency training period is allowed.
- 2) Maternity leave is paid leave.
- 3) The three months of the leave will have to be completed at the end of the residency training for the fulfillment of the residency training towards FCPS II examinations.
- 4) Second Maternity may be allowed with half the duration of first maternity equal to 45 days, deficit has to be completed before appearing in exam.

This notification is issued as per decision of the CPSP Council. This Notification will supersede the previous Notifications in this context.

Prof. Irshad Waheed
Secretary, CPSP

C.C:

- DNRP
- CPSP Website.
- All Concerned.

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
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Website: www.cpsp.edu.pk



NOTIFICATION

Sub: Rotation Policy.

- 1) Fellows/Consultants present in Unit/Institution with bed strength is 20 or more, rotation will be allowed in same institution (accreditation of full 04 years not required for rotation).
- 2) If this does not exist, then rotation in same city with MoU is allowed, (no outside city is allowed if available in same city).
- 3) If both above are not available then the main Supervisor will be allowed to certify the competencies of respective rotation available on his/her Unit/Institute.
- 4) The outside city rotation cases will be discouraged and only be allowed by Competent Authority through NRP Committee on solid grounds.

This notification is issued as per decision of the CPSP Council. This Notification will supersede the previous Notifications in this context.

Prof. Irshad Waheed
Secretary, CPSP

C.C:

- > DNRP
- > CPSP Website.
- > All Concerned.



NOTIFICATION FOR CPSP SCHOLARSHIPS ABROAD.

The scholarship exclusively is for two years with no extension under any circumstances. Immediately after completion of the scholarship term, the trainee has to report back physically to CPSP Karachi (For trainees of South)/ CPSP Lahore (For trainees of North).

This offer is conditional on the trainee for providing and completing all the necessary documentation within the time-frame.

Since this is an international agreement between two training bodies, therefore, the offer letter has to be read carefully before deciding whether to accept the offer. Once the offer is accepted for this Fellowship, it is strictly instructed that the trainee is not allowed to withdraw the Offer.

As time is of the essence, on acceptance the trainee must carefully follow the instructions below:

1. The candidates who are selected in any of the CPSP scholarship program within same FCPS specialty Program in which they are already registered with CPSP, may apply in the e-portal for re-registration and upload the scanned copy of original documents:

- Re-registration form.
- Supervisor CV (sent through email to rtmc@cpsp.edu.pk)
- Joining Letter
- CPSP Scholarship Program Selection/Offer Letter
- NOC/Recommendation by Director General International Relations (DGIR)/Vice President.
- Under taking given by the trainee on an official Stamp Paper

* 7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
Tel: 99286400 (10 lines); Fax: 99286402; UAN: 111-606-006 Ext: 205, 206
Website: www.cpsp.edu.pk





College of Physicians & Surgeons Pakistan
OFFICE OF THE SECRETARY CPSP

2. The Candidate who qualified in FCPS Part I Examination conducted by College of Physicians and Surgeons and acquire training/ teaching position in Kingdom of Saudi Arabia may apply for FCPS/MCPS Programs fresh registration or re-registration by uploading the following scanned copy of original documents in e-portal:

- Fresh Registration / Re-registration form.
- Letter from Saudi Health Commission for Health Specialties (SCFHS) / Letter from Head of Institution that are offering a training position. Training will be accepted for only those institution which are accredited as per arrangement of Saudi Health Commission for Health Specialties (SCFHS) which they specify as training jobs and NOT service jobs.
- NOC / Recommendation by Director General International Relations (DGIR).
- Supervisor CV sent through email to rmmc@csp.edu.pk.
- Under taking given by the trainee on an official Stamp Paper
- Deed of Undertaking: You must provide the Deed of Undertaking to CPSP. The draft of the deed is attached to this email. This Deed of Undertaking must be executed on official stamp paper duly signed and attested by the Oath Commissioner and notarized. Please note that the witnesses may not have the blood relation/spouse relation with the applicant and the CNIC copies of applicant along with witnesses will be attached with the stamp paper. The original copy of the Deed of Undertaking must reach CPSP Karachi Office by Date.
- Government employees: It is the responsibility of the trainee to obtain the leaves.
- Consent of Supervisor: It is mandatory to submit the NoC along with the offer letter from the supervisor.

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Tel: 99266400 (10 lines); Fax: 99266432; LAN: 111-605-605 Ext: 215-3171
Website: www.csp.edu.pk





College of Physicians & Surgeons Pakistan
OFFICE OF THE SECRETARY CPSP

- Transfer of Registration and Supervisor is mandatory within two months of the start of training
 - Kindly contact RTMC department for registration and DNRP department for process of change of Supervisor.
 - Dissertation: Contact REU department for guidelines regarding dissertation.
3. If the Supervisor is not registered with CPSP, then CV of the supervisor/ Email of the Supervisor has to be sent to rtmc@csp.edu.pk and nrp@csp.edu.pk for approval from CPSP competent authority.
4. Registration or Re registration Fee for Trainees outside Pakistan is US dollars 150 w.e.f July 2021.

For any query:

Call: +92-21- 99266438

Email: rtmc@csp.edu.pk

drmansoor@csp.edu.pk

nrp@csp.edu.pk

Note: These rules can be changed if and when required and be duly notified.

This notification is issued with the permission of CPSP Competent Authority through Secretary CPSP.

Prof. Irshad Waheed
Secretary, CPSP



Page 3 of 3

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
Tel: 99266438 (10 lines) Fax: 99266437 (1 line) 111-2064292 Ext: 906 / 979



NOTIFICATION

Supervisor Retirement/Posting out/Demise/New Appointment:

It is notified for information of all concerned that CPSP Accredited Heads of Institution must update the College through a letter about:

- Retired CPSP Supervisor.
- CPSP Supervisor being posted out.
- Demise of any of the CPSP Registered Supervisor.
- New Appointment of a Supervisor.

The letter should cover the following areas and has to be sent to nrp@cpsp.edu.pk:

- Name of all the resident with CPSP ID who are to be re-registered due to retirement / posting out / demise /.
- New Appointment of CPSP supervisor. Name of the new supervisor with CPSP ID who is posted in the unit / department.
- Name of supervisor CPSP ID who retired / posted out / demised.

If there is no supervisor in the unit / department. In such case institution may inform the College. As a Policy CPSP due to non-availability of CPSP registered supervisors, the residents should apply for re-registration in another department of the same institution or in case of non-availability in an accredited Institution within the same city.

The resident with the institution letter may apply to nrp@cpsp.edu.pk



Note:

The residents whose supervisor retired / posted out / demised will have to apply with institutional letter to nrp@cpsp.edu.pk and are not allowed to leave institution or unit as CPSP will facilitate them to re-registration in continuation if they submit institution letter and re-registration with new supervisor within the department or in an accredited Institution within the same city. The CPSP supervisor must update about their posting and retirement along with the supporting documents at rtmc@cpsp.edu.pk.

A teaching unit usually comprises of: Professor, an Associate Professor and an Assistant Professor. The above mentioned information is a must for updating the supervisor and trainee registration database of CPSP.

Prof. Irshad Waheed
Secretary, CPSP

C.c

- > DNRP
- > Exam
- > R&RC (RTMC)
- > CPSP Website



REVISED **NOTIFICATION**

In partial modification of Notification No.CPSP/Sec/2021/161, dated 31st May, 2021, the Specialty of Emergency Medicine has been included. It is for information to all the Head of Institutions and Supervisor registered with College of Physicians and Surgeons Pakistan as per previous CPSP Notification (link: https://www.cpsp.edu.pk/files/news_notifications/CPSP_Secy_2013_20A.pdf) the induction regarding 1st & 2nd FCPS Programs and MCPS Programs as per CPSP regulation are as follows:

- 1) Indoor facilities/admissions of trainees in FCPS-II programs are required in the following subjects:
 - a) Medicine & Allied
 - b) Surgery & Allied
 - c) Obstetrics & Gynecology
 - d) Ophthalmology
 - e) Pediatrics
 - f) Otorhino-Laryngology (ENT)
 - g) Psychiatry
 - h) Physical Medicine & Rehabilitation
 - i) Family Medicine
 - j) Oral & Maxillofacial Surgery
- 2) Each unit of the above mentioned subjects with sanctioned strength of THREE or more CPSP approved Supervisors will induct up to FOUR (04) trainees in January session and FOUR (04) in July sessions except in the subject of Obs. & Gynae., where upto SIX (06) trainees will be inducted in January session and SIX (06) in July session.
- 3) Units of General Surgery and General Medicine each may also admit FOUR (04) additional trainees in January and FOUR (04) in July session against the specialties. These EIGHT trainees admitted for TWO (2) years IMM training in General Surgery & General Medicine units must move to sub specialty of their choice after completion of two years training and other requirements of the Intermediate Module Examination. Such residents will not be allowed to continue 3rd/4th year training in Surgery/Medicine by changing their speciality.



College of Physicians & Surgeons Pakistan
OFFICE OF THE SECRETARY CPSP

- 4) The following subjects which do not require an in-patient, they will induct SIX (06) trainees in January and SIX (06) in July session:
- a) Anesthesia
 - b) Emergency Medicine
 - c) Basic Medical Sciences (Anatomy, Biochemistry, Pharmacology, Physiology)
 - d) Community Medicine
 - e) Dentistry (all specialties except for Oral & Maxillofacial Surgery)
 - f) Diagnostic Radiology
 - g) Forensic Medicine
 - h) Pathology (all specialties)
- 5) In the subject in which MCPS is allowed each unit with sanctioned strength of THREE (03) or more CPSP approved supervisors will induct up to FOUR (04) Trainees in January session and FOUR (04) in July session.

In partial modification to Notification No. CPSP/Sec/2018/271, dated 03rd March, 2018, the Executive Committee in its 3rd meeting, held on 01st August, 2019, has allowed registration of not more than two trainees, twice a year, with an approved supervisor, in the 2nd Fellowship program.

Prof. Irshad Waheed
Secretary, CPSP

- C.c
- > President CPSP
 - > NRP
 - > Exam
 - > R&RC (RTMC)
 - > CPSP Website

Page 2 of 2

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Email: secretary@cpsp.edu.pk | Website: www.cpsp.edu.pk



NOTIFICATION

Sub: Methodology of increasing the number of Training Units,

- 1) A training unit of CPSP has to have a minimum of 24 beds, with an accredited supervisor, who may be a Professor, an Associate Professor, and an Assistant Professor or a Consultant.
- 2) In case an already accredited training unit has more than the required number of beds and an additional accredited Supervisors are present, then the unit can be split into two or three units, with separate supervisors posted in each unit and required induction per unit can be given to the institution.
- 3) The Concerned Institution has to make a Notification of such arrangements and then inform the Registrar Department.
- 4) The Registrar Department can authorize, the Regional Director, to make arrangements for a visit to the concerned Department along with a subject expert to evaluate the concerned unit and its arrangements and report it to the Registrar Department.
- 5) In case of a satisfactory report, the institution will submit the accreditation fee for the recognition of that unit.
- 6) In no case more than six training units of one specialty would be accredited in the same campus of a Training Institution.
- 7) The Directorate of National Residency, the Registration Department all the Regional Directors and the MIS systems would be informed accordingly for the purpose of uniformity of training.

Prof. Irshad Waheed
Secretary, CPSP

C.c:

- Registrar, CPSP
- CPSP Website
- FCPS/MCPS Accredited Institutes



Ref # CPSP/SEC/2021/60

08th March 2021

NOTIFICATION

In partial modification to Notification for rules of re-registration Ref # CPSP / Sec /2018 /173 dated 13th February 2018, it is notified for the information of residents that:

- Re-registrations are allowed only in the months of June, July and December, January.
- Residents are allowed to change their supervisor and institution once during whole residency training.
- Special Circumstances in which CPSP considers change of supervisor and Institution:
 - Natural Disasters
 - Physical Disability
 - Life Threats
 - Higher or Better Training Opportunities
 - Exigencies of Service (Posting and transfers as per Government Orders), specially in the uniformed Services
 - Retirement or Death of Supervisor
 - Any other condition which the Council of CPSP may deem fit to be considered
- Residents applying for Re-registration must send a formal application/email to CPSP DNRP at nrp@csp.edu.pk along with the following scanned documents:
 - Application with a valid reason
 - Consent (mandatory) from both Supervisor and Head of Institution (where you are leaving and joining)
 - Consent from CPSP Regional Director
 - Consent form the Provincial Health Department (If any)
 - RTMC Certificate
 - FCPS Part I Congratulations Letter
 - Offer Letter
 - An affidavit (mandatory) has to be submitted to Registration & Research Cell (R&RC), that you will not go for re-registration in the remaining part of the training

Note: These rules can be changed if and when required and be duly notified.

This notification issue with the permission of CPSP Competent Authority.

Prof. Irshad Waheed
Secretary, CPSP

- Cc:
- CPSP Councillors
 - Registrar, CPSP
 - Examination
 - DNRP
 - DME
 - RTMC
 - CPSP Regional Centres
 - CPSP Website

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Website: www.csp.edu.pk



Ref # CPSP/Sec/2021/48

22nd February, 2021

NOTIFICATION

Supervisor-ship of trainees by Supervisors from other cities is not permissible. All such trainees who have Supervisors in other cities are directed to re-register themselves with a Supervisor in the same institution where they are working. In case a Supervisor of the same specialty is not present in the institution, they can register with an Accredited Supervisor of the same specialty within the city. In such circumstances the trainees will have to visit the Supervisor at least twice a week on designated dates to submit their work and update their E-Log accordingly.

Prof. Irshad Waheed
Secretary, CPSP

C.c

- DNRP
- Exam
- R&RC (RTMC)
- CPSP Website



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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Email: examinations@cpsp.edu.pk, Web: www.cpsp.edu.pk

Examinations Department

No. F-1/Exam-21/CPS/1102


February 15, 2021

NOTIFICATION

Simultaneous Registration in two programmes

It is re-iterated for the information of all concerned that College of Physicians & Surgeons Pakistan has clear the guidelines regarding simultaneous registration in two postgraduate programme, as given below.

- a. FCPS and MCPS trainees in all the disciplines are not allowed to join both the programmes simultaneously.
- b. MCPS trainees who will qualify FCPS Part-I and desire to join FCPS-II programme, prior to passing the MCPS examination, will give an undertaking for the cancellation of MCPS registration. Only then they will be registered in Fellowship programme. Such candidates will not be allowed to appear in MCPS after qualifying Fellowship nor will the MCPS training be transferred towards Fellowship programme.
- c. FCPS trainees doing first Fellowship will be registered for the 2nd Fellowship programme only after qualifying the first Fellowship examination.


Dr Muhammad Sharif
Chief Controller of Examinations

- c.c.
1. P S to The President, CPSP
 2. CPSP Councilors
 3. Secretary CPSP Karachi
 4. Registrar CPSP Karachi
 5. Treasurer, CPSP Karachi
 6. D N R P Karachi
 7. Senior Executive Officer, R & RC Karachi
 8. Director, REU, Karachi
 9. Director, DME Karachi
 10. CPSP Regional Director
 11. CPSP Regional offices
 12. General Manager, Operations
 13. Director Finance, CPSP Karachi
 14. Prof of Pathology, CPSP Karachi
 15. Web Master, CPSP Karachi, with the request to upload this notification

Ref # CPSP/DNRP/2020/01

Dated: 31st January 2020

NOTIFICATION

In partial modification to Notification for Rules of CPSP National Residency Program Ref # CPSP / Sec /2017 / dated July 27th 2017, it is notified for the information of Residents that new rules of Directorate of National Residency Program (DNRP)

RULE FOR CHANGE OF SPECIALTY

- After the intermediate module, when the candidate has started his/her training in the fields of allied specialties of medicine or surgery no reversal will be allowed except in extreme cases.
- If change is allowed, previous experience will not be counted and a penalty of additional training for six months to one year would be levied.
- Change from Group A to B or Vice versa is not allowed as they have different sets of Rotations.

MCPS BREAK IN TRAINING

In MCPS training program, 15 days leave is allowed, every six months. No break in training for more than 15 days is allowed, if the candidate has already availed break for more than this period, then the candidate is advised to join training immediately, otherwise, training will be cancelled, and no credit would be given for any training done in the past.

RULES FOR UNINFORMED BREAK IN TRAINING OR CHANGE OF SUPERVISOR OR INSTITUTION IN THE FCPS PROGRAM

- If a trainee, has taken an uninformed break or has changed institution and supervisor, without permission of DNRP, this is considered as a gross violation of the CPSP regulations.
- No credit would be given for the uninformed training. A penalty of six months to one year would be levied.
- The candidate will have to submit an affidavit that he / she will not conduct any further break in training or change of supervisor, as in this case his/her training will be terminated, with no further relief.

RULES FOR MATERNITY LEAVE

- One maternity leave of three months during the residency training period is allowed.
- Maternity leave is a paid leave
- The three months of the leave will have to be completed at the end of residency training for the fulfillment of the residency training requirement towards FCPS II examinations.

7th Central Street, Defence Housing Authority, Phase-II, Karachi-75500
Ph: +92-21-99266400-10, (Ext. 413, 414), (Direct: 021-99266426-99266437), (Ext. 103, 112),
DNRP Help Desk: +92-21-99266419, U.A.N: 111-606-606, Email: rnp@cpsp.edu.pk, Web: www.cpsp.edu.pk



LEAVING TRAINING IN INITIAL SIX MONTHS

As per college policy candidates are not allowed to leave training or change institutions, before six months of completion of Training. Any candidate who leaves training or applies for change of supervisor and institution, before initial six months would not be given any credit for the training done in the past. In case the candidate joins a fresh training program, then the candidate as a penalty will have to perform an additional six months of training before the candidate is allowed to take final fellowship examinations.

RULES FOR BREAK IN TRAINING

As per CPSP regulations no candidate is allowed to have break in training before completion of two years of training and IMM.

Note: These rules can be changed if and when required and be duly notified.

Prof. Mahmood Ayyaz
Director General National Residency Program

Copy to:

- President CPSP
- Secretary CPSP
- Director General International Affairs (DGIR)
- CPSP Councillors
- Regional Directors
- Registrar CPSP
- Chief Controller Examination
- Directors, DNRP
- Director, DME
- Chief Executive Officer, RTMC
- Program Coordinator National Residency Programme
- Regional Centres
- Web Master



Ref # CPSP/DNRP/2019/03

Dated: 6th May, 2019

NOTIFICATION

It is to inform to all the CPSP registered residents that they are not allowed to resign / cancel the registration or to leave / break a residency training position on their own.

Non-compliance will lead to the cancellation of registration with NO credit for any residency training done so far and shall also be debarred from getting registration for a fixed period as per decision made by the CPSP Competent Authority.

For any query related to this matter contact Directorate of National Residency Program (DNRP).

DNRP Helpdesk: +92-21- 99266419

Email: resident.dnrp@cpsp.edu.pk

Prof. Mahmood Ayyaz
Director General National Residency Program

Copy to:

- President CPSP
- Secretary CPSP
- Director General International Affairs (DGIR)
- CPSP Councillor
- Regional Directors
- Registrar CPSP
- Chief Controller Examination
- Directors, DNRP
- Director, DME
- Chief Executive Officer, RTMC
- Program Coordinator National Residency Programme
- Regional Centres

7th Central Street, Defence Housing Authority, Phase-II, Karachi-75500

Ph: +92-21-99266400-10, (Ext. 413, 414), (Direct: 021-99266426-99266437), (Ext. 103, 112),

DNRP Help Desk: +92-21-99266419, U.A.N: 111-606-606, Email: nrp@cpsp.edu.pk, Web: www.cpsp.edu.pk



Ref # CPSP/DNRP/2018/02

Dated: 29th November 2018

NOTIFICATION

It is notified for the information of all the CPSP residents that they have to obtain prior permission from CPSP before proceeding on leave. Just sending a letter from department or the Institution / Hospital is not sufficient.

In case any resident does not obtain prior permission from CPSP a disciplinary action shall be taken, which may result in forfeiture/cancellation of his / her residency training.

For any query:

Call: +92-21-99266419

Email: resident.dnrp@cpsp.edu.pk

Prof. Mahmood Ayyaz
Director National Residency Program,

Copy to:

- President CPSP
- Secretary CPSP
- Director General International Affairs (DGIR)
- CPSP Councillor
- Regional Directors
- Registrar CPSP
- Chief Controller Examination
- Directors, DNRP
- Director, DME
- Chief Executive Officer, RTMC
- Program Coordinator National Residency Programme
- CPSP Regional Centres
- IT Department
- CPSP Website

7th Central Street, Defence Housing Authority, Phase-II, Karachi-75500

Ph: +92-21-99207100-10, (Ext. 413, 414), (Direct: 021-99266426-99266437), (Ext. 103, 112),

Fax: +92-21-9266450, 9266432, U.A.N: 111-606-606, Email: nrp@cpsp.edu.pk, Web: www.cpsp.edu.pk



Ref # CPSP/Sec/2018/173

13th February, 2018

NOTIFICATION

The College Council in its Meeting held on 21st December, 2017 has decided to revise the dates of re-registration months.

All residents can apply for Re-Registration in the months of June & July and December & January.

This notice is issue with the permission of the Competent Authority.

Prof. Irshad Waheed
Secretary, CPSP

Cc:

- President, CPSP.
- Senior Vice President
- Vice President
- Registrar CPSP
- R & RC, CPSP
- DNRP
- DME
- CPSP Website.
- All CPSP Regional Centers

College of Physicians & Surgeons Pakistan

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
Tel: 99266400 (10 lines); Fax: 99266432; UAN: 111-606-606

Website: www.cpsp.edu.pk



NOTIFICATION

1. RULES FOR SUBMISSION OF SYNOPSIS AND DISSERTATION:

- a. Residents of **Straight Fellowship** programs are required to submit synopses within first year of residency training. In specialties with IMM examination as part of fellowship program, no candidate will be allowed to appear in IMM exam without having submitted the synopsis.
- b. Residents of **Sub-Specialties** have to deposit synopses within 6 months of the beginning of subspecialty residency training.
- c. All residents of Fellowship programs are required to submit their dissertations at least six months before the stipulated examination dates.

2. RULES FOR LEAVE DURING RESIDENCY TRAINING:

- a. During initial 6 months of residency training 15 days leave is admissible. However, total leave can neither be availed at one time nor it can be carried forward.
- b. Maternity leave: Only three months of maternity leave can be availed once in the entire residency training period. The lapsed period of residency training will have to be compensated by putting extra hours to acquire missed cognitive and procedural competencies.

3. RULES FOR BREAK IN RESIDENCY TRAINING:

- a. No break / freezing of residency training is allowed during initial Two years. Any resident not complying with this provision shall be considered to have dropped out from the program and will be required to re-register in the next available induction.
- b. The IMM examination should be passed within 6 attempts (availed or un-availed) from the date of registration into the Fellowship Program, otherwise the pass status of FCPS Part-I will become null and void, and the candidate will be required to re-appear and pass FCPS Part-I exam to re-enter the residency training program.
- c. After passing IMM examination, a resident can appear in FCPS Part-II examination for rest of his / her life provided entries in e-log book are complete and duly approved by the supervisor as well as all other requirements for appearing in FCPS Part-II exam are also complete.



- d. Residents of specialties where in IMM is not yet introduced are required to pass FCPS Part-II examination within the total period of 7 or 8 years depending upon the duration of residency training (4 or 5 years) plus 3 years. In case of failure to do so the pass status of FCPS Part-I will become null and void, and the candidate will be required to again appear in and pass FCPS Part-I exam to re-enter the residency training program.

4. RULES FOR RE-REGISTRATION:

- a. Re-registration will be done only in the months of June and December-preceding the induction months.

5. RULES FOR ROTATION IN NON-AVAILABLE DEPARTMENTS:

- a. If a teaching hospital does not have a recognized unit for a mandatory rotation, the residents will be required to complete the rotation in a nearby hospital in the same city.
- b. In case no such hospital is available, the main supervisor will certify that the resident has seen / dealt sufficient number and mix of cases and shall verify the entries for such cases in e-log book.

Note: These rules can be changed if and when required and be duly notified.


Prof. Irshad Waheed
Secretary, CPSP

c.c.

- President Secretariat
- CPSP Council
- Secretary, CPSP
- CPSP Regional Directors
- Examination Department
- Registrar Department
- Registration & Research Cell
- Department of Medical Education
- IT Department
- CPSP website
- All Regional Centers

Page 2 of 2

College of Physicians & Surgeons Pakistan

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Website: www.cpsp.edu.pk



NOTIFICATION

RULES FOR ROTATIONS IN DEPARTMENTS IN HOSPITALS NOT ACCREDITED BY CPSP.

- 1) As a General Policy of a Medical Institution, if a teaching hospital does not have a Department where a mandatory/optional rotation is to be done then, the main Supervisor actually certifies that the resident has seen sufficient amount of cases of that specialty with an evidence of E-log. The time period is then adjusted against the rotations.
- 2) Accredited MoUs have been signed by the Parent Departments with other recognized Institutions which have accredited units for training in the subspecialty.

This issues with the permission of the Competent Authority.

Prof. Irshad Waheed
Secretary, CPSP

- Cc:
- All Regional Centres.
 - All Concerned.

College of Physicians & Surgeons Pakistan

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
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Website: www.cpsp.edu.pk



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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E-mail: examinations@cpsp.edu.pk; Web: www.cpsp.edu.pk

Examinations Department

No. F.1-1/Exam-17/0603--A

March 6, 2017

NOTIFICATION

In partial modification to CPSP Notification # F.1-1/Exam-13/CPSP/367-E dated October 30, 2013, it is notified for the information of Residents and Supervisors of Medicine and Allied, that the speciality of Clinical Haematology has been added to both Groups A and B for induction into Intermediate Module training, with effect from July 1, 2017.


The constitution of these groups henceforth shall be as under;

Group A

1. Cardiology
2. Pulmonology
3. Nephrology
4. Neurology
5. Clinical Haematology

Group B

1. Cardiology
2. Dermatology
3. Gastroenterology
4. Medical Oncology
5. Clinical Haematology


Dr Muhammad Sharif
Chief Controller of Examinations

Copy to:

1. P.S. to the President CPSP
2. All Councilors
3. CPSP Regional Directors
4. Secretary CPSP
5. Registrar CPSP
6. Treasurer CPSP
7. Director RTMC
8. Director Faculties, CPSP
9. Director Finance
10. Director Medical Education
11. Director IT
12. MCQ Bank
13. REU
14. Webmaster, with the request to upload the notification on CPSP website



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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E-mail: examinations@cpsp.edu.pk; Web: www.cpsp.edu.pk

Examinations Department

NO. F.1-1/Exam-13/CPSP 367-D

October 30, 2013

NOTIFICATION

DETAILED RULES & REGULATIONS FOR INDUCTION OF TRAINEES IN SURGERY & ALLIED

In continuation of CPSP Notification No. CPSP/Secy/2013(20-A) dated September 24, 2013, this is notified for information of the accredited departments/ institutions and the eligible candidates seeking induction in the CPSP fellowship program in Surgery and Allied specialties, that the new scheme of induction and rotations will be effective from 1st January 2014 as under:

1. Induction shall be made in first year of the fellowship program by the accredited institutions under a CPSP approved supervisor in January/ July each year.
2. Candidates will be required to specify in the Registration Form of RTMC, whether they would pursue straight fellowship in General Surgery or would like to join group A or B after Intermediate Module (IMM).
3. The groups A and B will pursue fellowship training in one of the specialties included in the opted group after IMM. The disciplines included in groups A and B are:

Group A

1. Neurosurgery
2. Orthopaedics/ Trauma
3. Plastic Surgery
4. Urology

Group B

1. Cardiovascular Surgery
2. Orthopaedics/ Trauma
3. Paediatric Surgery
4. Thoracic Surgery

4. Each Accredited Unit comprising of at least a professor, an associate professor and an assistant professor who are CPSP approved supervisor, can induct a maximum of four trainees in General Surgery and four trainees who opt for allied specialties included in both groups A and B (i.e. a total of 8 trainees in a unit).
5. The 18 months of IMM training for all groups shall be same and will consist of:
 - 12 months training in Principles and Practice of Surgery.
 - 03 months of mandatory rotation in General Surgery.
 - 03 months of mandatory rotation in Orthopaedics/ Trauma.
6. The trainees in groups A and B will complete three rotations of 02 months each in the three specialties included in the opted group except Orthopaedics/Trauma, which they would complete as mandatory rotation.
7. The trainees in straight fellowship in General Surgery shall do three rotations of 02 months each in any of the following specialties: Cardiovascular Surgery, Neurosurgery, Paediatric Surgery, Plastic Surgery, Thoracic Surgery and Urology.

Continued to page 2 (surgery)

8. The trainees in General Surgery will be required to get their synopsis approved by the Research & Evaluation Department by the end of first year of training, whereas trainees in groups A or B will be required to do so in first year of the specialty training.
9. The first two years of training (IMM) would also include completion of all mandatory workshops.
10. After completion of first two years (IMM) training in Surgery and Allied specialties:
 - Four candidates who had opted for General Surgery shall continue their advance training in General Surgery.
 - Four candidates who had opted for group A or B shall be entitled to pursue further fellowship training in a specialty of the opted group. However, induction into specialty training will depend upon the availability of training position in accredited institution(s).
11. Choices made at the outset and subsequently shall be final and changeover to another group or specialty at any stage will not be allowed.
12. The IMM examination is a midway assessment and has two MCQ papers with 100 MCQs of Single Best type in each paper. The format of IMM Surgery examination under the new scheme will be:
 - Paper I will be common for all trainees and shall cover the course content comprising Principles and Practice of Surgery.
 - Paper II will also be common for all trainees and shall consist of two sections.
Section I will be mandatory for all trainees and will consist of 40 MCQs in two blocks of General Surgery and Orthopaedics /Trauma.
Section II will have 120 MCQs, in blocks of six specialties with 20 MCQs in each block. Candidates will be required to attempt any three blocks of specialties in which they have undergone rotation (i.e. 60 MCQs from this section).
 - TOACS shall be same for all trainees and shall be based on core competencies covering basic clinical and life supporting skills, as well as procedural and communication skills.


Dr Muhammad Sharif
Chief Controller of Examinations

CC:

1. P.S to the President, CPSP
2. CPSP Councilors
3. Secretary, CPSP, Karachi
4. Registrar, CPSP, Karachi
5. Executive Officer, RTMC, CPSP Karachi
6. Director, REU, CPSP, Karachi

Page no 2 (Surgery)



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500; (Pakistan)
Tel: 99207100-10; Fax: 35881444; UAN: 111-606-606
E-mail: examinations@cpsp.edu.pk, Web: www.cpsp.edu.pk

Examinations Department

No 6-1/Exam-12/CPS/583-F

March 21, 2012

NOTIFICATION

It is re-iterated for the information of all concerned that the training for all CPSP programmes (FCPS & MCPS, excluding Health Professions Education-HPE and Health Care Systems management - HCSM) is to be undertaken on whole time basis for all of the specified period.

As per CPSP policy, the trainees of all these programmes, are not allowed to work simultaneously in any other department/institution for financial benefit and/or for another academic qualification.

Dr. Muhammad Shari
Chief Controller of Examinations

- c.c: 1. P.S. to The President, CPSP.
2. CPSP Councilors
3. Secretary, CPSP, Karachi
4. Registrar, CPSP, Karachi
5. Treasurer, CPSP, Karachi
6. Professor of Pathology, CPSP, Karachi.
7. Senior Executive Officer, RTMC, Karachi
8. Associate Director, REU, CPSP, Karachi
9. Director, Faculties, CPSP, Karachi
10. Director, Department of Medical Education, CPSP, Karachi
11. CPSP Regional Directors
12. Manager, CPSP Regional Offices
13. Controllers/Joint Controllers of Examination
14. Deputy Administration Manager, CPSP, Karachi
15. General Manager (Operations), CPSP, Karachi
16. General Manager (Finance), CPSP, Karachi
17. Incharge (Publications), CPSP, Karachi
18. Webmaster CPSP Karachi with a request to put the notification on College website
19. Archive Department, CPSP, Karachi
20. Notice Board of CPSP Head Office, Karachi & Regional Offices



NOTIFICATION

This is to notify that all residents inducted from January, 2024 and onwards should appear mandatorily in prescribed Work Place Based Assessment (WPBA) tools with the assigned assessor according to the given timeline in the curriculum. The Supervisors are advised to arrange for the sessions to test the prescribed WPBA tools according to the same timeline and make online entries about the performance, feedback and action plan for the resident. The Residents inducted before the above mentioned date, can also appear in the assessment of WPBA tools as they help in learning as well.

Please note that a three-month timeline has been set for the implementation of WPBA. Residents and Supervisors failing to comply with this directive will have their E-portals blocked. Consequently, affected residents will not be permitted to sit for the exam they intend to appear in.

Prof. Irshad Waheed
Secretary, CPSP

- C.c.
- President CPSP
 - Sr. Vice President CPSP
 - Vice President CPSP
 - CPSP Council
 - CPSP Regional Directors/Regional Centres
 - DGNRP/NRP
 - DGME/DME
 - IT/MIS Department
 - Exams
 - RTMC
 - Heads of Institutions
 - CPSP Supervisors
 - CPSP Postgraduate Trainees
 - CPSP Website/E-Portal
 - All Concerned



Ref # CPSP/Sec/2024/297-a

06th June, 2024

REVISED **NOTIFICATION**

Sub: Requirement of 50% entries for each competency as an eligibility criteria for examinations (IMM, FCPS-II and MCPS).

It is notified for information of all concerned that the requirement of 50% entries for each competency will be an eligibility criteria for examinations (IMM, FCPS-II and MCPS).

It is mandatory for the residents to submit a non-red flagged summary report signed by the Resident and verified by the Supervisor with their exam application. Non-compliance at the end of 03 months will result in blocking the residents e-portal. Access will be granted only through authorization from the Competent Authority via the DNRP online application.

This mechanism of e-log case entries weightage system will be applicable from 1st July 2024 (both for those Postgraduate Trainees inducted either before or after 1st July 2024) for all the Programs of CPSP

This is issued with the permission of the CPSP Council/Competent Authority and for strict compliance.

Prof. Irshad Waheed
Secretary, CPSP

C.c.

- President CPSP
- CPSP Council
- CPSP Regional Centre
- CPSP Academic Department
- IT Department
- CPSP Website
- All Concerned

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500, Pakistan
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Email: secretary@cpsp.edu.pk | Website: www.cpsp.edu.pk



**REVISED
NOTIFICATION**

In partial modification of Notification No. CPSP/Sec/2019/641, dated 12th December 2019. This is for information to Trainees of CPSP that, in the absence of E-log Record for more than 03 months, the central data base will automatically de-register the candidate. The main Server is a self-locking Central System, to which no body has an access, so once the data base un-registers the candidate, it will be beyond the National Residency Program to re-register the candidate.

All the CPSP registered residents to complete e-log entries on daily basis and approved from the main supervisor and rotational supervisors on weekly basis. As per the CPSP policy approved by the competent authority.

For IMM Examination:

- > E-log entries of less than 50 would be given as additional training for one month.
- > E-log entries deficiency of between 50-100 entries would have an additional training of 2 months.
- > E-log entries deficiency of more than 100 entries would have an additional training of 3 months.
- > Candidate having E-log entries deficiency more than 150 entries would be debarred from IMM Examination.

For CPSP Exit Examination:

- > The Candidates appearing in the CPSP exit Examination (FCPS-II, Second Fellowship & MCPS) who are having less than 200 entries in the e-log book. They will be debarred for one session from examination.

The e-log deficiency cases will be approved by CPSP Competed Authority through DNRP online application on CPSP e-portal. Contact CPSP, NRP Department in this context.

Prof. Irshad Waheed
Secretary, CPSP

- C.c:
- > Councillor CPSP
 - > NRP
 - > IT
 - > CPSP Website
 - > All concerned.



Ref # CPSP/Sec/2024/224

07th May, 2024

NOTIFICATION

Partial Modification in the Notification# CPSP/Sec/2024/205, issued on 04th May, 2024. The name of Prof. Waris Farooka, Principal, Sargodha Medical College is included in NRP Committee for the year 2024 (with immediate effect). Rest of the Notification# CPSP/Sec/2024/205 remains same:

⇒ NRP COMMITTEE

1) PROF. MAHMOOD AYYAZ	DGNRP/CHAIRMAN
2) PROF. GHULAM MUJTABA	MEMBER
3) PROF. AISHA SIDDIQA	MEMBER
4) PROF. WAQAR ALAM JAN	MEMBER
5) PROF. AMBREEN AFZAL	MEMBER
6) PROF. MUHAMMAD TAYYAB	MEMBER
7) MAJ. GEN. PROF. SOHAIL SABIR	MEMBER
8) PROF. HAKIM ALI ABRO	MEMBER
9) PROF. WARIS FAROOKA	MEMBER
10) PROF. JAMEEL SHAHEEN	MEMBER

This is issued with the permission of the Competent Authority.

Prof. Irshad Waheed
Secretary, CPSP

C.c:

- CPSP Council
- NRP Department
- CPSP Website
- All Concerned



NOTIFICATION

Sub: Launch of SCoPE Workshop for CPSP Residents.

All CPSP residents are hereby informed that the Communication Skills Workshop has been revamped and restructured as the SCoPE Workshop (Skills for Communication, Orientation, Professionalism, and Ethics).

The SCoPE Workshop will be conducted from 25th July, 2025 onwards across all CPSP regional centers.

Residents are advised to regularly check their e-portals, where all relevant resources, including reading material, pre-test, and detailed instructions, will be made available.

Important Guidelines:

- Only those residents who secure a minimum of 75% in the pre-test will be eligible to attend the face-to-face SCoPE workshop.
- A certificate of participation will be awarded only upon successful completion of the post-test with a minimum score of 75%.
- All updates, invitations, and notifications will be shared exclusively via the e-portal.

Your timely preparation and compliance are essential for successful participation in the workshop.

Prof. Irshad Waheed
Secretary, CPSP

- C.c.
- CPSP Council
 - Exam
 - DME
 - CPSP Website
 - Trainee E-Portal
 - All concerned

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Website: www.cpsp.edu.pk



Ref # CPSP/Sec/2025/55

14th January, 2025

NOTIFICATION

It is for the information of all concerned that the updated National Residency Program (NRP) rules and policies of CPSP, including those related to **extended training penalties**. The CPSP Executive Committee/Competent Authority has revised the following, effective from January 2025:

- 1) For trainees who have to appear in the FCPS exit exam and have been awarded additional training of six months or less, they may appear for the exam upon payment of twice the regular Exam fee.
- 2) For trainees who have to appear in the FCPS exit exam and have been awarded an additional training of one year or have had two penalties for violation of rules, they may appear for the exam upon payment of thrice the regular Exam fee.
- 3) The candidates who have been debarred from IMM examination, they can appear in IMM exam upon payment of double the prescribed fees for IMM exam.

Prof. Irshad Waheed
Secretary, CPSP

C.c.

- CPSP Council
- CPSP Regional Centres
- CPSP Website
- All Concerned

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**REVISED
NOTIFICATION**

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The e-log deficiency cases will be approved by CPSP Competed Authority through DNRP online application on CPSP e-portal. Contact CPSP, NRP Department in this context.

Prof. Irshad Waheed
Secretary, CPSP

- C.c:
- Councillor CPSP
 - NRP
 - IT
 - CPSP Website
 - All concerned.

Contributed by:

Prof. Mahmood Ayyaz

Director General National Residency Program

Prof. Ambreen Afzal Ehsan

Director National Residency Program, Dentistry

Prof. Aamer Zaman Khan

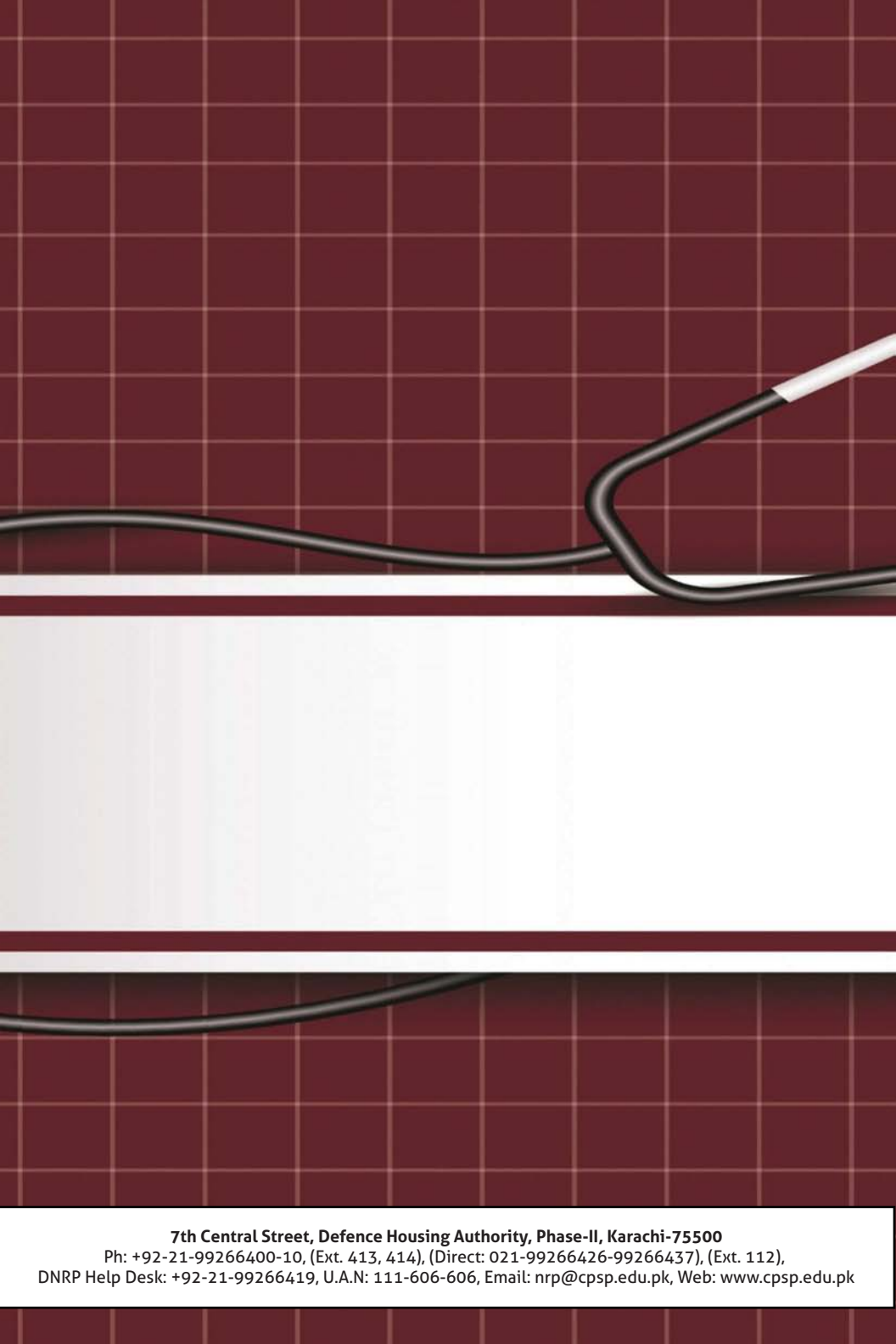
Ex-Director Residency Program, North

Prof. Rukhsana W. Zuberi

Director National Residency Program, Southern Region

Prof. Muhammad Waris Farooqa

Director National Residency Program, Northern Region



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