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F.7-10/2026(Com) /Admin-IH (Coord)
PAKISTAN INSTITUTE OF MEDICAL SCIENCES (PIMS),
ISLAMABAD

Date:- 14.11.2026

Executive Director PIMS
Dy. No. 838
Date 16-11

Ref.No. F.7-9/2026(Com) /Admin-IH (Coord)

The Executive Director
Pakistan Institute of Medical Sciences (PIMS)
Islamabad.

Subject: SUBMISSION OF MINUTES OF THE HOUSE OFFICERS COMMITTEE MEETING FOR APPROVAL

It is respectfully submitted that a meeting of the House Officers Committee was held on 20th October 2026 in the office of the HOD Anaesthesia to discuss matters pertaining to House Officers' induction, rotations, duties, and related administrative issues.

The minutes of the meeting, along with the Job Description, Code of Conduct, and list of nominated departmental Focal Persons, are hereby submitted for your kind perusal and approval, please.

Joint Executive Director (IH) PIMS
Dy. No. 1874
Date 21.11 Out

PROF NAHEED FATIMA
Chairperson
House Officers Committee

Copy to
1. JED

For information pl.

26/11/2026

JED

F.7-10/2026(Com) /Admin-IH (Coord)
PAKISTAN INSTITUTE OF MEDICAL SCIENCES (PIMS),
ISLAMABAD

Date:_____

Ref.No. F.7-9/2026(Com) /Admin-IH (Coord)

MINUTES OF MEETING

Subject: INDUCTION, ROTATIONAL POLICY OF HOUSE OFFICERS

A meeting was held in the office of Head of the department of Anesthesia on 20th October 2026, under the chairpersonship of Professor Naheed Fatima regarding the induction and rotational policy of house officers.

The following committee members attended the meeting.

Prof. Dr. Nuzhat Yasmeen
HOD Pediatric Medicine

Prof. Dr Fazl Ul Aziz
Professor of Cardiology

Prof. Dr Qasim Mehmood
Professor of Oncology

Prof. Dr Umer Farooq
Professor of Dental Surgery

Prof. Dr Tariq Abdullah
Professor of General Surgery

Prof. Dr Shumaila Naeem
Professor of Gynae & Obs

Agenda

To review and streamline House Officers' induction, selection, rotation allocation, supervision, remuneration and certification at PIMS, ensuring transparency, merit and administrative accountability.

Proceedings and Decisions

1. Structured Induction Schedule

- Replace unscheduled induction with three predefined annual segments.
- 1 February: Graduates of external/private medical institutions.
- 1 May: Graduates of Federal Medical and Dental College (FMDC).
- 1 October: Graduates of external/private medical institutions.

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- Application Performa should be available at PIMS official website

2. Documents

- Any forgery in documents provided by candidate will be reported to PMDC.

3. Merit-Based Selection through Entry Examination

- All applicants graduating from non-FMDC private medical institutions must qualify through a mandatory entry examination. Selection shall be merit-based and transparent.

4. Stipend for House Officers

- PIMS shall pay each House Officer the stipend prescribed by the Federal Government under the applicable PM&DC regulations. All eligible FMDC graduates who apply shall be accommodated first in paid house job seats.

PM&DC Admissions, Curriculum and Conduct Regulations 2026, reg. 32

5. Allocation of House Officer Positions and Induction Cap

- The committee decided a total of 300 house job seats at PIMS, comprising 110 paid seats and rest unpaid seats designated as unpaid in the reported allocation. All eligible FMDC graduates who apply shall be inducted first in paid seats and the other will be unpaid.
- The parent medical college has primary responsibility for arranging a paid house job for its own graduates. Regulation 18 of the PM&DC Registration Regulations 2023 states, "All public and private institutions shall be responsible to provide a paid house job to their graduates". The public teaching hospital's stipend obligation under regulation 32(1) of the 2026 regulations also applies.

PM&DC Registration Regulations 2023, reg. 18 PM&DC 2026, regs. 31–32

6. Mandatory Clinical Rotations

- General Medicine and General Surgery shall remain compulsory rotations for all House Officers.

7. Allocation of Elective Rotations

- Elective placements will be considered depending upon available training positions, departmental workload, clinical needs, equitable unit distribution and House Officer preferences. Final allocation shall follow a systematically supervised process. House Officer preference will not guarantee their placement in their desired unit and duration 03 months according to PMDC rules.

8. Joining Rotations and Unauthorized Absence

- House Officers must join each assigned rotation within two days of its scheduled start date. Failure to join within this period without approved permission shall result in disciplinary action, up to and including termination of the house job.
- Any House Officer absent for more than one week without informing the department or obtaining permission will be terminated from the house job without prior intimation.
- All House Officers shall complete biometric registration during orientation week and record their attendance through the hospital's biometric system throughout their rotations.

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9. Appointment of House Officer Supervisors

- Each department has nominated a Senior Medical Officer or Registrar as its House Officer focal person. The focal person shall monitor attendance, punctuality and professional conduct, address routine issues and escalate unresolved matters. See the annexure for the list of nominated focal persons.
- Each focal person shall submit a written monthly report to the House Officers Committee covering the attendance and general conduct of every House Officer under their supervision.

10. Issuance of House Job Completion Certificates

- Each department shall prepare a rotation logbook specifying the essential skills, procedures and cases to be completed. Designated supervisors shall verify and sign the entries, including Direct Observation of Procedural Skills (DOPS), where applicable.
- The authorized officer shall verify the completed, signed logbooks, biometric attendance records, mandatory rotations and training requirements before issuing the certificate. No completion certificate shall be issued without a completed and verified logbook. Clerical staff shall not independently process, approve or issue certificates.

PM&DC 2026, reg. 34 PM&DC House Job Accreditation Standards 2024, p. 18

11. Administrative Oversight

- Implementation shall take place under the administrative oversight of the Executive Director's Office, PIMS, with appropriate records maintained by relevant departments.

12. Mandatory Training Before the Start of House Job

House Officers shall attend an orientation week before starting duty. PIMS shall brief them on hospital rules, vision and mission and provide practical instruction in the following core skills. Departments should supervise and assess these skills during the rotations.

- Basic Life Support (BLS), including CPR and AED use, and Advanced Cardiovascular Life Support (ACLS). If an American Heart Association (AHA) ACLS course is unavailable, PIMS shall conduct and record its own institutional ACLS training.
- Recognition of the deteriorating patient, immediate assessment, basic airway support, oxygen delivery and timely escalation to the supervising team.
- Infection prevention, including hand hygiene, aseptic technique, PPE, sharps disposal and needlestick reporting. In the operating theatre, practice surgical hand scrubbing, donning and doffing sterile gowns and gloves, and maintaining the sterile field.
- Venipuncture, IV cannulation, blood cultures and crossmatch sampling, specimen labelling, ECG recording and basic interpretation.
- Safe prescribing and administration of medicines and IV fluids under supervision. Blood transfusion checks, monitoring, documentation and reporting of reactions.
- Urinary catheterization, nasogastric tube insertion, fluid balance monitoring, wound dressing and basic suturing under supervision.
- Patient assessment, clear clinical notes and handover, informed consent, confidentiality and incident reporting.

PM&DC Competencies Required of House Officers, 2024, pp. 2–7

During orientation, PIMS shall provide every House Officer with the Code of Conduct and the applicable job descriptions. The job descriptions shall be attached to these minutes as a separate annexure.

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13. Dress Code for House Officers

- **Male House Officers.** Wear clean, professional attire, such as a shirt with dress trousers or a neat shalwar kameez. Shorts, tracksuits, sleeveless tops and torn jeans are prohibited inside the hospital.
- **Female House Officers.** Wear clean, professional attire. Keep long hair tied back while on duty. Long or artificial nails and ornate jewellery are prohibited.
- **Footwear.** All House Officers shall wear clean, closed-toe shoes with non-slip soles. Sandals, slippers and flip-flops are prohibited. Use designated closed theatre footwear where required.
- **White coats and identification.** All House Officers shall wear a clean white coat at all times while on duty, except inside the ICU and operating theatres. The official PIMS ID card must be clearly visible at all times while on duty, including when wearing scrubs.
- **ICU and operating theatres.** Clean, designated scrubs are mandatory inside the ICU and operating theatres. White coats shall be removed before entry. House Officers shall change out of scrubs before leaving the hospital premises.

PIMS appearance guidance

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Conclusion

The committee emphasized a transparent, merit-based and well-supervised induction and training system to support equitable clinical exposure, efficient use of training positions, administrative accountability and standardized certification, subject to approval by the competent authority.

Prof. Dr. Nuzhat Yasmeen
HOD Pediatric Medicine

Prof. Dr Fazl Ul Aziz
Professor of Cardiology

Prof. Dr Qasim Mehmood
Professor of Oncology

Prof. Dr Umer Farooq
Professor of Dental Surgery

Prof. Dr Tariq Abdullah
Professor of General Surgery

Prof. Dr Shumaila Naeem
Professor of Gynae & Obs

PROF. NAHEED FATIMA
Chairperson of House Officers Committee

CC:

- PS to Executive Director
- All Head of the Departments

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Pakistan Institute of Medical Sciences

House Job Programme

GENERAL JOB DESCRIPTION

House Officers Across All Clinical Rotations

Version 1.0
Date 14 November 2026
Draft for institutional approval

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(8)

Document Control

Document title	General Job Description for House Officers
Applicability	All PIMS MBBS house job rotations
Document code	To be assigned on approval
Version	1.0
Effective date	On institutional approval
Review	As scheduled by PIMS or earlier if PM&DC requirements or PIMS procedures change
Approval authority	PIMS House Job Committee and authorised institutional authority

Contents

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1. Purpose and scope

This job description sets the minimum duties of MBBS House Officers appointed to PIMS. It applies across approved clinical rotations and all assigned inpatient, emergency, outpatient, theatre, procedure and on-call areas. Apply the relevant PIMS and unit procedures for the area of posting, including any higher level of supervision, escort or sign-off they require.

A House Officer is a doctor in structured, supervised training. A valid PM&DC provisional registration is required before commencing house job. House job comprises at least one year of assessed, hands-on clinical rotations in an approved setting and is required for full registration. Training is full-time. Increasing responsibility follows demonstrated competence and the supervising team's assessment. [1–5]

2. Reporting lines and clinical supervision

- The named rotation supervisor or consultant is responsible for training oversight and senior clinical decisions. The duty Registrar or Senior Resident provides senior review and escalates to the consultant. The rostered Resident, Medical Officer (MO) or designated supervising doctor directs day-to-day clinical work and confirms the management plan.
- At every shift, know who is supervising, who covers the unit and how to reach each person after hours. If the first clinician is unavailable, identify the alternate from the roster or contact the hospital switchboard. For urgent deterioration, move immediately to the next available senior and activate the emergency response where indicated.
- Confirm the required level of supervision before undertaking an unfamiliar task. Direct supervision means an appropriately qualified clinician is physically present and able to intervene. For approved routine tasks after sign-off, the designated supervisor must remain reachable and available to review or attend.
- Work directly with the nurse in charge, bedside nurses, technicians, allied health professionals and support staff. Listen to their observations, resolve conflicting instructions through the supervising doctor and report any immediate risk through the relevant clinical and service leads.

3. Duties during staffing and service shortages

In a resource-limited setup, many patient-care support duties normally performed by porters, phlebotomy staff, ward clerks, transport personnel or other team members may fall to the House Officer. When those staff or electronic systems are unavailable, the House Officer must carry out the necessary assigned duties personally or coordinate an explicitly accepted handover. This includes escorting or helping move patients, delivering consultations, carrying safely packaged specimens and secure paperwork, obtaining approved supplies and returning reports to the treating team.

Accept and prioritise tasks with the supervising doctor. Before leaving the unit, confirm the destination, how you can be reached and who will cover your assigned patients or pending urgent work. Acute bedside care takes priority over routine errands. If two urgent tasks compete, ask the supervising doctor to assign cover or reprioritise immediately.

Clinical duties taken on during a shortage remain subject to training, authorised scope, supervision and PIMS procedures. If a task requires a separately authorised professional, specialist equipment, additional staff or monitoring, arrange it through the appropriate service and escalate promptly. The supervising team must arrange safe cover and act on recurring shortages. Check availability through the authorised stores, pharmacy, blood bank or service. Where essential supplies or tests are unavailable, report the gap promptly and obtain a documented alternative from the responsible clinician.

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4. Roster attendance and bedside duties

4.1 Start and conduct of duty

- Report punctually for the assigned shift, wear PIMS identification and take handover before assuming responsibility. Confirm the patients assigned, recent admissions and transfers, unstable patients, time-critical treatment or reviews, and outstanding investigations and consults.
- Remain in the assigned area and contactable throughout duty. Obtain approval for leave, swaps and changes of posting through the designated process. Report illness, late arrival, unavoidable absence or failure of relief to the rostered supervisor promptly so the unit can arrange cover.
- Attend rounds and bedside reviews as assigned. Present the patient concisely, record the agreed plan, confirm task owners and deadlines, and communicate changes to the bedside nurse and other staff expected to act on them. Recheck whether urgent actions were carried out.

4.2 Patient assessment and continuing care

- Verify identity using two approved identifiers. Introduce yourself as the House Officer. Take and document a relevant history, including allergies, current medicines and comorbidities. Perform an appropriate examination, including mental state, function and psychosocial factors when relevant. Record initial observations, immediate concerns and a working differential for senior review.
- Reassess patients at the frequency agreed with the supervising doctor and whenever the nurse, patient or attendant reports a change. Review trends in vital signs, pain, level of consciousness, fluid balance, output, wounds, drains, lines and relevant results. Report abnormalities and response to treatment directly to the supervising clinician.
- Review routine preventive and supportive needs with the team, including nutrition and nutritional screening, hydration, mobility, falls and pressure injury risk, thrombosis risk, device necessity and discharge barriers. Help with positioning, patient preparation, safe mobilisation or bedside observations when assigned and competent. Seek nursing or allied assistance as required.
- Participate in supervised outpatient, emergency and procedure-area work as rostered. Obtain histories and observations, present findings, prepare paperwork and communicate agreed follow-up and safety advice. Promptly identify patients needing assessment by a senior or transfer to a higher level of care.

4.3 Recognition of deterioration and first response

- Attend promptly. Call the supervising clinician and summon the emergency team as indicated. Start a structured assessment and immediate measures within competence and approved emergency protocols, including basic life support and use of an automated external defibrillator when indicated. Stay with the patient until relieved or directed by the responding team.
- Escalate immediately for threatened airway, respiratory distress, shock, new altered consciousness, seizure, major bleeding, obstetric or neonatal emergency, sudden severe symptoms or concern for imminent harm. Clinical concern warrants escalation even if a formal score is unavailable.
- State the patient's identity and location, what has changed, observations, measures taken, response and the help required. Confirm who is coming and when. Escalate further if the response is delayed, unavailable or inadequate for the patient's condition. Record times, contacts, instructions, actions and reassessment.

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5. Consultations and interdepartmental referrals

No patient, family member or attendant is to be asked to carry an interdepartmental consultation request, obtain an opinion or locate the on-call team. The referring clinical team owns the request and its follow-up.

5.1 Prepare and deliver the request

- Confirm with the supervising doctor which service is required, why, how urgently and who will review the reply. Prepare the paper or electronic request with two identifiers, current location, concise history, relevant findings and results, the specific question, urgency and a callback number. Obtain the required authorisation or signature.
- Use the approved electronic or telephone pathway where available. For urgent calls, speak directly to the receiving clinician or duty team and state the degree of urgency and immediate concern. Confirm receipt and the expected response. If physical delivery is required or the normal route is unavailable, personally take the request to the appropriate duty team or arrange delivery by a designated staff member who accepts the task.
- Record the date, time, service, name or role of the person contacted, urgency and agreed next step. If the advice is verbal and time-sensitive, read back the key instructions, document who gave them and seek entry or authentication in the clinical record.

5.2 Follow up and report the outcome

- Trace the request until an opinion is received or responsibility is explicitly handed over. Obtain a signed or authenticated opinion when required. Bring it to the treating team, communicate urgent advice directly and place it in the patient record. Confirm who will act on each recommendation. Seek senior review before implementing changes to the treatment plan.
- If contact fails, review is delayed beyond the agreed time, a request is declined, or the service redirects it, inform the supervising doctor. Use the alternate contact or escalation route and record the attempts. Senior clinicians resolve disagreements about urgency, acceptance and ownership. Escalate sooner if the patient deteriorates.

6. Investigations and results

- Prepare authorised requests with two identifiers, date, time, site or laterality, relevant history and priority. Confirm preparation, timing and precautions with the receiving service. Discuss duplicates, missing information or unavailable testing with the supervising clinician.
- Collect specimens for which you are trained. Label at the bedside according to laboratory policy, use the correct container and packaging, and deliver directly to the appropriate laboratory when transport staff are unavailable. Verify receipt for urgent specimens. Resolve lost, rejected or delayed samples and discuss safe alternatives when the test cannot be performed.
- Trace ordered results, including imaging, blood gases, microbiology and results that return after transfer or discharge. Report critical or unexpected findings immediately to the responsible doctor, confirm acknowledgment and record the action or review plan. Record preliminary and final status accurately, including who will follow any remaining result.
- Coordinate imaging and procedures with the service and bedside team. Confirm availability, suitable timing, preparation, transport and any necessary authorisation. Inform the treating team and patient if the plan is delayed or changes.

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7. Safe patient transport and transfer

This applies to movement to another ward, imaging, theatre, procedures and other facilities, and to the return journey where applicable. An accompanying family member has no responsibility for moving, monitoring or escorting the patient in place of hospital staff.

7.1 Before leaving the sending unit

- Confirm the purpose, urgency, destination and responsible sending clinician. Obtain the receiving team's readiness for a procedure or acceptance for a care transfer. To prevent a gap in care, agree who is responsible during the journey, at the destination and on return.
- Ask the responsible clinician to confirm fitness to travel, monitoring needs, equipment, mode of transport and escort level. Stable patients may be escorted by an assigned competent House Officer when permitted by the applicable transport procedure. A House Officer may assist with the trolley or wheelchair when portering is unavailable, with adequate staff for safe handling.
- For an unstable or high-risk patient, the senior clinician must determine stabilisation measures, urgency and escort composition. The House Officer must never be the sole clinical escort for such a patient. Recruit staff skilled in the patient's current support and foreseeable emergencies, including a suitably qualified doctor and nursing support as required by the transport procedure. Apply any higher unit requirement.
- Check two identifiers, current observations, required records and medications, isolation precautions, lines and drains, and secure placement of the patient and equipment. Verify working oxygen with an adequate reserve, monitoring, suction and emergency equipment as indicated, and confirm the route and means of summoning help. Escalate missing resources or cover immediately. Seek a senior risk decision if delay and transport both carry risk.

7.2 During transport and at arrival

- Remain with the patient when assigned as escort. Observe, monitor and maintain support as directed. If the patient deteriorates, summon help, give the precise location and provide immediate care within competence. Notify both teams. Document significant events and actions.
- Give a direct handover to the receiving clinician or assigned staff member. Include the reason for transfer, recent observations, allergies, current oxygen or other support, infusions, lines, infection precautions and pending actions. Confirm receipt of the patient and records and document the receiving staff member's name, time and condition on arrival. On return, assist with reconnection, reassessment and handover of events or new instructions.

7.3 Transfers to another facility

- The senior sending clinician authorises the referral, confirms acceptance and specifies the ambulance, crew, escort and required life support. The House Officer prepares the referral summary, copies of relevant notes and results, and assists with coordinating and documenting departure and handover. Accompany only when specifically assigned under the approved transfer arrangements, with appropriate skill mix and cover.
- Escalate a missing bed, ambulance, escort or essential resource through the treating team and duty administration. Continue assigned care and monitoring during the wait and notify both teams of any material change.

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8. Medicines blood products and procedures

8.1 Medicines and treatment orders

- Reconcile medicines and allergies, check indications, dose, route, timing, contraindications and relevant patient factors such as weight, pregnancy and renal function. Write, enter or administer medicines and fluids only under the agreed supervisory arrangement and subject to PIMS authorisation, checks and countersignature rules.
- Clarify illegible, incomplete or inconsistent orders before acting. Confirm verbal emergency orders by read-back and record them for authentication. Use the applicable controlled-drug, high-alert medication, independent double-check and antimicrobial stewardship procedures.
- Seek explicit senior instruction before initiating or materially changing high-risk treatments, including titrated vasoactive drugs, sedatives, insulin infusions, high-risk anticoagulation or organ support. Report missed or unavailable doses, adverse reactions and medication errors promptly. Any substitutions require authorised approval and documentation.

8.2 Blood and blood products

- Verify identification at the bedside, obtain and label the compatibility sample under blood bank policy, coordinate authorised collection and trace availability. Follow issue, transport, storage, return, consent, bedside verification and monitoring rules. Participate in administration only as permitted and supervised. Escalate suspected reactions immediately and follow the transfusion procedure.

8.3 Procedural practice and supervision

- Check indication, patient identity, consent, site or laterality, equipment, asepsis, monitoring and post-procedure care with the supervisor. Seek direct supervision for unfamiliar, high-risk or unconfirmed skills. Stop and call for help if attempts fail, the patient deteriorates or an unexpected complication occurs.
- Undertake core skills as assigned and authorised, including venepuncture, peripheral access, cultures, compatibility sampling, adult arterial sampling, ECG and peak flow, local anaesthetic infiltration, injections or infusions, urinary catheterisation, nasogastric procedures, output measurement, wound care and related bedside care. Apply the relevant checks before a tube or device is used.
- During relevant rotations, acquire and be assessed in PM&DC procedural competencies, including airway care and resuscitation, trauma positioning and splinting, central venous access, lumbar puncture, normal delivery and assisted vaginal delivery. Advanced skills such as intubation, central access and operative vaginal delivery require a qualified clinician at the bedside if the House Officer participates as an operator. Training exposure and sign-off do not confer authority to undertake advanced practice outside approved supervision. [3,4]
- Record the procedure, supervisor, findings, complications, treatment and monitoring plan. Alert the supervising clinician and bedside team to anything requiring reassessment.

9. Admissions discharge and continuity of care

- For admissions, complete the assigned assessment, gather prior records, reconcile medicines and arrange agreed tests and treatment. The designated senior confirms admission, placement and escalation decisions.
- For discharge, prepare the summary, medicine list, follow-up and return precautions. Confirm who will act on pending results. Obtain senior authorisation. Report and document refusal, self-discharge or departure before review.
- For perioperative care, check preparation, required results and transfer arrangements. On return, check observations, orders, pain control, drains and monitoring with the receiving team.

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10. Communication consent and sensitive situations

- Speak respectfully and in language the patient can understand. Arrange appropriate interpretation, privacy or a chaperone as needed. Determine whom the patient permits to receive information. Explain routine care and prevention advice within the agreed plan and check understanding. Refer serious diagnoses, complex risk discussions or disputed decisions to the responsible clinician.
- Seek informed consent only for activities for which the House Officer is authorised, trained and able to explain the procedure, material risks, alternatives and expected consequences. Respect refusal, including refusal of teaching or research. Obtain senior help on questions of capacity, paediatric consent, surrogate decision-making or emergencies. When assisting with paperwork, verify identifiers and signatures after the responsible clinician has conducted the discussion.
- Escalate concerns about abuse, neglect, self-harm or a patient at risk of leaving unsafely through the relevant clinical and safeguarding process. Treat patients equitably and use approved pathways for social welfare, rehabilitation and follow-up support when needed.
- For a death or end-of-life event, inform the senior immediately and assist with documentation, communication and mortuary arrangements. Record observed facts and your own actions. Formal verification, certification, communication of a death and decisions about treatment limits follow PIMS policy and require the appropriately authorised clinician. In a suspected medico-legal case, preserve records and potential evidence and notify the designated team. Make no unauthorised release of records, belongings, evidence or remains.

11. Patient records and shift handover

- Make timely, legible entries with approved patient identifiers, date, time, name, designation, signature or authenticated login, and countersignature where required. Record what was observed, instructions received and from whom, action taken, response, planned reassessment and who is responsible.
- Maintain the assigned charts, patient file and authorised ward registers. Route notes, results and signed forms to the correct record. Use the approved correction and late-entry method. Preserve the original entry. Sign for your own work and never record an examination or action as completed when it was not.
- Protect patient records during movement and after hours. Use approved systems for messages, photographs and handover. Access or share only the information necessary for your duties and use the authorised route for disclosure. Carry paper records securely and keep patient identifiers out of personal notes and teaching material.
- Give a direct, patient-specific handover at shift change, temporary absence or transfer of care. Identify unstable patients, current support, escalation instructions, time-critical doses and reviews, and pending consults, investigations, transport and paperwork. State what has been done, what is due, whom to contact, and what should trigger further escalation.
- Obtain explicit acceptance of outstanding actions from the incoming clinician. If relief is missing or a critical task has no owner, contact the supervising team for an immediate cover plan and maintain safe care until covered. A task is complete when the required action is documented and its outcome reaches the person responsible for the next step.

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12. Infection prevention safety and incident reporting

- Follow hand hygiene, standard and transmission-based precautions, aseptic technique, safe sharps disposal and the approved waste and specimen pathways. Coordinate isolation precautions before moving patients. Report equipment contamination, stockouts and hazards through the responsible clinical or service lead.
- Respond promptly to a sharps injury, blood or body-fluid exposure, or communicable illness through the hospital's occupational health pathway. Seek assessment when illness, medication, fatigue or distress may impair safe practice and inform the supervisor so cover can be arranged.
- Make the patient safe first after an error, near miss, critical delay or equipment failure. Notify the appropriate senior promptly, record relevant clinical facts and file the incident through the approved reporting route. Escalate unsafe instructions or recurring service failures through the clinical chain and duty administration when a system response is needed.
- Know the emergency call, disaster, fire, security and evacuation routes for your clinical area. Respond to major incidents when assigned, work within the command structure and remain accountable for handed-over patients.

13. Professional conduct and training obligations

- Be truthful, punctual and respectful. Observe patient boundaries and confidentiality. Keep clinical information off personal or unapproved channels. Report intimidation, harassment, discrimination, falsified records or unsafe conduct through the hospital's designated routes. Use the training or grievance route if clinical escalation does not resolve a recurring training or supervision issue.
- Attend induction and the scheduled teaching, case discussions, multidisciplinary meetings, clinicopathological conferences and morbidity and mortality reviews relevant to the rotation. Contribute to bedside teaching, audit and quality improvement under supervision and observe approvals for research and use of patient data.
- Maintain the rotation logbook or portfolio with verified procedures, level of supervision, workplace-based assessments, teaching and reflections. Record observed, assisted and performed skills accurately. Request feedback and competency review during the rotation, address gaps with the supervisor and submit documentation for end-of-rotation assessment.
- The hospital and rotation supervisors are responsible for induction, named supervision, escalation contacts, competency assessment and feedback. The hospital issues the required completion documentation following satisfactory training. Service tasks must be allocated so the trainee can attend teaching and complete the required supervised experience. [3–5]

14. Minimum shift checklist

- Start of duty — Confirm the supervisor, escalation contacts, patients, unstable cases and time-sensitive tasks.
- During duty — Review assigned patients, follow up results and consults, stay contactable, confirm cover when leaving the unit and report delays or deterioration as they occur.
- End of duty — Record completed work. Give direct handover of outstanding items with status, named ownership, deadlines and escalation instructions. Confirm relief or contact the supervisor for coverage.

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15. Reference framework

References 1–5 provide the regulatory and training framework. The hospital-wide duties prescribed in this draft, including physical delivery of consults and staffing-shortage arrangements, are proposed PIMS operating requirements. Apply the applicable institutional procedures for transport, blood bank, infection prevention, records, emergencies, medico-legal work and incident reporting.

[1] Pakistan Medical and Dental Council Act, 2022 (Act No. IV of 2023), sections 2, 22 and 36.

[2] PM&DC Registration Regulations 2023, Part III (House Job and Internship).

[3] PM&DC Competencies Required of House Officer by End of One Year House Job, 2024, domains A–H.

[4] PM&DC Accreditation Standards for Teaching Hospital for House Job 2024, Standards 5–9 and competency appendices.

[5] PM&DC Laws and Regulations, listing the Admissions, Curriculum and Conduct Policy and Regulations 2026, and PM&DC House Job FAQs.

PM&DC House Job FAQs

[6] PIMS Department of Anesthesia & Critical Care Medicine. On-Call House Officer Responsibilities in Adult Intensive Care Units. Version 1.0, 27 August 2026. Internal reference for format and operational duties.

16. Institutional approval

The approving authority assigns the document code and effective date. At induction, the rotation supervisor reviews how to obtain senior help, the permitted levels of procedural supervision and the local arrangements for consultations, specimen delivery and transfer.

Reviewed by PIMS House Job Committee or designated programme lead
Name and signature _____ Date _____

Approved by authorised PIMS institutional authority
Name and signature _____ Date _____

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Pakistan Institute of Medical Sciences

House Job Programme

CODE OF CONDUCT

House Officers Across All Clinical Rotations

Version 1.0
Date 14 November 2026
Draft for institutional approval

CamScanner

Document Control

Document title	Code of Conduct for House Officers
Applicability	All PIMS MBBS house job rotations
Document code	To be assigned on approval
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Review	As scheduled by PIMS or earlier if PM&DC requirements or PIMS procedures change
Approval authority	PIMS House Job Committee and authorised institutional authority

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8	Respect integrity and use of hospital resources
9	Reporting concerns and responding to breaches
10	Training conduct and completion
11	Sources and institutional issue

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1. Scope and authority

This Code applies to all PIMS MBBS House Officers across clinical rotations, including wards, clinics, emergency, intensive care, operating theatres, procedures, and on-call duty. Read it with the PIMS General Job Description for House Officers, the appointment and rotation orders, and the procedures in force for the assigned area.

Sections 2–4 set out the local dress and duty standards for circulation upon institutional approval. They draw on the PIMS House Job Committee minutes of the meeting held on 20 October 2026, which record recommendations subject to approval. The professional duties in this Code reflect the PM&DC Act, the Council's published ethics guidance and house job competencies. [1–5]

2. Dress code and identification

2.1 Clothing and white coat

- Report in clean, neat professional clothing that allows safe examination, movement and hand hygiene. For men, a shirt with dress trousers or a neat shalwar kameez is acceptable. For women, a neat shalwar kameez or other professional attire is acceptable. Replace clothing that becomes visibly soiled or contaminated during duty.
- Shorts, tracksuits, sleeveless tops and torn jeans are prohibited inside the hospital. Keep loose sleeves, dupattas, scarves and other hanging garments secured so they stay clear of patients, equipment and sterile fields.
- Wear a clean white coat throughout duty outside the ICU and operating theatres. Remove it before entering those areas and whenever the infection-control or PPE procedure requires. Change a soiled coat promptly. A white coat does not replace appropriate PPE.

2.2 PIMS identification

- Wear the official PIMS ID where it can be seen throughout duty, including in scrubs. Use a clean, secure badge clip where a lanyard would hang over a patient or interfere with care. In restricted areas, secure or display the badge as directed by the area lead so it remains identifiable without compromising the sterile field or PPE.
- Use only your own badge, name, designation and clinical credentials. Report a missing or damaged badge promptly to your focal person and the issuing office. Use the authorised temporary identification process if required.

2.3 Footwear and grooming

- Wear clean, closed-toe shoes with non-slip soles. Sandals, slippers and flip-flops are prohibited. Use designated closed theatre footwear where required and leave theatre-only footwear in the designated area.
- Keep long hair tied back on duty. Keep nails short and clean. Long or artificial nails, including extensions, and ornate jewellery are prohibited. Keep hands and wrists clear as required for hand hygiene, glove fit and aseptic work. Avoid jewellery or accessories that can catch, dangle or contact the patient.
- Religious or cultural clothing and medically required adjustments must be compatible with safe care. If a covering, sleeve, accessory or footwear interferes with hand hygiene, PPE fit, safe movement or sterility, arrange a safe adjustment with the supervisor and the relevant infection prevention or occupational health team. Apply the same safety standard to all House Officers.

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3. Scrubs and infection prevention

3.1 ICU theatre and restricted areas

- Wear clean, designated scrubs in the ICU and operating theatres. Remove the white coat before entering. Change out of scrubs before leaving the hospital premises.
- Follow the local entry and attire rules for restricted areas. Wear the designated head covering, mask, footwear and other PPE required for the activity. Follow theatre rules on scrub attire and footwear when moving between restricted and unrestricted areas. Place used hospital-issued attire in the designated laundry or collection point.
- Perform hand hygiene at the required times. Follow isolation and aseptic procedures, use appropriate PPE and dispose of sharps and clinical waste through the approved route. Report a missing supply, incorrect fit or damaged PPE. Obtain safe equipment or senior assistance before undertaking an exposure-prone task.

4. Attendance leave and fitness for duty

- Attend orientation before starting clinical duty. Complete biometric registration in orientation week and record attendance personally through the prescribed system. Report device failures or missing entries to the departmental focal person and use the authorised correction procedure. Proxy attendance and alteration of time records are prohibited.
- Join each assigned rotation within two days of the scheduled start, as recorded in the Committee minutes, subject to the applicable joining order. Report on time for every rostered shift. Arrive in time to receive handover before accepting responsibility.
- Remain in the assigned area and available by the approved contact route. Before leaving for a consult, specimen delivery, transfer or break, tell the supervising clinician where you are going and confirm coverage of urgent work. At shift end give direct handover. If relief is absent, notify the supervisor and continue safe care until cover is arranged.
- Request leave, rotation changes and duty swaps through the designated process. In sudden illness or an emergency, notify the duty supervisor and departmental focal person as soon as possible, preferably before the shift, and complete the required documentation. An informal swap or a message to a colleague does not constitute approved cover. The Committee minutes also identify absence beyond one week without informing the department or obtaining permission as a disciplinary matter. The applicable appointment terms and approved PIMS procedure govern any action.
- Report illness, significant fatigue, communicable exposure, a sharps injury or any impairment that may affect safe care. Seek advice through occupational health or the designated clinical route and arrange cover with the supervisor. Reporting for duty impaired by alcohol, illicit drugs or misused medication is prohibited.

5. Registration scope and working with the team

- Maintain valid PM&DC provisional registration and report any lapse, restriction or change immediately. Identify yourself as a House Officer. Work within your approved posting and supervision arrangements. A PIMS badge or appointment does not authorise independent practice, private practice, or use of a senior designation.
- Know your duty supervisor, Registrar or Senior Resident, on-call consultant and departmental House Officer focal person. Seek help before unfamiliar or high-risk work. Follow instructions that are lawful, clear and within competence. If an instruction appears unsafe, clarify it and escalate promptly while protecting the patient.
- Treat nurses, doctors, support staff and allied professionals respectfully. Receive and confirm clinical information directly. Raise disagreements privately where practicable and escalate them promptly if care is affected.

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6. Patient care and professional boundaries

- Identify the patient using two approved identifiers. Introduce yourself and explain your role before assessment. Protect privacy and dignity during examination and procedures. Arrange interpretation and offer or arrange a chaperone in accordance with the applicable procedure, especially for intimate examinations. Document accordingly.
- Provide equitable care. Do not discriminate on account of gender, age, disability, religion, ethnicity, language, illness or social and economic circumstances. Respect patient preferences and refusal, including refusal of trainee involvement, photography, teaching or research.
- Obtain consent only within your authority and competence. Explain routine care within the agreed plan and check understanding. Refer capacity, substitute decision-making, major procedures, high-risk refusals, prognosis and treatment-limitation decisions to the responsible senior. A signature does not replace the consent discussion.
- Attend promptly when a patient deteriorates. Activate the emergency response as indicated, begin immediate measures within competence and notify the supervising clinician. Escalate to the next available senior if the first contact is unavailable or the response is delayed. Document whom you reached and what happened.
- Follow the approved procedures for medicines, blood products, specimen identification and procedures. Clarify conflicting or incomplete orders. Secure required authorisation, supervision and countersignatures. Report critical results and urgent recommendations directly to the responsible clinician and confirm that they were received.
- Deliver or arrange delivery of interdepartmental consultations through hospital staff. When physical delivery is required and support is unavailable, take the consult yourself after arranging cover. Trace the response, document it and notify the treating team. **Never ask a patient, family member or attendant to carry a consultation request, find the duty clinician or obtain a specialist opinion.**
- Assist with patient transfers when assigned. Check the destination, required equipment, escort level and clinical handover with the supervising team. An unstable or high-risk patient must never have a House Officer as the sole clinical escort. Where staff or essential resources are missing, notify the responsible senior immediately so safe arrangements can be made.

7. Confidentiality records and use of devices

- Access and share only information necessary for an authorised task. Use approved clinical channels. Check the identity and authority of anyone seeking information. Bring disputed requests for records, or requests from police, lawyers, media or other third parties, to the authorised office or supervising clinician.
- Do not take photographs, video or recordings on PIMS premises without prior written authorisation under the hospital's applicable directive. Patient consent alone does not authorise recording on hospital premises. Where an approved clinical or educational exception applies, follow the consent, device, storage and access requirements. [6]
- Do not post or forward charts, prescriptions, clinical images, monitor screenshots, patient conversations or identifiable case details through personal accounts, unapproved messaging, personal cloud storage or social media. Use personal phones responsibly and keep them silent during rounds, consultations and procedures unless needed for clinical duty.
- Make accurate, dated and timed entries under your own name and designation. Record what you observed, who gave instructions, what was done and what remains pending. Preserve the original record when correcting an entry. Never backdate, fabricate, delete or improperly alter a clinical, attendance, consent or training record.
- Keep credentials and electronic signatures private. Use designated channels for printing, carrying and filing records. Return documents to the proper custodian, and report lost paperwork, devices or accidental disclosure immediately.

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8. Respect integrity and use of hospital resources

- Harassment, sexual harassment, bullying, threats, humiliation, retaliation and discrimination are prohibited in person and online. The same standard applies to interactions with patients and attendants, colleagues, students and staff. Bring an immediate threat to the duty team and Security. Use the designated PIMS inquiry route or the Federal Ombudsperson process where applicable. [7]
- Maintain professional boundaries. Do not seek money, gifts, commissions, favours or personal advantage from patients, attendants, vendors or referral services. Disclose any conflict of interest to the responsible senior and route any formal donation or vendor contact through the authorised institutional process.
- Use hospital stores, drugs, equipment, records, facilities and identification for authorised purposes. Follow the procedures for controlled drugs, equipment faults and shortages. Do not take hospital supplies for personal use or direct patients to a supplier for personal benefit.
- Teach or collect clinical data only with the applicable supervision and approvals. Respect a patient's decision to decline participation. Use de-identified information for approved teaching or audit and obtain ethics and institutional approval before research when required.

9. Reporting concerns and responding to breaches

- Act first to protect the patient. Report an incident, near miss, unsafe instruction or service failure to the supervising clinician and through the approved PIMS reporting pathway. Record clinical facts in the patient record and submit the incident report through the designated channel. Preserve relevant records. The responsible senior leads discussions with the patient or family about significant harm, with House Officer involvement as appropriate.
- The departmental focal person is the routine contact for roster, attendance, training and conduct questions. The Committee minutes assign the focal person a monthly report on attendance and conduct. If the concern involves that person, or it remains unresolved, use the next appropriate clinical, training, administrative or grievance channel. Urgent patient-safety issues must be escalated immediately.
- Correct dress or identification deficiencies promptly. The supervisor should arrange cover if the officer must leave a patient-care area to comply. Significant or repeated breaches may be documented and referred to the competent authority under applicable PIMS rules. Matters involving professional misconduct or suspected forgery may be referred through the authorised institutional route to PM&DC or another competent authority, as applicable.
- The competent authority applies the governing procedure and determines the response. Follow any applicable notification, review and appeal provisions. Cooperate with authorised enquiries and handle information confidentially. A patient-safety report or good-faith complaint must be handled without retaliation.

10. Training conduct and completion

- Attend prescribed teaching and supervised clinical sessions. Maintain the rotation logbook and record skills as observed, assisted or performed. Obtain supervisor verification and complete workplace-based assessment or direct observation when prescribed. Do not sign or claim a competency on another person's behalf.
- Submit attendance, rotation and assessment records through the designated process. The authorised officer verifies completion. Raise missing signatures, rotation deficits or attendance discrepancies early with the focal person. [2–5]

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11. Sources and institutional issue

[1] Pakistan Medical and Dental Council Act, 2022 (Act IV of 2023), sections 36 and 43.

[2] PM&DC Registration Regulations 2023, Part III, House Job and Internship.

[3] PM&DC Competencies Required of House Officer by End of One Year House Job, 2024.

[4] PM&DC Accreditation Standards for Teaching Hospital for House Job 2024, including Standards 5–9.

[5] PM&DC announcement of revised Code of Ethics, 2 March 2026. Public statement of the revised Code's scope and principles.

[6] PIMS directive on photography and videography, as reported by Daily Dunya, 31 March 2026. Apply the hospital's issued circular.

[7] Federal Ombudsperson Secretariat for Protection Against Harassment. Workplace harassment code and complaint information.

Clinical attire and hand hygiene reference. NHS England, National Infection Prevention and Control Manual, Chapter 1.

PIMS House Job Committee. Minutes on Induction and Rotational Policy of House Officers, meeting held 20 October 2026, sections 8–13. Local source for attendance, supervision, training and dress.

PIMS General Job Description for House Officers, version 1.0. Companion document for bedside duties, escalation, consultations, transfers and handover.

Institutional issue

The approved Code is to be distributed with the General Job Description at orientation. The departmental focal person will brief House Officers on local reporting contacts, attendance procedures and clinical attire before duty.

Reviewed by PIMS House Job Committee

Name and signature Waheed Date _____

Approved by the competent PIMS authority

Name and signature _____ Date _____

Issue order number _____ Effective date _____

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List of focal persons for house officer

Date:- 27.10.2026

S.NO	Name of HOD	Name of focal Person	Phone Whats ap No.	Email no.	sign
1.	Prof. Dr. M. Arif HOD Ophthamology	Dr. Fahim	03328822482		
2.	Prof. Uzma Rasheed HOD Rehmatology	Dr. Sadia Mansoor	03335695628	Sadiamansoor 777@yahoo.com	
3.	Prof. Dr. M. Umar HOD Dental Oral	Dr. Fahim	03345353155		
4.	Prof. Dr. Israr HOD Pulomonology	Dr. Israr	03215214605		
5.	Prof. Qasim Mehmood, HOD Oncology	Dr. Tehreen Fatima	03323125345	Tehreen1292 @hotmail.com	
6.	Prof. Dr. Amir Shah HOD Neuro Surgery	Dr. Fahad	03000250660		
7.	Prof. Ali Miraj Shami Associate Prof. Ortho	T-I Dr. Snabal T-II Dr. Dawood	03340477327 03327241004		
8.	Prof. Abdul Khaliq HOD Plastic Surgery	Dr. Zarish	03352292006		
9.	Prof. Dr. Shafat Khatoon HOD Gen.Medicine Unit-	Dr. Shahnawaz	03365669447		
10.	Dr. Shaista Faheem Unit-2 Assoc. Prof. of Gen. Med,	Dr. Jawad	03408181835		
11.	Prof. Dr. Sajid Rafiq HOD Nephrology	Dr. Hassan Shafqat	0334870714	Hassanzaidi8487@gmail.com	
12.	Prof. Dr. Mansoor Iqbal HOD Neurology	Dr. Saad	03355551433		
13.	Prof. Dr. Mumtaz Niazi HOD Gen Surgery Unit-1	Dr.Hoorul Ain	03328441997		
14.	Prof. Dr. Atif Inam Shami HOD Gen.Surgery Unit-2	Dr. Shumaila	03364674772		
15.	Prof. Dr. Sajid Ali Shah HOD Gen.Surgery Unit-3	Dr. Dr. Qaisar	03143631275		
16.	Prof. Dr. Tariq Abdullah HOD Gen. Surgery Unit-4	Dr. Kinza Riaz	03349267859		
17.	Prof. Dr. Khalid Saeed HOD Urology	Dr. An Afiridi	0315553300	Drzkafridi 0494@gmail.com	
18.	Prof. Dr. Mashood Ali HOD Gastroenterology	Dr. Waseem A Saeed	03348696947		
19.	Prof. Dr. Riaz Khan HOD Dermatology	Dr. Marina Khan	03329827838		
20.	Prof. Dr. Shumaila HOD Gynae & Obs	Dr. Falak	03352373868		
21.	Prof. Dr. Nasim Akhtar HOD Isolotion & Infection	Dr. Laiba	03095040302		
22.	Prof. Dr. Nuzhat Yasmeen HOD Paeds Medicine	Dr. Ibrahim	03369696001		

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23.	Dr. Khurram HOD Paeds Surgery	Dr. Khurram	03235070500		
24.	Dr. Iqbal Cardiac Surgery	Dr. Aman	03459567368		
25.	Prof Naheed Fatima HOD Critical Care Medicine	Dr. Rakshanda	03325385451		

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F.7-10/2026(Com) /Admin-IH (Coord)
PAKISTAN INSTITUTE OF MEDICAL SCIENCES (PIMS),
ISLAMABAD

Date:_____

Ref.No. F.7-9/2026(Com) /Admin-IH (Coord)

MINUTES OF MEETING

Subject: INDUCTION, ROTATIONAL POLICY OF HOUSE OFFICERS

A meeting was held in the office of Head of the department of Anesthesia on 20th October 2026, under the chairpersonship of Professor Naheed Fatima regarding the induction and rotational policy of house officers.

The following committee members attended the meeting.

Prof. Dr. Nuzhat Yasmeen
HOD Pediatric Medicine

Prof. Dr Fazl Ul Aziz
Professor of Cardiology

Prof. Dr Qasim Mehmood
Professor of Oncology

Prof. Dr Umer Farooq
Professor of Dental Surgery

Prof. Dr Tariq Abdullah
Professor of General Surgery

Prof. Dr Shumaila Naeem
Professor of Gynae & Obs

Agenda

To review and streamline House Officers' induction, selection, rotation allocation, supervision, remuneration and certification at PIMS, ensuring transparency, merit and administrative accountability.

Proceedings and Decisions

1. Structured Induction Schedule

- Replace unscheduled induction with three predefined annual segments.
- 1 February: Graduates of external/private medical institutions.
- 1 May: Graduates of Federal Medical and Dental College (FMDC).
- 1 October: Graduates of external/private medical institutions.

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- Application Performa should be available at PIMS official website

2. Documents

- Any forgery in documents provided by candidate will be reported to PMDC.

3. Merit-Based Selection through Entry Examination

- All applicants graduating from non-FMDC private medical institutions must qualify through a mandatory entry examination. Selection shall be merit-based and transparent.

4. Stipend for House Officers

- PIMS shall pay each House Officer the stipend prescribed by the Federal Government under the applicable PM&DC regulations. All eligible FMDC graduates who apply shall be accommodated first in paid house job seats.

PM&DC Admissions, Curriculum and Conduct Regulations 2026, reg. 32

5. Allocation of House Officer Positions and Induction Cap

- The co... ittee decided recorded a total of 300 house job seats at PIMS, comprising 110 paid seats and ~~152~~ Rest unpaid. seats designated as unpaid in the reported allocation. All eligible FMDC graduates who apply shall be inducted first in paid seats. ~~Only after the FMDC induction is complete shall the remaining seats be allocated to eligible external applicants in merit order based on the entry test.~~
- ~~All occupied seats and proposed appointments shall count towards the PM&DC allocation for PIMS. The Executive Director's Office shall confirm the seat allocation and verify that stipend arrangements comply with the applicable PM&DC rules before advertising or filling any remaining positions.~~
- The parent medical college has primary responsibility for arranging a paid house job for its own graduates. Regulation 18 of the PM&DC Registration Regulations 2023 states, "All public and private institutions shall be responsible to provide a paid house job to their graduates". The public teaching hospital's stipend obligation under regulation 32(1) of the 2026 regulations also applies.

PM&DC Registration Regulations 2023, reg. 18 PM&DC 2026, regs. 31–32

6. Mandatory Clinical Rotations

- Genera. Medicine and General Surgery shall remain compulsory rotations for all House Officers.

7. Allocation of Elective Rotations

- Elective placements will be considered depending upon available training positions, departmental workload, clinical needs, equitable unit distribution and House Officer preferences. Final allocation shall follow a systematically supervised process. House Officer preference will not guarantee their placement in their desired unit and duration 03 months according to PMDC rules.

8. Joining Rotations and Unauthorized Absence

- House Officers must join each assigned rotation within two days of its scheduled start date. Failure to join within this period without approved permission shall result in disciplinary action, up to and including termination of the house job.
- Any House Officer absent for more than one week without informing the department or obtaining permission will be terminated from the house job without prior intimation.
- All House Officers shall complete biometric registration during orientation week and record their attendance through the hospital's biometric system throughout their rotations.

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