



PAKISTAN MEDICAL COMMISSION

Minutes

Fifth Council Meeting

Friday, February, 19th 2021

Held at PMC, Islamabad

Present

1. Dr. Arshad Taqi, President
2. Mr. Muhammad Ali Raza, Vice President
3. Lt. General Nigar Johar Khan, Surgeon General of Pakistan, Member
4. Dr. Rumina Hassan, Member (on line)
5. Dr. Asif Loya, Member (on line)
6. Dr. Anees ur Rehman, Member
7. Ms. Roshana Zafar, Member (on line)
8. Mr. Tariq Ahmed Khan, Member

Meeting was chaired by the President and called to order
The meeting started with recitation of the Holy Quran
The President welcomed all members of the Council.

Item No.1	Compliance of order dated 22-01-2021 passed in writ petition no. 173/2021 titled Asma Naeem vs Federation of Pakistan etc. by the Lahore High Court, Lahore
Discussion	The Council was informed that in Writ Petition No. 173/2021 titled Asma Naeem Vs. Federation of Pakistan and others pending before the Lahore High Court, the petitioners have challenged MDCAT examination 2020. Council was further informed that the matter came up for hearing on 19-01-2021 and 21-01-2021. On both dates of hearing the High Court referred to the earlier decision of the President, PMC wherein the students were assured that any student not satisfied with the result can request for rescoring by submitting an application to the commission. This order of President, PMC was passed pursuant to personal hearing given to students in compliance with the order of the Lahore Court. In light of PMC order, the



High Court on 22-01-2021 directed the Medical and Dental Council to reconsider the issue of providing question paper and carbon copy to the students and decision shall be taken after collective deliberation in its forthcoming meeting.

The matter was deliberated in detail by the Council. Council members unanimously agreed that it is not a standard recommended best practice Internationally to provide the question papers or carbon sheets of answer papers in MCQ based exams. Without the question papers the providing of carbon sheets of the answer papers is of no value as questions and respective answers cannot be verified. The primary reason questions papers are not provided in MCQ exams is because MCQ exams are based on extremely secure question banks which are compiled pursuant to a time consuming exercise and high cost. Handing out the question papers at exams will in essence result in these questions to be deleted from the question bank which depletes the question bank and increases the cost of the exam itself.

While the practice of sharing exam questions was started by some entities in Pakistan in the past this is not the norm in academic practice and, the does not apply as a binding precedence on the Commission or be the basis of a demand by some students that such practices be continued. The Commission for purposes of transparency and to satisfy the students in fact permitted free of cost recounting of the scoring, and thousands of students applied for the same and their papers were re-checked and marks recounted. Such recounting of the scoring as a standard practice can not done in the presence of students as the scoring of MCQ exams is done through an OCR machine using a computer software which automatically counts the dots placed on the answer sheet by a student and scores it against the answer keys contained in the computer software. The answer key and the question papers are secure documents. At one time the computer scanner machines count hundreds of papers simultaneously and hence physical presence is not only impractical but is of no consequence as the recounting of the score is performed by computers. There is no human intervention in scoring at the initial stage or during recounting. This is the established standard procedure for MCQ exams and is followed by the Commission as well.

MCQs papers are not released to the students in any exam conducted by professional bodies including CPSP and others. Maintaining confidential, secure and quality question banks are a standard across the world and also practiced by many institutions in Pakistan. These banks enable examining bodies to prepare question papers in a fair manner using questions that have been evaluated and reviewed towards minimizing ambiguity and safe guarding standard of the examination.



	<p>The students should learn to trust the system and the procedure. These students are preparing for medical and dental colleges where there is viva and other practical exams other than the written MCQ exams. The students cannot claim recording of that exam or the viva and must learn to trust at some point the examination methodologies of professional exams as compared to high school examinations which are primarily essay based.</p> <p>The Council also noted that it has already been decided that in the future all MDCAT and other exams will be conducted on computer based systems rather than a pen and paper basis to remove this issue once and for all as well as all other concerns of students.</p>
Decision	<p>Based on the reasons discussed in detail, the Council decided that question paper cannot be given to students post exams and no carbon copy of the answer sheet should be handed over. However, rescoring and recounting can be done upon request of a student.</p> <p>As all answer sheets of the students are secure with PMC and the MDCAT result is a public document therefore, if the competent authority /court directs to recount the paper for any student, that can be done any time as it is computer based scoring.</p> <p>By next year, online exam facility will be in place nationwide and internationally, students would be able to take the exam online and result will be generated by the computer immediately after the test.</p> <p>PMC has taken all the measures to ensure transparency and to facilitate all those students who had doubts about their scores. All rescoring requests have been processed and scores have been confirmed after recounting. No discrepancy has been found during the retotaling process</p>
Item No.2	Draft PMC (Enforcement) Regulations, 2021
Discussion	<p>The Council was informed that to carry out the purposes of the Pakistan Medical Commission Act, the Council is empowered to make regulations under section 40 of the Act and such regulations may provide for:</p> <ul style="list-style-type: none"> • Enforcement of the different codes of general and specialized practice and ethics as framed by the relevant institutions and as may be applicable upon the medical and dental practitioners OR • Scope and structure of penalties commensurate with the offences. <p>Further under section 32 of the Act, the Council has appointed a Disciplinary Committee to take disciplinary action against any full license holder or any recognized institution in respect of medical negligence, misconduct or violation of any obligation under the Act or any rules, regulations or directions of the Commission. The Disciplinary Committee shall hear and</p>



	<p>decide each complaint within ninety days of issuance of show cause notice and impose the penalties as prescribed in regulations framed by the Council. Council was apprised that the disciplinary proceedings of the Disciplinary Committee are in progress, however, in order to dispose of the complaints and imposition of the penalties, it is essential to have the requisite regulations in place as per the requirement of the section 32 of the Act.</p> <p>Medical Tribunal will be a single based forum which will look into the Civil damages, Criminal negligence and also grievances from the disciplinary committee.</p> <p>Public register will be maintained of all decisions the commission takes ,all the complaints received and all the summaries of notices. This will subsequently help the complainants who would know what type of decisions have been taken in the past, what procedures were followed and further more whether the alleged practitioner concerned has been previously involved in malpractice or has ever been accused earlier too. Habitual complainants will also be identified. Decision of Disciplinary Committee would be deemed to be the decision of the council as the members comprise of DC are the Council members however any appeal against such decisions can filed before the Council.</p> <p>The Council deliberated over the draft regulations presented and discussed the provisions and structure proposed therein for conduct of hearings and disciplinary proceedings.</p>
Decision	<p>The Council appreciated the efforts of Member Law and the Law and Regulatory Committee for well drafted and implementable Enforcement Regulations and unanimously approved the PMC Enforcement Regulations 2021.</p> <p>It was further decided that the institutions must inform the Commission if any disciplinary action or any legal proceedings have been conducted against a registered practitioner or if any penalty imposed on the doctor during service.</p>
Item No.3	Referred Legal/ Disciplinary Cases
Discussion	<p>The Council was informed that the Disciplinary Committee decided to take up the pending disciplinary proceedings of erstwhile PMDC and hearings were scheduled on 30th January, 2021 at Pakistan Medical Commission Secretariat, Islamabad in respect of following pending complaints:</p> <ol style="list-style-type: none"> 1. Begum Shameem Zahid Vs. Dr. M. Younus (PF.8-1716/2018-legal)



	<p>2. Barrister Jehanzaib Rahim, Versus Dr. Kamran Rashid (PF.8-1169/2014-DC)</p> <p>3. Dr. Talal Khurshid Versus Dr. Tariq Sohail (File No: PF.8-1781/2019-Legal)</p> <p>4. Nadeem Akhtar V/S Dr. Nasir Khokhar Islamabad and others (PF.8-778/2011-Legal)</p> <p>5. Information received from Senior Director, Physician Data Center, Federation of State Medical Board, USA regarding disciplinary actions against Dr. Muhammad Abubakar Atiq Durani in USA (File No: (22174-P)/2017-Legal)</p> <p>The committee after hearing all concerned has given its findings and decisions. The Council was apprised that Disciplinary Committee is required to decide the disciplinary matters and impose penalties as per the regulations framed by the Council. Such regulations are not enforced so far therefore the cases and findings of the committee have been discussed in detail before the Council.</p>
Decision	<p>The Council after detailed deliberation on each case approved the decisions taken by the Disciplinary Committee and directed the Legal department to inform the concerned accordingly on urgent basis.</p> <p>The Council further instructed that all decisions made by the disciplinary committee must be available on the website for public reference</p>
Item No.4	Appeal as directed to be heard by Council against DC decision
Discussion	<p>The Council was informed that following Legal/ Disciplinary cases have been referred to the Council for consideration:</p> <p>i. Mr. Muhammad Abbas Vs. Dr. Saba Khalid</p> <p>ii. Shahid Mehmood Vs. Dr. Ali Imran</p> <p>iii. Mr. Azhar Ghaffar Vs. Dr. Muhammad Sohail Akbar Cheema</p>
Decision	<p>The Council considered each case individually and decided as under:</p> <p><u>Mr. Muhammad Abbas Vs. Dr. Saba Khalid</u></p> <p>The Disciplinary committee held meeting in the mater on 28-06-2019 to hear the both parties. Findings given by the Disciplinary Committee as approved by the Council in its decisions dated 10-11-2020 are:</p> <ul style="list-style-type: none"> • 6 months suspension of license and after 6 months she will be allowed to perform procedures as allowed by PMDC. • No surgery is allowed unless she completes training for



minimum DGO or MCPS/FCPS.

The council considered the grounds taken in the appeal and decided that there exists no error or infirmity in the reasons of the earlier findings of the Disciplinary Committee dated 28-06-2019 and hence decision of the Council dated 10-11-2020 in the matter is upheld. The instant appeal is hereby dismissed.

Shahid Mehmood Vs. Dr. Ali Imran

The Council observed that Dr. Ali Imran deliberately did not treat the patient at the government THQ hospital and advised him to come to his own private clinic. Such act of Dr. Ali Imran in terms of mismanagement of the patient was in violation of the code of ethic and professional practice. Moreover, within the period of nine months, after conducting two surgeries he again advised a third surgery. Due to repeated surgeries advised and the treatment plan of the doctor, the patient had to travel frequently to Lahore to visit his private clinic. The type of complications that occurred as a result of the lack of professionalism on part of Dr. Ali Imran resulted in the decision for suspension of his license for six months by the Disciplinary Committee .

In view of foregoing, the Council decided that there is no plausible reason and sufficient ground for the Council to reconsider and revise the findings of the Disciplinary Committee and the decision of the council dated 10-06-2020. Hence the Council decided to uphold the decision to impose penalty by suspending license of Dr. Ali Imran for six months and after six months, review including certificate of satisfactory performance from HOD orthopedic surgery of any government tertiary care hospital, to be submitted to PMC at time of restoration.

Mr. Azhar Ghaffar Vs. Dr. Muhammad Sohail Akbar Cheema

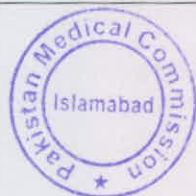
The Council agreed that the hair transplant surgery is a highly technical procedure. As per the license issued by PMC, Dr. Sohail Akbar Cheema has done only MBBS. There is no specialty or other qualification mentioned on his license. Material available on record shows that he has done his training in plastic surgery from plastic surgery department PIMS for five years. He has passed intermediate module from CPSP in 2013 but he has not appeared in FCPS plastic surgery exams yet. This fact has been confirmed by the letter of Secretary CPSP dated 06-07-2018 which states "As per CPSP rules, Dr. Sohail Akbar Cheema is not qualified to perform any hair transplant surgery independently as he is not qualified the examination of



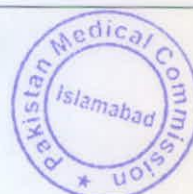
	<p>FCPS-II”.</p> <p>Council observed that Dr. Sohail Akbar Cheema is not a qualified FCPS plastic surgeon, therefore, he cannot carry out surgeries nor can he write FCPS with his name. The said act of Dr. Sohail Akbar Cheema to perform surgery of Mr. Azhar Ghaffar and publicize himself as qualified plastic surgeon amounts to misconduct on part of the Dr. Sohail Akbar Cheema and misrepresentation of his qualifications which is not registered with the Pakistan Medical Commission. It is clarified that under the new PMC Act 2020, it is a misrepresentation using a title or works or letters not registered with the Commission and a criminal offence triable by the Medical Tribunal under Section 34 of the PMC Act.</p> <p>Keeping in view the gross misconduct and professional negligence of Dr. Sohail Akbar Cheema as established in the instant case through documentary record and for the reasons recorded above, the council decided that the license issued to the respondent to practice medicine be suspended for six months and the doctor must be restrained from conducting any further surgeries unless he attains the recognized qualification for the same.</p> <p>The Council directed the Legal department to proceed accordingly in light of the above decisions and to upload the detailed decisions on the website for future reference.</p>
Item No.5	Standard Operating Procedures for Litigation
Discussion	<p>The Council was informed that Pakistan Medical Commission is exclusively responsible to regulate the medical profession and to establish a uniform minimum standard of basic and higher medical education and training and recognition of qualifications in medicine and dentistry.</p> <p>Having quasi-judicial power bestowed through Pakistan Medical Commission Act, 2020, PMC issues decisions and orders which can be challenged by the aggrieved parties before different courts of law, Federal Ombudsman and Medical Tribunal. Considering the importance and the implication involved it is imperative to defend such cases effectively. It has been observed that there is legacy of litigation cases from erstwhile PMDC and also new cases against PMC have increased manifold. Numerous litigation cases only pertaining to MDCAT 2020 have been dealt with in past two and half months. Similarly, in other areas of registration, recognition, admission, examination, disciplinary proceedings and employment matters number of cases which have been dealt with, has reached 2589 cases. Therefore, to manage litigation effectively, standing operating procedures needed to be developed.</p>



	The draft standard operating procedures for litigation were placed before the Council for consideration as proposed by the Member Legal and approved by the Legal and Regulatory Committee.
Decision	Council unanimously approved the proposed standard operating procedures for litigation with immediate implementation of the same.
Item No.6	Complaint against Al-Nafees Medical College, Islamabad
Discussion	<p>The Council was informed regarding complaints received against Al-Nafees Medical College, Islamabad filed by some students before Pakistan Medical Commission. It has been alleged that Al-Nafees Medical College issued admission acknowledgement letters mentioning class roll no. for MBBS intake-2020. Each students has paid 12,00,000/- fee through voucher. The institution also sent module lecturers to them for 1st year through email in pandemic COVID-19. Now the students have been denied by the institution to sit in examination for the first year MBBS 2019-2020 session. Students also approached Wafaqi Mohtasib Islamabad with same grievances and Hon'ble Ombudsman vide findings dated 18-01-2021 referred the matter to President Pakistan Medical Commission for appropriate action against the Al-Nafees Medical College. Pakistan Medical Commission has issued letters to FIA Islamabad to investigate the matter and sent a letter dated 08-02-2021 to the Principal Al-Nafees Medical College, Islamabad to allow the students to sit in the exam. In response the college vehemently denied the allegations leveled against the institution. Al-Nafees Medical College is affiliated with ISRA University which has four affiliated colleges at Islamabad, Karachi & Hyderabad.</p> <p>The Council took serious note of complaints received regarding colleges affiliated with ISRA University. It has been reported that the colleges in Islamabad and Karachi affiliated with ISRA University have been forcibly taken over with armed intervention due to some dispute as to ownership and control of the colleges and the university. Complaints have been received from students of these colleges that the recent exams and results of professional exams held in January-February have also been adversely affected by the university due to this ongoing dispute.</p>
Decision	The Council appointed the Member Examination as a special investigation officer to immediately issue notices to the colleges affiliated with Isra University and the University itself and after physical inspection of the colleges submit a fact finding report which shall be placed before the Legal & Regulatory Committee of the Council who after hearing the management of the colleges and university shall issue final decision on the inquiry by 15 th



	<p>March 2021.</p> <p>Meanwhile the Council also directed that pending the inquiry no supplementary examinations be conducted by the University and any student who may have failed in the professional exams held by the University or has any other grievance can file a request for rechecking of their examination and the same to be rechecked by an independent public university to ensure the integrity of the results after the completion of the inquiry and subject to the final decision of the Committee.</p> <p>The Council has also directed the Authority to contact HEC and inform them of the situation with ISRA University.</p>
Item No.7	Approval for Salary & Pay Structure of PMC
Discussion	<p>The Council was informed that previously in erstwhile PM&DC the salary and pay structure of the employees was not standardized and salary range was not defined for any cadre due to which there was huge discrepancy in the salary of different cadres resulting in irrational salary structure.</p> <p>Keeping in view that human resource is the backbone of an organization, a dire need was felt to develop proper guidelines for pay structure and other benefits for all employees.</p> <p>The newly developed structure for the Pakistan Medical Commission (PMC) employees provides guidelines for effective management of salary and pay structure. It applies to all staff members on both short/ fixed term contracts of PMC and subject to change any time by Council.</p> <p>1- Salary & Pay Grades: -</p> <p>Each employee position shall have a job description and each job description shall have a grade. For each grade, a salary range shall be established.</p> <p>The minimum and maximum of all salary scales shall be reviewed and adjusted annually in accordance with salary and pay structure announced by PMC- Council from time to time, however, calendar year 2021 will be an exception as further revision to these scales may be recommended once the final organizational structure has been approved. The salary scale comprises of Basic Salary 55%, House Rent 35% and utilities 10%.</p>



1.1 The grid (gross) for the Management Cadre is as follows: -

Grades	Designations	Pay Scales (Basic)	
By Statue	Members, Internal Auditor & Secretary Council	As per the terms of the letter of appointment. Any annual increment will be based on performance evaluation subject to HR Committee/ Council approval. However, their salaries will comprise of Basic 55%, House Rent 35% and Utilities 10%.	
Grade	Management Cadre	Gross Pay	
		Minimum	Maximum
M-7	Management Cadre	Rs.200,000	Rs.475,000
M-8	Management Cadre	Rs.475,001	Rs.750,000

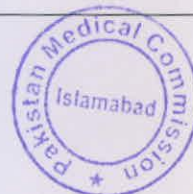
- All management cadre staff will be hired on Fixed Term Management Contract i.e., up to 1-5 years.
- Increments will be given to Management Cadre depending on performance appraisal by the concerned member and approval from HR Committee/ Council.
- Percentage of yearly increment will be recommended to the Council by HR Committee in consultation with Finance Committee for each category based on inflation and performance appraisal i.e., Excellent, Very Good, Good, Average. No increment will be permitted to an employee with below average appraisal.

1.2 Other Benefits to Members, Internal Auditor and Secretary of Council

- Maintained Vehicle as per policy.
- Petrol limit - 300 liters per month.
- Life insurance for the employee
- Health Insurance for immediate family (including parents)
- Mobile Allowance as per policy.
- Gratuity as per policy

1.3 Other Benefits to Management cadre

- Life insurance for the employee
- Health Insurance for immediate family (including parents)
- Gratuity as per policy.



- Any other as may be approved by the Council

2. The salary grid for the Administrative Cadre

Salary and pay structure for **administrative staff** has been divided into **two** categories.

2.1 For Fixed Term Management Contract i.e., from 1 to 5 years.

Grades	Administrative Cadre	Gross Pay	
		Minimum	Maximum
A-4	*All Admin and allied staff	Rs.125,000	Rs.200,000
A-5	-do-	Rs.200,001	Rs.275,000
A-6	-do-	Rs.275,001	Rs.350,000

2.2 For Fixed Term Regular Contracts up to the age of retirement i.e., 60 years ('regular contracts').

Grades	Administrative Staff	Salary (Basic)
A-4	All Admin staff	68750-4125-110000
A-5	-do-	110001-5000-160000
A-6	-do-	160001-5500-215000

- All administrative staff will be re-designated after re-assigning their responsibilities by the HR department.
- Increments will be given to administrative cadre depending on performance appraisal by the concerned member and approval from HR Committee/ Council.
- Percentage of yearly increment will be recommended to the Council by HR Committee in consultation with Finance Committee for each category based on inflation and performance appraisal i.e., Excellent, Very Good, Good, Average. No increment will be permitted to an employee with below average appraisal.

2.3. Other Benefits to Administrative Staff

- Life insurance for the employee
- Health Insurance for immediate family (including parents)
- Gratuity as per policy.



- Scholarships to children of Fixed Term Regular Contract employees who obtain admission into medical colleges on merit.

3. The salary grid for the Staff Cadre consisting of all support staff.

- All shall be on Fixed Term Regular Contracts up to the age of retirement i.e., 60 years.

Grades	Designations	Pay Scales (Basic)
S-1	All support Staff	9625-1500-24625
S-2	All Support Staff	24625-2000-44625
S-3	All Support Staff	44625-2500-69625

- All Support staff includes Drivers, DMO, Record Keeper, Naib Qasid, Guards, Gardner, Cook, Sanitary Workers, Waiter, Electrician and Plumber etc. as determined by the HR Department and approved by the HR Committee.

3.1 Other Benefits

Other benefits are listed below:

- Life insurance for the employee
- Family Health Insurance (including parents).
- Gratuity as per policy.
- Scholarships to children of Fixed Term Regular Contract employees who obtain admission into medical colleges on merit.

Member Administration and Human Resource shall formulate the health insurance, life insurance and scholarship schemes and any other benefit packages as applicable including the leave and medical policies to the HR Committee for approval within fourteen days so as to be made applicable under the pay and benefits policy approved by the Council. The benefits formulated shall be placed before the HR Committee for its approval.

All pre-existing employees in the Staff Cadre shall be regularized as regular employees of Pakistan Medical Commission and granted Fixed Term Regular Contracts up to the age of retirement effective from 24th September 2020 and the approved pay scales and benefits shall be applied to them with effect from 1st February 2021. The gross salary shall be the current salary being drawn by them as on 30th January 2021. Gratuity shall be applicable from 24th September 2020.

All pre-existing employees in the Administrative cadre shall be regularized as regular employees of Pakistan Medical Commission. The Member



	<p>Administration and Human Resource shall within two weeks categorize the pre-existing employees for grant of Fixed Term Regular Contract or Fixed Term Management Contracts based on the qualifications and work experience. Employees who based on qualifications have the opportunity of promotion in the future to Management Cadre shall be granted Fixed Term Management Contracts. All Fixed Term Management Contracts granted to pre-existing employees shall be of up to five years.</p> <p>All Fixed Term Regular Contracts and all Fixed Term Management Contracts shall be effective from 24th September 2020 and the approved pay scales and benefits shall be applied to them with effect from 1st February 2021. The gross salary shall be the current salary being drawn by them as on 30th January 2021. Gratuity shall be applicable from 24th September 2020.</p> <p>All pre-existing employees in the Management cadre shall be regularized as regular employees of Pakistan Medical Commission and granted Fixed Term Management Contracts of up to five years. The gross pay shall be fixed at the same value as the current salary being drawn by them as on 30th January 2021. All benefits as applicable shall be applied to them with effect from 1st February 2021. Gratuity shall be applicable from 24th September 2020.</p> <p>The Member Administration and Human Resource shall within two weeks categorize the pre-existing employees in the Management Cadre for placement in different departments based on assessment of their qualifications, experience and positions designated in each department approved organogram.</p> <p>All Fixed Term Management Contracts shall be renewable subject to performance evaluation.</p> <p>All Fixed Term Management Contracts shall be terminatable by the employee upon giving a one month prior notice or by the Commission in the event of failure to meet performance standards subject to written reasons being stated for the same.</p>
<p>Decision</p>	<p>PMC Council approved the proposed regularization of pre-existing employees on the terms recorded and approved grant of Fixed Term Regular Contracts and Fixed Term Management Contracts for pre-existing employees securing employment terms and salary structure as recorded. Full coverage health insurance for family, life insurance and scholarships for employee's children admitted to medical and dental colleges and gratuity also approved by the Council.</p>



Item No.8	Withholding Tax Deductions from 2015 to 2020																																																				
Discussion	<p>The Council was apprised that while going through the past record of erstwhile PMDC and audited financial statements for the years' ended June 30, 2016 to June 30, 2020, it was noticed that former management of PM&DC had expensed out all withholding taxes in the audited financial statements instead of showing on the asset side of the balance sheet for the years as aforementioned to claim refund from the FBR.</p> <p>The makeup of the amount deducted under the head of Withholding Tax for the years 2015 to 2020 is given below: -</p> <p style="text-align: center;">Statement of Withholding Tax – Expensed out by Erstwhile PMDC. (Rupees)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">S #</th> <th style="text-align: center;">Particulars</th> <th style="text-align: center;">2020</th> <th style="text-align: center;">2019</th> <th style="text-align: center;">2018</th> <th style="text-align: center;">2017</th> <th style="text-align: center;">2016</th> <th style="text-align: center;">2015</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>Profit on Defense Saving Certificates (DSCs)</td> <td style="text-align: right;">50,618,295</td> <td style="text-align: right;">5,784,844</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: right;">56,403,139</td> </tr> <tr> <td style="text-align: center;">2.</td> <td>Profit on TDRs</td> <td style="text-align: right;">28,936,147</td> <td style="text-align: right;">6,520,917</td> <td style="text-align: right;">4,442,214</td> <td style="text-align: right;">4,080,359</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: right;">43,979,637</td> </tr> <tr> <td style="text-align: center;">3.</td> <td>Banking Transactions</td> <td style="text-align: right;">3,530,035</td> <td style="text-align: right;">1,472,120</td> <td style="text-align: right;">1,204,294</td> <td style="text-align: right;">1,106,332</td> <td style="text-align: right;">528,190</td> <td style="text-align: right;">1,026,422</td> <td style="text-align: right;">8,867,393</td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td style="text-align: right;">83,084,477</td> <td style="text-align: right;">13,777,881</td> <td style="text-align: right;">5,646,508</td> <td style="text-align: right;">5,186,691</td> <td style="text-align: right;">528,190</td> <td style="text-align: right;">1,026,422</td> <td style="text-align: right;">109,250,169</td> </tr> </tbody> </table> <p>These amounts were deducted by different banks/ institutions against placement of funds etc. by erstwhile PM&DC but the then management had expensed out these amounts in the relevant years of deduction rather claiming refund from FBR. Financial Statements (FS) for the years 2016 to 2020 have been materially misrepresented by claiming that the erstwhile PM&DC was exempted from tax under section 49 of Income Tax Ordinance 2001, as mentioned in note 2.8 of the Financial Statements in all years apart from wrongly expensed out withholding taxes.</p> <p>Council was informed that Financial Statements contain the following material misstatements:</p> <ol style="list-style-type: none"> 1- Claiming erstwhile PMDC as exempted from Income Tax under section 49 of the Income Tax Ordinance, 2001 whereas section 49 (4) does not exempt erstwhile PMDC. 2- Withholding taxes of Rs.109.250 million had been expensed out by erstwhile PM&DC during 2015-2020 whereas these amounts should have had been shown on the asset side of the balance sheet to claim 								S #	Particulars	2020	2019	2018	2017	2016	2015	Total	1.	Profit on Defense Saving Certificates (DSCs)	50,618,295	5,784,844	-	-	-	-	56,403,139	2.	Profit on TDRs	28,936,147	6,520,917	4,442,214	4,080,359	-	-	43,979,637	3.	Banking Transactions	3,530,035	1,472,120	1,204,294	1,106,332	528,190	1,026,422	8,867,393	Total		83,084,477	13,777,881	5,646,508	5,186,691	528,190	1,026,422	109,250,169
S #	Particulars	2020	2019	2018	2017	2016	2015	Total																																													
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3.	Banking Transactions	3,530,035	1,472,120	1,204,294	1,106,332	528,190	1,026,422	8,867,393																																													
Total		83,084,477	13,777,881	5,646,508	5,186,691	528,190	1,026,422	109,250,169																																													



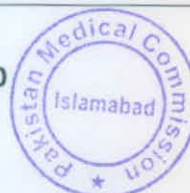
	<p>refund from FBR.</p> <p>3- Erstwhile PM&DC had never filed tax return.</p> <p>4- Relevant withholding tax challans for the years 2015-2020 are not found in the record of finance department, however, letters have been written to all concerned for submission of tax challan immediately.</p>
Decision	<p>The Council decided as under :-</p> <p>1- All relevant entries should be reversed in the current year and be shown on the asset side of the balance sheet to claim refunds from FBR.</p> <p>2- Tax Exemption of PMC should be applied.</p> <p>3- A firm of Chartered Accountants to be appointed to claim refund and to obtain tax exemption for Pakistan Medical Commission (PMC) to avoid any future complications. Finance department to confirm whether tendering is required for hiring such services.</p>
Item No.9	Approval for purchase of eight (8) Toyota Corolla Lease Vs Buying Option
Discussion	<p>The Council was informed that Pakistan Medical Commission currently owns 8 Toyota corolla vehicles (1.3cc) which are old models of over 10 years and therefore require constant extensive repair and maintenance on regular basis. Keeping in view that these vehicles will be required for regular use in the future, new vehicles may be purchased by the Commission to replace the existing ones. In this regard, the technical and financial comparison was presented before the council to decide either to buy or to use lease option to purchase new vehicles.</p>
Decision	<p>The Council after detailed discussion approved to buy eight Toyota Yaris 1300 cc being far more efficient and lower in price.</p> <p>All over ten year old vehicles in the existing fleet to be sold through proper process to ensure maximum sale price.</p>
Item No.10	Criteria for recognition of Foreign Dental Postgraduate, Additional or Alternative Qualification
Discussion	<p>Education and Evaluation department proposed criteria for recognition and registration of Foreign Dental Postgraduate Additional and Alternative Dental Qualification for approval of the Council.</p>



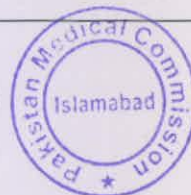
<p>Decision</p>	<p>The Council after detailed deliberation approved the following proposed criteria:</p> <p>A. <u>RECOGNITION OF FOREIGN POSTGRADUATE DENTAL QUALIFICATION</u></p> <p>A foreign Post Graduate Dental Qualification shall be recognized by the Council for entry in the specialist register subject to fulfillment of the following criteria:</p> <ol style="list-style-type: none"> 1. The College/ University qualification is recognized for entry to the dental specialist register by the regulator in its own country 2. The qualification must have had a structured postgraduate program of at least 3 years full time followed by an exit exam. 3. The program must have clinical training as a major component 4. The clinical training must be face-to-face <p>B. <u>RECOGNITION OF A FOREIGN ADDITIONAL DENTAL QUALIFICATION</u></p> <p>A foreign Additional Dental Qualification shall be recognized by the Council subject to fulfillment of the following criteria:</p> <ol style="list-style-type: none"> 1. The awarding College/ University must be recognized for dental postgraduate studies by the regulator in its own country 2. The program must be minimum of one-year full time program 3. There must be a structured training program with an exit examination 4. The program must have clinical training as a major component 5. The clinical training must be face-to-face as distance learning program will not be acceptable. <p>C. <u>RECOGNITION OF FOREIGN ALTERNATIVE DENTAL QUALIFICATION</u></p> <p>A foreign Alternative Dental Qualification shall be recognized by the Council for entry in the specialist register subject to fulfillment of the following criteria:</p> <ol style="list-style-type: none"> 1. The College/ University qualification is recognized for entry to the dental specialist register by the regulator in its own country or recognized as an alternative to the post graduate program. 2. The qualification must have had a structured program of at least 3 years full time followed by an exit exam. 3. The program must have clinical training as a major component 4. The clinical training must be face-to-face. <p>The Council directed that the licensing department may proceed with the registration of the Dental Post Graduate Qualification in light of above</p>
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	mentioned criteria.
Item No.11	Approval of Specialist Register and qualifications to fall therein
Discussion	The Council was apprised regarding launch of an online Specialist Register which would be open to public domain. The register would include the list of medical and dental practitioners having acquired higher specialist post graduate qualifications. This would help in maintaining a data base for the total number of specialists available in each medical /dental specialty.
Decision	The Council approved the launch of the first Higher Medical Specialist Register and the Higher Dental Specialist Register . All medical and dental practitioners having acquired higher specialist qualifications as per approved post graduate or alternative to post graduate qualifications shall be included in the Registers which shall be available publicly.
Item No.12	NLE permission for Foreign Medical Graduates graduated before January 2021
Discussion	<p>The Council was informed that at the moment, there are approximately 2000 Foreign Medical Graduates who passed their MBBS before or by January, 2021.</p> <p>Many of these graduates are from colleges listed in B category (i.e. their institutions are not accredited in their own countries, yet they are listed in the ECFMG list).</p> <p>A number of these (B list) students have colleagues who got their provisional license to practice as their college/institute were placed in Green list initially and some of them applied for provisional licenses.</p>
Decision	<p>The Council decided that the Students who had graduated prior to January 2021 from a Foreign College contained in List B of colleges shall be processed for Licensing on the following basis;</p> <ol style="list-style-type: none"> Shall be required to show License Eligibility in the country from where they graduated if they have not acquired a license from such country. Qualify the NLE On qualification of NLE they shall be granted Provisional License Shall be required to then complete a House job in Pakistan. On completion of house job they shall be granted a Full License <p><i>Provided all persons having graduated from a List B college and who have</i></p>



	<p>been granted provisional licenses earlier based on the Green List shall be required to appear in the first NLE and qualify the same to retain the validity of their provisional license. If such person fails to qualify the first NLE, the provisional license shall be suspended till such time as they qualify the NLE.</p> <p><i>Further provided</i> any person who falls in the above category and a graduate from their college was granted a provisional license on the basis of the Green List previously, shall be granted a Provisional License to start their house job subject to the above condition.</p> <p>This shall be a limited pathway granted ONE TIME only for the specific graduates falling in this category. Eligible persons must apply to avail this pathway before 16th April 2021.</p> <p><i>“License Eligibility” shall mean that the qualification obtained in the foreign country entitles the grant of a license for house job / internship under the applicable rules of such foreign country.</i></p>
Item No: 13	Policy for Inactivation /re-activation of Practice Status of Licensee
Discussion	<p>Doctors who do not prefer clinical practice being administrators like Medical Superintends/ Principals/ Dean OR those working in Ministries/ Civil/ Federal Secretariat (Administrative posts) OR working on Academic appointments as faculty of a Medical College/ University OR staying & working abroad, may not require to renew their license. It was proposed that PMC may facilitate all such doctors by providing license Inactivation/re-activation option on prescribed application form. The activation / in-activation status will be updated in database. The council agreed to the proposal with the condition that the doctor will have to provide the reason for inactivation of the license. Moreover it was decided that a criteria also needs to be developed for reactivation of the license.</p> <p>This will help to keep updated statistics of practicing and non-practicing doctors registered with the Commission.</p>
Decision	<p>Council approved the policy allowing licensed doctors who are either not practicing or are based outside Pakistan to simply notify the Commission of their non-practicing status in Pakistan to stop the renewal requirement and any other charges being levied on their licenses. However, the doctor at the time of intimating their status for in-activation must have an active status and properly renewed license.</p>



	<ol style="list-style-type: none"> 1. Council directed the licensing department to develop a form to apply for in-activation of the license wherein the applicant can state proper reasoning for in-activation (within a week) 2. On the status becoming in-active the practitioner not to be charged renewal fee for the period of in activation. 3. During in-activation a practitioner may undergo CME's.
Item No: 14	Clarification as to grant of privilege's and credentialing by institutions being distinct to registration of qualifications of a licensee
Discussion	It was discussed that the Head of Institution may grant permission /privileges to the licensee predefined as a General Practitioner OR Specialist on the basis of PG Qualifications/ Expertise/ competence of doctor for various procedures.
Decision	<p>Council directed to issue clarification to all provincial governments and concerned authorities that the head of the institute has the right to grant privilege and credentialing to the appointed doctor in light of his/her registered qualifications.</p> <p>It was clarified that pursuant to the entry on the Specialist Registers and other additional qualifications of practitioners being registered the grant of privileges and credentialing shall be the responsibility of the relevant health care institution where the practitioner works and where grant of privileges shall be based on an organized and transparent mechanism in line with international best practices.</p>
Item No: 15	Approval to initiate online submission of all licensing applications with online payment
Discussion	<p>It was proposed that an online application submission system along with the facility to submit online fee may be launched. This would facilitate the applicants and save time.</p> <p>Following steps were proposed to the council for online submission of all licensing applications with online payment</p> <ul style="list-style-type: none"> • In first phase, the plan is to convert the current manual submission of application forms to an online/digitalize process. • Front end portal is being developed and will be accessible from the PMC's website, allowing the applicants to submit forms online after signing up. Applicants will also have the option of payments through a



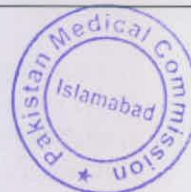
	<p>credit/debit card as well as the option of depositing the fee in any branch of MCB by downloading a fee bill. Confirmation of payments will be achieved through a back end API from the bank and will be in real time. Both Credit card option as well as payment over the counter is an arrangement between MCB and PMC.</p> <ul style="list-style-type: none"> • The second portal will be a web/browser based back end system for processing the submitted applications in PMC. Multiple desks (online) are being developed where the processing times of applications will be cut down significantly. Application will be processed by a single officer from start to end except where verification required from an external agency or agencies. • System generated emails and SMS will go out to the applicants throughout their application life cycle except for those applicants applying from overseas. For overseas applicants, email updates will be delivered • CNIC verification through NADRA is arranged by utilizing NADRA's verify online application. • An admin dashboard will also be available to monitor the status of applications in real time by the department head. • This is targeted for roll out (tentatively) for March, 2021. • Additional features will be developed along the way as the software matures.
Decision	Council approved the launch from March 2021 of the fully automated online application system allowing medical graduates and licensed practitioners to apply for licenses, renewals and addition of qualifications online along with online payment methodology without having to visit any PMC offices or banks etc.
Item No: 16	Approval for program for biometric verification of all medical and dental practitioners to verify data and CNIC's of all registered licensees
Discussion	<p>The Council was informed that in order to create a single digital identity of doctors/ registered practitioners, one important step is to verify their identity.</p> <p>CNIC verification solves the problem to an extent however, in order to fully establish a doctor's identity, biometric verification is must thus providing further security and assurance.</p> <p>Additionally, biometrics can only be provided by living, breathing people eliminating the chances of registrations on the name of dead doctors.</p>



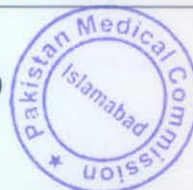
	<p>To utilize the BVS (Biometric Verification System), PMC will need to explore the options with Mobile operators or banks who owns a vast network of agent locations and branches where the facility is provided.</p> <p>In summary, PMC aims to establish a process of <u>KYD (Know Your Doctor)</u> similar to <u>KYC (Know Your Customer)</u> in Financial sector.</p>
Decision	<p>Council noted with concern that the pre-existing data base of licensed practitioners only had CNIC's of less than 35% licensed practitioners in their record. Council approved the launch in March 2021 of the Digital License Profile project allowing practitioners to create their digital profile online and on biometric verification update their status and profile online with automated verification processes. The Digital License Profile will enable the Commission to issue licenses to practitioners immediately and in a digital format. It will also secure a practitioners data and identity as well as enable a public mobile app for any person to verify the status of a medical practitioner.</p>
Item No: 17	Formal approval of Policy Decisions which were taken by the Council from time to time via circulation
Discussion	<p>It was discussed that the council has taken various policy decisions through circulation keeping in view the urgency of the matter and time constraints.</p> <p>Council was apprised about the decision taken by the Council from time to time via circulation:</p> <ol style="list-style-type: none"> 1. Approval of report on admissions for submission to Lahore High Court- (05-11-20) 2. Urgent Approval for: -(12-11-20) <ul style="list-style-type: none"> • Members on deputation • Member examination as executive member among deputed members • 1st Meeting of Academic Board • Rescheduling MDCAT on 29th Nov 2020 3. Notification for appointment of Council Members deputed by Federal Government – (14-11-20) 4. Approval of the Minutes of Academic Board- (21-11-20) 5. Approval of the minutes of show causes issued to 3 Colleges –(10-12-20) 6. Exemption from MDCAT as a Foreign National Studying Abroad During COVID Pandemic- –(10-12-20)



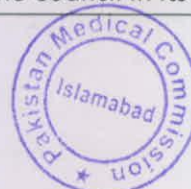
	<p>7. Policy decision on request for delay in admission dates by A Level Students due to delayed result of A Levels & equivalency Issue-(29-12-20)</p> <p>8. Foreign Graduate Licensing Pathways – (29-12-20)</p> <p>9. Policy decision on definitions and scope of PG Qualifications – (08-01-21)</p> <p>10. Constitution of Inquiry Committee and Designation of Competent Authority under the Protection against Harassment of Women at the Workplace Act, 2010 -(12-01-21)</p> <p>11. Approval of Authorized signatories proposed by Finance department.(19-01-21)</p> <p>12. Decision regarding extension of late fee surcharge date for renewal of licenses- (02-02-21)</p> <p>13. Approval of Minutes of interviews conducted for Manager and Director Admin positions- (03-02-21)</p> <p>14. Approval of Minutes of interviews conducted for IT positions- (11-02-21).</p> <p>Council agreed that keeping in view the ongoing situation where the Commission is in the process of evolution and various decisions are to be made on urgent basis , approval through circulation helps in expediting the processes and facilitates the day to day functions of the Authority.</p>
Decision	The Council agreed to continue the practice of granting approvals through circulation whenever required and formally confirmed all decisions which the council had already considered in the past.
Item No: 18	Proposed PMC Scholarship Program
Discussion	<p>The Council was informed by the Vice President that a key fact noted during the analysis of last few years admissions to medical and dental colleges is that students with the highest merit primarily obtain admission in public colleges representing almost 9,000 seats. The remaining students are left with the choice of private medical colleges. An analysis of the merit shows a gap between the closing merit of public colleges and the starting and average merit of private colleges. A further analysis confirmed that a large number of students otherwise having acquired high merit do not accept admission offers on merit in the private colleges due to the cost of private education whereas a majority of such high merit students are unable to afford the same.</p> <p>A consequence of the above is that each year hundreds of high merit students are unable to obtain admission in medical programs. This further</p>



	<p>causes the merit in private colleges to be lower than desirable. Council was apprised that even in the current year private colleges are facing vacant seats as the number of students capable of paying the higher tuition fee has reduced.</p> <p>It was noted that while there are some scholarship programs primarily offered by some private colleges on their own and a few private trusts along with a public scholarship program offered by the HEC, there is no national level open scholarship program based purely on merit. The HEC program is linked to students from certain regions and the placement of these students is in public colleges which are already subsidized.</p> <p>It was proposed by the Vice President that to provide for a long term sustainable scholarship model for the purpose of encouraging capable students to enter medical and dental programs and other connected programs such nursing and pharmacy with a view to improvement in the quality of doctors produced and delivery of quality health care, the Commission can take the lead in setting up a national scholarship program. The scholarship program would be managed by a non-profit trust / entity setup by the Commission with an independent board with representation from the Council, Federal Government, Provincial Governments and the private sector. The trust fund would be an independent entity and would seek to obtain a non-taxable status from the FBR. The Board of the trust fund would pursuant to prescribed rules select each year from amongst students who obtain admission in private colleges strictly on merit for grant of scholarship on purely need basis. The scholarship would be based on funding a student who has obtained admission on merit rather than pre selecting students only on need basis ignoring merit.</p> <p>The trust fund would be funded by grants and donations collected through a program managed by the trust fund itself. Further special grants may be sought from the Federal and Provincial Governments. Provincial grants can be tailored for funding students in the relevant province. In addition, to ensure sustainability, grants from the private sector would be sought on a longer term commitment basis.</p> <p>The intent of the fund would be provide maximum deserving high merit students with the financial support to complete medical education where the financial support may be on a pure scholarship basis or long term non-interest bearing loans.</p>
<p>Decision</p>	<p>The Council approved the formation of the "PMC National Medical Scholarship Fund" committing an initial amount of Rs.250 million to the Fund. The Scholarship Fund will be setup as an independent entity with an independent board under the supervision of the Council. The Fund will seek further grants from the Federal and Provincial Governments as well as the</p>



	<p>private sector. The Fund will provide annually scholarships to students on need basis who have obtained admission to public or private medical and dental colleges as well as some specially determined number for nursing and pharmacy programs strictly on merit. The financial aid will be in the form of grants and loans or a mix of both. The Scholarship Fund in the future based on grants will also look to fund deserving students for post graduate studies and research in medical education. Every year hundreds of students with high merit are unable to enter medical programs because of their inability to pay fees for private education. The Council believes these high merit students from the under privileged class represent the future of our healthcare and need to be supported.</p>
Item No: 19	Request for registration of the students of 3 un recognized Public Colleges of Balochistan
Discussion	<p>The Council was informed that Health department (Planning Cell) Govt. of Balochistan has requested for the registration of the students admitted in 03 un-recognized Public medical colleges namely :</p> <ol style="list-style-type: none"> 1. Makran Medical College, Turbat 2. Jhalawan Medical College, Khuzdar 3. Loralai Medical College, Loralai <p>Council was further informed that zero inspection of all 03 institutes was conducted in December, 2018 as per decision of the Council in its 189th Session held on 3rd December, 2018. Inspection reports of these colleges were placed before the Council on 24th December, 2018.</p> <p>It was reported that the attached/ affiliated hospitals were deficient in number of beds. Faculty of clinical sciences was deficient, there was lack of funds for the up gradation of colleges and hospitals and the applications for recognition/inspection were not routed through the Federal Government .Moreover, 50 students were already admitted in each college prior to inspection and approval / recognition of the college. The then Executive Committee directed to communicate the deficiencies to the concerned authorities and also direct them to apply for recognition through the Federal Government as per law.</p> <p>Council was informed that above mentioned deficiencies & decisions of Council were officially communicated to the institutes vide PM&DC letters dated 4th January, 2019. However, the Council in its 193rd Session decided to</p>



	<p>inspect all new medical colleges on revised standards and consequently the said colleges were requested to submit their self-evaluation on PM&DC Inspection Proforma 2019.</p> <p>The council was further informed that comprehensive inspection of the three colleges has not been conducted till date .Moreover, in spite of clear directions regarding not to admit the students prior to recognition, all three colleges are admitting 50 students each year since 2018.</p> <p>For the admissions 2020-2021 Pakistan Medical Commission categorically informed the Health Department Balochistan about the unrecognized status of the colleges with directions not to proceed with admissions this year .</p> <p>The health department has again forwarded list of 50 admitted students in each college for the upcoming session with request to register the students. Now there are unregistered 450 students studying in these unrecognized colleges prior to recognition and 150 more have been admitted for this year which is a matter of great concern.</p>
Decision	<p>The council showed great concern over the situation and directed to hold an urgent meeting with the concerned provincial authorities to resolve the issue and discuss proposal for the previously admitted students while ensuring that unrecognized colleges cannot be permitted to continue in such a manner.</p>
ADDITIONAL AGENDA Item No: A	Definition of PMC List A, B & C – Criteria for categorization of foreign medical and dental institutes
Discussion	<p>The Council was informed that PMC has placed the foreign medical and dental institutes in 3 categories i.e. List A, B & C.</p> <p>The categorization done by PMC is to inform the stakeholders of the current status of verification of institutions and consequent to such verification the licensing pathway to be followed by graduates seeking licensing in Pakistan. These categories are NOT a replacement of the previous green, grey and black lists. The earlier lists were not meant to indicate the quality of education being offered by the institutions. The previous lists were merely informative for students and graduates and institutions to constantly update the status of the ongoing PMC assessment of each college in the initial phase, which when completed has resulted in the colleges being categorized in the licensing pathway categories.</p> <p>The inclusion of an institution's name in any one of these A, B or C categories simply shows its verification status and the lists are dynamic. The purpose of these categorized lists is to provide pathways to foreign medical graduates for obtaining a Pakistani license to practice in Pakistan.</p>



	<p>Many colleges in Category B or C maybe under process of being inspected and accredited by an independent agency or a tier 1 international regulator. Therefore, an institution will be shifted from list B to A once it receives the two-tier verification. The same policy is applicable to institutions in list C, i.e. they need to obtain atleast a 1- tier verification in order to be shifted to list B.</p> <p>Category A represents colleges and qualifications offered by these colleges that have been assessed and accredited at two levels, i.e. pursuant to a physical inspection by an independent internationally recognized accreditation agency which is duly recognized by WFME and is further recognized by a tier 1 international regulator (ECFMG, GMC, AMC) in addition to recognition by the national regulator enabling graduates to be licensed in the home country.</p> <p>Category B represents colleges and qualifications that are recognized by either by a tier 1 international regulator (ECFMG, GMC, AMC) or pursuant to a physical inspection by one of the independent internationally recognized accreditation agency which is duly recognized by WFME, in addition to recognition by the national regulator enabling graduates to be licensed in the home country; hence, these colleges possess only a single tier verification.</p> <p>Category C represents colleges and qualifications that possess recognition by the national regulator enabling graduates to be licensed in the home country but do not possess either of the two tiered independent verification by a tier 1 international regulator (ECFMG, GMC, AMC) or pursuant to a physical inspection by one of the independent internationally recognized accreditation agency which is duly recognized by WFME.</p>
Decision	The Council unanimously approved the categorization and directed to upload the same on the website for better understanding of all stakeholders.
Item No: B	Policy for Existing Foreign Graduates of list B Colleges
	Matter already discussed in Agenda item 12
Item No: C	Public Complaint from Vice Chancellor ISRA University against ISRA Islamic Foundation
	Matter discussed in Agenda item 6



Item No: D	List of the erstwhile PM&DC contract employees
Discussion	<p>The Council was informed that there are 14 employees of erstwhile PM&DC whose contracts have expired or the decision of their regularization/extension of the contracts was subject to approval from Departmental Promotional Committee. A principle decision needs to be made in these cases.</p> <p>List of the Employees was placed before the Council.</p>
Decision	<p>The Council decided that the contracts of pre-existing contractual employees which have expired shall not be renewed. They shall however have a right to apply on merit for any new designations being advertised in different departments and if selected they shall be hired as regular management, administrative or staff cadres of the Commission. In the meantime any of the persons whose contracts have expired maybe granted a one-time short term 60 day contracts subject to their performance assessments and request of the relevant department to fill an existing short term need of the department to be approved by the HR Committee of the Council. The Council decided that all daily wage employees shall continue on daily wages for a period of 30 days in which period the Administration Division shall carry out an assessment of each such daily wage employee. All daily wage employees shall have a priority right to regular employment against any positions advertised for Staff cadre.</p>
Item No: E	Update on merit lists received from admitting Universities
Discussion	<p>The Council was informed that all admitting universities have been repeatedly directed to complete their admission processes within the given stipulated time and share their merit lists.</p> <p>In this regard the date for final submission of merit list was extended till 18th February 2021 for all Public colleges and till 22nd February for all Private medical colleges.</p> <p>Following public sector universities have forwarded their merit lists till date:</p> <ol style="list-style-type: none"> 1. Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad 2. Bolan University of Medical & Health Sciences, Quetta 3. University of Health Sciences, Lahore 4. National University of Medical Sciences, Rawalpindi <p>The Council was further informed that reply is still awaited from remaining admitting universities.</p>



Decision	<p>The Council took serious note of the delay by the Provincial Public Universities in finalizing their admission lists to public colleges. All provincial public universities were directed to submit their final list of admitted students by 22nd February after which no student will be registered in a public college with the Commission. The date for final submission of lists by universities of students admitted to private colleges has been fixed as 1st March. The final date for admissions on HEC scholarship seats, disability quota and military quota seats will be 22nd March, 2021.</p> <p>Any delay in providing such lists will also result in students not appearing on lists provided by the determined date not to be registered.</p> <p>The Council also directed that all private colleges be directed to immediately provide a list of all students interviewed from the merit lists provided and marks given in interviews of these students.</p> <p>Upon receipt of all lists the Authority shall carry out a review of all complaints and admissions to ensure that all students admitted fulfill the mandatory criteria and to address any grievances or disparity in admission pursuant to marks granted in interviews or alleged demands of donations or advance fee etc. Any admission found to be in violation of mandatory criteria or in gross violation of merit shall be cancelled and the next student on merit be directed to be admitted within the 30 day window in March 2021 prior to finalization of admissions by the relevant universities and submission for registration of students with the Commission.</p>
Agenda F	Matter of Various Quota Seats
Discussion	<p>Council was apprised that the commission has been repeatedly asked by various authorities to admit the students over and above the allocated seats in each college. It was discussed that Commission any quota seats must be adjusted within the allocated seats for each college and there shall be no exception to it. The council has facilitated the provincial governments by allocating provisional seats for the upcoming admissions upon their request to accommodate any such quotas with the condition that the colleges will be inspected for the enhanced number of seats.</p>
Decision	<p>The Council clarified that the Commission has already enhanced 586 seats in public colleges across the provinces at the request of provinces to cater for the HEC scholarship program for Baluchistan and FATA students. The public colleges do not require any further approval from the Commission to allocate seats from the enhanced seats to the HEC for accommodating the</p>



	<p>scholarship program students. The Council further clarified that it is for the HEC to independently approach each Province for the allocation in the relevant public colleges for admission of these quota students as the Provinces under the PMC Act 2020 have the exclusive authority to allocate quota seats in the public colleges. To assist the HEC and the Provinces to coordinate this effort the Council permitted the Public Universities to provide the final list of students admitted on the HEC Scholarship program by 22nd March 2021 subject to there being no admission over and above the allocated strength of each college.</p> <p>The Council further clarified that the only category of student allowed to be admitted over and above in a public college is a foreign student admitted on the basis of a bilateral agreement between the Government of Pakistan and a foreign government or a program of the Government of Pakistan for foreign students from a particular country. Such students are not required to fulfill the admission criteria however, such students shall NOT be granted licensed by the Commission or registered with the Commission at any time and shall only acquire an MBBS or BDS undergraduate qualification as granted by the relevant university which shall not be valid for licensing in Pakistan.</p>
Agenda G	Complaints against the colleges during admission process
Discussion	<p>The Council was informed that various complaints have been received about the irregularities done by various colleges during the current admission process.</p> <p>The Council took serious note of the numerous complaints received relating to demands of donations and advance fee for 3 to 5 years by some private colleges. It was informed that notices in this regard have already been issued to the colleges.</p>
Decision	<p>The Council directed the Authority to ensure that once the admission lists are received they are to be checked to ensure that all students admitted have qualified their MDCAT and also against the merit lists issued by the Commission to ensure that no student has been treated in a discriminate manner by way of manipulating marks granted in interviews. A large disparity between the original merit and the final merit after adding interview marks will be reviewed and investigated by the Authority in line with process noted in Agenda Item No.E.</p>



	All cases of irregular admissions shall be investigated by the Authority after which they will be placed before a Committee of the Council formed by the President for final decisions.
Agenda H	Proposed Organogram for the National Medical Authority
Discussion	The Council was informed that Members of National Medical Authority have forwarded proposed organograms for their departments keeping in view the scope of work of each department.
Decision	The Council approved the proposed organograms with directions to proceed with the recruitment of key positions for each department .However ,it was decided that any changes may be made on need basis with approval of the HR Committee.



Secretary

Pakistan Medical Commission

