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Policy on Contextually Appropriate Training Outcomes for Health Care Delivery in Pakistan

1. Purpose

This policy aims to ensure that all educational programs and training outcomes at Queens Medical College are aligned with the specific health care needs of the local population (vulnerable groups, women of all ages, children of all age groups, adolescents, elderly >65 yr of age, & adults), cultural context, epidemiological realities, and health system structures of Pakistan.

2. Scope

This policy applies to all undergraduate medical programs, faculty, curriculum developers, and assessment designers at Queens Medical College.

3. Policy Statement

Queens Medical College is committed to producing medical graduates who are competent to address the prevailing health challenges of Pakistan. Training outcomes will reflect:

- National health priorities
- Community-based healthcare delivery
- Cultural competence
- Local disease epidemiology
- Resource-constrained environments
- Ethical and professional expectations within the Pakistani context

4. Policy Objectives

- Align training outcomes with the National Health Vision and PMDC competency framework.
- Develop socially accountable graduates who can work effectively in both urban and rural health settings.
- Encourage community-oriented and community-based medical education to address local healthcare disparities.
- Embed ethical, legal, and cultural dimensions in relevant to Pakistan into graduate outcomes (**Embed ethical, legal and cultural values to be enshrined as a doctor upon graduation**)

5. Implementation Strategies

5.1 Curriculum Alignment

- Incorporate learning outcomes that address priority diseases in Pakistan that are endemic, have the pattern of becoming an epidemic, are antimicrobial resistant, emerging & re-emerging communicable diseases, NCDs (**non- communicable diseases**) , Nutritional deficiency disorders, environmental health diseases, and other conditions significant from Public Health perspective.
- Ensure **that** curriculum includes modules on Biostatistics, Epidemiology, HMIS, health systems, prevention & promotion of healthcare, health determinants, and public health in Pakistan.

5.2 Faculty Orientation

- Train faculty in designing and delivering content that is locally relevant.
- Encourage use of local case studies, scenarios, and examples in teaching.

5.3 Student Engagement

- Involve students in community-based projects and health camps in underserved areas and with vulnerable population of the community.
- Foster understanding of cultural and social determinants of health in Pakistan.

5.4 Continuous Review

- Regularly review training outcomes in light of evolving national health indicators.
- Take feedback from alumni, health institutions, and employers to validate relevance.

5.5 Partnership with Local Health Authorities

- Coordinate with public health **authorities and** institutions to ensure **that** training reflects real-world healthcare delivery systems.

6. Monitoring and Evaluation

The Department of Medical Education, in collaboration with the Program Evaluation and Quality Assurance Unit, will monitor the implementation of this policy.

Metrics such as graduate placement in local healthcare settings, employer feedback, and curriculum mapping audits will be used for evaluation.

7. Review Cycle

This policy will be reviewed every three years or earlier if national health priorities change significantly.

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