MOHI-UD-DIN ISLAMIC MEDICAL COLLEGE, MIRPUR (AJK)

MIU
A Chartered University

MPC
POLICY DOCUMENT

FOR

MBBS PROGRAM

Outcome–Based • Integrated • Student–Centered • Community–Oriented • Value–Driven

MOHI-UD-DIN ISLAMIC MEDICAL COLLEGE

MIRPUR (AJK), PAKISTAN

SERVING HUMANITY THROUGH EXCELLENCE IN MEDICAL EDUCATION

Rooted in Islamic Values

Approved by the Academic Council

Aligned with PMDC MBBS Curriculum 2024 & HEC Standards

Prepared by Department of Medical Education

VERSION 1.0

JANUARY 2026

MOHI-UD-DIN ISLAMIC UNIVERSITY

A Chartered University

MOHI-UD-DIN MEDICAL COLLEGE, MIRPUR (AJK)			
DEPARTMENT OF MEDICAL EDUCATION	**POLICY DOCUMENT**	**DOC. NO: MIMC-DME-**	**VERSION: 1.0**
EFFECTIVE DATE: 01-JAN-2026	**REVISION DATE:**	**PAGE: 2 OF 16**	**CLASSIFICATION: INTERNAL**
APPROVED BY:			
ENDORSED BY:			
COMPILED BY			

COPYRIGHT STATEMENT

Contents

1. INTRODUCTION

Mohi-ud-Din Islamic Medical College (MIMC), Mirpur is committed to delivering a high-quality, integrated Bachelor of Medicine and Bachelor of Surgery (MBBS) curriculum that promotes academic excellence, interdisciplinary collaboration, and student-centered learning in accordance with the standards of the Pakistan Medical and Dental Council (PMDC). Effective implementation of an integrated curriculum requires coordinated planning, structured governance, and continuous collaboration among academic departments, the Department of Medical Education (DME), and the Examination Cell (EC).

As part of its commitment to continuous quality improvement, MIMC conducted a comprehensive evaluation of the MBBS program to assess the effectiveness of curriculum design, implementation, assessment practices, academic governance, and stakeholder engagement. The evaluation identified the need for a structured institutional mechanism to strengthen curriculum coordination, improve communication among departments, and streamline the planning and implementation of modular teaching and learning activities.

Based on the recommendations of the MBBS Program Evaluation, the Academic Council approved the establishment of two standing academic coordination committees under Decision No. 5 of the Academic Council Meeting held on 08 January 2026. These committees comprise the Basic Coordination Committee (BCC), responsible for coordinating the implementation of the first and second year MBBS curriculum, and the Clinical Coordination Committee (CCC), responsible for coordinating the implementation of the third, fourth, and final year MBBS curriculum.

The BCC and CCC function under the academic leadership of the DME and provide a structured platform for collaborative curriculum planning, module coordination, integrated timetable development, assessment planning, and interdepartmental communication. The committees also facilitate timely resolution of operational issues related to curriculum implementation while ensuring that academic activities are conducted in accordance with institutional policies and PMDC requirements.

This Policy and Operational Guide has been developed to provide a standardized governance framework for the operation of the BCC and CCC. It outlines their purpose, scope, organizational structure, operational procedures, reporting mechanism, and functions to ensure effective implementation of the integrated MBBS curriculum at MIMC.

2. PURPOSE

The BCC and CCC have been established to provide a structured institutional framework for the effective planning, coordination, implementation, and monitoring of the MBBS curriculum at MIMC.

The objectives of the BCC and CCC are to:

- Provide coordinated academic oversight for the implementation of the integrated MBBS curriculum;
- Streamline the planning and execution of modular teaching, learning, and assessment activities;
- Facilitate effective communication and collaboration among academic departments, the DME, and the EC;

- Promote horizontal and vertical integration through collaborative curriculum planning;
- Coordinate the development and implementation of integrated module timetables, study guides, learning objectives, and assessment plans;
- Facilitate smooth execution of academic activities within their respective phases of the MBBS program; and
- Provide recommendations to the DME to support effective curriculum implementation and continuous academic improvement.

3. SCOPE

This Policy and Operational Guide apply to all academic departments, faculty members, coordinators, and administrative units involved in the planning, implementation, coordination, and assessment of the MBBS curriculum at MIMC.

The policy governs the operation of the following standing academic committees:

Committee	**Scope of Responsibility**
Basic Coordination Committee (BCC)	Coordination of curriculum implementation for First and Second Year MBBS (Basic Sciences Phase).
Clinical Coordination Committee (CCC)	Coordination of curriculum implementation for Third, Fourth, and Final Year MBBS (Clinical Phase).

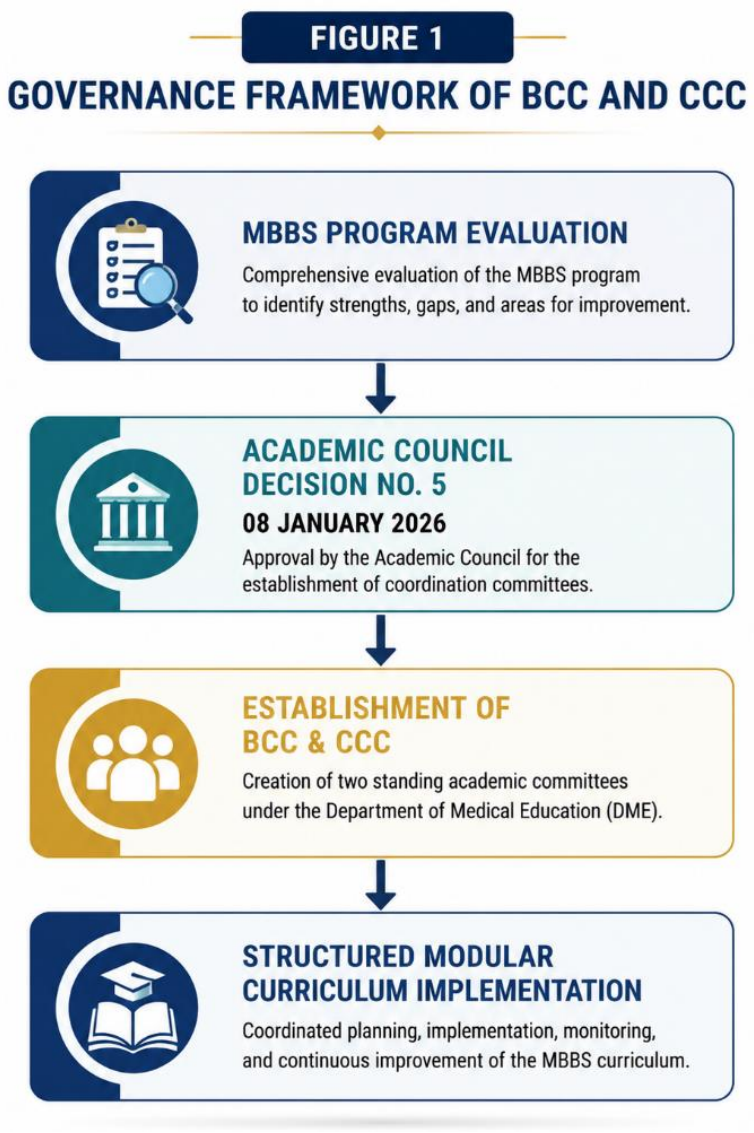
The provisions of this policy apply to:

- Department of Medical Education (DME);
- Examination Cell (EC);
- Heads of Academic Departments;
- Nominated Module/Clinical Coordinators;
- Nominated Departmental Representatives; and
- Co-opted members, where applicable.

The BCC and CCC shall serve as the principal academic coordination bodies responsible for facilitating collaborative planning and implementation of curricular activities within their respective phases of the MBBS program. Both committees shall function within the institutional academic governance framework and report through the DME to the Curriculum Committee, which in turn submits its recommendations to the Academic Council.

Figure 1. Governance Framework of BCC and CCC

4. COMMITTEE STRUCTURE



To ensure effective implementation and coordination of the integrated MBBS curriculum, two standing academic coordination committees have been established under the DME:

- **Basic Coordination Committee (BCC):** Responsible for coordinating curriculum implementation for the First and Second Year MBBS.
- **Clinical Coordination Committee (CCC):** Responsible for coordinating curriculum implementation for the Third, Fourth, and Final Year MBBS.

Both committees operate under a common governance framework and follow identical operational procedures. Their composition, reporting mechanism, meeting procedures, and responsibilities are similar, with the only distinction being the phase of the MBBS program they coordinate.

4.1 Composition

The BCC and CCC shall comprise the following members:

- Chair
- Co-Chair
- Nominated Module/Clinical Coordinators
- Nominated Departmental Representatives
- Representative of the EC
- Co-opted Members, where required

The composition of each committee shall be notified separately by the competent authority and may be revised as required.

Figure 2. Organizational Structure of BCC and CCC

5. MEETINGS

The BCC and CCC shall conduct regular meetings to facilitate effective planning, coordination, and implementation of academic activities within their respective phases of the MBBS program.

The committees shall:

- conduct a meeting prior to the commencement of every module;
- convene emergency meetings whenever required;
- maintain a minimum quorum of **seventy-five percent (75%)** of the committee members;
- record and maintain official minutes of all meetings through the DME;
- communicate decisions and action points to all concerned departments for implementation; and
- submit recommendations to the DME through the established reporting mechanism.

Members are expected to attend all scheduled meetings. In exceptional circumstances where attendance is not possible, the concerned member shall inform the Chair or Co-Chair in advance.

6. REPORTING MECHANISM

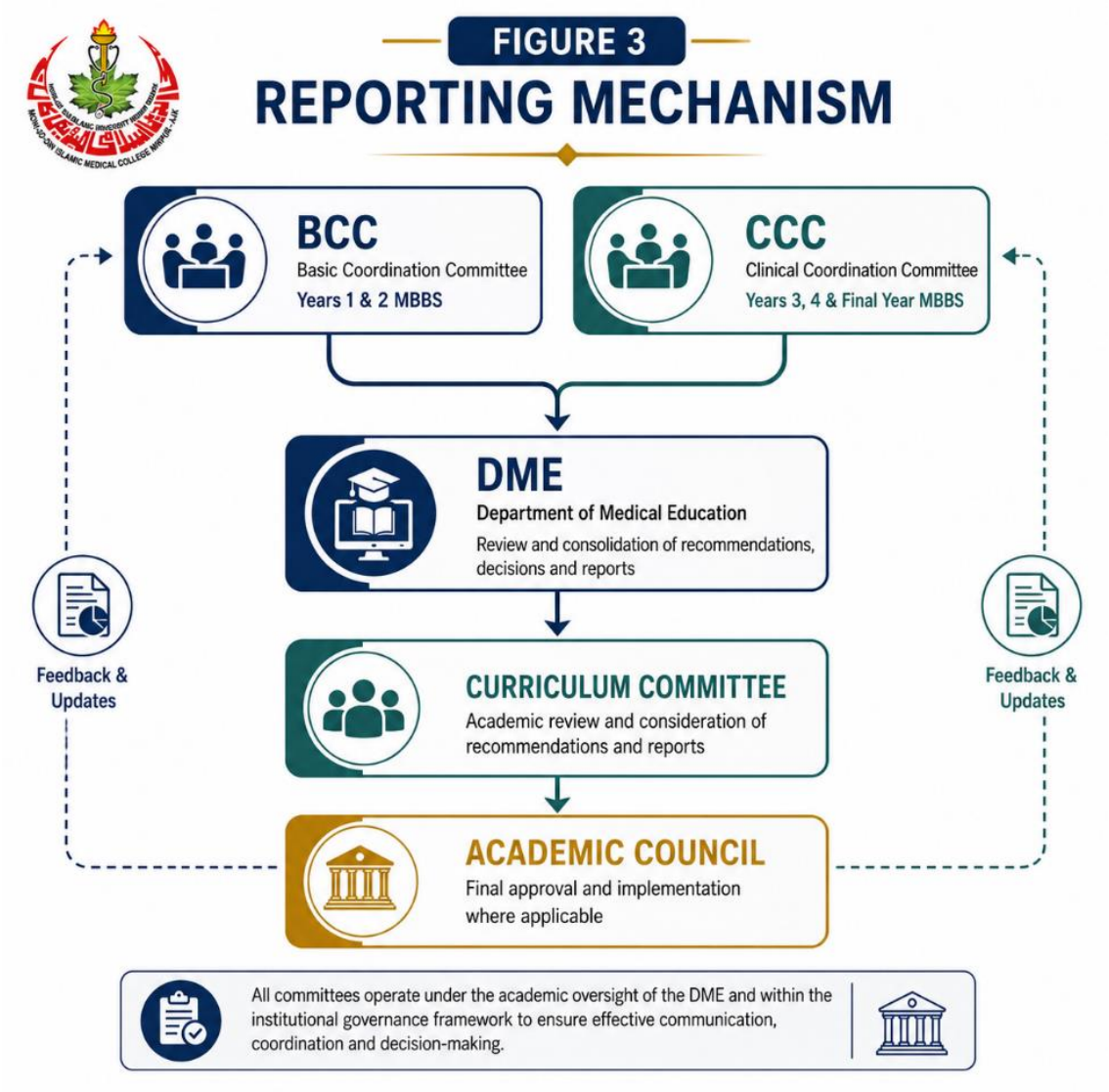
The BCC and CCC function under the academic supervision of the DME and form an integral part of the institutional academic governance framework.

All recommendations, decisions, and reports generated by the committees shall be submitted to the DME for review and consolidation. Following review, matters requiring academic consideration shall be presented to the Curriculum Committee. Recommendations endorsed by the Curriculum Committee shall be forwarded to the Academic Council for approval and implementation, where applicable.

This reporting framework ensures effective communication, coordinated decision-making, and institutional oversight while supporting the efficient implementation of the MBBS curriculum.

REPORTING PATHWAY

Figure 3. Reporting



Mechanism

7. ROLES AND RESPONSIBILITIES

The BCC and CCC shall perform their respective functions through clearly defined roles and responsibilities assigned to the Chair, Co-Chair, Coordinators, Departmental Representatives, and the EC. These roles are intended to facilitate effective planning, coordination, implementation, and monitoring of academic activities within their respective phases of the MBBS program.

7.1 Chair

Role: Provides senior institutional authority and oversight.

Responsibilities:

- Supervise/oversees the committees, ensuring effective execution of academic responsibilities throughout the year.
- Provides guidance/direction and supports team members in understanding their roles within their assigned domain.
- Ensures the committee operates with formal legitimacy and maintains quorum.
- Serves as the primary point for resolving operational hurdles among faculty to ensure continuity of all academic activities.
- Make the final call and implement as per his convenience/wisdom.

7.2 Co-Chair

Role: The chief academic expert and pedagogical guide for the integrated curriculum.

Responsibilities:

1. Acts as the academic facilitator and process leader for the committee, guiding its work under the Chair's supervision and direction.
2. Leads and smoothens committee workflow, ensuring meetings stay on agenda and drive productive outcomes.
3. Guides Coordinators in consolidating and finalizing module plans, particularly the topics, learning objectives, hour allocation, teaching modalities, and assessment blueprints.
4. Ensures the full implementation of all curriculum and assessment guidelines issued by the DME office.
5. Provides oversight to ensure examination processes adhere to institutional and university policies.

6. Holds Coordinators accountable for timelines, reviewing timetables, study guides, and teaching and learning processes for timely execution.

7. Oversees the student feedback mechanism, finalizing the schedule for its release in coordination with Information Technology and sharing the results with the concerned.

8. Serves as the secondary point for resolving operational hurdles among faculty to ensure continuity of all academic activities.

9. The ultimate role is to keep Coordinators on track for the smooth execution of all modular and educational activities.

7.3 Module/Clinical Coordinators

The responsibilities described in this section shall apply to the nominated Coordinators of the BCC and CCC within their respective phases of the MBBS program.

Responsibilities:

1. Serve as the primary departmental subject specialist and contents specialist for their discipline within the assigned integrated module with main role of module planning, implementation and assessment.

2. Contribute expert opinion to finalize module topics, integrated learning objectives, content sequencing, and teaching strategies, ensuring theme-based alignment.

3. Under the direction of their respective Department Head to nominate faculty for teaching sessions and formally incorporate approved names into the module timetable.

4. Meticulously track and record all teaching hours delivered by their department within the module, submitting a certified summary to the DME upon module completion to verify compliance with allocated hours.

5. Co-lead the formal module orientation for students on the first day, presenting and explaining the integrated study guide, objectives, and assessment plan alongside fellow Coordinators and committee leadership.

6. Make sure the Journal Club contents/sessions are planned and delivered as per approved Standard Operating Procedures and guidelines.

7. In liaison with the EC, participate in the scheduling, invigilation, and standard-setting for all module assessments.

8. Develop and submit Multiple Choice Questions and other assessment items to the EC that are strictly mapped to the published module learning objectives, and ensure all contributing faculty from their department do the same, adhering to deadlines.

9. Must attend all scheduled committee meetings related to their module; personal schedules, including casual leave, must be arranged to ensure mandatory attendance.

7.4 Departmental Representatives

Role: Subject-specific consultants ensuring integration and clinical relevance within the curriculum.

Responsibilities:

1. Provide essential input from their discipline during module planning sessions.
2. Contribute clinical scenarios, case studies, and pertinent learning points for integration into modules, enhancing their clinical relevance.
3. Review module materials for accuracy and relevance from their specialty's perspective.
4. Communicate faculty names for the module as per direction of their respective Department Head.
5. Develop and submit Multiple Choice Questions and other assessment items to the EC that are strictly mapped to the published module learning objectives and ensure all contributing faculty from their department do the same, adhering to deadlines.
6. Must attend all scheduled committee meetings related to their module; personal schedules, including casual leave, must be arranged to ensure mandatory attendance.

7.5 Examination Cell

The EC shall collaborate with the BCC, CCC, and the DME in planning, scheduling, coordinating, and implementing assessments in accordance with the institutional assessment policy and approved examination procedures. The EC shall also facilitate the development, administration, and quality assurance of assessments to ensure alignment with approved learning objectives and institutional standards.

NOTE: "Unless otherwise specified, the responsibilities assigned to Module Coordinators and Departmental Representatives shall apply to the corresponding Coordinators and Departmental Representatives of both the BCC and CCC within their respective curricular phases."

At this point, I would **not** continue with another major section. The guidebook is missing one important chapter that should come **before** the operational chapters conclude.

After **Roles and Responsibilities**, the logical progression is:

- Functions
- Operational Workflow
- Closing Statement

This is how I would continue.

8. FUNCTIONS

The BCC and CCC shall serve as the principal academic coordination bodies responsible for facilitating the effective implementation of the integrated MBBS curriculum within their respective phases. The committees shall perform the following functions:

1. Plan and coordinate the implementation of the MBBS curriculum.
2. Review and approve integrated module timetables.
3. Develop and review module study guides.
4. Review and validate module learning objectives.
5. Monitor allocated teaching and learning hours.
6. Coordinate module assessment planning.
7. Review assessment blueprints.
8. Facilitate interdepartmental coordination.
9. Identify operational challenges and recommend corrective measures.
10. Submit reports and recommendations to the DME for onward review by the Curriculum Committee and the Academic Council.

9. OPERATIONAL WORKFLOW

The BCC and CCC shall facilitate curriculum implementation through a systematic and collaborative planning process involving all relevant academic departments and institutional stakeholders. The operational workflow shall ensure timely completion of all academic activities before the commencement of each module.

The workflow includes the following stages:

Stage 1: Module Planning

- Review module contents.
- Review learning objectives.
- Allocate teaching hours.
- Finalize teaching modalities.
- Review faculty nominations.

Stage 2: Academic Planning

- Develop integrated timetable.
- Prepare module study guide.
- Review assessment blueprint.
- Finalize assessment schedule.

Stage 3: Module Implementation

- Conduct module orientation.
- Deliver scheduled teaching and learning activities.
- Monitor teaching hours.
- Address operational issues during module implementation.

Stage 4: Assessment

- Coordinate formative assessments.
- Coordinate summative assessments.
- Ensure alignment between learning objectives and assessment.
- Coordinate with the EC.

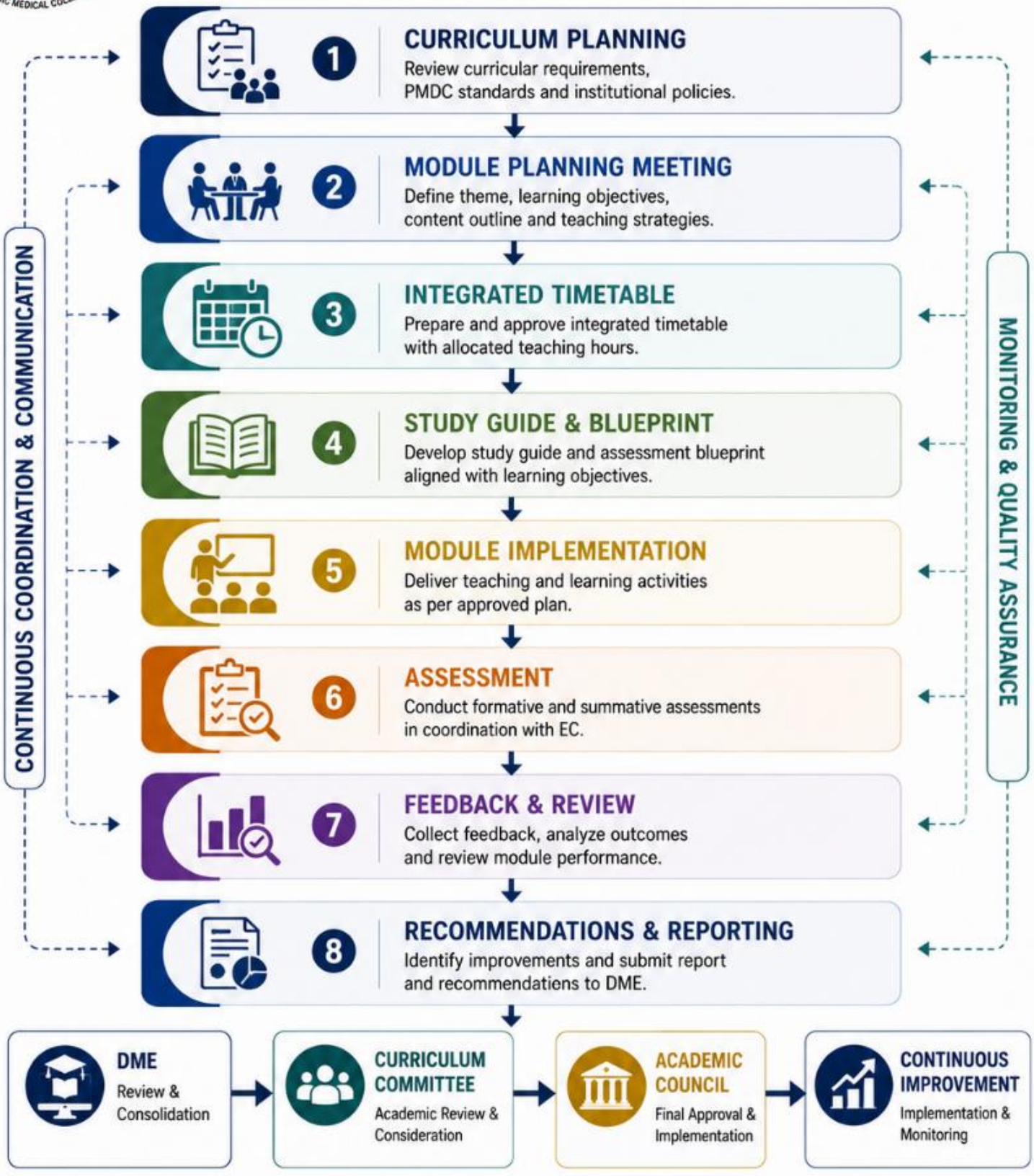
Stage 5: Review and Reporting

- Review module implementation.
- Review operational issues.
- Submit recommendations to the DME.
- Forward recommendations through the institutional reporting mechanism.

Figure 4. Module Coordination Workflow

FIGURE 4

MODULE COORDINATION WORKFLOW



A systematic, collaborative and quality-driven process for effective implementation and continuous improvement of the MBBS curriculum.

10. POLICY REVIEW

This policy shall be reviewed periodically by the DME to ensure its continued relevance, effectiveness, and alignment with institutional requirements, curricular developments, and PMDC standards. Recommendations for revision shall be submitted to the Curriculum Committee for consideration and approval by the Academic Council.