

**Archives of Surgical Research** | Letter to the Editor

## Role of Central Induction Policy (CIP) in getting General Surgery Residency in Punjab: Is it Working Fairly for the Residents?

**P**unjab Government introduced central induction policy to streamline the process of induction in Punjab public hospitals for doctors desiring to seek level III training. After the implementation of central induction policy (CIP), the process of induction has become somewhat transparent and automatic, but it also highlights some flaws in our health care system and attitude of Punjab government towards health professionals. The policy and selection criteria is continuously changing since the start of CIP and sometimes even at eleventh hour without any prior notification. Moreover, the government keeps announcing limited number of seats in every induction because it does not want to pay more doctors. In fact, the government has always been reluctant to recruit more doctors despite the fact that Pakistan is severely lacking in the number of doctors. Before going into further details I would like to share the current selection criteria of CIP (January induction 2021)

Let's divide it into three sections.

### SECTION A: ACADEMIC PERFORMANCE

1. 40 marks of FCPS Part1: All successful candidates will get 30 marks out of 40. But if a candidate has done JCAT for MS/MD, then they will get marks according to their percentage in JCAT.
2. 20 marks of degree. It hardly makes a difference of 1 mark between a good and an average student. An average student will get approximately 13.5 to 14 marks.
3. Attempt marks. There are total 5 marks allotted for passing each professional exam in first attempt. One mark is deducted for subsequent attempts in any professional exam.
4. Distinctions marks. 2 marks for each distinction. Maximum two distinctions are accepted. Majority of the students are satisfied with this section of CIP criteria.

### SECTION B: HOUSE JOB AND PARENT INSTITUTE

1. If the candidate is a public sector graduate and has done house job in parent institute then, they will get 5 marks.
2. If the candidate is public sector graduate and did house job at non parent teaching hospital they will get 2.5 marks.
3. Private graduates will get 2.5 marks of house job if they have done house job in their parent hospital or at some other government teaching hospital.

### PARENT INSTITUTE MARKS

5 marks for applying in parent institute. For example, if someone graduated from Sheikh Zyed Medical College Rahim Yar Khan and applied in the same hospital, they will get 5 additional marks. Now, this candidate will be 7.5 marks ahead of all private graduates and 5 marks ahead of other government graduates. This makes a huge difference. If any three Sheikh Zaydians apply for surgery training in their parent institute, all private and other government graduates would be virtually out of competition.

### SECTION C: EXPERIENCE AND RESEARCH MARKS

This is the most controversial but crucial section. Here central induction policy doesn't remain transparent anymore:

1. Five Experience marks for every 6 months in BHU and RHC may be achievable but it is a hard nut to crack to get BHU and RHC appointment. If the candidate doesn't have a strong reference then he/she will never be able to get BHU/RHC and consequently will never get seat in any hospital. The part BHU/RHC play in learning is another matter. It's nothing but just a hurdle to get residency.
2. Candidates will get research scores only if they publish their research in W category journals of HEC. W category journals are highest ranked journals and it takes an average of 14 months' time to get research published in these journals. Research demands a lot of time and hard work. How would a fresh graduate be able to write in W category journal so early? Research marks shouldn't be included in CIP.

### POSSIBLE SOLUTIONS

These are some suggestions which can make induction relatively easier. Government should be working on training more specialists and should create more seats in order to overcome the deficiency of doctors.

1. Increase the number of seats: CPSP conducts FCPS part 1 exam 4 times in a year. Roughly 1500 to 2000 candidates pass the exam in each attempt. So total number of candidates become approximately 6k and

total number of seats are 1400(January and July induction combined).

2. Things go wrong at BHU/RHC level, either exclude BHU/RHC marks or everyone who passes part 1/JCAT should get equal chance to get BHU/RHC.
3. Make it optional for those who are regular MO/WMO and are eligible for deputation to apply on deputation seats. If they are on deputation seats then don't let them apply on open merit. This will make these doctors out of competition and government will not have to pay them extra.
4. Entrance exam of MS/MD (JCAT) is much more balanced, conceptual and scenario based with little or no repetition, while FCPS part 1 is mostly repetition from previous papers. CPSP should accept the worth of MS/MD. AS both FCPS and MS are level III qualifications and done under the supervision of the same supervisors. But CPSP is always reluctant to accept MS/MD. That's why people prefer FCPS from private hospitals instead of MS/MD from government hospitals. Now a day's trend is get FCPS tag regardless of the competency of supervisors. This trend should be discouraged.

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**Corresponding Author:**

Dr Shafiq Ur Rehman is a resident in Lahore General Hospital.  
[Shafiqueurrehmanr73@gmail.com](mailto:Shafiqueurrehmanr73@gmail.com)

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