

**38th BOG MEETING – MTI HMC PESHAWAR**

**19th April & 9th May 2025**

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| **01/SECY/HMC/38** | **Confirmation of minutes of previous (37th) board meeting.** |
| **Short Narrative** | The Board is requested to approve the minutes of previous board meeting. |
| **Rule Position** | General SOPs |
| **Financial effect** | None |
| **Justification** | - |
| **Recommendation** | - |
| **Decision of the Board** | The Board confirmed the minutes of previous board meeting. |

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| **02/SECY/HMC/38** | **Appointment of key leadership (Dean, Hosp Director, Nursing Director) and Affiliate director (Burns and Plastic Surgery Centre – BPSC)** |
| **Short Narrative** | Key leadership positions in MTI HMC and its constituents are in the process of being filled through due process of advertisement and interviews by select committees. The later have been constituted in keeping with relevant provisions of the MTI Act and regulations. Since appointments to these administrative positions are the prerogative of the board, a brief overview is provided for attention of the board.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Post** | **Advertisement**  **(Deadline + applicants)** | **Pre interview scrutiny** | **Interview** | **Board for final approval** | | Dean | 06 /02/25  16 applicants | Meetings in progress | Date to be announced | - | | Hospital Director | 09/09/24  42 applicants | 13 eligible  Sub-judice: Hearing 15TH April 2025 | - | - | | Director Nursing | 06/02/25  27 applicants | Done | Done | 03 names in order of merit finalized for consideration of the board | | Affiliate Director BPSC | 03/04/25  10 applicants | Selection Committee to be constituted | | - |   The board is requested to   1. finalize the selected candidate for the post of Director Nursing. 2. constitute a committee for selection of Affiliate Director BPSC. 3. review the decision of MTI Tribunal regarding the HD position and proceed accordingly. |
| **Rule Position** | **MTI-ACT 2015 and Regulations**   |  |  |  |  | | --- | --- | --- | --- | | Post | MTI ACT | MTI Regulations | HMC Board decision | | Dean | Section 9 B | Section 6 |  | | Hospital Director | Sec 10 | Sec 4 |  | | Affiliate Director BPSC\* |  | Regulation 5 A of MTI HMC |  |   **MTI ACT 2015**  9B. Dean  (2) The Dean shall be appointed by the Board for a period of five (05) years, and shall be eligible for re-appointment, on such terms and conditions and having such qualifications and experience as the Board may prescribe. The Dean shall act as the Chief Executive Officer of the Medical Teaching Institution and shall act in such capacity as per the directions of the Board and the regulations framed under this Act.  (6) In the performance of functions, the Dean shall be responsible to the Board and the chairpersons of the department shall be responsible to the Dean and Academic Council.  **MTI-HMC REGULATIONS**  **6. DEAN**   1. The Board shall appoint a Dean for the Medical College for a period of five years, renewable for further terms of five years at the discretion of the Board based upon performance and so documented by the Board. No person may serve as Dean for more than three terms. 2. The Dean will be a medical academic with either a Ph.D degree or a medical qualification such as MB,BS or equivalent, plus a higher Diploma, such as a FCPS, FRCP, FRCS, or a US Board certification or equivalent. 3. his/her field, which may be in the basic or clinical sciences, with at least 7 years administrative experience as head of a department, unit, program, or institution, with recognized leadership qualities, a track record in teaching, and a commitment to medical education and research.    1. The Board will constitute a Selection Committee of at least 8 members, consisting of: at least four representatives at associate professor or higher level from at least 2 clinical and 2 basic science departments,    2. a representative from the medical student body chosen by the Board based on academic achievement.    3. a non-clinical representative from the Hospital, designated by the Hospital Director, and    4. a representative of the Nursing Department.    5. A lay person of repute nominated by the Board of Governors 4. The Board will designate a Chairman of the committee from the members of the selection committee and the committee may co- 5. opt 2 further members if it feels that further expertise is necessary.   **Sec 4 (i)**   1. The selected individual will be presented for approval to the Board. The Board may accept or reject the nominee: in the case of rejection, the Board will provide written reasons for the rejection to the selection committee. The Board may then select an alternative applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to reevaluate the candidates and select another individual from the applicants or begin the whole selection process again as in (d) to (h) above.   **MTI-ACT 2015**  In performance of his functions, the Hospital Director shall be responsible to the Board.  10. **Hospital Director**  (1) The Board shall appoint a full time Hospital Director for the Medical Teaching Institution for a period of five (05) years, and shall be eligible to re-appointment, on such terms and conditions as the Board may determine; provided that no Board member shall be appointed as Hospital Director.  (2) The Hospital Director shall possess a recognized Master's Degree in Hospital Management or Health Services Management or Business Management or Public Health or Public Administration or any other relevant management qualifications having experience of management in an organization or institution as may be prescribed:  Provided that a person, who possesses a recognized medical degree may also apply for the post of Hospital Director with the condition that he shall have an additional management degree and experience provided in this subsection and shall have no right to do private practice.  **MTI-HMC REGULATIONS**  **4. HOSPITAL DIRECTOR**  The Board will appoint a Hospital Director as described in Section 10 (1) of the Act.   1. The qualifications and experience for the post of Hospital Director shall be as in Section 10 (2) of the Act. The Hospital director will have a minimum experience at management level positions of 7 years, except that the Board may relax this condition in the case of an outstanding candidate, provided that the Board specifically documents the reasoning for the exception. 2. The Hospital Director will be selected and appointed by the Board for a term of 5 years, and shall be eligible for reappointment at the discretion of the Board based upon performance and so documented by the Board, provided that no Board member shall be appointed as Hospital Director. No person may serve as Hospital Director for more than three terms. 3. The method of appointment will be as described in Section 10 (1) of the Act: A selection committee will be appointed by the Board consisting of appropriately qualified individuals including a senior and a junior medical consultant representing the hospital 4. a senior representative from the Nursing department 5. the head of a non-medical department from the finance, or other hospital administrative unit. 6. a reputable lay person who may be a retired senior civil servant or senior retired armed services officer or a recognized philanthropist or reputable member of civil society. 7. The Board will select a chairman of the committee from amongst the members of the selection committee. 8. d) The Committee will make its selection and recommendation based entirely on merit, and in a fair and transparent manner after fulfilling the prescribed procedure as laid down hereunder: 9. The vacancies shall be advertised in at least four leading national newspapers (two English and two Urdu) specifying therein the prescribed qualifications, experience and other academic/technical requirements, journals/media if it so desires. 10. f) The selection committee will draw up a short list of candidates to interview; at least three candidates will be interviewed. In the event of insufficient candidates, all qualified candidates may be interviewed. 11. g) Any member of the selection committee who has a conflict of interest in any form, either with a specific candidate or the position, or for any other reason, will withdraw himself from the process and inform the Board accordingly 12. h) The Board may then choose to appoint another person meeting the criteria in (c) above. 13. I) The selected individual will be presented for approval to the Board. The Board may accept or reject the nominee: in the case of rejection, the Board will provide written reasons for the rejection to the selection committee. The Board may then select an alternative applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to reevaluate the candidates and select another individual from the applicants or begin the whole selection process again as in (d) to (h) above. 14. J) The functions, responsibilities and requirements of the Hospital Director will be as detailed in Section 11 a-f of the Act and further elaborated hereunder.   AFFILIATE DIRECTOR  **REGULATION Section 5 A:**   1. The Board shall appoint an Affiliate Director for the institute for a term of three years. 2. Applications through advertisement shall be invited (a suitable recruitment agencies may be engaged for the shortlisting process) provided that the applying candidate is eligible for a faculty position in a specialty relevant to the concerned affiliate/constituent institute. In this case if selected as a Director, the selectee will also receive a faculty appointment at the appropriate level in a department related to his/her specialty, which appointment shall not be limited to the term applicable to the office of the Director. 3. The Affiliate Director shall be selected and appointed, for a term not exceeding three years and shall be eligible for renewal for two further consecutive terms of three years each by the board, based on documented performance 4. In case no eligible candidate is found for the advertised post of Director of affiliate/ constituent institute the board may re-advertise the position with amendments in the eligibility criteria as approved. 5. A selection committee notified by the board, consisting of appropriately qualified individuals belonging to MTI HMC and its affiliate/constituent institutes plus a suitable layperson from outside the institute shall conduct interviews and present three names in order of preference to the board (less if no suitable candidates available) 6. The board shall then make a final selection clearly stating the reasons if the order of merit by the selection committee is to be altered.   The composition of the selection committee with the chairman to be decided by the board shall be as follows;   1. Two senior and two junior consultants of different specialties 2. A representative of the Nursing Deptt 3. A representative of Finance Deptt 4. A reputable layperson nominated by the board 5. The Affiliate Director shall be accountable to the Board and shall submit such reports and meets such performance indicators as determined by the Board from time to time. |
| **Financial effect** | Market based salaries for the essential positions |
| **Justification** | Key leadership positions to be filled in accordance with relevant provision of MTI ACT And regulations |
| **Recommendation** | Approval may be granted for   1. selection of candidates finalized in mentioned categories 2. provide guidance on pending vacancies in light of any legal observations. 3. Constitute a selection committee for the post of affiliate director BPSC. |
| **Discussion** | The Board was updated on the current status of the recruitment process for key leadership positions at MTI-HMC and its affiliated institutions, including the posts of Dean, Hospital Director, Director Nursing, and Affiliate Director BPSC. The Board reaffirmed the importance of following a transparent and merit-based recruitment process in strict accordance with the MTI Act 2015 and the institutional regulations.  It was reported that the selection process for Director Nursing had been concluded, and Mr. Awal Khan, who ranked first in the finalized merit list, was recommended for appointment which he accepted. The Board acknowledged this development and expressed appreciation for the process followed.  As for the position of Hospital Director, which has been challenged by one of the candidates, the issue is still under consideration of the MTI Tribunal. Comments about status of superannuation have been invited from the Policy Board, whereby their legal counsel has sought time for argument before the learned bench.  In a separate matter, Prof. Shehzad Akbar Khan, Medical Director, formally requested to be relieved of his additional responsibilities as Hospital Director given the multiple responsibilities he is currently shouldering. Recognizing the need for administrative continuity, the Board whilst acknowledging his services accepted his request and approved the assignment of Dr. Sherzaman Khan, Chief Administrative Officer and senior-most administrative official, as Acting Hospital Director until a permanent appointment is finalized.  Regarding the position of Affiliate Director BPSC, the Board was informed that the approval for the constitution of the Selection Committee had already been granted through email circulation prior to the meeting. The Board endorsed the continuity of this process and emphasized timely action to ensure progress. |
| **Decision of the Board** | The Board approved the appointment of Mr. Awal Khan as Director Nursing based on the finalized merit list submitted by the selection committee. It also accepted the request of Prof. Shehzad Akbar Khan to be relieved of his additional responsibilities as Hospital Director and appointed Dr. Sherzaman Khan, Chief Administrative Officer, as Acting Hospital Director until a regular appointment is finalized. Furthermore, the Board acknowledged that the Selection Committee for the post of Affiliate Director BPSC had already been constituted through prior email circulation and directed that the recruitment process proceeds without delay. The concerned selection committees were instructed to expedite the recruitment processes for the positions of Dean and Affiliate Director BPSC. |

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| **03/MD/HMC/38** | **Selection of Associate Hospital and Associate Medical Directors** |
| **Short Narrative** | The position of Associate Hospital Director and Associate Medical Director were created by BOG MTI HMC in its 37th meeting with the following essential attributes;   1. Candidates must possess basic qualification as for Hospital and Medical Directors though the experience requirement stands less than that for the said key leadership positions. 2. Positions to be filled through circulation inviting applications from faculty and employees of MTI HMC - KGMC and constituent institutes. As such no financial or other benefits are attached to these posts apart from the fact that the experience gained shall be counted toward eligibility for the positions of HD and MD. 3. The positions shall allow sufficient exposure to aspiring candidates (maximum 3yrs) enabling them to learn from and assist their senior colleagues in administrative responsibilities. 4. Associate HD & Associate MD shall report to the key statutory leads i.e Hospital & Medical director respectively with the later (HD and MD) having overall administrative and financial control as offered by the Act and regulations. 5. Detailed job description annexed. **(Annex-1)**   Applications have been invited through circulation for consideration of the Institutional Management committee and three probable names shall be presented to the board for final selection. |
| **Rule Position** | Section 7-c of the MTI Act.  (c) prescribe procedure for appointment, terms and conditions of service, disciplinary matters and other service matters for the employees of a Medical Teaching Institution; creation, redesignation or abolition of posts provided that the financial implications do not exceed the approved annual budget.  Job description for Associate HD and MD as suggested in 37th BOG meeting minutes. **(Annex-1)** |
| **Financial effect** | None |
| **Justification** | Posts created by the board for facilitating administrative functions of MD and HD as well as providing valuable experience to aspiring candidates |
| **Recommendation** | The Institutional Management Committee shall present to the board, two names each for the newly created posts of Associate HD and Associate MD. The Board will then make final selections.  Job description and selection process are highlighted for formal approval. |
| **Discussion** | The Board was apprised of the progress regarding the recruitment of Associate Hospital Director and Associate Medical Director, positions that were created during the 37th BOG meeting to support senior statutory roles and to provide structured administrative exposure to potential future leaders within MTI-HMC and its constituent institutions.  During deliberations, the Board reviewed the selection procedure and noted proposed revisions to the terms of these positions. It was unanimously agreed that the tenure for both Associate HD and Associate MD would be extended from the previously suggested two years to **three years**, thereby ensuring continuity and allowing sufficient time for capacity building.  Furthermore, the Board endorsed the recommendation that the **Institutional Management Committee (IMC)** would present **three shortlisted candidates in order of merit** for each of the two positions, from which the Board would make the final appointments. These changes were considered consistent with the objectives of promoting internal talent and enhancing institutional administrative capacity. |
| **Decision of the Board** | The Board approved the proposed amendments to the selection process for the posts of Associate Hospital Director and Associate Medical Director, including:   * Extension of tenure to three years (from the initially proposed two years). * Submission of three shortlisted candidates in order of merit for each position by the Institutional Management Committee.   The final appointments shall be made by the Board after reviewing the merit-based recommendations submitted by the IMC. |

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| **04/Audit/HMC/37** | **Constitution of Audit Committee or Special Audit sessions of the Board.** |
| **Short Narrative** | Internal Auditing is an independent and objective assurance and consulting activity designed to add value and improve operations of MTI-HMC (HMC and constituents Institutes). The internal audit function comprises of 6 internal auditors. To date this committee has furnished 52 reports since 2018, highlighting the gaps in various processes and framing recommendations to address potential weaknesses.  The Audit plan for the financial years 2024-25 is attached **(Annex-2)** for due reference.  The internal Auditor reports to the board as per standard regulations. Detailed reports cannot be discussed in regular board meetings.  A mechanism needs to be set in place for addressing this issue of reporting either through constitution of a sub committee of the board which shall go through the reports of the internal audit department and present any recommendations to the board for approval, OR, arrange special sessions of the Board to discuss findings of completed audit exercise as and when the reports are furnished. |
| **Rule Position** | As per IIA Institute of Internal Auditor the Internal Audit function shall be reported to a committee comprising of non executive board members. |
| **Financial Effect** | No Financial effect |
| **Justification** | All board members may not have time to go through the audit reports in regular board meetings, rather a devoted committee can focus more on critical issues identified during audit.  Alternatively special sessions of the Board dedicated to discussion of audit reports can be arranged following completion of any audit exercise and follow-up ensured. |
| **Recommendation** | The Honorable Board is requested to constitute an Audit committee of the board or frame a mechanism for discussing audit reports in special sessions. |
| **Discussion** | The Board was apprised of the existing internal and external audit mechanisms in place at MTI-HMC and its constituent institutions. The annual financial audits carried out by the AG office were highlighted and the recent administrative effort in conducting DACs (Departmental accounts committee meetings) for the last five years was acknowledged It was also noted that the Internal Audit Department, comprising six auditors, has submitted 52 reports since 2018, identifying systemic gaps and offering recommendations for improvement. Given the volume and complexity of audit findings, the need for a structured mechanism to review these reports in detail was highlighted.  Two options for discussing internal audit reports were discussed   * Formation of special audit subcommittee of the board * Presentation of completed audit reports in Board meetings   While some members supported the creation of a formal Audit Committee, consensus was achieved on the entire board being present at the time of presentation of these reports ensuring collective oversight. The board members also requested a review of the current SOPs in practice and the annual audit plan for further structuring the process.  The Board also stressed the importance of a third-party audit for objective performance evaluation and requested that the Chairman BOG liaise with the government and the Policy Board to seek formal guidance on this matter. |
| **Decision of the Board** | The Board decided the following:   1. The entire Board shall function as the Audit Committee until further notice. 2. The management shall present complete details of all ongoing and planned internal audit activities, including internal and external audits, for the Board’s comprehensive review. 3. Third party audits shall be conducted with the intent of corrective actions wherever indicated. Meanwhile the institute shall consult the government/ Policy Board to obtain clarity and direction regarding the planned conduct of third-party audits of MTIs. |

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| **05/HD/HMC/38** | **Approval of Patient Transport Enhancement Plan – Installation of Bed Elevators & Shuttle Service.** |
| **Short Narrative** | MTI-HMC is currently facing significant challenges in patient and attendant transport both horizontally (across hospital distances) and vertically (between floors). These difficulties impact patient care, emergency response times, and overall hospital efficiency.  On the directions of the Chairman BOG, a comprehensive transport improvement plan has been developed, incorporating bed elevators for vertical movement and a shuttle service for horizontal movement within the hospital premises. The proposal is now presented for BOG approval.  Proposed Transport Improvements & Cost Estimates:   1. Bed Elevators Installation (PC-1: Rs. 90.2 million) **(Annex-3)**    * 2 elevators near the Gynecology Ward    * 1 elevator near the Patient Facilitation Center 2. Shuttle Service Implementation (PC-1: Rs. 10.7 million) **(Annex-4)**    * Roadwork for designated shuttle routes    * Construction of sheds & tiling of stops    * Installation of electric poles for improved safety and visibility    * Creation of alternate car parking spaces to streamline traffic flow. |
| **Rule Position** | 7. Functions and powers of the Board. (1) The Board shall be responsible for:  (e) approval of annual business plan;  (Note: Civil works conform with government regulations outlined in KPPPRA rules, Chapter 3 of works, PEC, CPWD, FIDIC)  As per MTI governance policies, the Board of Governors (BOG) holds the authority to approve infrastructural developments and budget allocations that enhance patient care and hospital operations. |
| **Financial effect** | 1. Total Cost: Rs. 100.9 million    * Bed Elevators: Rs. 90.2 million    * Shuttle Services & Infrastructure: Rs. 10.7 million 2. Funding to be arranged through ADP scheme / hospital development budget. |
| **Justification** | 1. Improved Patient Mobility: Reducing delays in patient transfers, especially for critical cases. 2. Enhanced Emergency Response: Faster access to operating rooms and ICUs. 3. Reduced Attendant Hardship: Providing structured transport within the hospital premises. 4. Better Facility Accessibility: Ensuring ease of movement for elderly, disabled, and critical patients. |
| **Recommendation** | The Board is requested to approve the PC-1 proposals for the installation of three bed elevators and implementation of a shuttle service, with a total estimated cost of Rs. 100.9 million. |
| **Discussion** | The Medical Director briefed the Board on the challenges currently faced by MTI-HMC in ensuring efficient and timely patient and attendant transport across the hospital premises—both vertically between floors and horizontally across departments. A comprehensive transport enhancement plan had been developed on the directive of the Chairman BOG, encompassing the installation of bed elevators and the implementation of a dedicated shuttle service.  The Chairman BOG emphasized the critical importance of enhancing patient mobility to support clinical efficiency, emergency response, and overall patient satisfaction. The Board acknowledged the significance of the proposal in improving accessibility, especially for critical patients, elderly individuals, and attendants.  While supporting the initiative in principle, the Board advised that the project be included in the upcoming financial year’s development plan. It was further recommended that detailed PC-1 documents with a proper cost breakdown be submitted to the Board to facilitate informed decision-making and ensure fiscal transparency. |
| **Decision of the Board** | The Board approved the proposal in principle for the Patient Transport Enhancement Plan, including:   * Installation of three bed elevators (two near the Gynecology Ward and one near the Patient Facilitation Center), and * Implementation of a hospital shuttle service with necessary infrastructure development.   However, the Board directed that final approval of the project shall be subject to submission of detailed PC-1s with a complete cost breakdown for both components—elevators and shuttle service—for thorough deliberation in a subsequent meeting. |

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| **06/MD/HMC/38** | **Consideration of Deferred Payment Model for Procurement of Interventional Radiology (IR) Lab** |
| **Short Narrative** | Following approval of the board (37th BOG), a meeting was held with **representatives of major medical equipment companies** to discuss the feasibility of acquiring an **Interventional Radiology (IR) Lab** under a **Public-Private Partnership (PPP) model**. The firms **expressed reservations** about the PPP model due to financial sustainability concerns, past experiences with similar projects, and challenges related to reimbursement rates under the **Sehat Sahulat Program**.  The companies **unanimously recommended** either **upfront purchase** or a **deferred payment model** as a more viable alternative. Based on expert input, the deferred payment model appears to be the most **cost-effective and practical solution**. |
| **Rule Position** | As per **MTI Act Section 7(c)**, the Board is empowered to approve procurement and financial arrangements for capital expenditures, including medical equipment acquisition. |
| **Financial effect** | 1. **Estimated cost of a new IR Lab:** **Rs. 350 million** (with a 5-year warranty). 2. **Deferred Payment Model:**    * **Approx Rs. 200 million** (inclusive of a one-year warranty).to be paid over two years    * **Post-warranty maintenance contract:** **10-20% of the total cost/year**. |
| **Justification** | 1. **Industry Feedback:** All major suppliers (GE, Canon, Philips, Siemens) strongly advised against the PPP model, citing feasibility concerns and past project failures. 2. **Cost Efficiency:** The deferred payment model significantly reduces the **initial financial burden** while ensuring the acquisition of a **brand-new** machine. 3. **Sustainability:** The Head of the Radiology Department emphasized that **IR services are not high-profit**, making PPP unsustainable due to high revenue-sharing demands. 4. **Operational Feasibility:** The deferred payment model allows **financial predictability**, ensuring **post-warranty service agreements** without excessive cost burdens on the hospital. 5. **Procurement Process Status:** A request for permission to pursue the PPP model has already been sent to the **Planning & Development (P&D) Department** and **Health Foundation**, but alternative models need urgent consideration. |
| **Recommendation** | In light of expert opinions and financial analysis, the Board is requested to **approve adding the deferred payment model** to the process for **acquisition of an Interventional Radiology Lab.** |
| **Discussion** | The Medical Director updated the Board on recent developments concerning the proposed acquisition of an Interventional Radiology (IR) Lab. The initiative, previously approved in principle during the 37th BOG meeting under a Public-Private Partnership (PPP) model, had encountered reservations from leading equipment vendors—including GE, Canon, Philips, and Siemens—who highlighted sustainability issues and revenue-related risks associated with PPP arrangements, particularly under the Sehat Sahulat Program.  As a result, all vendors unanimously recommended alternative procurement mechanisms, namely upfront purchase or a deferred payment model, with the latter emerging as the most financially viable and operationally feasible option.  The Board acknowledged the strategic importance of acquiring an IR Lab but emphasized the need for comprehensive feasibility documentation, including detailed financial, technical, and operational projections, prior to approval. In this regard, Mr. Shams ur Rehman (BOG Member) volunteered to provide feasibility templates to guide the preparation of a detailed assessment for further evaluation. |
| **Decision of the Board** | 1. The Board appreciated the need for timely installation of Interventional Radiology facility in HMC and directed the MD to ascertain and prepare a comprehensive feasibility plan (on the template to be provided by honorable board member Mr Shams ul Haq). 2. Based on the said plan (incorporating financial analysis, cost-benefit evaluation, and post-warranty sustainability considerations) various avenues including private public partnership and deferred payment model shall be explored. |

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| **07/MD/HMC/38** | **Addendums to Policy for regulating Institution Based Practice** |
| **Short Narrative** | Institution based practice in MTI HMC has progressed significantly since its inception in 2017. The policy regulating its dynamics have been updated from time to time with the most recent version (2022) and the distribution formula attached for reference. **(Annex-5)**  Certain **ADDENDUMS** are indicated in the policy in light of the constantly evolving situation highlighted as under;  Section 5.1 related to General SOPs   1. All diagnostic shares (subject to revisions) shall be distributed after deduction of depreciation and/or reagent charges. 2. Payments to entitled personnel of the Pathology department shall be made from a common pool inclusive of all sections unless specifically mentioned otherwise. 3. Radiology payments shall be made subject to the issuance of reports on HMIS.   Section 5.6 related to IBP INCENTIVES   1. IBP incentives shall be linked to biometric attendance. 2. Deductions shall be made for absence or any other contraventions affirmed by the IBP manager to the Medical Director. |
| **Rule Position** | Policy making |
| **Financial effect** | None |
| **Justification** | Any changes to policies of the institute have to be approved by the board. |
| **Recommendation** | The board shall review and approve the addendums proposed. |
| **Discussion** | The Medical Director presented proposed addendums to the existing policy governing Institution-Based Practice (IBP) at MTI-HMC, last updated in 2022. The proposed revisions addressed operational and incentive-related aspects to align the policy with current institutional needs and evolving service delivery dynamics.  Key changes included:   * Deduction of depreciation and reagent costs prior to distribution of diagnostic shares. * Pooling of payments to Pathology Department staff from all diagnostic sections unless specified otherwise. * Conditional Radiology payments linked to HMIS-based report issuance. * Biometric attendance as a mandatory criterion for IBP incentives, with deductions for verified absences or violations.   The Board appreciated the rationale behind the revisions but requested:   * A detailed breakdown of IBP diagnostic shares. * Comparative insights into IBP models practiced by other MTIs. * A meeting of chairman BOG with faculty of Pathology department to discuss the feasibility of IBP share distribution either from common pool or based on section earning. |
| **Decision of the Board** | The Board agreed, in principle, to the proposed addendums but deferred final approval regarding payment of Pathology IBP shares pending a meeting of the Chairman BOG with faculty of the concerned department. Meanwhile the Medical director shall apprise the board about detailed IBP Policy specially in the context of various incentives and share distribution. |

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| **08/HD/HMC/38** | **Request by employees for Eid Allowance** |
| **Short Narrative** | Employees inclusive of doctors, nurses, paramedics and other administrative and support staff as well as trainees have requested the board for consideration of eid-allowance just before eidul-fitr. Given the fact that a formal meeting of the board was still awaited, the employees were assured that the matter will be taken up in the current BOG meeting. Please note that such allowances have been offered from time to time in form of eid bonuses or honoraria in the past, subject to funds availability. The financial effect of an approval in this regard is reflected in the section below.  The said allowance in the past has been offered @10,000/ employee. Please note that the employees have not received any other bonuses in the current financial year. |
| **Rule Position** |  |
| **Financial effect** | |  |  |  | | --- | --- | --- | | **Institute** | **Number of Staff** | **Financial Implications @ Rs 10000/employee** | | HMC | 2315 | **23,150,000** | | IKD | 566 | **5,660,000** | | PICO | 67 | **670,000** | | KICH | 58 | **580,000** | | BPS | 256 | **2,560,000** | | KGMC | 443 | **4,430,000** | | TMOs Account (From TMOs account) | 1034 | **10,340,000** | |
| **Justification** | Staff welfare and motivation in light of available funds for the financial year. |
| **Recommendation** | The board may consider the request of the employees for allotment of eid bonus or otherwise. |
| **Discussion** | The Board was informed that a formal request had been submitted by employees across all categories—including doctors, nurses, paramedics, administrative/support staff, and trainees—for the provision of an Eid allowance in anticipation of Eid-ul-Fitr. It was noted that while such allowances have been granted previously in the form of Eid bonuses or honoraria, they remain subject to fund availability and Board approval.  The proposed amount, based on past practice, was Rs. 10,000 per employee, with the consolidated financial impact across all constituent units outlined for Board consideration. The Board was also reminded that no other financial incentives or bonuses had been disbursed in the current fiscal year.  In response to the request, the Board recognized the importance of staff welfare and motivation, especially in light of rising costs and economic pressures. However, it was agreed that a tiered proposal structure should be developed to explore financially viable options. |
| **Decision of the Board** | The Board resolved that a comprehensive summary outlining different broad categories of employees (as per their BPS standings/ Grades) with financial implications shall be presented for consideration of the board via email. Special consideration shall be given to employees in the lower salary category i.e upto BPS 10 and equivalent. |

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| **09/DN/HMC/38** | **NOC for retention of Nurses at MTI-HMC** |
| **Short Narrative** | A group of civil servant nurses, recently promoted from BPS-17 to BPS-18, have formally requested the issuance of a No Objection Certificate (NOC) for their continued retention within MTI HMC. Despite MTIs transitioning towards contractual recruitment models, these nurses have each served the institute for over 15 years, contributing significantly to patient care delivery across critical areas including ICUs, operation theatres, and inpatient wards.  The Director Nursing has endorsed their performance and strongly supports their retention on the basis of clinical experience, institutional knowledge, and dedication to patient safety. A list of six such nurses is presented for the Board’s review and decision.   |  |  | | --- | --- | | Name of Nurse | Date of joining HMC | | Dilshad Begum | 01 Mar 2007 | | Waheeda Bibi | 18 May 2007 | | Hurmat | 18 May 2007 | | Nasim Akhtar | 09 Jan 2009 | | Sabiha Ulfat | 05 Mar 2009 | | Kausar Shaheen | 30 Sep 2009 | |
| **Rule Position** | As per Regulation 15 of the MTI-HMC Regulations, all civil servants working in a Medical Teaching Institution are deemed to be on deputation, and may continue serving in the MTI subject to a request being made by the Board. The Board has the authority to request retention, terminate deputation, or repatriate civil servants, with pension contributions made by the institution.  Furthermore, Section 7(1)(c) of the MTI Act empowers the Board to prescribe service-related decisions, including terms of appointment, retention, or re-designation of employees, within the bounds of the approved budget and institutional needs. |
| **Financial effect** | No additional financial burden is anticipated, as the salaries of these civil servant nurses are covered under existing government payroll structures. Retention through NOC shall not impact the institution’s budget. |
| **Justification** | These nurses have over 15 years of institutional experience and form a vital part of specialized nursing services.  They provide continuity of care, mentorship to junior staff, and maintain institutional standards.  Their departure may adversely affect patient outcomes, especially in high-dependency areas.  The request aligns with the objective of preserving institutional capacity while remaining cost-neutral.  Director Nursing’s formal recommendation supports their clinical and professional value. |
| **Recommendation** | The Board may consider approving the issuance of No Objection Certificates (NOCs) for the retention of the six civil servant nurses promoted to BPS-17, allowing them to continue serving within MTI HMC under the existing terms. |
| **Discussion** | The Board was briefed on a request from six civil servant nurses, recently promoted from BPS-17 to BPS-18, seeking No Objection Certificates (NOCs) to continue their service at MTI-HMC. These nurses have been part of the institution for over 15 years and have rendered essential services in critical care areas such as Intensive Care Units, operating theatres, and inpatient departments.  The Director Nursing strongly endorsed their performance, citing their deep institutional knowledge, clinical expertise, and consistent contribution to patient care. Given that MTIs are gradually transitioning to a contractual employment model, this request was presented to the Board for approval as per Regulation 15 of the MTI-HMC Regulations, which requires Board authorization for continued deputation of civil servants.  It was clarified that their retention would not impose any additional financial burden on the institution, as their salaries are covered under existing government payroll structures. The Board recognized the strategic importance of preserving experienced clinical staff, especially in high-dependency settings, and acknowledged the positive impact of such continuity on care standards and junior staff mentorship. |
| **Decision of the Board** | The Board approved the issuance of No Objection Certificates (NOCs) for the following six civil servant nurses, thereby allowing them to continue serving within MTI-HMC under their current terms:   1. Mst Dilshad Begum – Joined 01 March 2007 2. Mst Waheeda Bibi – Joined 18 May 2007 3. Mst Hurmat – Joined 18 May 2007 4. Mst Nasim Akhtar – Joined 09 January 2009 5. Mst Sabiha Ulfat – Joined 05 March 2009 6. Mst Kausar Shaheen – Joined 30 September 2009   The Board reiterated its commitment to retaining experienced and competent staff in line with institutional needs and within approved budgetary provisions. |

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| **10/HD/HMC/38** | **Proposal for 25% Salary Enhancement for Staff Engaged in Institution-Based Practice (IBP)** |
| **Short Narrative** | Institution-Based Practice (IBP) was formally introduced at MTI-HMC and its constituent hospitals in 2017. Since then, the program has seen exponential growth in patient volume and procedures, becoming an essential avenue for service provision, especially during after-hours.  WORKLOAD  A dedicated team of healthcare providers including doctors, nurses, and paramedical staff has consistently contributed to this service by working extra shifts beyond their standard duty hours.  Currently, the compensation for staff participating in IBP is nominal and has not been revised despite significant escalation in workload and institutional revenue from IBP services.   |  |  |  |  | | --- | --- | --- | --- | | **Receipts and Payments (In millions)** | | | | |  | Total Revenues | Payments Shares+ Incentives | Net Rem to Hospital | | 2017-18 | 51 | 34 | 17 | | 2018-19 | 95 | 60 | 33 | | 2019-20 | 95 | 68 | 26 | | 2020-21 | 129 | 87 | 41 | | 2021-22 | 248 | 169 | 79 | | 2022-23 | 337 | 270 | 68 | | 2023-24 | 524 | 477 | 47 | | 2024-25 (July to Feb) | 395 | 369 | 26 |   In light of this sustained performance and rising demand, it is proposed that the salaries of these employees be increased by **25%**, recognizing their critical role in the continuity of patient care after regular hours. Please note that these employees have not been offered any increase for doing an extra shift during IBP hours since November 2022.  A detailed financial table outlining current salary slabs, proposed enhancement, and overall budgetary impact is annexed for reference.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Other Staff Salary** | **Existing Salary** | **No of Staff** | **New Proposed @ 25% increase** | Financial Implications/month | | Manager IBP | 50,000 | 1 | 62,500 | 12,500 | | Manager OT | 40,000 | 1 | 50,000 | 10,000 | | Manager IT | 40,000 | 1 | 50,000 | 10,000 | | Dealing Assistant/Cash collector | 25,000 | 3 | 31,250 | 18,750 | | Bio Medical Engineer | 25,000 | 1 | 31,250 | 6,250 | | Key Punch Operator (counter ) | 22,000 | 10 | 27,500 | 55,000 | | Chief OT Technician | 25,000 | 1 | 31,250 | 6,250 | | JCT (OT,LAB,Radio Anesthesia, Nurses | 22,000 | 42 | 27,500 | 231,000 | | Lab Attendants/ Phlebotomists | 20,000 | 4 | 25,000 | 20,000 | | Biochemist | 30,000 | 1 | 37,500 | 7,500 | | Helper /Sweepers | 18,000 | 21 | 22,500 | 94,500 | | Physiotherapist | 25,000 | 2 | 31,250 | 12,500 | | Total |  |  |  | **484,250** |   The financial impact is very nominal and will be covered in the revenue generated during IBP. |
| **Rule Position** | As per Section 7(1)(c) of the MTI Act: “The Board shall be responsible for creation, re-designation, or abolition of posts and prescribing terms and conditions of service, including matters relating to remuneration, provided that the financial implications do not exceed the approved annual budget.” |
| **Financial effect** | The proposed 25% salary enhancement will incur an estimated additional financial outlay of **Rs. 484250 per month**, amounting to **Rs. 5.8 million per annum**. This will be met from the IBP-generated revenues, which have shown a consistent upward trend and are self-sustaining. |
| **Justification** | 1. Sustained increase in IBP workload and revenue since inception in 2017. 2. Motivation and retention of trained staff require periodic revision of incentives. 3. The proposal aligns with the principle of incentivizing performance and service continuity. |
| **Recommendation** | The Board is requested to approve a **25% salary increase** for staff engaged in IBP shifts across MTI-HMC and its constituents, subject to availability of funds from IBP-generated revenue. |
| **Discussion** | The Board was briefed on the current status of Institution-Based Practice (IBP) at MTI-HMC, which has witnessed significant growth in service volume and institutional revenue since its initiation in 2017. A dedicated workforce—comprising doctors, nurses, paramedics, and support staff—has played a pivotal role in delivering IBP services, particularly during extended and after-hour shifts.  It was noted that while the workload has steadily increased, no revision has been made to the compensation structure for IBP support staff since November 2022. The proposed 25% salary enhancement aims to address this disparity, incentivize continued performance, and promote retention in high-demand service areas.  The Board reviewed the financial summary, which projected a monthly cost impact of Rs. 484,250 and an annual burden of Rs. 5.8 million—an amount deemed manageable within the existing IBP-generated revenues. Despite this, the Board emphasized the need for a comprehensive rate revision, taking into account the escalating costs of medical supplies, surgical equipment, and disposables to ensure fiscal alignment and sustainability. |
| **Decision of the Board** | The Board acknowledged the merit of the proposal and approved the agenda item in principle.  Furthermore, directions were issued to the effect that a reasonable rate revision in diagnostic and therapeutic services in IBP, shall be undertaken, incorporating current costs of medicine, surgical disposables, and operational inputs into the financial model. |

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| **11/HR/HMC/38** | **Creation of (A) Receptionist Positions (23) against the vacant posts of Computer Operators and (B) Speech Therapist (01)** |
| **Short Narrative** | Creation of posts is requested in the following capacities;  A. Receptionists (23): In view of the evolving operational requirements of MTI Hayatabad Medical Complex (HMC), it has been observed that there is a growing need for additional front-desk support essential for managing patient entries on different counters and wards. This has been necessitated by the constant attrition of computer operators in the face of increasing patient flow, opening of additional specialties (such as the newly functional orthopedics and spine block) and extension of service delivery beyond regular working hours to cover Sehat Sahulat Program and Institution Based Practice. A need analysis conducted by the HR department has identified the need for at least 23 receptionists to cover different shifts.  The previous BOG had adopted a policy to replace the computer operators (salary Rs 59,544/m) with receptionists (Salary Rs 38583/m) as the technical expertise required in keeping with their job description is not as demanding as that for the former. The arrangement is also more financially feasible.  The board is therefore requested to create 23 positions of receptionists in lieu of 15 positions of computer operators to maintain cost neutrality.  B. Speech therapist: Recently MTI-HMC has earned the privilege of being recognized for conducting cochlear implants surgeries in collaboration with Pakistan Bait Ul Mal and Sehat Sahulat Program. This initiative tends to provide essential support for children with hearing impairment to improve their quality of life. ENT department successfully carried out 09 surgeries of cochlear implants and is planning for more surgeries.  A requirement of the said program is to have a speech therapist, a position that needs to be created.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Nomenclature of Post** | **Gender** | **Qualification** | **Experience** | **Financial implications** | | **Speech Therapist** | Male /Female | At least 2nd division BS Degree in speech & language therapy from a recognized university | Preference will be given to the candidate with at least one year relevant post qualification experience. | Rs. 73792/- per month | |
| **Rule Position** | **MTI Amendment Act 2015**  **Section 7 (c-i)**  ***“****creation, re-designation or abolition of posts; provided that while creating posts the financial implications do not exceed the approved annual budget;”.* |
| **Financial effect** | 1. No financial impact for Receptionists 2. Rs. 73792\*12= Rs. 885504 per year for Speech therapist |
| **Justification** | Recently 20 Computer Operators have left their jobs. For creation of 23 receptionist posts, fifteen Computer Operator posts should be made redundant to ensure cost neutral arrangement.  Speech therapist is an essential requirement for ENT related procedures specially in case of children with special requirements. |
| **Recommendation** | The Board should consider creation of the following posts;  Receptionists x 23 posts (against vacant computer operator positions)  Speech therapist x 1 post. |
| **Discussion** | The Board was apprised of the Human Resource Department’s proposal to address evolving operational requirements through the creation of two categories of posts:  A. Receptionists (23 positions): It was noted that due to increased patient volumes, service expansion (notably with the addition of the Orthopedics and Spine Block), and extended service hours under programs like the Sehat Sahulat Program and Institution-Based Practice (IBP), the institution faces a critical need for additional front-desk staff. The high attrition rate among computer operators further accentuated this gap.  To maintain operational efficiency and fiscal prudence, the HR department recommended the creation of 23 receptionist positions by abolishing 15 vacant computer operator posts. This measure ensures cost neutrality, as the salary for a receptionist (Rs. 38,583/month) is significantly lower than that of a computer operator (Rs. 59,544/month).  B. Speech Therapist (01 position): In view of MTI-HMC’s new role as a cochlear implant center in collaboration with Pakistan Bait-ul-Mal and the Sehat Sahulat Program, the creation of a dedicated speech therapist post was proposed. This is a mandatory requirement for post-operative rehabilitation of children with hearing impairments undergoing cochlear implant surgeries. The ENT Department has already performed nine such procedures and anticipates further cases in the near future. |
| **Decision of the Board** | The Board approved the creation of the following positions:   1. 23 Receptionist posts, to be filled against 15 abolished vacant computer operator positions, ensuring a cost-neutral adjustment. 2. 01 Speech Therapist post, to support the ongoing cochlear implant program, with an annual financial implication of Rs. 885,504, which shall be accommodated within the approved HR budget.   These measures are intended to strengthen front-line service delivery and support specialized surgical programs in alignment with institutional goals. |

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| **12/HR/HMC/38** | **Creation of Anesthetist Positions (BPS 18) for Promotion of Eligible Assistant Anesthetists (BPS 17)** |
| **Short Narrative** | MTI-HMC, in line with its responsibility to ensure transparent and merit-based career progression pathways, recently undertook an annual promotion evaluation cycle for its clinical staff. As part of this cycle, from amongst the institutional employees, seven (07) Assistant Anesthetists (BPS-17) were evaluated against the prescribed criteria for promotion to Anesthetist (BPS-18).  The HR Department has confirmed that these candidates meet the required benchmarks for promotion, including service length, performance, and qualifications. However, as per the Budget Book, there is only one sanctioned post of Anesthetist.  Creation of posts of Anesthetists (BPS 18) for the remaining six personnel by upgradation of their current posts of Assistant anesthetist (BPS 17) , will pave the way for their due promotion. |
| **Rule Position** | Under the MTI Act Section 7(c), the Board is empowered to create or re-designate posts within the approved financial envelope to ensure institutional functioning and service delivery, including the facilitation of career progression of employees. |
| **Financial effect** | 1. Incremental Financial Impact: Approximately Rs. 10,000/month per post (depending on personal scale and allowances) 2. Total Monthly Impact for 6 posts: Rs. 60000 3. Annualized Impact: Rs. 720,000   Budget Status: Financial room is available in the current HR budget head to accommodate the proposed upgradations. |
| **Justification** | 1. The Assistant Anesthetists have met all the promotion criteria under the approved policy. 2. Career stagnation may lead to demotivation and attrition in a critical specialty area like Anesthesiology. 3. Upgrading existing BPS-17 posts to BPS-18 will allow formal promotion without requiring additional recruitments. 4. Ensures merit-based progression, staff retention, and fulfills institutional obligations under MTI rules. |
| **Recommendation** | The Board may consider and approve the creation of six (06) Anesthetists (BPS 18) by upgradation of existing Assistant anesthetist (BPS-17) positions to allow promotion of the eligible candidates. |
| **Discussion** | The Board was informed that as part of MTI-HMC’s commitment to transparent and merit-based career progression, the annual promotion cycle for clinical staff was recently completed. During this process, seven Assistant Anesthetists (BPS-17) were evaluated, and six were found eligible for promotion to Anesthetist (BPS-18) based on established criteria including service duration, performance, and qualifications.  It was noted, however, that the Budget Book currently includes only one sanctioned post of Anesthetist, thereby precluding promotion of the remaining six eligible individuals. The Human Resources Department recommended that their current positions be upgraded from BPS-17 to BPS-18 to enable their formal promotion, with an incremental monthly cost of Rs. 60,000, which is manageable within the existing HR budget allocation.  The Board appreciated the importance of facilitating internal career growth, particularly in high-demand clinical specialties such as anesthesiology. Members emphasized the need for developing a comprehensive service structure for this cadre to ensure clarity in future promotional pathways and succession planning. |
| **Decision of the Board** | The Board approved the personal promotion of six eligible Assistant Anesthetists from BPS-17 to BPS-18 through the upgradation of their existing posts. Additionally, the Board emphasized the need to develop a structured service framework for anesthetists to support systematic career advancement in future promotion cycles. This decision ensures the timely recognition of merit and supports institutional efforts to retain skilled clinical personnel. |

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| **13/FINANCE/HMC/38** | **Changes to Medical Reimbursement Policy for employees** |
| **Short Narrative** | The Government of Khyber Pakhtunkhwa has prescribed Medical Attendance Rules (2016), which govern the reimbursement of medical expenses for public sector employees.  In light of this provision, a policy has been framed and approved by BOG for MTI HMC and its constituent institutions **(Annex-6)**. More recently the need for certain changes to this policy has been identified and these are presented for the kind consideration of the board.  **Proposed Addendum to the Policy:**   1. Treatment for which reimbursement is claimed must **not** be covered under **any other insurance scheme (e.g., SSP)**, certified by the concerned official, and must **not** be available in **any other public sector health facility** in the province.   **Proposed Corrigendum to Section 4 of the Policy:**   1. **Existing Text:** “Medical Bills more than Rs. 50,000 shall be approved by the Board of Governors provided that:    * In case of an elective procedure, the approval shall be sought well in advance.    * In case of emergency, the Principal Accounting Officer shall liaise with the Chairperson BOG for urgent approval and comply with all government rules and regulations.” 2. **Proposed Revised Text (After Corrigendum):** “Medical Bills more than Rs. 50,000 shall be approved by the **Institution Management Committee (IMC)** provided that:    * In case of an elective procedure, the approval shall be sought well in advance.    * In case of emergency, the concerned **Director of MTI HMC or constituent/affiliate institution** shall liaise with the **Chairperson of the IMC (i.e., the Dean)** for urgent approval.”   A list of the current pending claims is also attached as annexed **(Annex-7)** for consideration of the Board OR referral to the IMC if the later is assigned the said responsibility as proposed. |
| **Rule Position** | Medical Attendant Rules 2016 – Khyber Pakhtunkhwa  *“A patient is entitled to free medical attendance or treatment, subject to a ceiling fixed by the Government. Any amount paid by the patient, for which he/she is entitled to free treatment, shall be reimbursed by the Government upon certification by the Authorized Medical Attendant and proper verification by the Deputy Director (Admn), Directorate General.”*  Reimbursement policy of MTI HMC and constituents **(Annex-6)** |
| **Financial effect** | None as such. The policy aims to rationalize reimbursements within available institutional budgets and ensure alignment with existing government regulations. |
| **Justification** | Streamlining of the approval process through the IMC for operational efficiency.  Decentralized, timely decision-making for emergency and elective reimbursements. |
| **Recommendation** | The Board is requested to consider the proposed **addendum and corrigendum** to the MTI HMC Medical Reimbursement Policy, including the delegation of approval powers to the Institution Management Committee (IMC) in accordance with the revised wording of Section 4. |
| **Discussion** | The Board was informed of proposed amendments to the existing Medical Reimbursement Policy of MTI-HMC and its constituent institutions, originally framed in alignment with the Government of Khyber Pakhtunkhwa’s Medical Attendance Rules (2016). The changes aim to ensure better regulation, cost control, and operational efficiency.  Two key policy revisions were presented:   1. Addendum:    * Medical reimbursement shall not be granted for treatments already covered under other insurance schemes (e.g., Sehat Sahulat Program).    * Reimbursements shall be applicable only if the required treatment is not available at any other public sector health facility in the province. 2. Corrigendum to Section 4:    * Approval authority for medical bills exceeding Rs. 50,000 to be delegated to the Institution Management Committee (IMC).    * For elective procedures, approval must be sought in advance.    * In emergencies, the concerned Director shall coordinate with the Chairperson IMC (Dean) for expedited processing.   The Board was also presented with a list of current pending claims and advised that future claims should be monitored with visibility at the Board level. To support this, the Board recommended setting budgetary limits within which the IMC may operate while processing future claims. |
| **Decision of the Board** | The Board approved the proposed addendum and corrigendum to the Medical Reimbursement Policy, including the delegation of claim approvals exceeding Rs. 50,000 to the Institutional Management Committee (IMC). It also approved the current pending medical reimbursement claims subject to specific and general financial ceilings and presentation of annual reports to the board in this regard. These amendments aim to streamline the approval process while maintaining financial discipline and institutional accountability. |

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| **14/HD/HMC/38** | **Revision of MTI-HMC Hostel and Accommodation Policy – Presentation of Updated Manual for Approval** |
| **Short Narrative** | The **Hostel Management Policies and Procedures Manual** of MTI-HMC has been reviewed and revised in response to operational challenges, stakeholder feedback, and institutional expansion. The revised document introduces **key corrections (corrigenda)** and **policy additions (addenda)** to streamline allocation processes, enhance compliance, and ensure equitable, merit-based accommodation of staff.  The updated policy is submitted to the Board of Governors for formal approval and adoption. **(Annex-8)** |
| **Rule Position** | Under **Section 7(1)(c) of the MTI Act**, the Board is empowered to **prescribe rules for service conditions, housing, and welfare** of employees. Furthermore, the administration has the delegated authority to develop operational policies and procedures, subject to BOG approval. |
| **Financial effect** | None as such |
| **Justification** | **Key Corrigenda and Addenda in the Revised Policy Include:**   1. **Change in Radius for Eligibility**    * Reduced from **30 km to 20 km** for determining eligibility for institutional accommodation. 2. **Approval Process Strengthened**    * All **allotment orders must now be counter-signed by the Chairman Accommodation Committee** for oversight and transparency. 3. **Expanded Priority List for Flat Allocation**    * Specific departments (e.g., ICU, Emergency, Surgery, Anesthesia) now **prioritized** in flat allotment. 4. **Change in Rent and Utility Deductions**    * **Revised rent slabs** and **clear conveyance allowance adjustments** based on occupancy (e.g., Rs 30,000 for single occupancy in double rooms, Rs 20,000 for cubicles). 5. **Standardization of Charges and Allotment Rules**    * Inclusion of **fixed utility deductions** (e.g., Rs 5,000 for quarters) and **clearer criteria for family accommodation**. 6. **Prohibition & Safety Rules Reinforced**    * Restrictions on **major appliances** (ACs, heaters, stoves) without Provost’s approval;    * Emphasis on **non-subletting**, visitor registration, and prevention of harassment. 7. **Clarified Roles of Provost, Warden, and Facility Manager**    * Defined responsibilities for rent deduction, utility charge communication, and enforcement. 8. **Digital Process Introduced**    * Applications via **official email** with recordable waitlist management. |
| **Recommendation** | The Board is requested to **approve the revised Hostel Management Policies and Procedures Manual** for MTI-HMC and its constituents, incorporating the listed corrigenda and addenda. |
| **Discussion** | The Board was presented with a revised draft of the Hostel Management Policies and Procedures Manual of MTI-HMC. The revisions were prompted by evolving operational requirements, institutional expansion, and stakeholder feedback, with the objective of enhancing transparency, streamlining the accommodation allocation process, and ensuring equitable access based on merit and institutional needs. Key corrigenda and addenda included reducing the eligibility radius from 30 km to 20 km, making the countersignature of allotment orders by the Chairman of the Accommodation Committee mandatory, and prioritizing critical departments such as ICU, Emergency, Surgery, and Anesthesia for flat allotments. The revised manual also introduced updated rent slabs and utility deductions based on occupancy type, standardized rules regarding family accommodation, appliance usage, subletting, and visitor protocols, and clarified the roles and responsibilities of the Provost, Warden, and Facility Manager. Additionally, a digital application and waitlist system was introduced for efficient tracking and record-keeping. While acknowledging the significance of these revisions, the Board emphasized the need for thorough individual review of the manual and suggested that members be granted adequate time to scrutinize the content in detail before granting final approval. |
| **Decision of the Board** | The Board resolved that all members shall be given adequate time to individually review the revised Hostel Management Policies and Procedures Manual, and that following comprehensive review and deliberation, final approval shall be obtained through email circulation. This approach ensures that the revised policy is adopted with full consensus and a clear understanding of its operational implications. |

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| **15/Secy/HMC/38** | **Status of inquiry against Deputy Director HR BPSC** |
| **Short Narrative** | An inquiry report related to Deputy Director HR, Burns and Plastic Surgery Centre (BPSC) – Mr Zubair is pending before the board, with the later having approached the MTI Tribunal and the respondents (institute) restrained from taking any adverse action.  This inquiry report pertains to allegations of professional misconduct against Mr. Haji Muhammad Zubair, Deputy Director Human Resource Management (DD HRM), BPSC, initially raised through a complaint submitted by Ms. Asma Mehmood (Computer Operator, BPSC), alleging harassment and invasion of privacy via unauthorized CCTV surveillance.  In response, three separate inquiry committees were constituted at different stages due to conflicting claims and counter-claims.  The **First Inquiry Committee**, constituted on **23 Aug, 2023** chaired by Prof. Dr. Sanaullah Jan, found Mr. Zubair guilty of misconduct and recommended withholding his annual increment for three years. Upon appeal, almost seven months later on **(22 March, 2024)** a **Second Inquiry Committee** constituted by the interim board and chaired by Prof. Dr. Sultan Zafar Akhtar exonerated Mr. Zubair and declared the prior findings void ab initio.  Given these contradictions, the new **Board of Governors (BoG)** in its 32nd meeting held on 09/08/2024 directed the formation of a **Third Inquiry Committee** to conduct a comprehensive review. This committee held multiple meetings, examined witness testimonies, scrutinized documentary evidence, and reviewed procedural records.  Key findings of the Third Inquiry Committee include:   1. **First Inquiry was duly constituted and its findings substantiated**, and therefore recommended that those findings be **reinstated and upheld**. 2. The **Second Inquiry Committee’s** process was deemed procedurally flawed and its conclusions unreliable. The said inquiry was not only time barred but lacked credibility due to failure to contradict the facts of the first inquiry and absence of any recorded statements. 3. **Deliberate manipulation of diary records**, including backdated entries, blank diary numbers, and overwritten logs. 4. **Misleading and bypassing formal procedures**, including directly appealing to the BoG without exhausting internal grievance mechanisms. 5. **Undue influence on inquiry proceedings**, with multiple witnesses reporting coercion or pressure from Mr. Zubair to alter statements. 6. **Poor record handling**, as demonstrated in a separate case concerning a leave application for a charge nurse, processed in violation of approval protocols.   The committee recommended:   1. **Reinstatement** of the findings and recommendations of the first inquiry report 2. **Disciplinary action** against Mr. Haji Muhammad Zubair for:    1. Record tampering and procedural violations    2. Submission of forged or misleading documentation    3. Misuse of administrative authority    4. Attempting to influence inquiry processes 3. **Initiation of accountability proceedings** against Mr. Shahkar (Ex-Diary Clerk) for breach of trust and poor record maintenance. 4. Implementation of **HMIS-based diary and dispatch system** (already actioned) is endorsed as a systemic reform to prevent recurrence of such administrative lapses.   Meanwhile Mr Zubair approached the MTI Tribunal to contest the constitution of the third inquiry, even before the findings were discussed in the board meeting.  During the proceedings he presented a letter to the tribunal, issued by Acting Affiliate Director of BPSC that stated that the institute has no objection on acceptance of the said appeal with all prayers as Mr Zubair was innocent in the subject case. The honorable judge at the tribunal however refused to acknowledge the contents of the letter on the grounds that the matter was already under inquiry by a committee constituted by the board of governors and the legal counsel of the institute has denied any knowledge of the board consenting to any such letter. This letter was later retracted by the acting director and so communicated to the tribunal. The case is fixed for hearing on 23rd April 2025. The legal counsel of the institute has advised that the board be informed of the proceedings and may discuss the matter though desist from taking any adverse action till a final decision by the tribunal. |
| **Rule Position** | MTI HMC Regulations/Policies |
| **Financial effect** | N/A |
| **Justification** |  |
| **Recommendation** | The matter is presented for consideration of the board, though a final decision shall be taken pending the directions of the honorable tribunal (hearing fixed for 23rd April 2025). |
| **Discussion** | The Board was apprised of the status of an ongoing inquiry involving Mr. Haji Muhammad Zubair, Deputy Director HR at the Burns and Plastic Surgery Centre (BPSC), following allegations of professional misconduct related to unauthorized CCTV surveillance and administrative irregularities.  Three separate inquiry committees were constituted at different stages due to conflicting findings. The First Inquiry Committee, constituted on 23 August 2023, found Mr. Zubair guilty and recommended disciplinary action. However, a Second Inquiry Committee, formed seven months later by the interim Board, exonerated him—despite procedural flaws and a lack of evidentiary basis.  Consequently, a Third Inquiry Committee was constituted by the current Board in its 32nd meeting to comprehensively reassess the matter. The committee validated the findings of the first inquiry and highlighted serious concerns, including record tampering, misuse of authority, and undue influence on the process. It recommended reinstating the original disciplinary measures and initiating further action against Mr. Zubair and the ex-Diary Clerk.  The Board was also informed that Mr. Zubair had approached the MTI Tribunal, contesting the legitimacy of the third inquiry before its findings were reviewed by the Board. He submitted a letter from the Acting Affiliate Director BPSC indicating no objection to his appeal. However, the Tribunal disregarded the letter, noting it lacked Board authorization, and the letter was later formally withdrawn. The matter is currently subjudice, with a hearing scheduled for 23rd April 2025.  During the meeting, it was also revealed that an unauthorized committee had been formed by the BPSC Director exonerating Mr. Zubair. The Board expressed serious concern over this procedural breach. The Director BPSC disassociated himself from the formation of said committee and was instructed to seek a formal explanation from Mr. Zubair and members of the unauthorized committee. |
| **Decision of the Board** | The Board decided to wait in view of the matter being subjudice at the MTI Tribunal. The Director BPSC was directed to obtain written explanations from Mr. Zubair and members of the unauthorized committee and present them to the Board. The Board will revisit the inquiry findings after the tribunal’s judgment to determine appropriate actions based on both legal direction and institutional due process. |