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Short Communication

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A 10-Step road map to obtaining a PHC quality inspection license in Punjab

Sumera Ehsan [a], Hadia Noor Sajid [b], Muhammad Nadeem Akhtar [c]

[a] *Ad. Director, Department of Medical Education, Faisalabad Institute of Cardiology, Faisalabad.*
[b] *Quality Assurance Intern, Faisalabad Institute of cardiology, Faisalabad.*
[c] *Medical Superintendent, Faisalabad Institute of cardiology, Faisalabad.*
***Corresponding Author:** sumeraehsan@yahoo.co.uk*

ABSTRACT

This short communication shares a systematic approach to help health facility personnel in the process of obtaining a provisional/regular license from the Health Care Commission. So far, no one has published a strategy on this issue. This article will guide all the health care facilities to initiate the process and then sustain the routine work. Quality care indicators are now integrated into the annual audit of all the public sector hospitals, so it will not just be a one-time effort. There should be a proper dedicated team monitoring continuous progress and maintaining the record.

KEY WORDS: Quality Assurance, Health Care, Licensure, Quality of Health Care, Quality Indicators.

INTRODUCTION

A key element of efficient health systems is high-quality healthcare. Avedis Donabedian (1966) proposed a Structure–Process–Outcome framework, a scientific foundation for assessing healthcare performance and directing efforts to enhance quality [1]. A surge in medical errors, patient safety issues, and health care inequities has raised global awareness; thus, the regularisation of the health care quality concept has gained popularity, and proper monitoring systems are being introduced worldwide [2].

Rapid population growth and the expansion of health care facilities in Pakistan have also created major challenges for quality health care delivery. Even today, social media and news updates are flooded with reports of professional misconduct, malpractice, inefficient communication, underqualified staff, and post-surgery complications. Keeping in view the global standards, A regulatory body was established in Punjab in light of the Punjab Health Care Commission Act 2010, keeping a Focus of minimum standards of Service delivery [3,4].

Since 2010, after conducting proper orientation and training of the doctor/practitioners and staff in health care facilities, it mainly covers all the essential areas of management, patient care, infection control, operating theatre quality and many other areas as per the requirements of the facility [5]. Standards and indicators are clearly defined. This article is clearly prepared based on the practical work done for the real-time inspection, and the final working process is being published to facilitate others.

The adoption of MSDS and PHC rules has improved regulatory monitoring and promoted a culture of continual quality improvement across Punjab's healthcare facilities. The essential legal requirements and useful factors for healthcare facilities looking to attain and sustain compliance with PHC license standards are highlighted in this brief communication [6].

DISCUSSION

Following the 18th Constitutional Amendment in 2010, healthcare became a provincial responsibility in Pakistan, resulting in the creation of provincial healthcare commissions. The Punjab Healthcare Commission (PHC), established under the Punjab Healthcare Commission Act (7), 2010, is an autonomous regulatory body responsible for licensing healthcare establishments, improving healthcare quality, protecting patient rights, promoting safety, and combating quackery in Punjab. Similar bodies have been formed in Sindh, Khyber Pakhtunkhwa, and Baluchistan [7,8].

All healthcare establishments must register with PHC before offering services. After registration and fee submission, we must first complete 50 indicators under the CPSA (critical patient safety area) category. They inspect these first, then issue a Provisional License. To qualify for a regular license, we need to complete 30 standards, which include 162 indicators to meet MSDS. The PHC portal handles registration and licensing and provides the necessary resources and guidance [9].

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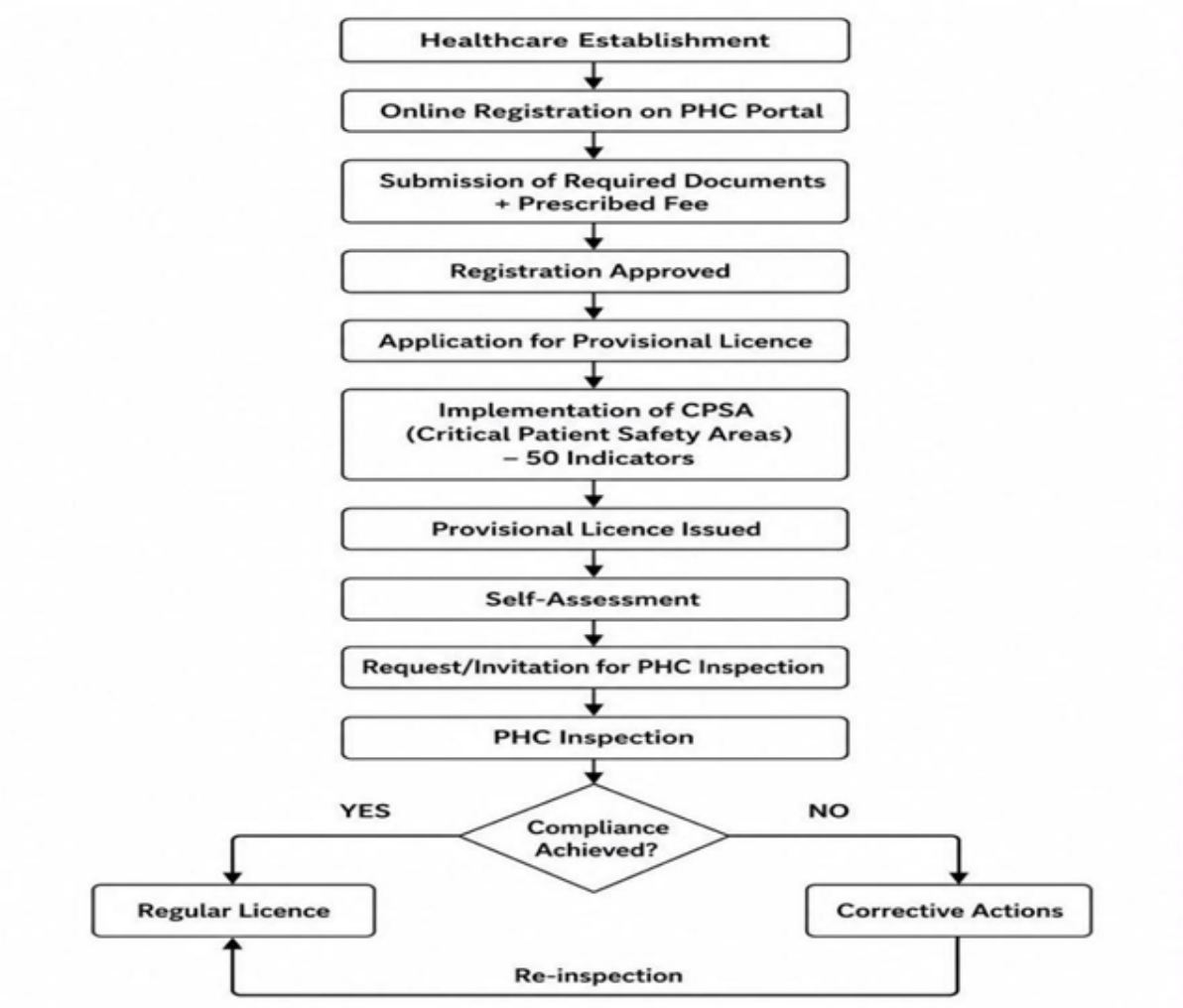
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Compliance is assessed through a colour-coded indicator system: red indicators, representing critical requirements for patient safety and legal compliance, must be 100% met for PHC licensing. Yellow indicators, while still important for quality, require at least 80% compliance. This framework emphasizes essential safety and regulatory compliance while encouraging ongoing quality improvement in healthcare services [10].

Table-I: Explains hospital categories clearly [11].

PHC MSDS Category	Bed Strength	Type of Health Care Establishement
Category 1	50 beds or more	Secondary and tertiary care hospital
Category II-A	31-49 beds	Medium-sized hospital
Category II-B	16-30 beds	Small-sized hospital
Category II-C	Up to 15 beds	Small hospital with limited specialized service
Category II-special	Variable beds up to 20	Rural health centres (RHC)
Category III	no bed criteria	BHU, GP clinic, dental clinic, laboratory, radiology centre

Figure-I: Flowchart illustrating the registration, licensing, inspection, and regulatory compliance process for healthcare establishments under the Punjab Healthcare Commission (PHC).



A 10-STEP APPROACH

Establish a Continuous Quality Improvement (CQI) Team

It is necessary to have a committed interdisciplinary CQI team with distinct roles and duties. PHC standards should be planned, implemented, monitored, and continuously improved by the team, which should be headed by a senior clinician or quality manager. Additionally, the team should make sure that the CQI process is appropriately monitored and that the pertinent duties are explicitly assigned. Quarterly monitoring is recommended by PHC.

All healthcare practitioners and support personnel should get an initial orientation that covers organizational expectations, quality culture, patient safety concepts, and PHC requirements. Management should ensure the participation of all the concerned staff in basic orientation and regular work in their routine duties. It will surely contribute to the quality of overall service delivery and documentation.

Develop a Core Committee for PHC Task Monitoring

Establishing a core committee is a mandatory step in having a successful inspection. It will be comprised of all the heads/ Incharge / administrative officers, Biomedical engineer, legal advisor, HR- Focal Person and security in-charge as well. PHC inspection is not just a compilation of documents; daily, it follows a holistic approach to see the quality of work in daily practice. So, compiling the review files is just one step where they check evidence of work and suggest improvements before the final inspection. On inspection day, all documented evidence will be properly assessed by the inspectors through different tools. So, bringing all the Stakeholders on board for this rigorous task is a backbone & preparation, where they will be informed about the Performance and will be requested to speed up the work in their relevant department.

Organize Structured Teaching and Training Sessions

Such a big goal of getting a licensure can't be achieved through a few steps. It requires proper and detailed homework and practice to ensure the quality work; then, for that matter, a regular training and monitoring program must be developed by the CQI team for all the standards of MSDS. Then the allocated focal person and team members will be given proper training for maintaining the record and teaching their team about routine checkups. Thus, they will implement the protocols with support of heads (core committee members). Such meetings and training sessions should be formally and officially arranged, and evidence of the training will be a component of the CQI file record.

Nominate Departmental Focal Persons

For each PHC standard, choose a focal person from relevant departments who will oversee implementation, documentation, and ongoing monitoring while interacting with the CQI team. This will guarantee that every department has a designated focal person who can oversee quality-related operations under the direction of the department head and has access to pertinent records.

Compile Standardized Desk Review Files

Create standardized evidence files that include risk registers, maintenance records, policies, SOPs, meeting minutes, records, audits, and quality indicators. To gather and organize papers in a particular sequence, a checklist should be created. This will help with desk review and inspection and make the gathering of evidence more methodical. The necessary records should be kept under the direction of the relevant department, and pertinent documents should be arranged in a clear and consistent manner.

Ensure Mandatory Certifications and Regulatory Compliance

Keep up-to-date certificates and legal records pertaining to infection control, fire safety, biomedical waste management, workplace safety, and emergency preparedness. The quality and safety system should include and adhere to regulatory updates and pertinent standards. The safety and compliance requirements should be adhered to, and CPSA (critical patient safety area) and other regulatory or accreditation body requirements should be kept an eye on.

Patient Files and Records

Maintain complete records for patient care, support services, complaints, incident reporting, quality indicators and corrective actions to demonstrate continuous quality compliance. This is achieved through regular training and proper patient record files maintained because the records and files are randomly checked on inspection visits and desk review meetings.

Implement Continuous Monitoring and Internal Audits

Carry out routine monitoring using departmental rounds, internal audits, methodology, performance indicators and equipment inspections.

Conduct Periodic Mock Inspections

To identify compliance gaps, assess the application of healthcare standards and indicators, and develop and implement corrective action plans, government health facilities should conduct mock inspections before external evaluations. In Punjab, annual audits should be treated as comprehensive healthcare quality and compliance audits starting in 2026, not just financial audits. Healthcare quality indicators, patient safety, infection prevention and control, documentation, regulatory compliance, and the application of relevant standards should all be reviewed and inspected as part of the audit process. This regular exercise will ensure continuous quality monitoring and improvement. This will promote a culture of total management in health care services.

CONCLUSION

This ten-step guideline was prepared after detailed homework and hands-on experience conducting regular licensure inspections. It is an extensive and meticulous job that demands proper planning and implementation. Meanwhile, while interacting with different focal persons, it was observed that many health facilities still find it hard to conduct the inspection. This small contribution provides a basic guideline for any organization that intends to get the license. Overall, it will enhance a culture of quality health care, and if implemented in full spirit, will certainly bring a culture of good evidence-based medical practice.

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REFERENCES:

1. Donabedian A. Evaluating the quality of medical care. The Milbank Quarterly. 2005;83(4):691-729. Doi:10.1111/j.1468-0009.2005.00397.x
2. Tsuei J, Bandini JI, Thomas AD, James KF, Etchegaray JM, Schulson L. A systems-based framework for integrating health equity and patient safety. Joint Commission Journal on Quality and Patient Safety. 2025;51(7):498-506. Doi:10.1016/j.jcjq.2025.04.005

3. Safriet BJ. Closing the gap between can and may in healthcare providers' scopes of practice: a primer for policymakers. Yale Journal on Regulation. 2002;19:301.
4. Mazhar MA, Shaikh BT. Constitutional reforms in Pakistan: turning around the picture of the health sector in Punjab Province. Journal of Ayub Medical College Abbottabad. 2016;28(2):386-391.
5. Shaw CD, Kalo I, World Health Organization. A background for national quality policies in health systems. Copenhagen: WHO Regional Office for Europe.2002.
6. Jawaid SA. Punjab Healthcare Commission needs to be supported and strengthened. Pulse International. 2014;15(11):7. Doi:10.54393/pbmj.v5i8.737
7. Chaudhry MA, Khan A. Shaping 21st Century Public Health in Pakistan. Shaping 21st Century Public Health in Pakistan. 2020.
8. Ali SA, Rais RB. Pakistan's healthcare system: A case of elite capture. South Asia: Journal of South Asian Studies. 2021;44(6):1206-1228. Doi:10.1080/00856401.2021.1980840
9. Khan AJ, Malik MA. Regulation, quality reporting and third-party certification of healthcare providers.2020.
10. Khan SA. Situation analysis of the health care system of Pakistan: post 18 amendments. Health Care Current Reviews. 2019;7(3):244. Doi:10.35248/2375-4273.19.07.244.
11. Punjab Healthcare Commission. Official website. Lahore: Punjab Healthcare Commission; [cited 2026 Nov 5]. Available from :https://www.phc.org.pk

Authors Contributions

Sumera Ehsan : Substantial contributions to the conception and design of the work.
Hadia Noor Sajid: Drafting the work.
Muhammad Nadeem Akhtar: Reviewing it critically for important intellectual content.

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