Policy Recognition, Credential Stratification and Career Progression Among Mcps Graduates in Pakistan: A Qualitative Study

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ABSTRACT:
Background: Postgraduate medical qualifications influence clinical identity, faculty appointment, promotion, subspecialty training, professional legitimacy and professional mobility. In Pakistan, the Membership of the College of Physicians and Surgeons Pakistan (MCPS) are a recognized postgraduate route administered by the College of Physicians and Surgeons Pakistan. However, graduates frequently report that its practical institutional value remains uneven when compared with other postgraduate pathways.
Objective: This study explored how MCPS graduates in Pakistan perceive policy recognition, institutional interpretation and regulatory practice as influences on their career progression.
Methods: An interpretivist qualitative design was used. Twenty-one MCPS graduates from 11 specialties and diverse public, private, district-level, tertiary-care and academic settings participated in semi-structured telephone interviews between February and March 2026. Data were analysed using reflexive thematic analysis. Rigour was supported through maximum-variation sampling, analytic memos, reflexive journaling, selective participant checking and an audit trail.
Results: Six interlinked themes were generated: policy opacity and informational asymmetry; organisational disparity in training opportunities; regulatory contradictions and qualification parity; constrained career mobility and institutional segmentation; representation, voice and professional agency; and limited international recognition and mobility standards.

Participants described MCPS as a qualification that is formally recognised but often devalued in career-critical institutional decisions.
Conclusion: Formal recognition alone is insufficient to ensure equitable career progression. MCPS-related disadvantage appears to be produced through policy-practice gaps, inconsistent institutional implementation, weak communication of career consequences, limited governance representation and unequal institutional valuation of postgraduate credentials. Transparent regulation, clearer career guidance, policy alignment and meaningful representation are required to improve equity in postgraduate medical career pathways.

Keywords: MCPS; postgraduate medical education; credential stratification; career progression; Pakistan; qualitative research; professional mobility; health professions governance.

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1. Introduction

Postgraduate medical education does more than extend clinical competence; it organises medical careers. In every health system, specialist qualifications act as signals of capability, legitimacy and institutional trust, but they also function as gates to promotion, faculty appointment, subspecialty training, leadership positions and international mobility. This dual function makes postgraduate credentials powerful policy instruments. When a qualification is recognised formally but valued unevenly in practice, the effect is not only symbolic. It can shape income, workplace location, academic identity, professional legitimacy, migration options and long-term career confidence.

Pakistan's postgraduate medical education system is governed through overlapping regulatory and awarding bodies. The Pakistan Medical and Dental Council (PMDC) defines recognition standards, postgraduate qualification requirements and faculty appointment regulations, while the College of Physicians and Surgeons Pakistan (CPSP) administers major specialist pathways, including Fellowship of the College of Physicians and Surgeons Pakistan (FCPS) and Membership of the College of Physicians and Surgeons Pakistan (MCPS) [1-6]. Recent PMDC documents show continuing attempts to regulate postgraduate qualification recognition, institutional eligibility and registration procedures, including MS, MD, MDS, MPhil, PhD, FCPS, MCPS and diploma routes [1-4]. These policy developments matter because postgraduate recognition should create clarity, fairness and portability across institutions. Yet, when implementation differs across employers, universities, teaching hospitals and training bodies, formal recognition may not translate into equal professional value.

MCPS has historically served as an alternative postgraduate route for doctors seeking structured specialist training. CPSP describes MCPS training as a two-year competency-based programme in multiple disciplines [5]. In workforce terms, such routes can be valuable because countries need flexible, distributed and clinically competent specialists to support service delivery, particularly in district-level and underserved settings [7-10]. International standards for postgraduate medical education emphasise transparent outcomes, supervised training, fair assessment, learner support, governance accountability and alignment between education and health-system needs [7-10]. From this perspective, the issue is not whether MCPS exists as a credential, but whether the system communicates its scope, progression routes and limitations clearly enough for doctors to make informed career decisions. The problem examined in this study is credential stratification. Credentialism describes how certificates become mechanisms for

allocating status and opportunity, while social closure explains how professional groups protect privileged positions by controlling access to valued credentials and career routes [23-29]. In medicine, these mechanisms can appear through appointment criteria, exemption rules, faculty eligibility, fellowship entry, subspecialty access and international recognition. A formally recognised qualification may therefore carry lower practical value if institutions treat it as a service credential rather than an academic or advancement credential. Such differentiation may be defensible when based on transparent differences in training outcomes, assessment level or scope of practice. It becomes inequitable when rules are ambiguous, inconsistently communicated or applied without clear justification. This study focuses on MCPS graduates in Pakistan because their experiences illuminate a broader governance question: how do policy recognition and institutional practice interact to shape career progression? The study involved 21 MCPS graduates across 11 specialties and diverse public, private, district-level, tertiary-care and academic settings. Through semi-structured interviews and reflexive thematic analysis, it examined how graduates understood policy, recognition, faculty eligibility, institutional value, representation and international mobility. This article argues that formal recognition is necessary but insufficient. Equitable postgraduate governance requires recognition in use: consistent translation of regulatory status into appointment criteria, promotion rules, academic eligibility, further-training pathways and mobility frameworks. This argument is internationally relevant because many countries are trying to balance workforce expansion, specialist quality, regulatory accountability and global mobility [7-12]. By examining MCPS as a case of recognised but unevenly valued qualification, the study contributes to debates on postgraduate medical regulation, professional hierarchy, labour-market segmentation and fairness in health professions education.

2. Methods

2.1 Study Design and Paradigm

This study used a qualitative design situated within an interpretivist paradigm. The interpretivist position was appropriate because the study aimed to understand how MCPS graduates interpret their professional experiences, how they make sense of policy and institutional systems, and how these systems influence career progression. The study did not aim to measure prevalence or produce statistical generalisation. Instead, it sought rich, contextual and analytically grounded accounts of career experience within Pakistan's postgraduate medical system.

Reflexive thematic analysis was selected because it allows researchers to identify patterns of meaning across participants' accounts while recognising the active interpretive role of the researcher [14-16]. The study was reported with attention to the Standards for Reporting Qualitative Research and the Consolidated Criteria for Reporting Qualitative Research, particularly in relation to sampling, interview context, reflexivity, data analysis and ethical safeguards [12,13].

2.2 Sampling and Participants

Participants were recruited using purposive maximum-variation sampling. The aim was to include MCPS graduates from different specialties, workplace types and career positions so that the analysis could capture variation in recognition, progression and institutional opportunity. Eligibility was limited to doctors for whom MCPS was the highest completed postgraduate medical qualification in Pakistan. Participants were contacted through institutional and professional networks. Snowball recruitment was also used when participants identified other eligible MCPS graduates. Recruitment and early analysis proceeded concurrently, allowing emerging insights to inform subsequent sampling. Twenty-one participants completed the study and represented 11 specialties. The sample included

graduates working in tertiary-care hospitals, district health facilities, private-sector settings and academic environments. Rather than treating saturation as a fixed numerical threshold, the study used the concept of analytic sufficiency and information power. The final sample was considered adequate because the research aim was focused, participants were highly specific to the phenomenon under study, and interview accounts contained enough depth and variation to support meaningful theme development [17,18].

2.3 Data Generation

Data were generated through semi-structured telephone interviews conducted between February and March 2026. Interviews lasted approximately 20 to 70 minutes. The interview guide explored training experience, awareness of policy, perceived recognition of MCPS, career progression, institutional barriers, governance representation, faculty eligibility, subspecialty access and international opportunities.

Semi-structured interviewing was appropriate because it provided consistency across participants while allowing participants to narrate career experiences in depth and in their own terms [13,20,21]. Written informed consent was obtained before participation. With permission, interviews were audio-recorded, transcribed verbatim and anonymised. Identifying details were removed from transcripts and the final report. Where participants requested clarification or review, transcript or summary checks were provided to support accuracy of representation.

2.4 Data Analysis

Interview transcripts were analysed using reflexive thematic analysis [14-16]. The researcher first read the transcripts repeatedly to become familiar with the data. Initial codes were then generated across explicit statements and underlying meanings. Coding attended to semantic content, such as explicit descriptions of policy barriers, and latent meaning, such as perceived hierarchy, legitimacy and professional exclusion.

Related codes were grouped into candidate themes, which were reviewed against the dataset and refined for internal coherence and analytic distinctiveness. Final themes were named, defined, and developed into an analytical narrative supported by illustrative quotations. Analytic memos were maintained throughout the process to document interpretive decisions, emerging relationships between codes and reflections on researcher assumptions. This audit trail strengthened transparency and helped distinguish descriptive summaries from higher-level analytical claims.

2.5 Rigour and Trustworthiness

Trustworthiness was addressed through credibility, dependability, confirmability and transferability [19]. Credibility was supported by maximum-variation sampling, careful attention to participants' own accounts, selective participant checking and peer debriefing. Dependability was supported through documentation of recruitment, data generation and analysis procedures. Confirmability was strengthened through reflexive journaling and use of direct quotations to connect analytic claims to participant accounts. Transferability was supported by providing sufficient detail about participant characteristics, professional context and the policy environment so readers can judge relevance to comparable postgraduate medical systems.

2.6 Ethical Considerations

Ethical approval was obtained from the relevant institutional review process under reference DIR/KMU-AS&RB/PP/IHPER/003503.
Participation was voluntary, and participants were informed that they could withdraw without penalty. Written informed consent was obtained from all participants. Data were stored securely, access was restricted to the research team, and anonymisation procedures were used to protect participant confidentiality. Quotations were reported without identifying institutional or

personal details to minimise the risk of deductive disclosure. The study followed contemporary ethical expectations for research involving human participants, including respect for autonomy, confidentiality, proportionality of risk and responsible reporting [22].

3. Results

Because this was a qualitative study, figures are used to display thematic relationships rather than statistical causation. The participant distribution figure is descriptive; the thematic maps, salience heatmap and integrated model are interpretive outputs of reflexive thematic analysis.

3.1 Participant Characteristics

Twenty-one MCPS graduates participated in the study. Participants represented 11 specialties and worked across public, private, district-level, tertiary-care and academic settings. The sample was deliberately heterogeneous to capture variation in how MCPS recognition was experienced across different institutional contexts.

Table 1. Professional Characteristics of Participants

Specialty	Frequency (n)	Percentage (%)
Pediatrics	4	19.0
Psychiatry	3	14.3
Pulmonology	3	14.3
Anesthesia	2	9.5
Family Medicine	2	9.5
Gynaecology	2	9.5
Pathology	1	4.8
Radiology	1	4.8
Ophthalmology	1	4.8
Otorhinolaryngology	1	4.8
Dermatology	1	4.8
Total	21	100.0

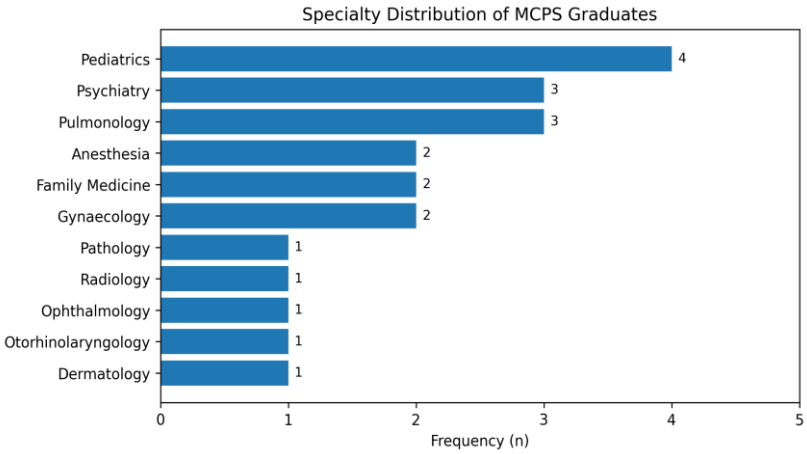

Figure 1. Specialty Distribution of MCPS Graduates. The distribution demonstrates maximum variation across clinical fields, supporting the qualitative aim of exploring policy recognition and career progression across different professional contexts.

3.2 Overview of Thematic Findings

Reflexive thematic analysis generated six interlinked themes. These themes show that participants did not experience career barriers as isolated events. Instead, they described a connected system in which policy ambiguity, inconsistent institutional interpretation, unequal credential value and weak professional representation shaped career outcomes.

- Policy opacity and informational asymmetry
- Organisational disparity in training opportunities
- Regulatory contradictions and qualification parity
- Constrained career mobility and institutional segmentation
- Representation, voice and professional agency
- Limited international recognition and mobility standards

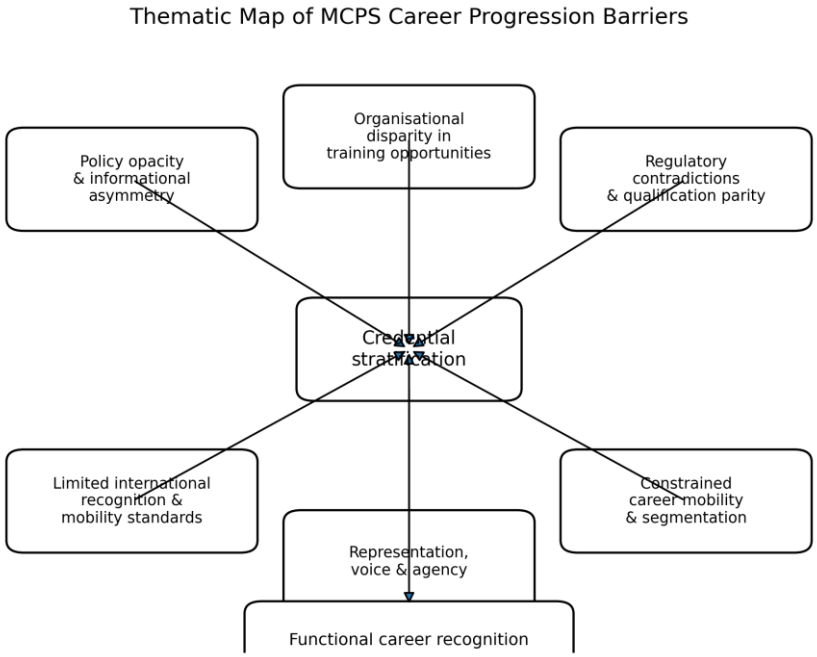

Figure 2. Thematic Map of MCPS Career Progression Barriers. The map shows how formal MCPS recognition may fail to translate into functional career recognition when policy, institutional interpretation and credential hierarchy interact.

3.3 Theme 1: Policy Opacity and Informational Asymmetry

Participants repeatedly described limited, delayed or inconsistent information about MCPS-related policies. Many graduates reported that they entered MCPS without a clear understanding of its long-term career consequences, especially in relation to FCPS progression, exemptions, faculty eligibility and subspecialty opportunities. This lack of clarity created informational asymmetry between institutions and trainees.

One participant explained: "I initially assumed that MCPS would serve as an alternative pathway to FCPS. It was only later that I realised the policies had changed." (Pulmonology)

Another participant described how policy reversal affected career planning: "At the time of my induction, MCPS graduates were granted exemptions. Subsequently, the policy was reversed, and I am now unable to pursue FCPS." (Radiology)

This theme suggests that career disadvantage began before formal employment decisions. Participants felt they had made postgraduate training choices without reliable guidance about the qualification's later value. The problem was therefore not only poor communication but a

structural failure to provide transparent career counselling at the point of entry.

3.4 Theme 2: Organisational Disparity in Training Opportunities

Participants perceived unequal treatment between MCPS and other postgraduate routes. They compared MCPS with FCPS, MPhil and Royal College-related pathways, arguing that other qualifications often provided smoother access to higher training, exemptions or institutional recognition.

One participant stated: "Although CPSP is modelled after the Royal Colleges, MRC holders can enter higher training levels such as ST3 directly, whereas MCPS holders must repeat Part 1." (Psychiatry)

Another participant highlighted perceived inconsistency in exemption policy: "Both MCPS and MPhil are classified as Level 2B qualifications; however, only MPhil candidates receive FCPS Part 1 exemptions." (Pediatrics)

Participants interpreted these differences as more than administrative variation. They viewed them as evidence of credential hierarchy, where MCPS was nationally recognised but not always treated as equivalent in practical progression decisions.

3.5 Theme 3: Regulatory Contradictions and Qualification Parity

Participants described a mismatch between formal qualification recognition and actual institutional value. Although MCPS was recognised within Pakistan's postgraduate medical framework, graduates felt that this recognition did not consistently translate into eligibility for teaching posts, promotion or academic roles.

One participant explained: "Although MCPS and MPhil are both classified as Level 2B, MPhil holders are eligible for faculty positions, whereas MCPS holders are not." (Gynaecology)

Another participant described the practical outcome of this contradiction: "There are virtually no teaching positions available for MCPS holders; we remain confined to service roles." (Pathology)

This theme demonstrates the distinction between formal recognition and functional recognition. Formal recognition means that a qualification is officially listed or approved. Functional recognition means that the qualification produces real career access. Participants' accounts suggest that MCPS recognition often remained formal rather than functional.

3.6 Theme 4: Constrained Career Mobility and Institutional Segmentation

A central finding was restricted career mobility. Participants described difficulty accessing teaching hospitals, academic positions, senior service roles, subspecialty programmes and scholarships. Several graduates felt concentrated in district-level, non-teaching or service-oriented positions, with fewer routes into higher-prestige tertiary-care or academic settings.

One participant stated: "Subspecialty programmes such as critical care or interventional pulmonology are reserved for FCPS holders, effectively limiting further professional development." (Pulmonology)

This theme shows how credential stratification produced institutional segmentation. MCPS graduates were not simply facing individual rejection; they perceived a structured pattern in which MCPS holders were directed towards service delivery while other postgraduate groups had stronger access to academic and specialist advancement.

3.7 Theme 5: Representation, Voice and Professional Agency

Participants expressed concern that MCPS graduates had limited representation in policy-making and governance structures. They reported weak formal channels through which they could influence decisions on exemptions, progression, faculty eligibility, voting rights or institutional recognition.

One participant explained: "We are unable to vote or contest in CPSP elections, which limits our influence on policymaking." (Anesthesia)

This theme indicates that MCPS graduates experienced not only career restriction but also limited professional agency. The absence of structured representation meant that graduates felt decisions were made about them rather than with them. This perceived exclusion contributed to professional marginalisation and reduced trust in regulatory decision-making.

3.8 Theme 6: Limited International Recognition and Mobility Standards

Participants also identified limited international recognition as a major barrier. Compared with FCPS or Royal College-related qualifications, MCPS was perceived as less visible and less portable in international employment, further training and migration pathways.

One participant stated: "MCPS has minimal recognition internationally, which significantly restricts opportunities for employment or further training." (Family Medicine)

This theme does not suggest that MCPS lacks national value. Rather, it shows that participants viewed its international portability as limited. For graduates seeking overseas training, employment or fellowships, this perceived recognition gap affected long-term career planning and reduced professional mobility.

Table 2. Thematic Framework, Evidence and Career-Level Meaning

Theme	Core finding	Representative evidence	Career-level meaning
Policy opacity and informational asymmetry	Participants lacked clear guidance about MCPS progression and long-term career consequences.	"I initially assumed that MCPS would serve as an alternative pathway to FCPS."	Career decisions were made under incomplete information.
Organisational disparity in training opportunities	MCPS was perceived as less advantaged than FCPS, MPhil or Royal College-related routes.	"MRC holders can enter higher training levels... whereas MCPS holders must repeat Part 1."	Unequal progression rules delayed advancement.
Regulatory contradictions and qualification parity	Formal recognition did not consistently produce employment or faculty eligibility.	"MPhil holders are eligible for faculty positions, whereas MCPS holders are not."	Recognition remained formal rather than functional.
Constrained career mobility and institutional segmentation	Graduates reported limited access to subspecialty and academic roles.	"Subspecialty programmes... are reserved for FCPS holders."	MCPS holders were concentrated in narrower service roles.
Representation, voice and professional agency	Graduates perceived limited role in governance and policy-making.	"We are unable to vote or contest in CPSP elections."	Weak representation reduced policy influence.
Limited international recognition and mobility standards	MCPS was viewed as less portable internationally.	"MCPS has minimal recognition internationally."	Overseas training and employment options were constrained.

Table 3. Qualitative Salience Matrix across Policy, Institutional and Career Levels

Theme	Policy-level salience	Institutional-level salience	Career-level salience	Overall analytical weight
Policy opacity and informational asymmetry	High	Moderate	High	High
Organisational disparity in training opportunities	High	High	High	High
Regulatory contradictions and qualification parity	High	High	High	High
Constrained career mobility and institutional segmentation	Moderate	High	High	High
Representation, voice and professional agency	High	Moderate	Moderate	Moderate-High
Limited international recognition and mobility standards	Moderate	Moderate	High	Moderate-High

Note: "High" indicates that the theme was analytically central to explaining career disadvantage. "Moderate" indicates that the theme was important but more context-specific. These ratings are interpretive and should not be read as quantitative prevalence.

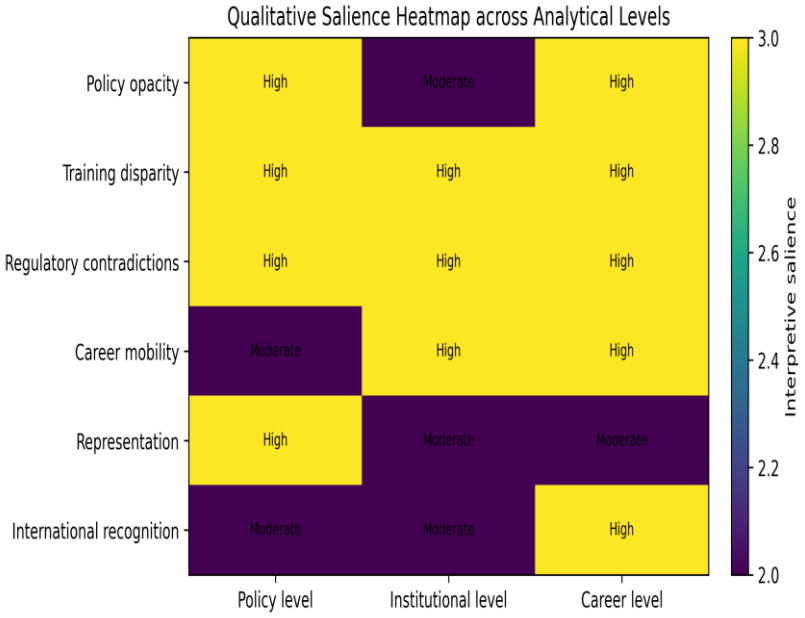

Figure 4. Qualitative Salience Heatmap across Analytical Levels. The heatmap summarises the interpretive salience of each theme across policy, institutional and career levels.

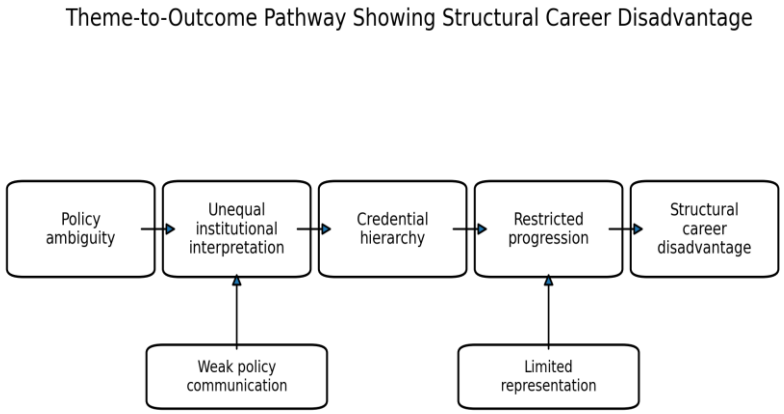

Figure 3. Theme-to-Outcome Pathway Showing Structural Career Disadvantage. The pathway shows how the six themes interact to produce formal recognition without equal career recognition.

Table 4. National and International Interpretation of Results

Finding	National interpretation	International interpretation	Implication
MCPS is formally recognised but unevenly valued	MCPS exists within Pakistan's postgraduate qualification structure.	International standards require transparent training outcomes and progression routes.	Recognition should be linked to clear career pathways.
Participants reported unclear policies	Policy communication appears insufficient for career planning.	International postgraduate systems emphasise learner guidance and governance clarity.	MCPS induction should include formal career counselling.
Faculty eligibility was perceived as restricted	Institutional rules may not consistently convert recognition into academic opportunity.	Qualification value should be linked to documented competencies and role eligibility.	Faculty eligibility criteria should be published clearly.
Subspecialty access was perceived as limited	MCPS graduates felt disadvantaged in higher training access.	Global postgraduate systems require transparent progression and bridging pathways.	CPSP and PMDC should clarify progression routes.
International portability was limited	MCPS has stronger national than international visibility.	International recognition requires competency mapping and external comparability.	MCPS training outcomes should be benchmarked against global standards.

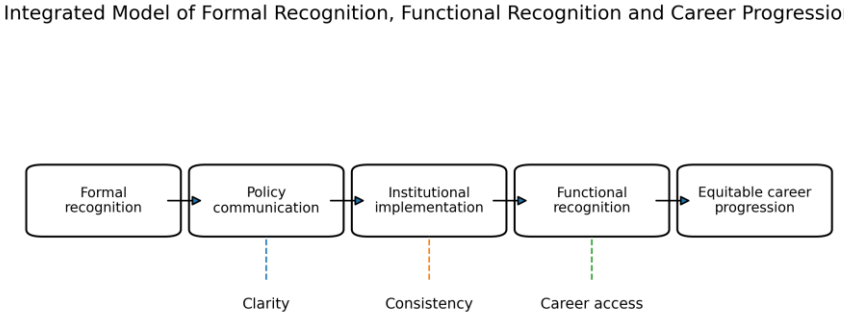

Figure 5. Integrated Model of Formal Recognition, Functional Recognition and Career Progression. Formal recognition must pass through policy communication and institutional implementation before it becomes functional career recognition.

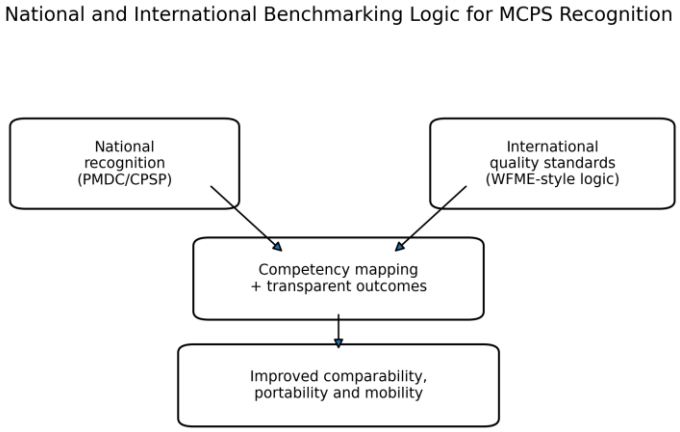

Figure 6. National and International Benchmarking Logic for MCPS Recognition. The figure presents the logic for interpreting MCPS through both national policy recognition and international quality standards.

4. Discussion

This study explored how MCPS graduates in Pakistan perceive policies and institutional practices affecting their career progression. The findings show that participants did not frame their difficulties as isolated personal barriers. Rather, they located their experiences within a broader system of policy ambiguity, unequal recognition, regulatory contradiction, restricted mobility and limited professional representation. The study's central contribution is the distinction between formal recognition and functional recognition. MCPS may be formally recognised within Pakistan's postgraduate medical education system, yet participants' accounts suggest that this recognition does not always convert into equivalent institutional value in faculty appointment, promotion, subspecialty entry, academic eligibility or international mobility. The findings align with credentialism and social closure perspectives. Credentialism explains how qualifications become professional currencies, while social closure explains how some credentials become more powerful than others in protecting access to status, income and authority [23-29]. In this study, MCPS appeared to function as a legitimate postgraduate qualification but a weaker advancement credential. Participants perceived that FCPS, MPhil and Royal College-related qualifications offered stronger access to exemptions, teaching posts, academic careers and higher training. Such hierarchy may be justified only when differences are transparent, evidence-based and communicated clearly before entry into training. It becomes problematic when doctors enter a

recognised pathway without clear information about later restrictions.

Policy opacity emerged as a major structural mechanism. Participants described receiving incomplete, delayed or changing information about eligibility rules, exemption policies and long-term career implications. This matters because postgraduate choices are high-stakes decisions with consequences for income, workplace location, academic eligibility and migration. International standards for postgraduate medical education emphasise transparent governance, defined outcomes, fair assessment and learner support [7]. WHO workforce policy similarly stresses that education pathways should align with health-system needs and career structures [8,9]. A qualification that supplies doctors for service settings may support workforce distribution, but this should not require hidden career penalties. Doctors should know whether MCPS is designed as a terminal service qualification, a bridge to higher training, an academic pathway or a limited-scope specialist credential.

Regulatory contradiction was another important issue. Participants described situations in which MCPS seemed formally comparable with other qualifications but practically excluded from equivalent opportunities. If two credentials are placed within apparently comparable regulatory categories but lead to different appointment or exemption outcomes, the basis for distinction should be explicit. Otherwise, policy becomes a black box: graduates can see the outcome but not the logic. This lack of transparency risks reproducing inherited hierarchies rather than defensible standards. From an institutional theory perspective, rules gain legitimacy not only through formal authority but through coherence, predictability and perceived fairness [29].

The findings also have implications for academic medicine. Faculty appointment and promotion systems shape who can teach, supervise, publish, lead departments and influence curricula. If MCPS graduates are structurally excluded from teaching roles, their professional identity becomes restricted to service delivery. This may reduce career motivation and limit the diversity of clinical experience represented in academic decision-making. It may also widen the divide between tertiary-care academic elites and district-level service doctors. Such segmentation is inefficient for a health system that requires competent specialists across all levels of care [7-10].

Representation emerged as a further equity issue. Participants felt that MCPS graduates had limited ability to influence CPSP or institutional policies affecting their careers. Professional regulation is more legitimate when affected groups have structured channels for voice, consultation and appeal. Without representation, policies may be technically legal but socially weak because they fail to incorporate the lived consequences of implementation. In practical terms, MCPS graduates need formal participation in committees that review exemption rules, progression pathways, voting rights, academic eligibility and recognition standards.

International mobility added another layer to the problem. In modern medical labour markets, the value of a qualification is partly shaped by its portability. Global accreditation and recognition developments show that international recognition increasingly depends on transparent accreditation, documented standards and quality assurance [7,11]. Participants perceived MCPS as less internationally visible than FCPS or Royal College-related qualifications. This limits not only migration but also access to fellowships, visiting positions and professional exchange. Improving international portability would require clearer competency mapping, public documentation of training outcomes and alignment with global postgraduate standards [7,11,30]. Methodologically, the study is strengthened by its qualitative design because the research question required depth rather than numerical measurement. Reflexive thematic analysis was appropriate for interpreting how participants connected policy, identity and

career experience [14-16]. The use of maximum-variation sampling strengthened the study by including participants from multiple specialties and institutional settings. However, the findings should not be read as statistical evidence of prevalence. They show mechanisms and meanings. Future research should test these mechanisms through mixed-method designs, including comparative data on promotion rates, faculty appointments, fellowship entry, subspecialty access, salaries, job satisfaction and migration outcomes among MCPS, FCPS, MPhil and international-route graduates.

The policy message is direct: formal recognition alone is not enough. PMDC, CPSP, universities, teaching hospitals and employers should jointly publish a transparent MCPS career map. This map should specify eligibility for teaching posts, promotion, FCPS entry or exemption, subspecialty training, supervisory roles, scholarships and international documentation. It should also clarify whether differences between MCPS and other qualifications are based on duration, curriculum, assessment, competency level or institutional convention. Where differences are justified, they should be openly explained. Where they are not justified, they should be corrected.Overall, MCPS reform should move from symbolic recognition to functional recognition. Functional recognition means that a qualification's status, limits and opportunities are consistently understood across the whole system. Without this, MCPS graduates remain vulnerable to institutional discretion, policy reversal and professional marginalisation. With it, Pakistan can use MCPS more strategically: as a transparent, credible and equitable pathway that supports workforce needs without trapping graduates in unclear or lower-mobility career lanes.

5. Policy Recommendations

Table 5. Corrected Policy Recommendations for Functional Recognition of MCPS

Recommendation	Responsible body	National benefit	International benefit
Publish a clear MCPS career pathway document	PMDC and CPSP	Reduces confusion about eligibility, exemptions and progression.	Makes MCPS easier to compare internationally.
Define faculty eligibility for MCPS holders	PMDC, universities and teaching hospitals	Improves fairness in academic appointments.	Aligns qualification value with transparent standards.
Create MCPS induction counselling	CPSP and training institutions	Prevents misinformed career decisions.	Meets international expectations for trainee support.
Develop competency mapping for MCPS	CPSP	Shows what MCPS graduates are trained to do.	Supports international benchmarking against WFME-style outcomes.
Include MCPS graduates in consultative committees	CPSP and PMDC	Gives affected graduates policy voice.	Strengthens governance legitimacy.
Review exemption and progression rules	PMDC and CPSP	Reduces arbitrary differences between qualifications.	Improves credibility and transparency.
Publish international portability guidance	PMDC and CPSP	Helps graduates plan migration or further training.	Supports clearer recognition conversations with foreign bodies.

6. Conclusion

This study shows that formal recognition is necessary but not sufficient for equitable career progression. MCPS graduates in Pakistan described structural disadvantage produced through unclear policies, uneven implementation, contradictory recognition practices, constrained mobility and limited governance voice. The findings suggest that reform should move beyond nominal recognition and address how qualifications are valued in actual career decisions. Transparent regulation, policy alignment, consistent institutional practice and meaningful representation are essential to make postgraduate medical education fairer, more accountable and more professionally inclusive.

The strongest conceptual contribution of this study is the distinction between formal recognition and functional recognition. A qualification may be formally recognised in regulation, yet still fail to produce fair access to faculty roles, promotion, higher training or mobility. For MCPS to function as a credible and equitable postgraduate pathway, its career implications must be explicitly defined, consistently applied and communicated at induction. Without this, graduates remain exposed to policy ambiguity and institutional discretion. With clearer governance, MCPS can better serve both Pakistan's specialist workforce needs and the career development of doctors who complete the qualification.

7. Limitations

This study is based on interviews with 21 MCPS graduates across selected specialties and institutional contexts in Pakistan. The findings are not intended for statistical generalisation. The study also relies on participants' retrospective accounts, which may be influenced by memory, personal interpretation or dissatisfaction. In addition, the perspectives of policymakers, CPSP representatives, PMDC officials, academic leaders, employers and graduates from other postgraduate pathways were not included. Their inclusion would provide a more complete understanding of policy design and implementation.

8. Future Research

Future research should include policymakers, academic leaders, CPSP and PMDC representatives, employers and graduates from FCPS, MPhil and international Royal College-related pathways. Comparative and longitudinal studies could examine how policy differences affect promotion rates, faculty appointments, fellowship entry, migration, job satisfaction and leadership outcomes. Mixed-method research may also help quantify the extent of career disadvantage suggested by this qualitative study.

Future work should also examine whether MCPS graduates experience different outcomes by specialty, province, gender, workplace type, urban-rural placement and institutional affiliation. This would allow policymakers to distinguish between qualification-level disadvantage and broader structural inequalities in Pakistan's postgraduate medical labour market.

Declarations

Ethics approval: Ethical approval was obtained under reference DIR/KMU-AS&RB/PP/IHPER/003503.

Consent to participate: Written informed consent was obtained from all participants.

Confidentiality: Participant identities were anonymized, and identifying details were removed from transcripts and the final report.

Funding: No external funding was reported.

Conflict of interest: The author declares no conflict of interest.

Data availability: Because of confidentiality considerations, interview transcripts are not publicly available. Anonymized excerpts may be available from the corresponding author upon reasonable request, subject to ethical approval.

Author Contributions

Muhammad Suleman conceptualized the study, developed the research design, collected the data, performed the initial analysis and prepared the first draft of the manuscript. *Menhas* contributed to data interpretation, literature support and critical revision of the manuscript. *Muhammad Aamir Sardar* contributed to data organization, thematic refinement and manuscript editing. *Humera Adeeb* supervised the study, reviewed the methodology, provided intellectual guidance, critically revised the manuscript and approved the final version as the corresponding author. All authors read and approved the final manuscript.

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