

“This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine(MD) and Board Certification as a Specialist”

Copyright © 2015 by Postgraduate Institute of Medicine, University of Colombo, 160 Prof. Nandadasa Kodagoda Mawatha, Colombo 7, Sri Lanka.

All rights reserved. This course document is the intellectual property of the Postgraduate Institute of Medicine, University of Colombo. No part of this document may be copied, reproduced or transmitted in any form by any means (electronic, photocopying, recording or otherwise) without the prior written permission of the Postgraduate Institute of Medicine, University of Colombo.



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**

PROSPECTUS

MD SURGERY

**BOARD CERTIFICATION IN GENERAL
SURGERY**

WITH

SPECIAL INTEREST

IN

UPPER GASTROINTESTINAL SURGERY

HEPATO-PANCREATO-BILIARY SURGERY

LOWER GASTROINTESTINAL SURGERY

VASCULAR SURGERY

BREAST SURGERY

ENDOCRINE SURGERY

TRAUMA SURGERY

BOARD OF STUDY IN SURGERY

2011

Table of Contents

1. Description, nomenclature and associated agencies of the degree programme
2. Introduction
3. Criteria for entry in to the MD (Surgery) training programme and Selection Examination
4. Allocation of training slots
5. Core curriculum / syllabus
6. Basic Surgical Training programme
7. In-service assessments and evaluation of trainees
8. Eligibility Criteria to sit for the MD Examination
9. MD Examination
10. Post MD training programme in General Surgery
11. Board certification in General Surgery with Special Interest
12. Summary of Proposed Changes
13. Annexures

Description, nomenclature and associated agencies of the degree programme

- 1.1. *Name of the degree programme* - MD in General Surgery
- 1.2. *Full title* –Board Certification in General Surgery with Special Interest
- 1.3. *University* – University of Colombo, Sri Lanka
- 1.4. *Faculties and institutes* – Post graduate institute of medicine of the University of Colombo
- 1.5. *Department, external resources and associated agencies* – Board of study in Surgery (with associated specialty boards), Ministry of Health, The College of Surgeons of Sri Lanka, Association of General Surgeons of Sri Lanka

2. Introduction

The specialty of general surgery is the largest specialty of the surgical consultant workforce in Sri Lanka. Surgical curriculum given below provides the framework for training for MD in General Surgery and in Special Interest areas for the award of Board Certification in the specialty of general surgery with a special interest, to practice as a consultant in Sri Lanka. The syllabus outlined below describes the core knowledge, clinical judgment, clinical decision making, procedural skills, professional skills and behaviour.

The aim of the training programme leading to the award of board certification in the specialty of General Surgery with a special interest, is to produce a competent surgeon who could safely manage

1. an unselected surgical emergency by being able to make sound clinical judgment of the most likely clinical diagnosis, assessment of the severity, appropriate treatment strategy and to identify the patients who need referral
2. patients with a wide range of elective general surgical conditions
3. patients with a range of conditions in the selected area of special interest as described below

3. Criteria for entry in to the MD (Surgery) training programme

3.1 Eligibility

A candidate should

- i. Hold a medical degree registered with the Sri Lanka Medical Council
- ii. Complete an internship recognized by the Sri Lanka Medical Council
- iii. Complete one year work experience in Sri Lanka, after internship
- iv. **Have 6 months of surgical experience** (Surgery or Obstetrics and Gynaecology) at pre-registration House Officer or Senior House Officer level
- v. **Produce a medical certificate from a consultant physician, indicating general mental and physical fitness and to comply with any other PGIM regulations.**
- vi. If a trainee develops a health condition which would compromise his/her ability to train and function as a surgeon, it is his/her responsibility to duly notify in writing of such conditions to the PGIM.

Those who fulfill the above criteria should be successful at the MD (Surgery) Part I examination

3.2 Selection Examination in Surgery

To enter the training programme in surgery a candidate is required to pass the Selection Examination. The examination includes the assessment of the following three subjects and the final result shall be based on the performance in these subjects

- a. Anatomy
- b. Physiology
- c. Pathology

Each of the above subjects shall have following components:

- 5.2.1 Multiple Choice Question (MCQ) Paper
- 5.2.2 Written Papers
- 5.2.3. Oral Examination

MCQ paper:

This will comprise of **TWO** papers containing questions in 3 subjects: Anatomy, physiology and pathology (basic and applied) as detailed below. The questions in applied pharmacology will be incorporated in physiology and applied microbiology questions will be incorporated in pathology.

- a. Paper I
 - i. Duration – 2 hours
 - ii. Total of 60 questions (i.e. 20 questions from each subject)
 - iii. Total marks for the paper 300 (100 marks per subject)
 - iv. 20 question of multiple true / false type (MTF) from each subject

MTF question with 5 responses will carry a maximum of 5 marks per question. A minus mark would be given for a wrong response. The lowest mark per question would be zero. (Range 0- 100 marks/subject)

- b. Paper II
 - i. Duration – 2 hours
 - ii. Total of 60 questions
 - iii. Total marks for the paper 180 (60 marks per subject)
 - iv. 10 questions of single best response (SBR) type from each subject
 - v. 10 questions of extended matching items (EMI) type from each subject

EMI and SBR questions would carry 3 marks each (maximum obtainable 60 marks/subject)

The total marks obtainable per subject would be 160 (paper I-100, paper II-60). This scored mark by the candidate for each of the three subjects will be calculated and will be converted to a percentage (out of 100). This will be subsequently converted to a close mark according to the scale given (range 10-14) in **Annexure 1**.

A minimum closed mark of 12 or more in two subjects and 11.5 in the other subject is required to be eligible to proceed for the Theory Papers and Vive voce Examination.

Written papers

This will comprise of two papers with a total of 10 questions. All questions in the papers must be answered.

- c. Paper I (Anatomy) – 4 questions (to be answered in 2 hours)
 - i. Long Essay - 2 questions
 - ii. Structured Essay – 2 questions
- d. Paper II (Physiology and Pathology) – 6 questions (to be answered in 3 hours)
 - i. Long Essay – 1 question **from each subject**
 - ii. Structured Essay - 2 questions **from each subject**

Each of the above questions in each subject **will be marked independently, by two examiners from a marking scale from 7-11** according to the guide in **Annexure 2**.

These would be averaged to give the final mark for **written Papers** for the subject (Anatomy, Physiology and Pathology). If there is a decimal point, it would be rounded off to the appropriate nearest integer. ([Annexure 3](#) for a sample marks sheet)

Structured oral examination

This will comprise of six stations

- a. Shall be subject based (Anatomy, Physiology and Pathology) and there shall be two stations for each subject
- b. Timing – 10 minutes in each station (total of 60 minutes)
- c. In each station there shall be two examiners - a surgeon and a subject specialist
- d. Each candidate will face both stations in each subject – being questioned by the subject specialist on basic sciences in one panel and the surgeon on applied aspects in the other panel. Candidates will carry a form from panel to panel in which the "observing" examiner will indicate the topics discussed to avoid duplication amongst panels.
- e. Each examiner of each subject will **mark independently** based on the 5 point rating scale of 7 -11 ([Annexure 2](#)).
- f. The **oral examination marks of all four** examiners would be **averaged** to obtain the final mark for each subject. If there is a decimal point, it would be rounded off to the appropriate nearest integer. ([Annexure 3](#))

3.3 Requirements to pass the Selection Examination

All 3 subjects have to be passed in one and same examination. In order to pass a subject (please see tables below):

The candidate needs to obtain a minimum overall mark of 30

AND

Should not obtain a 7 in essay or oral components

AND

Should not obtain 8 for **both** oral and essay components

AND

Should not obtain 11.5 for the MCQ with 8 for either oral or essay components

	MCQ	Essay	Oral	Total
Range	10-14	7-11	7-11	24-36
Mark	12	9	9	30

MCQ	Essay	Oral	Total	Result
12	9	9	30	Pass
12	10	8	30	Pass
12	8	10	30	Pass
14	8	8	30	Fail
11.5	8	11	30	Fail

Candidates who fail the Selection Examination should re-sit all components of each subject at the next selection examination

3.4 Ranking of candidates to enroll in the training programme and allocation of training units

Would be done by considering **the total raw marks** (given by all examiners and the MCQ score out of 100. The number of attempts would be given consideration, and those who pass in the first attempt will be placed above others.

3.5 Requirements for the medals

a) Dr PR Anthonis Gold Medal for Basic Sciences in Surgery

All of the following criteria should be fulfilled

- Has to be successful at the first attempt
- Should have obtained the highest marks (raw total) among all candidates
- **Should not have received a score of 7** by any of the examiners for any part of any component of the examination
- Should be recommended by the Board of Examiners

b) Prof PSS Panditharathne Gold Medal for Anatomy

All of the following criteria should be fulfilled

- Has to be successful at the first attempt
- Should have obtained the highest marks (raw total) among all candidates in Anatomy
- **Should not have received a score of 7** by any of the examiners (in Anatomy)
- **Should have obtained pass marks for all components in Anatomy**
- **Should pass all other components (i.e. Physiology and Pathology) of the examination at the same sitting**
- Should be recommended by the Board of Examiners

4. Allocation of training slots

Allocation of training slots would be done by a sub committee appointed by the Board of study in Surgery, according to the available training posts and based on the ranking obtained at the Selection Examination and the preference of the candidate. Recommendations and requirements of the Ministry of Health will be taken in to account when applicable.

5. Syllabus / Core curriculum – MD Training Programme (Annexure 4)

Introduction to the core curriculum

The curriculum described in this section is the framework document for systematic training in surgery for all surgical trainees. The document details the conditions referred to as **topics** that all future consultants are expected to manage independently.

Under each topic, **learning objectives** are given and the level of performance / competence to be achieved are described under the domains of

- **Core knowledge**
- **Clinical skills**
- **Procedural skills**

Detailed core curriculum / syllabus for all trainees (Details Annexure 4)

Core curriculum - Topics

Topic	Page numbers
Assessment of acute abdomen	viii
Peritonitis	ix
Gastrointestinal haemorrhage	x - xi
Acute presentation of gynaecological disease	xi – xii
Acute intestinal obstruction	xii – xiii
Mesenteric ischaemia	xiii – xiv
Strangulated hernia	xiv - xv
Superficial sepsis including necrotizing infection	xv – xvi
Emergency trauma <ul style="list-style-type: none"> • Immediate management of the critically injured • Head injury / Cervical spine injury • Acute airway obstruction and chest injuries • Abdominal / Pelvic injuries / Spinal injuries • Injuries to the urinary tract • Limb injuries • Vascular injuries 	xvi – xvii
Vascular emergencies	xviii
Elective vascular conditions	Xix
Conditions affecting the scrotum	xx – xxi
Diseases affecting the bladder and urethra	xxi – xxii
Diseases affecting male genitalia	xxii – xxiii
Diseases affecting kidneys and ureters	xxiii- xxiv
Elective hernia	xxiv – xxv
Conditions affecting the reticulo-endothelial and haemopoietic system	xxv- xxvi

Endoscopy	xxvi – xxvii
Oesophago-gastric disease	xxvii – xxviii
Diseases of the small bowel	xxviii – xxix
Hepato-pancreato-biliary disease	xxix – xxx
Colonic and ano-rectal disease	xxxi – xxxii
Endocrine glands and their diseases	xxxii – xxxiii
Conditions affecting the breast	xxxiii- xxxiv
Diseases affecting the oral cavity and salivary glands	xxxiv – xxxvi
Nutrition in surgery	xxxvi- xxxvii
Common skin and soft tissue conditions of surgical importance	xxxvii - xxxviii
Elective orthopaedic conditions <ul style="list-style-type: none"> • Congenital and developmental anomalies of the musculo-skeletal system • Diseases of the spine • Degenerative and inflammatory conditions affecting the joints • Miscellaneous topics in orthopaedics • Metabolic and endocrine disorders • Bone and joint infection • Bone and soft tissue tumours 	xxxix - xl xl - xli xli xlii - xliii xliii - xliv xliv - xlv xlv
Orthopaedic trauma <ul style="list-style-type: none"> Limbs Pelvic trauma Spinal trauma Hand injuries 	xl - xlviii xlviii - xlix xlix – l li
Paediatric surgery	li – lii
Oncology	lii – liii
Management of the dying patient	Liv

6. Basic Surgical Training programme for all trainees (Pre MD Training)

It is mandatory to commence training with a 12 month appointment in general surgery

1	General Surgery Major appointment (12 months)
2	General Surgery Provincial/Base Hospital Appointment (06 months)
3	Orthopaedics including trauma 4 months
4	Accident and Emergency and critical care 2 months
5	Cancer Surgery (02 months)
6	Thoracic Surgery (1 MONTH) Cardiac surgery (1 MONTH)
7	Neuro Surgery (02 months)
8	Paediatric Surgery (02 months)
9	Urology (02 month)
10	Vascular Surgery (02 month)
11	GI Surgery 1 month Plastic surgery 1 month
12	Balance period till exam-defined elective appointment subject to board approval

Total duration: **3 years and 2 months**

7. In-service assessments and evaluation of trainees

7.1 Objective Structured Clinical Examination (OSCE)

Trainees are required to pass an OSCE during the training programme. This can be attempted 6 months after commencement of the training programme and must be completed prior to applying for the MD (Surgery) Examination and shall be one of the eligibility criteria that has to be satisfied before a candidate is permitted to sit for the MD Examination. The OSCE will be held once every 6 months.

- a. Content areas
 - i. clinical skills – history and examination stations
 - ii. interpretation of investigations – blood tests, radiological
 - iii. procedural skills – suturing, catheterization of the bladder, splinting
 - iv. communication skills
- b. Number of stations – 10
- c. Duration – 5 minutes per station (may have 10 minute stations for communication skills)
- d. Marks – (2 – pass, 1 – fail)
- e. Compulsory stations – There would be two compulsory stations, where candidates must obtain a pass in both stations
- f. In order to pass the OSCE
 - i. Should obtain 2 marks at both compulsory stations
 - ii. Should obtain 2, at 6 out of the balance 8 stations
- g. Candidates who fail one or both compulsory stations will need to re-sit all stations of the OSCE.
- h. Candidates who have passed (obtained 2) for compulsory stations but have not passed at least 6 of the other stations will need to re-sit only the non-compulsory stations.

7.2 In-service Training Assessment (ISTA)

- i. This would be a formative assessment.
- ii. Each trainee will be evaluated by an external assessor in the presence of the trainer at intervals indicated below. At this interview **the candidate's portfolio** (details given below) will be evaluated and when necessary questioned on relevant subject areas. In addition to assessing the portfolio, this assessment will look in to any pertinent issues faced by the trainee, with regards to his training and remedial action suggested. When necessary issues pertaining to the trainee may be brought to the notice of the Board of Study in Surgery.
- iii. The ISTA will be conducted during the following appointments
 - i. First year of training, twice
 - ii. 6 months of general surgery in a provincial hospital, once
 - iii. 4 months of Orthopaedics, once

- iv. The portfolio would contain
 - i. surgical **log book** including outcomes(morbidity and mortality)
 - ii. **research work and publications (details in 6.3.1)**
 - iii. **evidence of presentations (details in 6.3.1)** at morbidity mortality meeting/journal club/clinical case presentation meeting with evidence of presentation as a summary or a copy of the slide set certified by the supervising consultant
 - iv. evidence of **clinical audits** conducted
 - v. evidence of **continuous medical education (CME)** activities - conferences / workshops / symposia / academic meetings attended
 - vi. **Workplace based assessments (3 types)**
 - A. **case based discussions**
 - B. **clinical examination skills**
 - C. **procedural skills**
The trainees ability to perform history taking, clinical examination, selecting appropriate investigations and management options and the ability to perform indexed procedures will be evaluated by the trainer and documented on pro formas provided – **Annexure 4**
 - vii. reflective notes
 - A. Private reading that changed the perception; an informal discussion with a colleague that reflected on a clinical problem; a patient encounter; a critical incident; an unusual medico legal problem
 - B. Reflective note writing proforma
 - a. Title or description of the experience
 - b. What happened?
 - c. Lesson/s learnt?
 - d. Has this experience highlighted any further learning needs
 - viii. creative work (e.g. Designing of equipment, surgical techniques)
 - ix. evidence of teaching activities (undergraduate, postgraduate, paramedical staff etc.)
- v. The RITA forms will be evaluated by a panel appointed by the Board of Study in Surgery with necessary remedial measures being recommended to the board when deficiencies are identified

7.3 Research project

Each trainee is required to complete a research projects and the following requirements should be fulfilled prior to applying for the MD Examination.

It is mandatory to fulfill **at least one** of the following

- i. Publish a paper
- ii. Present a paper

The publication should be;

- a first author publication in a journal (indexed or non-indexed)
The presentation needs to be;
- a first author oral/poster presentation in a scientific meeting local or overseas acceptable to the BOS.

7.4 Portfolio Assessment

This would be assessed at the end of three years of training. A panel comprising of two surgeons, who were not involved in the training of the candidate would be appointed by the BOS. All of the following criteria should be fulfilled by the candidate, in order to pass the assessment

7.4.1 surgical **log book** including outcomes (morbidity and mortality) – should be completed according to instructions

7.4.2 **evidence of presentations (details in 6.3.1) – (A minimum of 10 activities)** evidence of **clinical audits (minimum of 2)** conducted

7.4.3 evidence of **continuous medical education** activities (**minimum of 10**)- conferences / workshops / symposia / academic meetings attended

7.4.4 Workplace based assessments - (minimum number of 3 of each type of assessment) – an average rank of 3/6 should be obtained for each type of assessment

7.4.5 reflective notes – (minimum of 5)

8 Eligibility Criteria to sit for the MD Examination

8.4 Should have participated and successfully completed the training programmes approved by the Board of study in surgery on basic surgical skills, trauma care – certificates to be provided

8.5 Should have completed the clinical training appointments in Basic Surgical Training Programme satisfactorily and accepted by the BOS– appointment cards to be checked

8.6 Should have passed the OSCE

8.7 Portfolio assessment should be satisfactory

8.8 Research components accepted by the Board of Study in Surgery

9 MD Examination

The examination shall consist of following components:

9.1 Written Paper

9.2 Oral Examination

9.3 Clinical Examination

Marking would be based on the following format.

The descriptors are given in Annexure 2

Failure	7
Borderline failure	8
Pass	9
Good pass	10
Excellent pass	11

9.1 Written Papers – SEQ and MCQ (EMI and SBA)

9.1.1 There shall be 2 papers

9.1.2 Paper 1 – 4 SEQs – duration 2 hours. Each question would be **marked independently** by two examiners and a closed mark given (7-11) for each answer according to the guide (Annexure2). These would be averaged to give the final closed mark for the paper. If there is a decimal point, it would be rounded off to the appropriate nearest integer. Eg: 8.5=9

9.1.3 Paper 2 – MCQ (60 SBA and 40 EMI) duration total 3 hours. Total marks – 100. This would be converted to a closed marking scale as indicated in the table in annex.....

9.1.4 The average of the two papers would be considered as the final theory mark (closest integer)

9.2 Objective Structured Viva Examination (OSVE) - 6 stations

There shall be 3 Subject Areas. In each there shall be 2 stations for each subject area and the total shall be 6 stations. Each station would have a panel comprising of two examiners. Duration with each panel is 10 minutes and the total duration shall be 1 hour. The subject areas are:

- i. operative surgery - 20 minutes
- ii. principles of surgery and critical care - 20 minutes
- iii. surgical pathology and radiology - 20 minutes

An **independent closed mark** will be given by each examiner (Total of 12 examiners)

In order to pass the OSVE, the candidate must obtain a minimum mark of 9 in 4 out of the 6 stations.

The final closed mark of **operative surgery** would be arrived at by averaging the marks of the 4 examiners.

The final closed marks for the **other two oral components** (considered together) would be arrived at by averaging of marks given by the 8 individual examiners.

The **final mark for the oral component** would be arrived at by **averaging the final closed mark for operative surgery and final closed mark for the other two components**. If there is a decimal point, it would be rounded off to the closest integer.

9.3 Objective Structured Clinical Examination (OSCE) - Guidelines for marking in Annexure 2

9.3.1 This would have 7 stations of 15 minutes each

9.3.2 Each of the 6 stations will have two examiners

9.3.3 Stations

- 1 observed history taking
- 2 discussion and management of the patient in station 1 . These two stations would be linked.
- 3 Short case bay 1 Head and neck/ breast/ skin
- 4 Short case bay 2 Trunk and groin
- 5 Short case bay 3 Vascular
- 6 Short case bay 4 Orthopaedics
- 7 Communication skill (information giving) e.g. what?

There shall be two patients in each of the stations 3 to 6 listed above. Each patient examined in each bay will be marked according to the scale given in annexure 2, independently by two examiners. These marks would be averaged for each station. The final clinical mark would be the **average of the marks given by the fourteen examiners** for all 6 stations

The candidate must obtain a pass mark (9) in 5 out of the 7 stations in order to pass the clinical component.

A sample Marking sheet is given in Annexure 5.

9.4 Requirements to pass the MD examination

- i. Candidate should obtain a minimum total of **27 marks**
AND
 Not obtain a mark of 8 for any two components
AND
 Not obtain a mark of 7 for any single component
AND
 Obtain a minimum of 9 at 4 out of six OSVE stations
AND
 Obtain a minimum of 9 at 5 out of seven OSCE stations

Component	Theory	Clinicals	Oral	Total
Range	7-11	7-11	7-11	21-33
Pass Mark	9	9	9	27

Component	Theory	Clinicals	Oral	Total	Result
Candidate 1	9	9	9	27	Pass
Candidate 2	10	9	8	27	Pass
Candidate 3	11	8	8	27	Fail
Candidate 4	8	8	11	27	Fail

9.5 Requirements to qualify for the medals awarded on the basis of the MD Examination

a) Virasapillai Gabriel Memorial Gold Medal for Surgery

The candidate should fulfill all of the following criteria

- i) Has to be successful at the first attempt
- ii) Should have obtained the overall highest marks (raw total) among all candidates
- iii) **Should not have obtained** a mark of 7 by any of the examiners.
- iv) Should be a PGIM trainee and NOT a trainee with CCST (UK) or equivalent
- v) Should have been recommended by the board of examiners

b) Milroy Paul Gold Medal for Clinical Surgery

The candidate should fulfill all of the following criteria

- i) Has to be successful at the first attempt
- ii) Should have obtained the highest marks (raw total) among all candidates for the **clinical component**
- iii) **Should not have obtained** a mark of 7 by any of the examiners in any component.
- vi) Should be a PGIM trainee and NOT and trainee with CCST (UK) or equivalent
- iv) Should have been recommended by the board of examiners
- v) If there are two candidates with equal marks in the clinical component among the qualified candidates, the medal shall be shared

10. Post MD training programme in General Surgery leading to Board Certification in General Surgery with Special Interest

Introduction -

During recent years, like in other specialties, there has been a global trend towards further specialization within the specialty of general surgery. These are referred to as '*areas of special interest*'. Given below are the 'areas of special interests' within the domain of general surgery.

- i. Upper gastrointestinal surgery
- ii. Hepato-pancreato- biliary surgery
- iii. Lower gastrointestinal surgery
- iv. Vascular surgery
- v. Breast surgery
- vi. Endocrine surgery
- vii. Trauma surgery

The full syllabus contain topics where an in-depth knowledge and expertise are required in the '**areas of special interest**' listed above. It also takes into account the needs of the surgical services in Sri Lanka and the personality development of surgeons who are delivering these services.

The syllabus also recognizes the variations in the scope of practice within general surgery and the interface between general surgery and other globally recognized subspecialties listed below.

At the completion of the training programme the trainee is expected to display a degree of professionalism and accountability related to patient care to the satisfaction of the board of study in surgery.

Detailed Curriculum / syllabus for higher (post MD) training in General surgery – Annexure 6

10.4 Training Programme

- 10.4.1 **Entry point:** Successful completion of the MD part 2 examination in surgery
- 10.4.2 **Allocation of post MD appointments:** Will be made according to a common merit list subject to availability of training slots
- 10.4.3 **Special interest areas:** Following areas are recognized as areas of special interest
 - 10.4.3.1 Upper gastrointestinal surgery
 - 10.4.3.2 Hepato-pancreato-biliary surgery
 - 10.4.3.3 Lower gastrointestinal surgery
 - 10.4.3.4 Vascular surgery
 - 10.4.3.5 Breast surgery
 - 10.4.3.6 Endocrine surgery
 - 10.4.3.7 Trauma surgery
- 10.4.4 **Training schedule:** Post MD training programme in general surgery with areas of special interest shall be for a period of three years as described below
- 10.4.5 One year as a senior registrar in a recognized general surgical unit in Sri Lanka. Satisfactory completion of a minimum period of six months is mandatory before the trainee is allowed to proceed for overseas training
- 10.4.6 One year training in a General surgical unit of a recognized overseas centre, with a special interest in the selected area
- 10.4.7 One year training in a recognized local/overseas centre in the selected area of special interest

10.5 Curriculum / syllabus for higher (Post MD) training in General surgery (Annexure 6)

10.5.1 Introduction

The surgical curriculum leading to the award of **board certification in general surgery with a special interest** is the framework document for systematic training to practice as a consultant surgeon with a special interest in the chosen field.

The syllabus given below details the conditions referred to as **topics** that a consultant is expected to manage independently. Under each topic, **learning objectives** are given and the level of performance / competence to be achieved is described under the domains of

- **Core knowledge**
- **Clinical skills**
- **Procedural skills**

Detailed curriculum / syllabus for higher (post MD) training in General surgery -
Annexure 7.

10.5.2 Research Project

It is mandatory for all higher trainees to engage in a research project (observational or interventional) pertaining to their respective field of sub-specialization. The project could be undertaken at any time during the higher surgical training period (overseas or local). A formal research proposal must be submitted (with ethical clearance when applicable) and approved by the BoS, prior to commencement.

Upon, completion of data collection, the candidate may apply for dedicated 3 month period during which the project needs to be completed and written for a publication/dissertation. The duly written up/published research project must be approved by the BoS as a pre-requisite for board certification.

10.5.3 In-service training assessment (ISTA)

Candidates will be subjected to 6 monthly assessments both during the local and overseas training programme, where the portfolio (as described in section 7.4) would be evaluated.

11 Board certification

After successful completion of local and overseas training, the trainee shall be assessed at a final exit examination. Specialty board in general surgery shall conduct this examination under the supervision of the board of study in surgery. The examination shall consist of

- a) Multiple choice question paper of single best response type (25 questions) in the selected area of special interest
- b) Portfolio based viva.

Successful completion of the above assessment is mandatory for board certification in General surgery with a special interest.

Regulations and by laws: Board certification is offered subject to the rules, regulations, and by laws of the Postgraduate Institute of Medicine of the University of Colombo. Existing PGIM rules, regulations and bylaws shall apply

12. Summary of Proposed Changes

Component	Current	Proposed Change
Training Outcomes		No change
Training Content		Syllabus updated
Training structure, composition and duration of the stages		Duration same – structure updated
Eligibility to enter the training programme	<p>Surgical experience not compulsory</p> <p>No check on medical fitness to be trained in surgery</p>	<p>Must have 6 months of surgical experience</p> <p>Should produce a medical fitness certificate</p>
Selection Examination (MD Part I)	MCQ paper with only MTF questions	<p>Additional paper with SBR and EMI questions</p> <p>Questions in applied pharmacology and applied microbiology to be included</p>
	Essay paper – long essays only (Anatomy 4 out of 8 questions to be answered)	<p>Only one long essay in each subject.</p> <p>Structured essays introduced</p> <p>All questions are compulsory</p>
	Oral examination -	No change
	<p>Theory and Oral Marking range from</p> <p>No descriptors</p> <p>Plusses and Minuses and up and down arrows</p> <p>Agreed marks by two examiners</p>	<p>Marking range from 7 to 11</p> <p>Descriptors given for each mark</p> <p>Independent marks</p> <p>No plusses or minuses, Up or down arrows</p> <p>Marks are averaged</p>

<p>In service Training Assessment</p>	<p>Formative only.</p> <p>Based on a meeting during the major appointments (RITA)</p> <p>Case book – 10 cases (or 4 cases plus research)</p>	<p>Formative plus a barrier</p> <p>RITA would assess a portfolio – which includes several components (Log book, CME activities)</p> <p>Workplace based assessments – Clinical skills and Procedural skills</p> <p>Portfolio would be assessed by a panel prior to MD part II. Need to be satisfactory</p> <p>Research - compulsory</p>
<p>Assessment of clinical/procedural skills</p>	<p>Only a log book – which is produced at the operative surgery viva</p>	<p>OSCE – compulsory</p> <p>Workplace based assessments – a minimum average needed</p>
<p>MD Part II Examination</p>	<p>Theory paper – 2 papers with 2 questions each (Long essay)</p> <p>Oral examination – operative surgery, surgical path, and principles of surgery</p> <p>Clinical Examination – Long and short cases</p> <p>Marking – agreed mark by the examiners</p> <p>Scale – 8- to 9+ (6 steps)</p>	<p>2 papers</p> <p>Paper 1 – SEQ (4 questions)</p> <p>Paper 2 – MCQ (EMI and SBR)</p> <p>Objective Structured Viva examination (OSVE) – Surgical path to include Radiology and Principles of Surgery to include Critical Care</p> <p>Objective structured clinical examination(OSCE) - with observed history taking, discussion of management, short cases, communication skills</p> <p>Marking – independent marks averaged</p>

	<p>Allocation – 4 equal amounts to</p> <ul style="list-style-type: none"> • Theory papers • Clinicals • Operative Surgery • Surgical path and principles 	<p>Scale – 7 to 11 (no plusses or minuses or arrows)</p> <p>Allocation - 3 equal amounts to</p> <ul style="list-style-type: none"> • Theory papers • Clinicals • Orals (However a higher proportion of marks from the orals for operative surgery – 50%)
Post MD training	<p>General Surgery – 2 years</p> <p>No in service assessments</p>	<p>Special interest areas – to be selected in addition to General Surgery</p> <p>In service training assessment at regular intervals</p> <p>Duration – 3 years</p>
Board Certification	<p>Informal interview</p>	<p>Formal assessment – portfolio and MCQ</p>