

PRE-BOARD CERTIFICATION ASSESSMENT

In 2009, the PGIM decided that prior to Board Certification as a Specialist, all trainees should go through a Pre-Board Certification Assessment (PBCA), which would be equivalent to the Specialty Certification Examinations in UK and other countries. This requirement was implemented in 2011 through PGIM Director's Memo No: AC/03/2011 dated 16.06.2011

After consideration of many prospectuses for speciality and sub-speciality training, which have been submitted for PGIM approval in the last few years, the AAAEDC recommends that the PGIM considers revision of the format of PBCA, based on adoption of the following broad outcomes for specialist training, across all specialities and sub-specialities:

1. Subject expertise
2. Teaching
3. Research and audit
4. Ethics and medico-legal issues
5. Information technology
6. Life-long learning

Assessment tool

The PBCA should be based on assessment of a portfolio maintained by the trainee during the period of post-MD training. The contents of the portfolio should encompass all of the above learning outcomes and contain evidence of achievement of these outcomes by the trainee. Although some of these may have been evaluated before the MD examination, the portfolio assessed at the PBCA should mainly contain evidence of achievements during post-MD training, either locally or overseas. All sections need not be of equal weight – for example, the section on Subject Expertise may be much more detailed than the others.

Contents of portfolio

The contents of the portfolio should be divided into sections according to the outcomes stated above, followed by a final section that contains evidence of reflective practice.

The following list sets out the type of evidence that may be relevant to each section. The details should be determined by each Board.

1. Subject expertise:
 - progress reports from supervisors (essential, should be according to prescribed format)
 - Supervisor feedback on communication skills
 - log of procedures carried out
 - results of any work-place assessments conducted

- In the case of sub-specialities, this section must include evidence that the trainee has acquired the essential knowledge, skills and competencies related to the sub-speciality, identified by the Speciality Board, and monitored with regular assessments throughout the period of post-MD training, e.g. mini-CEX, Case-Based Discussions, Direct Observation of Practical Skills
2. Teaching
 - undergraduates
 - postgraduates
 - ancillary health staff
 3. Research and Audit relevant to speciality or subspeciality
 - Dissertations / theses
 - Research papers published or accepted for publication
 - abstracts of presentations
 - Clinical audit
 4. Ethics and Medico-legal Issues
 - Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
 - Completed PTR forms during post-MD training
 5. Information Technology
 - Participation in training programmes / workshops
 - Evidence of searching for information and application of findings in practice
 6. Life-long learning
 - Participation in conferences and meetings
 7. Reflective practice
 - narration of at least one learning event experienced by the trainee, in relation to each of the above outcomes, with reflection on what and how the trainee learned from this experience

The precise details of what is expected by the Board should be made known to trainees at commencement of post-MD training.

Portfolio assessment

The portfolio should be reviewed at least every 6 months by the local supervisor(s), with regular feedback to the trainee on how the portfolio may be improved. When the trainee is eligible for PBCA, 3 copies of the completed portfolio should be submitted to the PGIM Examinations Branch.

The PBCA should take the form of a final, summative assessment of the trainee's portfolio, carried out by 2 (or 3) independent examiners appointed by the relevant Board of Study or Speciality Board and approved by the Senate of the University of Colombo. The 3rd examiner should be from outside the discipline to improve objectivity.

The trainee should be called for an oral examination, during which he/she will be questioned on the portfolio. The trainee may be required to start with a presentation of 10 – 15 minutes, on the post-MD training if the Board deems it appropriate.

The overall assessment should be based on each of the main sections, which should be assessed as satisfactory or not on an overall basis. It is left to the Boards to decide whether to use a rating scale.

If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee should not be given immediate Board Certification, the examiners must provide the trainee with written feedback on how the portfolio should be improved in order to reach the required standard. The trainee should then re-submit the portfolio within a specified period of time (up to 3 – 6 months), and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this 2nd oral examination, the date of Board Certification should be backdated as done routinely. If unsuccessful again, the date of Board Certification will be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the Board of Study.