

“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”

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## **Amendments to the Prospectus**

### **- MD Community Medicine/Community Dentistry 2009**

#### **Senior Registrar – Local training (Old Prospectus)**

The duration of the local SR appointment will be for one year. During this period the trainee will be attached two recognized Training Centers of the trainee’s choice based on the merit at the MD thesis Examination and the MD part I Examination. Trainees are not allowed to select the same training institution for pre MD training and SR local training. Trainees are required to maintain 80% attendance for approval of the training. At least two scientific publications from the MD thesis have to be submitted to peer reviewed journals within the year.

The trainee is expected to take part in the following activities:

#### **A. Ministry of Health Training Centre(6 months)**

- a. Monitoring and Evaluation (M&E) of a National Public Health Programme of the Training Unit where the trainee is attached to.  
(refer **Annex I** for details).

Assessment: M&E Report has to be prepared and compiled in the Portfolio for assessment.

- b. Preparation of concept papers, project proposals, grant applications, project reports quarterly, biannual and annual reports and other documents prepared/published by the training unit.

Assessments: The candidate should give detailed information regarding the contribution in a document containing not less than 500 words for four of the above. The percentage of contribution should be certified by the head of the institution.

- c. An audit of a selected area/programme where the trainee is attached to.

- d. Involve in improving the quality of an existing programme. Coordinate and organize improving the services provided through a clinic/ institution/ community level

Assessment: Audit Report has to be prepared and compiled in the Portfolio for assessment.

### **B. University Training Centre (6 months)**

- a. Show evidence of participation in at least two continuing professional development programmes.
- b. Write a review on an important public health issue.
- c. Provide evidence of presentation of at least one journal club.
- d. Plan and conduct training programmes/lectures/tutorials for the medical undergraduates.
- e. Coordinate and organize improving the services provided through a clinic/ institution/ community level.

### **Pre board certification**

#### **Eligibility for Pre-Board certification assessment (PBCA)**

- a. Satisfactory completion of the MD in Community Medicine/Community Dentistry examination
- b. Satisfactory completion of one year of local SR training
- c. Satisfactory completion of one year of foreign SR training
- d. Satisfactory progress reports from both local and foreign supervisors
- e. Publication of two journal articles and a third manuscript submitted and currently being peer reviewed in peer reviewed journals from the MD thesis
- f. Making a presentation and submission of a brief report to the Board of Study on the Post MD overseas training
- g. Submission of completed portfolio

#### **Format of the PBCA**

The PBCA shall be based on the assessment of the portfolio maintained by the trainee during the post MD period. (refer **Annex II** for details)

#### **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 Board of Study and approved by the Senate of the University of Colombo.

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 2<sup>nd</sup> 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.

### **Board certification**

A trainee who has successfully completed the PBCA is eligible for Board Certification as a specialist in Community Medicine/Community Dentistry on the recommendation of the BoS in Community Medicine.

### **Requirements for Board Certification**

The following criteria should be fulfilled for Board Certification.

- Satisfactory completion of the MD in Community Medicine/Community Dentistry examination
- Satisfactorily completed the post-MD training period of 1 year local training and 1 year overseas training
- Satisfactory progress reports from both local and foreign supervisors
- Publication of two journal articles and a third manuscript submitted and currently being peer reviewed in peer reviewed journals from the MD thesis
- Making a presentation and submission of a brief report to the Board of Study on the Post MD overseas training
- Passed the Pre-Board Certification Assessment (Post MD portfolio)

## **Annex I**

### **Monitoring and Evaluation of a Public Health Programme**

#### **Goal**

To produce a Community Physician with knowledge and skills on monitoring and evaluation of public health programmes and ability to communicate required changes if any

#### **Objectives**

To be able to:

1. describe the processes available within the national program for monitoring public health programmes
2. describe processes available/planned within an identified national public health programmes for evaluation
3. develop/analyse the available information in the results framework for monitoring and evaluation of an identified public health programme\*

\*Objective No.3:

If a results framework does not exist currently, construct a part of the framework using one key impact/outcome area. The latter should be discussed and verified for relevance with the CCP in the National program

#### **Activities: To be performed by Trainee**

##### **Monitoring**

1. Using available results framework or based on the part of the results framework constructed (as instructed above), identify practices for monitoring that currently exist.
2. Discuss strengths and weaknesses in the current methods for monitoring.
3. Observe one such practice (eg. review meeting to monitor) and document usefulness in terms of monitoring resource utilization and achievement of program outputs

##### **Evaluation:**

1. Document ongoing efforts for program evaluation.
2. Critique how this corresponds to the existing result framework or what is constructed by you.

##### **Monitoring and Evaluation:**

1. Using objective measurements describe how the program is currently monitored and evaluated
2. Describe how your proposal for improving the results framework could be operationalized.
3. Analyse the organization ability in terms of personnel, finances and other resources available to monitor and evaluate the program.

Your assessment should include indicators, data sources, methods of collecting and reviewing. In the case of improvements suggested the feasibility for these should be discussed.

##### **Assessment:**

A case report should be developed addressing all the areas described above and compiled in the portfolio for assessment.

## **Annex II**

### **Contents of Portfolio**

The main components and the type of evidence are as follows:

#### **A. Subject expertise:**

- a. progress reports from supervisors (essential, should be according to prescribed format)
- b. Supervisor feedback on communication skills
- c. Log of procedures carried out
- d. Results of any work-place assessments conducted  
Monitoring and evaluation (M&E) of a National Public Health programme

#### **B. Teaching**

- a. Undergraduates - Power point presentation or Summary of Lecture
- b. Postgraduates - Power point presentation or Summary of Lecture
- c. Ancillary health staff - - Power point presentation or Summary of Lecture

Communication skills: to be assessed by the supervisor during this period.

#### **C. Research and Audits**

- a. Research papers published – Copies of the published articles
- b. Research papers accepted for publication - Manuscript accepted for publication
- c. Oral presentations at scientific conferences – A copy of the abstract and the power point presentation
- d. An audit

#### **D. Ethics**

The “certificate of attendance” received from the “Professionalism” workshop to be complied. As evidence of participation

#### **E. Information Technology**

- a. Participation in training programmes / workshops
- b. Evidence of searching for information and application of findings in practice

#### **F. Life-long learning**

Participation in conferences and meetings- **training workshops**

#### **G. Reflective practice**

Narration of at least one learning event experienced by the trainee, in relation to each of the above component, with reflection on what and how the trainee learned from this experience