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**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO**



PROSPECTUS

BOARD CERTIFICATION IN GASTROENTEROLOGY

2014

**CONDUCTED BY THE SPECIALTY BOARD IN
GASTROENTEROLOGY
OF THE BOARD OF STUDY IN MEDICINE**

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Annexures:

Annexure 1 - Evaluation Forms

1. Background

Training in Gastroenterology will be offered to those who have been successful at the MD (Medicine) examination. This will ensure that the gastroenterologists will be competent to deliver total medical care to patients, including management of general medical problems.

2. Eligibility for entry into the training programme

Applicants should have passed the MD (Medicine) examination. The candidates should not be already Board Certified in any medical field or have already applied to be enrolled in the training programme in any other subspecialty.

3. Selection process

Available training opportunities will be indicated by the PGIM in the public circular for the MD examination in Medicine.

4. Number to be selected for entry

The number of candidates will be predetermined by the Specialty Board each year. Order of merit in the MD examination will be taken into consideration when selecting candidates.

5. Outcomes, competencies and learning objectives

5.1 Aim

The Aim of the programme is to produce fulltime specialists in gastroenterology.

5.2 Learning outcomes

The trainee eligible for Board Certification in gastroenterology should be able to demonstrate:

5.2.1 A sound knowledge in the basic sciences as related to gastroenterology and the changes during the different phases of life.

5.2.2 An extensive knowledge of the patho-physiological processes of the diseases of the gastrointestinal tract, liver and biliary system, and pancreas.

5.2.3 Skills in the diagnosis and management of pathological states presenting in gastroenterology practice.

5.2.4 Correct attitudes for good clinical practice.

- 5.2.5 The skills required for the organization of gastroenterology services and evaluate its outcome.
- 5.2.6 The skills required to conduct audits and scientific research, with a view to contributing to the scientific knowledge in this field and participating in the task of improving gastroenterology services in the community.
- 5.2.7 The skills required to be a medical teacher / resource person in order to impart medical education to medical personnel and the public.
- 5.2.8 The ability to critically appraise research publications and practice evidence based medicine
- 5.2.9 The ability to maintain the highest standards of professionalism, moral and ethical conduct
- 5.2.10 The commitment to engage in continuing professional development.

6. Structure of training programme

- Three years of training after the MD Medicine examination.
- A minimum of two years of local training
- A minimum of one year of training in an overseas placement

It is recommended that clinical practice forms the major component of the local and foreign training. Research work should also be undertaken during the training programme.

Co-ordination will be by the Specialty Board in Gastroenterology.

7. Content areas

General Gastroenterology - management of both in-patients and out-patients with emergency, acute and chronic gastrointestinal, hepato-biliary and pancreatic disorders (including routine procedures)

Endoscopy: Diagnostic and Therapeutic

Radiology / Imaging / (including Interventional Radiology)

Histopathology

Physiology

Research

The following technical skills should be acquired.

- Upper and lower GI endoscopy (diagnostic and therapeutic)
- Capsule endoscopy and enteroscopy
- ERCP (diagnostic and therapeutic)
- Interpretation of bowel radiology and abdominal imaging
- Liver and GI biopsy techniques and interpretation of histology
- Interpretation of GI physiology: motility, EGG, pH studies and breath tests

The trainee should also become familiar with interventional radiology procedures.

8. Learning activities

Year 1 (Local)

During this year the trainee should obtain experience in:

1. Investigating and managing patients with acute and chronic gastrointestinal hepato- biliary and pancreatic disorders and emergencies both in out-patient and in-ward settings.
2. Diagnostic upper GI endoscopy and flexible sigmoidoscopy.
3. Oesophageal and gastric variceal banding ligation and sclerotherapy
4. Liver biopsy techniques
5. Interpretation of GI and liver histology
6. Interpretation of abdominal imaging and GI radiology
 - a. Ultrasound, CT, MRI
 - b. Biliary and pancreatic imaging (OCG, ERCP, MRCP)
 - c. Barium studies (upper GI, small intestine, colon)
7. Interventional radiology procedures

The following **monthly schedule** will be implemented to achieve these objectives:

1. General Medical / Gastroenterology outpatients - four half day sessions
2. Endoscopy - four full day sessions
3. Radiology – four half day sessions
4. Histopathology – four 2 hour sessions
5. In-ward patient care with regular ward rounds

Year 2 (Local)

During this year the trainee should consolidate experience gained in year 1, and in addition, obtain experience in:

1. Colonoscopy
2. Therapeutic upper and lower GI endoscopy

- i. Polypectomy
 - ii. Haemostatic techniques
 - iii. Dilatation for achalasia and strictures
3. Endoscopic Retrograde Cholangio-Pancreatography (ERCP)
4. GI physiology.
 - i. Motility and manometry
 - ii. pH studies
 - iii. Breath tests

The following **monthly schedule** will be implemented to achieve these objectives:

1. General Medical / Gastroenterology outpatients - four half day sessions
2. Endoscopy - four full day sessions
3. ERCP – four full day sessions
4. GI Physiology laboratory – four half day sessions
5. Radiology – two half day sessions
6. Histopathology – two 2 hour sessions
7. In-ward patient care with regular ward rounds

Endoscopy training

Trainees must ensure that the following requirements are met or exceeded before completion of training.

Upper Gastrointestinal Endoscopy

- Trainees are required to perform at least 200 unassisted and complete examinations independently under supervision.
- Examinations must include a minimum of 50 therapeutic procedures including therapeutic procedures that involve control of upper gastrointestinal haemorrhage. Trainees should be part of a roster to provide 24 hour emergency endoscopic services for patients with acute upper gastrointestinal haemorrhage.

Colonoscopy

- Trainees are required to perform a minimum of 150 unassisted, supervised, complete colonoscopies to the caecum and preferably to the ileum in patients with intact colons (i.e. with no prior colonic resection), and achieve at least a 90% caecal intubation rate by completion of training. Procedures on patients with obstructing cancer and/or severe colitis must be recorded but are excluded from the calculation of overall intubation rate.
- Perform successful snare polypectomies on a minimum of 30 patients.

Endoscopic Retrograde Cholangiopancreatography (ERCP)

- Trainees must perform a total of 50 unassisted ERCP examinations in patients with intact papillary sphincters.
- Cannulations performed in patients with previous sphincterotomies should also be prospectively recorded in the logbook to permit assessment of the entire training experience.

Cleaning and disinfection

It is required that a minimum of 15 instruments be cleaned under the supervision of an experienced endoscopy nurse.

Year 3(Foreign)

A mainly clinically oriented training placement for one year is the requirement. “Hands-on” experience is essential with modern equipment, and the trainee should become competent in the use of new techniques in patient management. The facilities available in the foreign centre will be reviewed and then recommend to the Board of Study for approval. The Specialty Board will keep in touch with the foreign supervisor and receive confidential reports, which he/she should submit to the Board of Study periodically. The objective of this training period is to give the trainee, as far as possible, a comprehensive exposure to all aspects of Gastroenterology.

9. Trainers and Training Units

9.1 Local

A list of trainers and centres for training will be approved and circulated by the Specialty Board in Gastroenterology to Board of Study in Medicine from time to time. Trainers will be recommended as per current PGIM rules. In the absence of board certified gastroenterologists, local trainers in gastroenterology should have had a similar training to what is suggested for board certification, i.e. three years (or at least two years) training in a recognized gastroenterology unit, post MD, and should have practiced gastroenterology for at least 5 years after specialization. Centres will be recommended based on available resources (facilities for investigation, treatment of both in-patients and out-patients with emergency, acute and chronic gastrointestinal, hepato-biliary and pancreatic disorders). As single centres may not have all the required resources, components of training may have to be received from several units (including in the private sector) which provide at least some well developed facilities for managing gastroenterology patients. Each trainee should be informed of the envisaged rotations for the whole course at the start of the training programme. The programme should include radiology, histopathology, and GI physiology laboratory sessions.

9.2 Foreign

A list of approved foreign training centres will be circulated by the Specialty Board in Gastroenterology to the Board of Study in Medicine from time to time.

10. Monitoring progress

Monitoring progress will be based on a portfolio which will 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.

10.1 Subject expertise

A record and evaluation forms (Annexure 1) will have to be maintained by the trainee during the training period. It will remain the property of the trainee and will be inspected and signed by the supervising consultants. It will record the work experiences, meetings attended, variety of cases seen, procedures undertaken, research plans etc. This book will have to be produced at annual assessments and at the final assessment.

10.2 Teaching

- undergraduates
- postgraduates
- ancillary health staff

10.3 Research and Audit relevant to speciality or subspeciality

- Research papers published or accepted for publication
- abstracts of presentations
- Clinical audit

10.4 Ethics and Medico-legal Issues

- Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
- Completed PTR forms during post-MD training

10.5 Information Technology

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

10.6 Life-long learning

- Participation in conferences and meetings

10.7 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

11 Eligibility for Pre Board Certification Assessment

The trainee will be eligible to appear for a PBCA after having satisfactorily completed the following

1. The 2 year local training programme. All appointments must be duly signed up as having been completed satisfactorily by the supervising consultant.
2. The overseas training programme of 1 year in gastroenterology and satisfactory assessment from overseas supervisors

12 Format of Pre Board Certification Assessment

The PBCA will be based on the assessment of the portfolio maintained by the trainee during the period of post-MD training. The contents of the portfolio should encompass all components stated above.

The PBCA shall take the form of a final, summative assessment of the trainee's portfolio, carried out by 3 independent examiners appointed by the Specialty Board of Gastroenterology 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 will be required to start with a presentation of 15 minutes.

The overall assessment will be based on each of the main sections, which will be assessed as satisfactory or not on an overall basis.

If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee will not be given immediate Board Certification, the examiners will 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 3 months and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this second oral examination, the date of Board Certification will 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 Specialty Board of Gastroenterology.

13 Board Certification

A trainee who has successfully completed the Pre-Board Certification Assessment is eligible for Board Certification as a Specialist in Gastroenterology, on the recommendation of the Specialty Board in Gastroenterology and the Board of Study in Medicine.