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POSTGRADUATE INSTITUTE OF MEDICINE

University of Colombo

SRI LANKA

HAND BOOK AND PROSPECTUS 1987

POSTGRADUATE INSTITUTE OF MEDICINE

UNIVERSITY OF COLOMBO
SRI LANKA

HAND BOOK
and
PROSPECTUS

1987

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1 Historical Back Ground

Medical education in Sri Lanka started in 1870 with the establishment of the Ceylon Medical College which after 7 decades, was converted to the Faculty of Medicine in 1942 when the University of Ceylon was established.

Until 1952 no Postgraduate medical examinations were conducted by the University of Ceylon. For the first time examinations for the degrees of MD and MOG were conducted in 1952. The examination for the degree of MS was started in the following year.

There was no organised teaching or training of any kind. The training in the specialities of Medicine at postgraduate level had to be done in the U. K. and the diploma such as MRCP, FRCS etc. of the U.K. Colleges were recognised for consultant appointments.

The Advisory Committee on Postgraduate Medical Education recommended to the government in 1973 that a supervised in-service training period of 3 years followed by an examination should re lace the existing scheme of training abroad. Accordingly the Institute of Postgraduate Medicine (IPM) was established in 1976 under the Provisions of the University of Ceylon Act No. 1 of 1976 and was attached to the University of Colombo. The Institute of Postgraduate Medicine was formally inaugurated on 2 nd March, 1976 by Dr. Halfdan Mahler, the Director General of the WHO.

However, the work of the newly set up Institute was handicapped because various examinations of the UK Colleges continued to be conducted in Colombo and the doctors preferred these to the examinations of the Institute. Therefore, a review of the work of the Institute became necessary. At the same time the government also decided to stop holding foreign examinations in Sri Lanka and to grant full recognition and preference to the postgraduate degrees of the Institute with effect from 1 January, 1980.

In order to achieve the objectives of the Institute, the Institute was reestablished in 1979 under the provisions of the Universities Act No. 16 of 1978 and was renamed the Postgraduate Institute of Medicine (PGIM). Accordingly PGIM

Ordinance No. 1 of 1980 made under the provisions of the Universitites Act refrerred to above came into force on 10th April, 1980. The Boards of Study for various specialities in Medicine were reorganised and the courses of instructions and examinations were arranged for the different specialities.

2. Authorities of the Institute

2.1 *Board of Management*

The Board of Management is the principal administrative and academic authority of the Institute. It is comprised as follows .

Ex-Officio Members

The Director of the PGIM
The Secretary to the Ministry of Higher Education
The Secretary to the Ministry of Health
The Secretary to the Ministry of Teaching Hospitals
The Secretary to the Ministry of Finance.
The Director General of Health Services
The Director General of Teaching Hospitals
The Deputy Director General of Health Services (Medical Services)
The Dean, Faculty of Medicine, University of Colombo
The Dean, Faculty of Medicine, University of Peradeniya
The Dean, Faculty of Medicine, University of Jaffna
The Dean, Faculty of Medicine, University of Ruhuna

Elected Members

A member elected by the Faculty Board of the Faculty of Medicine, University of Colombo.

A member elected by the Faculty Board of the Faculty of Medicine, University of Peradeniya

A member elected by the Faculty Board of the Faculty of Medicine, University of Jaffna

A member elected by the Faculty Board of the Faculty of Medicine, University of Ruhuna

Appointed Members

8 members appointed by the University Grants Commission.

2.2. *Boards of Study* :

All the academic matters such as preparing syllabuses for the courses of studies, formulating training programmes standards of examination etc. are determined by the Boards of Study. For each discipline there is a seperate Board of Study, constitution of which is as follows :

(I) Where the Board of Study is established in respect of a discipline for which one or more than one University has a department of study. such Board shall consist of :

(*a*) The Director

(*b*) 6 members elected by the appropriate professional body from among their members.

(*c*) The Head of the Department of Study of each University having a Faculty of Medicine.

(*d*) A member elected by the Faculty Board of the Faculty of Medicine of each of the 4 Universities having such a Faculty.

(II) Where a Board of Study is established in respect of a speciality for which no University has established a department of study such Board shall consist of :—

(*a*) The Director

(*b*) 5 members selected by the appropriate professional body from among their members.

(*c*) A member elected by the Faculty Board of the Faculty of Medicine of each of the 4 Universities having such a Faculty.

At present there are 16 such Boards of Study for the following specialities :—

Anaesthesiology
Community Medicine
Dental Surgery
Family Medicine
Forensic Medicine
Medicine
Microbiology
Obstetrics and Gynaecology
Ophthalmology
Otolaryngology
Paediatrics
Pathology
Psychiatry
Radiology
Radiotherapy & Oncology
Surgery

3. Academic Programmes

The following are the Degree and Diploma programmes offered by the Institute:

MD in Anaesthesiology
MD in Community Medicine
MD in Family Medicine
MD in Forensic Medicine
MD in Microbiology
MD in Medicine
MD in Paediatrics
MD in Pathology
MD in Psychiatry
MD in Radiology
MD in Radiotherapy & Oncology
MS in Dental Surgery
MS in Obstetrics and Gynaecology
MS in Ophthalmology
MS in Otolaryngology
MS in Surgery
MSc in Community Medicine
MSc in Health Education
Diploma in General Dental Practice (DGDP)
Diploma in Family Medicine (DFM)
Diploma in Legal Medicine (DLM)
Diploma in Tuberculosis and Chest Diseases (DTCD)
Diploma in Medical Microbiology (D. Microbiol)
Diploma in Ophthalmology (DO)
Diploma in Child Health (DCH)
Diploma in Pathology (D.Path)

All the examinations leading to the above qualifications are held after a specific period of in-service training which is supplemented by organised courses of studies, seminars and practical work etc.

4 Eligibility for admission to the training programmes

Candidates seeking registration for the above programmes should possess a medical degree registrable with the Ceylon Medical Council and have completed one year of service after full registration.

5 Structure of the Training Programmes

5.1 Candidates seeking admission to the training programmes leading to the degree of MD/MS in the following specialities are admitted only on the results of the Part I examination in the respective speciality.

Anaesthesiology
Dental Surgery
Medicine
Obstetrics and Gynaecology
Ophthalmology
Otolaryngology
Paediatrics
Surgery

5.2 Candidats wishing to follow the training programmes leading to the MD/MS degree in the following specialities should, in the first instance complete the diploma in the respective discipline as given below. Only those candidates who have successfully completed the Diploma will be permitted to proceed to the MD/MS training programmes.

Family Medicine	—	Diploma in Family Medicine
Forensic Medicine	—	Diploma in Legal Medicine
Microbiology	—	Diploma in Medicial Microbiology
Pathology	—	Diploma in Pathology

5.3 In the case of specialities of Psychiatry, Radiology and Radiotherapy & Oncology, the candidates will be admitted to the direct in-service training programme in the course of which the trainees shall sit MD Part I and Part II examinations in the respective speciality.

5.4 In the case of MD in Community Medicine only those candidates who have successfully completed the degree of MSc in Community Medicine will be permitted to proceed to the MD Community Medicine pgrgramme.

5.5 Duration of the training programme in respect of the diploma courses is one to two years depending on the discipline at the end of which the diploma examination will be held.

5.6 Duration of the training programme in the respective degree of the MD/MS varies from 2 to 4 years depending on the requirements in the particular speciality as determined by the respective Board of Study.

5.7 During the period of in-service training programme leading to the degree of MD/MS, the trainees are required to comply with certain conditions such as appointments to be held, preparation and submission of a Case Book and/or dissertation etc. as may be stipulated by the respective, Board of Study.

6 Selection for training programmes

The following criteria will be applied in selecting trainees for the training programmes.

6.1 All the applications received for training programmes will be screened by the respective Board of Study.

6.2 All the candidates eligible for admission will be notified to the respective Ministry for release. However, release of doctors from their respective Ministry to follow the training programme will be the responsibility of that Ministry.

6.3 A medical officer who had either vacated post or resigned should have completed one year of service after reemployment before the officer is selected for the training programme.

6.4 In the case of a medical officer who wants to change the speciality in which he is undergoing postgraduate training such request for change of course will be allowed only after a period of two years from the date of the request.

6.5. If a medical officer wishes to enrol in a postgraduate training programme in another speciality such request will be allowed only after a priod of two years of service from the date of completion of the first postgraduate training programme.

6.6 A medical officer should have completed a minimum period of 8 years service before the officer enrols for a postgraduate course such as DFM where obtaining such a qualification is a requirement for promotion from one grade to another.

7. Examinations

A comprehensive examination will be held at end of the in-service training programme to test knowledge, skills and attitudes of the trainee. The examination will consist of written, oral and clinical components in addition to the assessment of the Case Book or Dissertation where stipulated. Only the trainees who reach the required standard for a pass in all the components will be awarded the Degree/ Diploma in the respective speciality granted by the University of Colombo.

8. Board Certification as Consultants

8.1 *Board Certification of PGIM Trainee*

After completing the degree of MD/MS in the respective discipline, the trainees should undergo two years of further training of which one year should be at a centre abroad, before they are board certified as consultants by the respective Board of Study. This period of further training may vary depending on the specialisation in a sub-speciality of the discipline concerned.

8.2 *Board Certification of Medical Officers who are in the service with foreign specialist qualifications*

Medical officers with foreign qualifications who are already in the Health Services or in the Faculties of Medicine before 1.1.80 could be board certified on application provided they have completed 7 years of continous service in the State Health Services or in the Universities of Sri Lanka after obtaining such qualifications. This category of medical officers will be board certified as from 01.01.80 and onwards.

8.3 *Board Certification of Medical Officers sent abroad.*

Medical officers who have been sent abroad by the Department of Health Services or by the Faculties of Medicine of the Universities of Sri Lanka for higher qualifications after I January, 1980 could be board certified as consultants on completion of 7 years of continuous service on return to the island after obtaining qualifications.

8.4 *Board Certification of re-employed/employed Medical Officers*

Board certification of reemployed/employed medical officers could be done on (*a*) successful completion of MD/MS in the relevant discipline (*b*) after completion of the post MD/MS training programme as laid down by the relevant Board of Study.

9. Exemptions

Granting of exemptions to any candidate from any part of examination on the basis of training requirements already satisfied or other postgraduate qualifications already obtained in the relevant speciality will be made on application as specified in the prospectus of the respective Board of Study.

PROSPECTUS IN ANAESTHESIOLOGY

Regulations relating to the training programme in Anaesthesia and Intensive Care, leading to the degree of M. D. (Anaesthesiology) of the Postgraduate Institute of Medicine of the University of Colombo and to Board Certification as a Consultant Anaesthetist.

The Programme is in seven stages, inclusive of two examinations.

STAGE I— MD Anaesthesiology Part I Examination

1.1. *Eligibility*.—Candidates shall have completed a one year internship after graduation, and be eligible for registration with the Ceylon Medical Council.

1.2. The Examination :

(*a*) The examination will be held at least once a year and the Board of Examiners shall include at least one external examiner from abroad.

(*b*) The subjects will be :

(i) Physiology,

(ii) Pharmacology,

(iii) Physics, Clinical Measurements and Clinical Chemistry, with special emphasis on subjects relevant to fields of Anaesthesia and Intensive Care.

(*c*) The examination will consist of :

(i) *An essay paper*.—A 3 hour paper comprising three parts, with a choice of question in each part.

(ii) *A Multiple Choice Question paper*.—A 3 hour paper consisting of 90 questions covering the three subjects.

(iii) An oral examination in each subject.

1.3. *Exemptions*.—Candidates holding the diploma of FFARCS of U.K., Ireland and Australia are exempted from the Part I Examination.

STAGE II—CLINICAL TRAINING PROGRAMME

2.1. *Eligibility*.—M. D. Anaesthesiology Part I examination, and Six months experience in clinical anaesthesia.

2.2. *The Programme*.—Consists of 2½ years of full time, in-service clinical experience gained under the supervision of the Board of Study, after the Part I Examinations, in posts approved by the Board. The following appointments should be completed to the satisfaction of the Board, duly certified by the respective tutors.

12 months general anaesthetic experience including the following rotation schemes in Eye and E. N. T. Orthopaedic and Dental, G.U., Plastic and Vascular, and Accident and Emergency anaesthesia.

The remaining 1½ years will include Cardiology, Thoracic, Neuro, Paediatric and Obstetric anaesthesia, and Intensive care.

Suitable posts for the entire 2½ year period specified above will be made available in General Hospital, Colombo, or at other teaching hospitals approved by the Board of Study.

Students will follow a Part II study course which will include lectures tutorials, journal clubs and mortality, morbidity conferences.

A case book of ten cases with discussion should be submitted to the Board of Study, 3 months prior to the Part II examination. Candidates will not be allowed to sit the examination unless this case book is approved by a n examiner, nominated by the Board.

2.3. *Exemptions*.—Candidates holding a recognised foreign diploma should submit documentation, duly certified by the Consultant and Employing Authority, as evidence that they have completed a period of in-service training comparable in nature and duration as described above.

Such training could be abroad or in Sri Lanka, but should necessarily be after the Part I examination, and acceptable to the Board of Study. Any deficiencies in training should be completed to the satisfaction of the Board before sitting the Part II examination.

STAGE III.—M. D. ANAESTHESIOLOGY PART II EXAMINATION

3.1. *Eligibility*.—M.D. Anaesthesiology Part I Examination

Completion of the Clinical Training Programme. (Stage II)

3.2 *The Examination :*

(*a*) The examination will be held at least once a year and the Board of Examiners shall include at least one external examiners from abroad.

(*b*) The subjects will be

(1) Theory and practice of Anaesthesia, Analgesia, and Intensive Care.

(2) Relevant aspects of Clinical Medicine and Surgery.

(3) Application of the Basic Sciences, including Anatomy and Pathology to the speciality of Anaesthesiology.

(*c*) The examination will consist of a written, oral and clinical components.

STAGE IV —DISSERTATION

A desertation based on the candidates original observations in the field of Anaesthesia or Intensive Care should be submitted. Alternatively, a paper presented at a Scientific Session may be accepted.

STAGE V—TRAINING ABROAD

After M.D, anaesthesiology Part II Examination

Candidates will be required to undergo a period of training abroad of at least one years duration in a centre approved by the Board of Study.

STAGE VI.—ASSISTANT ANAESTHETIST

Completion of one years service as an Assistant Anaesthetist in Sri Lanka.

Stages V and VI could be interchanged and need not be a continuous period.

STAGE VII. BOARD CERTIFICATION

Eligibility.—Satisfactory completion of Stages I to VI

Board Certification of Candidates with Foreign Diplomas :

(1) Be successful at the M.D. Anaesthesiology Part II examination.

(2) A dissertation or scientific paper should be approved by the Board.

(3) Complete two years service as an Assistant Anaesthetist in a hospital approved by the Board in the Ministry of Health or Teaching Hospitals, after the degree of M. D. Anaesthesiology.

Interpretation & Amendments

In any matter relating to interpretation of the above regulations, the decision of the Board of Study, approved by the Board of Management of the PGIM shall be final.

The Board will have the right to amend any of the provisions in the above regulations, with the approval of the Board of Management.

PROSPECTUS IN COMMUNITY MEDICINE

The Board of Study in Community Medicine (hereafter referred to as the Board) will conduct training programmes leading to the degree of M.Sc. (Community Medicine) and the degree of M. D. (Community Medicine).

Prospectus for M. Sc. (Community Medicine)

1. *Eligibility for Selection*

   The candidate shall have a degree registrable with the Ceylon Medical Council and shall have a minimum of one year's post internship experience.

2. *Qualifying Examination*

   Candidates should pass a qualifying examination to enable them to follow the training programme ; a written examination will be held every year for this purpose.

3. *Training Programme*

   During the training programme the candidate would follow a full-time course of one academic year's duration. During this period the candidate shall prepare a dissertation on a subject approved by the Board. The dissertation should be subsmitted to the PGIM four weeks before the M. Sc. (Community Medicine) examination which will be held at the end of the course.

4. *M. Sc. (Community Medicine) Examination*

   On satisfactory completion of the training programme the candidate will be eligible to sit the M. Sc. (Community Medicine) examination. This examination will be held once every year and will consist of four written papers, a clinical examination, an oral examination and the dissertation.

5. *Award of the degree of M. Sc. (Community Medicine)*

   Candidates successful at the M. Sc. (Community Medicine) examination will be awarded the degree of M. Sc. (Community Medicine).

6. Lecturers and Course Unit Advisors will be appointed by the Board of Study and the Examiners will be appointed by the Board of Management on the recommendation of the Board of Study.

7. Any section of this prospectus may be changed from time to time at the discretion of the Board.

1. *Eligibility for Selection*

Candidates who have been successful at the M.Sc. (Community Medicine) examination conducted by the PGIM or possess an equivalent qualification such as the DPH, MPH, DTPH, M.Sc. (Community Medicine), M. Sc. Occupational Health), DIH (following a course of one year's duration), M. Sc. (Health Administration), M, Med, Sc. (Community Medicine), M.ComHealth or any other qualification acceptable to the Board, are eligible for selection, provided they have one year's experience in public health.

2. *Training Programme*

(i) The Board shall be responsible for the training programme and the examination.

(ii) The training programme will be in three parts :

Part I :

During the first three months the candidate will undergo a training programme at the PGIM.

Part II :

During Part II of the training programme the candidate would be assigned to a University Unit where he would undertake a research project approved by the Board. The candidate shall submit a thesis based on the approved research 'project within a priod of twoyears from the date of registration for the M. D. (Community Medicine) training programme. On completion of this training, candidates who satisfy the Board of Examiners at (*a*) a written examination consisting of two papers, and (*b*) an oral examination where he shall defend the thesis shall be recommended for the award of the degree of M.D (Community Medicine). (Vide regulations).

Part III :

On successful completion of Part II the candidate will undergo a period of supervised training abroad. During this period the candidate will be attached to a centre/centres of excellence approved by the Board.

3. Lecturers and Course Unit Advisors shall be appointed by the Board of Study and Examiners shall be appointed by the Board of Management on the recommendation of the Board of Study.

4. *Exemptions :*

(i) Any person who possesses a recogaised postgraduate qualification in public health or a related discipline obtained before the 1st of January, 1980 and having a minimum of two years, experience in the speciality after obtaining the qualification could apply to the Board for exemption from Parts I and III of the training programme. For completion of Part, II, the candidate shall submit a thesis on a project approved by the Board and supervised by one or more supervisors appointed by the Board. The candidate shall defend the the isis at an oral examination conducted by two examiners appointed by the board; the superviosr shall be present as an observer.

(ii) On successful completion of Part II the candidate will be awarded the degree of MD (Community Medicine).

5. *Board Certification :*

The Board will recommend those candidates who have completed Parts I, II and III of the training programme and those candidates who have exemption from Part I and III to the Director of the Postgraduate Institute of Medicine that they be recognised as Board Certified Consultants.

6. Any section in this prospectus may be changed from time to time at the discretion of the Board.

REGULATIONS FOR M. D. (COMMUNITY MEDICINE) PARTS II AND III

Part II :

1. The topic or research should be of the applied type and be relevant to Sri Lanka. The title of the project along with the statement of objectives and usefulness and relevance to Sri Lanka should be submitted to the Board of Study for approval.

2. If the title of the project is approved, the candidate shall draw up a detailed protocol for submission to the Board for approval. The protocol should include the following items :

1. Title of the project.
2. Review of the relevant literature.
3. Objectives or purposes of the study.
4. Hypotheses (wherever necessary).
5. Methods.
6. Plan of implementation
7. Budget (with justification)
8. Limitations of study.
9. Source of funds (if any)

On approval, one or more supervisors will be appointed by the Board. The candidate may submit names of suitable supervisors for consideration and approval of the Board.

3. The supervisor shall be consulted and guidance obtained at all stages of the research project and the preparation of the thesis. The final draft of the thesis shall be read by the supervisor (s) before submission.

4. The candidate shall submit quarterly reports to the Director, PGIM on the progress of the research through the supervisor.

5. The candidate shall submit the thesis to the Director, PGIM within a period of two years from the date or registration for the M. D. (Community Medicine) training programme.

6. It is recommended that the thesis should contain 15,000 to 20,000 words. It should be type-written using double spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm. should be allowed on the left hand side to facilitate binding, and margins of 20mm. should be left at the top, right hand side and the bottom. Chapter headings should be capitalised and centered, whilst sub-division headings should be typed from the left hand margin in lower case type and underlined. Tables should be placed as near as possible to the part of the text to which they refer. The contents of the thesis should be given under the following headings :

1. Title
2. Author's name and degrees
3. Summary or synopsis
4. Table of contents
5. Preface (if necessary)
6. Introduction
7. Review of previous work on the subject
8. Materials and methods
9. Results
10. Discussion
11. Limitations of the study.
12. Recommendations (if any)
13. Acknowledgments
14. References (the Harvard system should be used)

7. Three copies of the thesis should be submitted to the Director, PGIM ; two copies shall become the property of the PGIM while the third copy will be returned to the candidate. The copies should be bound in hard cover with the author's name, degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover should carry the title on top, the author's name in the centre and the year at the bottom (also printed in gold).

8. The candidate shall defend the thesis at an oral examination conducted by two examiners appointed by the Board : the supervisor shall be present as an observer.

9. The candidate shall also sit a written examination consisting of two papers which will be based on Parts I and II of the training programme.

Part III :

1. On successful completion of Part II of the M.D. (Community Medicine) training programme the candidate will undergo a minimum period of 9 months' supervised training abroad, when he would be expected to be attached to one or more centres of excellence approved of the Board. The candidate shall be attached to any one of these centres for a minimum period of six months.

In exceptional circumstances the Board may consider exemption of a candidate from this requirement and permit this part of the training to be undertaken in one or more centres of excellence in Sri Lanka.

2. At the end of this training period the candidate shall submit :

(i) a critical report of work done by the candidate in the centres.

(ii) a certificate/certificates from the supervisor(s) testifying to the satisfactory performance of the candidate.

3. The Board shall examine the above report and certificate(s) to consider whether the candidate has successfully completed Part III of the M. D. (Comunity Medicine) training programme.

PROSPECTUS IN DENTAL SURGERY

Introduction :

The following is an outline of the method of selection of trainees, programme of training and examinations leading up to Consultant (Specialist) status in Dental Surgery, with the degree of M.S. (Dental Surgery).

The programme shall consist of four stageswith two examinations, the M.S. (Dental Surgery) Part I and M.S. (Dental Surgery) Part II, a supervised training period in approved centres in Sri Lanka and abroad.

Stage I :

The stage I will be the M.S. (Dental Surgery) Part I examination. This examination will consist of a written (essay type questions and multiple choice question papers) and an oral examination in the following subjects.

A. Applied Anatomy and Dental Anatomy ;
B. Applied Physiology including Biochemistry ;
C. Principles of Pathology including Microbiology.

The scope of the M.S. (Part I) Examination :

(*a*) Applied Anatomy and Dental Anatomy :–
Candidats will be expected to have a general knowledge of regional, applied, radiological and histological anatomy of the body excluding the limbs and abdomen and a detailed knowledge of the head and neck and thorax including the brain.

They should have a good knowledge of the composition, gross and minute structure development and function of dental and related tissue and such aspects of embryology as have special dental significance and should be able to discuss recent investigations in relation to these matters. This would include detailed knowledge of enamel, dentine, pulp periodontal ligament, cementum, alveolar bone, tooth eruption and shedding, oral mucous membrane, development of teeth and jaws, salivary glands, maxillary antrum and the temporomandibular joint.

(*b*) Applied Physiology including Biochemistry :—
Candidates will be expected to have a sound knowledge of physiology of the main systems of the body, the general principles of nutrition and metabolism and the mechanism whereby normal growth, the structure of the skeleton and the composition of the body fluids are regulated.

A mastery of detailed techniques of experiments and tests will not be required. Similarly in the field of biochemistry a detailed knowledge of chemical reactions, analysis and synthesis is not expected. Candidates should, however be familiar with those techniques which are commonly employed in clinical investigations.

(*c*) Principles of Pathology including Microbiology :–

Candidates should have a general knowledge of the causation character and sequelae of inflammation degeneration and repair, hypertrophy, atrophy and hyperplasia, thrombosis, embolism, infarction, ischaemia, oedema, neoplasia and the principles of blood transfusion, also the action of radiation on the body. They should be familiar with the general characteristics of bacteria and viruses and have a more detailed knowledge of those which are important in dental surgery, wound infection and cross infection. They will be required to have a general understanding of toxins, immunity allergy and actions and uses of antibiotics.

There will be three questions in applied Anatomy and three questions in Dental Anatomy. Candidates are required to answer TWO of the three questions in either group, i.e. a total of four questions. A time of three hours will be provided. In addition there will be an MCQ paper. There will also be an oral examination.

The paper on Applied Physiology including Biochemistry will have four questions Candidates are required to answer THREE questions only. A time of two hours. will be provided. In addition there will be an MCQ paper

The paper on the principles of Pathology including Microbiology will have four questions. Candidates are required to answer THREE questions only. A time of TWO hours will be provided. In addition there will be an MCQ paper.

Eligibility for M.S. Part I Examination :

(*a*) A Dental Surgeon registered with the Ceylon Medical Council.

(*b*) A minimum period of 18 months after the BDS Degree.

Stage II

The Stage II will be the M.S. (Dental Surgery) Part II Examination.

M.S. (Dental Surgery) Part II :

The examination is designed to test skills and competence necessary for a Hospital Dental Consultant practising in the context of health care delivery in Sri Lanka. The examination is broad based and the subjects of the examination are divided into two groups.

Group I.—General Surgery, General Medicine and Therapeutics as they pertain to the practice of Dentistry. Oral Surgery includng maxillo facial surgery. Oral Medicine, Oral Pathology.

Group II.—Conservative Dentistry, Prosthetic Dentistry Periodontology, Orthodontics, Paedodontics, Community Dentistry.

The Examination is as follows :

In Group I subjects :—

(1) Written paper of 3 hours duration consisting of 4 theory questions, two of which will be in Oral Surgery

(2) Clinical Long Case: I hour's duration of examination and discussion. Short Cases including spots

(3) Practical examination

(4) Oral examination inclusive of General Surgery aud General Medicine.

In Group II subjects :

(1) Written paper of 3 hours duration consisting of 4 theory questions one each been from Conservative Dentistry and Prosthetics.

(2) Clinical Examination.

(3) Practical Examination.

(4) Oral Examination.

(The examination will include a practical examination in Restorative Dentistry and Minor Oral Surgery. Comparable skills will be tested as far as possible for the 'psychomotor component).

The scope of the M.S. (Dental Surgery) Part II Examination

The examination is designed to :

(*a*) Assess the knowledge of surgery, medicine and therapeutics as they pertain to the practice of dentistry.

(*b*) Test that the candidate is able to elicit an accurate and clear history and the basic physical signs and symptoms of disease.

(*c*) Test that the candidate has a good knowledge of the naturally occuring variations of morphology and function of the teeth, mouth, jaws and associated structures.

(*d*) Test that the candidate has a good knowledge of the aetiology, pathology, physical signs, symptoms, natural history and management of disorders of the teeth, mouth, jaws, and associated structures.

(*e*) Establish that the candidate has sound practical skills for dental practice.

Eligibility for M.S. (Dental Surgery) Part II Examination

(1) Pass in the M.S. Part I or a Primary FDSRCS of any Royal College of Surgeons of U.K. prior to 01.01.1980 or a FDSRCS of any of the Royal Colleges.

(2) A 12 months Hospital appointment with a Consultant Dental Surgeon as SHO after passing M.S. Part I, . During this appointment the candidate would have to undergo training in General Surgery and General Medicine, one afternoon per week with a Consultant Surgeon and a Consultant Physician.

(3) A 36 weeks rotation appointment at the Faculty of Dental Sciences, University of Peradeniya with instructions in :

3.1	Oral Surgery	3 weeks (70 hrs.)
3.2	Oral Pathology	4 weeks (140 hrs.)
3.3	Oral Medicine	4 weeks (140 hrs.)
3.4	Conservative Dentistry	8 weeks (280 hrs.),
3.5	Prosthetic Dentistry	8 weeks (280 hrs.)
3.6	Paedodontics	3 weeks (150 hrs)
3.7	Periodontology	3 weeks (105 hrs)
3.8	Community Dentistry	3 weeks (150 hrs.)

(4) A 16 weeks rotation appointment in Colombo with instructions in:

4.1	Accident Centre	2 weeks (70 hrs.)
4.2	Plastic Surgery	2 weeks (70 hrs.)
4.3	General Anaesthesia	2 weeks (70 hrs.)
4.4	Oncology (Maharagama)	2 weeks (70 hrs.)
4.5	Otolaryngology	1 week (36 hrs.)
4.6	Haematology	1 week (35 hrs.)
4.7	Dermatology	1 week (35 hrs.)
4.8	Radiology	1 week (35 hrs.)
4.9	Orthodontics	4 weeks (140 hrs.)

(5) Any candidate who has held appointments after the Primary FDSRCS can apply to the Board for exemption from the training appointments.

The trainee shall involve himself/herself actively in clincial, preoperative, operative and postoperative management of patients through the 24 months of the programme.

A certificate of satisfactory completion of his/her training from the Consultant is necessary vide (2), (3) and (4) above.

Stage III :

The Stage III will commence after successful completion of M.S. (Dental Surgery) Part II examination and will consist of a one year period of supervised training in an approved centre abroad. The candidate completing Stage III will be required to present a certificate from his/her supervisor to testify to his/her satisfactory performance during this period abroad.

Stage IV :

After returining from abroad the completion of a year of service as a Senior Registrar in the Dental Institute, Colombo, or faculty of Dental Sciences, Peradeniya. During this stage, the candidate should have general anaesthesia facilities. The candidate should provide a case record book of 40 major cases pertaining to all aspects of dental practice managed by him her alone or in collaboration. These must be certified by the Consultant responsible for training. Part of Stage IV may be done before stage III.

The examiners will be nominated by the Board of Study in Dentral Surgery. Approved Institutions for training are hospitals where consultants are available :

Dental Institute, Colombo, Faculty of Dental Sciences, University of Peradeniya, Cancer Institute, Maharagama, Blood Bank and Skin Clinic (Colombo) and General Hospital (Teaching), in Colombo, Kandy, Jaffna and Galle.

The rules and regulations may be amended by the Board of Study as and when necessary.

The programme will be reviewed from time to time together with the nature of the examination.

Exemptions :

Candidate who have passed the FDS exam. of any of the Royal College in the UK shall be exempted from MS (Part I) only. All appointments n Stage II will have to be done.

DIPLOMA IN GENERAL DENTAL PRACTICE

Introduction

The Board of Study in Dental Surgery will conduct a training programme leading to a Diploma in General Dental Practice (D.G.D.P.). The following is an outline of the programme of training and examination.

I. *Eligibility*.—To register for the course leading to the (D.G.D.P.). the candidate should have.

(*a*) a Dental degree registrable with the Ceylon Medical Council.

(*b*) completed six years in the Department of Health or Defence Services (for purpose of promotion from Grade II to Grade I in the Department of Health or Defence Services.

(*c*) Eligibility applicable to General Dental Practitioners to be confirmed by the College of General Dental Practitioners.

Course

An eligible candidate should register himself with the PGIM for the course leading to the D.G.D.P.

Requirements

Part I.—A Case Book of twenty cases as representative as possible. The Case Book to be submitted 2 months before the examination.

Part II.—Examination (Theory)—One paper comprising 60 M.C.Q. per section covering the following sixteen topics/groups.

(*a*) Basic Sciences — Anatomy, Dental Anatomy, Physiology and Biochemistry
(*b*) Medical/Dental statistics
(*c*) Public Health Dentistry/Preventive Dentistry ;
(*d*) Dental Radiology ;
(*e*) Orthodontics;
(*f*) Conservative Dentistry ;
(*g*) Materials ;
(*h*) Periodontology ;
(*i*) Operative Dental Surgery, excluding periodontia and exodontia
(*j*) Oral Medicine, and Oral Pathology ;
(*k*) Minor Oral Surgery including exodontia ;
(*l*) Dental Prosthetics ;

(*m*) Paedodontics ;
(*n*) Medicine ;
(*o*) Surgery ;
(*p*) Practice Management ;

(1) Finance ;
(2) Personnel ;
(3) Jurisprudence pertaining to General Dental Practice.

Part III.—Practical/Clinical Examination/Viva Voce—Scope to encompass every day clinical problems facing a General Dental Practitioner in Hospital/General Dental Practice.

Training programme and lectures to be held in the Dental Institute, Colombo/ P.G.I.M.

Training in Conservation and Prosthetics to be held at the Faculty of Dental Sciences, Peradeniya.

The Course will be of one year's duration. Weekend lectures.

This prospectus is subject to review by the Board of Study from time to time.

In all matters regarding the Prospectus or in any matter of interpretation of the regulations, the decisions of the Board of Study duly approved by the Board of Management of the Postgraduate Institute of Medicine shall be final.

PROSPECTUS IN FAMILY MEDICINE

Introduction :

The Board of Study in General Practice/Family Medicine will conduct a training programme leading to a Diploma in Family Medicine (DFM) by examination. Those who have a Diploma in Family Medicine, and 5 years experience in General Practice/Family Medicine, could, with a further period of supervised research in a subject of relevance to General Practice/Family Medicine and presentation of a thesis, obtain the degree of MD in Family Medicine.

The following is an outline of the programme of training and examination leading to

(i) Diploma in Family Medicine (DFM) and
(ii) MD (Family Medicine)

DFM Course :

Eligibility to enter the DFM Course—
(*a*) Possession of a medical degree registrable with the Ceylon Medical Council ;
(*b*) Completion of one year of active medical practice after full registration.

The DFM Course will consist of—

(*a*) 250—275 Course modules (1½ hours each) on topics related to General Practice/Family Medicine.

(*b*) 30 clinical sessions of 2 hours each in each of the following disciplines– General Medicine, General Surgery, Paediatrics, Obstetrics and Gynaecology, Clinical Pathology, Radiology, ENT, Opthalmology, Dermatology, Orthopaedics, Accident Surgery, Emergency Medicine, Psychiatry and Community Medicine.

(*c*) 20 clinical sessions in General Practice/Family Medicine.

The Course teaching/learning activities would take the form of group discussions, lectures, seminars and clinical demonstrations. The list of Course modules is given in annexure A. These would be conducted on 3 days of the week as follows :

Fridays	2.00 p.m. — 5.15 p.,m.	(teaching sessions)
Saturdays	2.00 p.m. — 5.15 p.m.	(teaching sessions)
Sundays	8.30 a.m. — 11.45 a.m.	(teaching sessions)

These modules will be repeated annually. These could be completed by the candidate in a minimum period of one year or a maximum period of 4 years.

The clinical sessions will be held under the supervision of a qualified consultant in an approved hospital in Sri Lanka. The candidate is required to provide evidence of attendance.

The General Practice clinical sessions will be held under the supervision of a senior general practictiner in at least three different approved practices in Sri Lanka. The candidate has to provide evidence of attendance.

This information could be obtained from the PGIM on request.

DFM Examination

Eligibility :

(i) Completion of the DFM Course as stipulated above viz., proof of attendance at 80% of the Course modules conducted annually, 30 clinical sessions in the specialities and 20 clinical sessions in General Practice.

(ii) Those with a medical degree registrable with the Ceylon Medical Council who have completed 5 years in General Practice after registration, will be allowed to sit the DFM Examination without the above requirement.

The DFM Examination will consist of three parts viz., written examination, clinical examination and practical examination.

The written papers will consist of two parts ;

Part I —The MCQ paper

60 × 5 items—True/false type of MCQ will be given. Time—two hours.

Part II.—The MEQ paper

Three case histories with questions interspersed at different stages will be given.
Time—Three hours.

The Clinicals will consist of two parts

(i) Two full consultations

for each of which 10 minutes are allowed for consultation and 10 minutes for discussion with the pair of examiners, who have already watched the consultation.

(ii) Two short consultations

for each of which 5 minutes are allowed for examination of an area or system pointed to by the pair of examiners, and for discussion.

The Practical examination will consist of two parts.

(i) Identification of twenty exhibits :

These will be items such as clinical photographs, slides, instruments, X-rays, ECG's laboratory reports and pathological specimens etc. Time—100 minutes.

(ii) Oral on "Log Diary" presented by candidate—

The pair of examiners will question the candidate on three cases picked up from the log diary. The log diary provided by the PGIM should be maintained by the candidate on 50 cases from his own clinical work or the attachment in an approved General Practice. The log diary also records brief details of the candidate, his clinical practice and interests.

Time—15 minutes

(The log diary should be handed to the PGIM before the last day of the Course).

The candidates will have to satisfy the examiners in each part of the examination to be successful at the DFM examination.

MD in Family Medicine

Eligibility :

(*a*) A candidate should have the Diploma in Family Medicine.

(*b*) A minimum of 5 years' experience in General Practice/Family Medicine.

The Board of Study will decide whether a candidate's experience is in General Practice/Family Medicine.

Candidates who have a Diploma/Degree equivalent to the DFM could apply to the Board of Study for exemption from the DFM, to register for the M. D. in Family Medicine.

Eligible candidates should apply to the Board of Study in Family Medicine to register for engaging in a research project leading to the M.D. in Family Medicine, by submitting a protocol. The Board of Study would then nominate a supervisor who will guide the candidate in the research project.

At the end of a minimum period of one year and a maximum of four years the candidate will submit a thesis on the results of his research. If the thesis is accepted by the Board of Examiners nominated by the Board of Study in General Practice/ Family Medicine, the candidate will be expected to defend his thesis at a viva before he is awarded the degree of M.D. in Family Medicine.

This prospectus is subject to review by the Board of Study from time to time. In all matters regarding this prospectus or in any other matter of interpretation of these regulations the decision of the Board of Study in General Practice/Family Medicine duly approved by the Board of Management of the Postgraduate Institute of Medicine, shall be final.

PROSPECTUS IN FORENSIC MEDICINE

THE DIPLOMA IN LEGAL MEDICINE

I Introduction :

The Board of Study in Forensic Medicine will conduct a training programme leading to a Diploma in Legal Medicine (D.L.M.). The Diploma will enable the holder to be promoted to Grade I in the Dept. of Health Services but shall not entitle him to consultant status.

II. Eligibility :

The prospective candidate should

(*a*) be a Medical practitioner with a degree from a University acceptable to the C.M.C.

(*b*) have completed one year of active practice after full registration.

III. Training

(*a*) The trainees will spend 12 months in a recognised Medico Legal Unit for in-service training. During this period the trainee will be expected to gain adequate experience in the field. During the period of such training, the trainee will be on secondment to the PGIM and his supervising officer will be his/her immediate superior. The Director, PGIM may, at any time during the training, recommend to the D.H.S. that such training be terminated on the advice of the supervising officer and the Board of Study.

(*b*) During the period of training, the supervising officer will make arrangements for the trainees to gain adquate experience in the Medico Legal aspects of related specialities. The trainees will also be expected to attend all lectures, tutorials, workshops etc. designed for all postgraduate trainees in Forensic Medicine although attendance at these will be optional.

(*c*) A series of 50 hours of compulsory lectures, tutorials etc. will be held either during the training period or immediately after the completion of the in-service training.

An attendance of 80% hereof is compulsory, unless supported by a medical certificate when 60% would be acceptable, at the discretion of the Board. A case book containing twelve cases, i.e. six clinical cases and six pathological cases will have to be submitted by the trainee at least three months in advance of the examination : each case to have been a case with which the trainee has been associated.

IV. Examination

The examination will comprise three components i.e. a written, a practical and viva voce examination.

(*a*) Written paper :

This component will comprise two three-hour papers on the theory and practice of Forensic Medicine. The first will be a short answer type paper and the second an essay type paper of five questions all of which have to be attempted.

(*b*) Practical :

This component will be in three parts.

(i) Post mortem examination and report with relevant discussion. (Duration 3 hrs.)

(ii) Clinical Examination :
Examination of one or more patients, report and relevant discussion to last not more than one hour.

(iii) Examinations productions (duration–not more than one hour).

(*c*) Viva Voce examination :

This component will last not less than 15 minutes per candidate. In addition to the questions on theory and practice of Forensic Medicine, the candidates will be questioned on their case book.

(*d*) The Successful Candidates will be awarded the Diploma in Legal Medicine.

M.D. IN FORENSIC MEDICINE

I. Introduction

The following is an outline of the method of selection of trainees, programme of training and examination leading up to consultant (specialist) status in Forensic Medicine, with the degree of M.D. (Forensic Medicine).

II. Eligibility

(i) A pass at the Diploma in Legal Medicine examination.

III. Training

(1) The training shall be for a period of two years at a Department of Forensic Medicine and an Office of a Judicial Medical Officer approved by the Board of Study in Forensic Medicine.

(2) Continuous assessment of attainment and performance of the trainee shall be made during the period of training.

(3) The trainee shall attend and intensive course of fifty lectures given during the period of two years, and certain other instruction classes and seminars to be arranged from time to time. The course of instruction would include Forensic Medicine, Toxicology, Law and Legal procedures and Criminal Investigation. A minimum attendance of 80% at these classes is necessary. unless supported by a Medical certificate when 60% could be accepted.

(4) The trainee would be attached for a period of one year to a Department of Forensic Medicine and one year to an office of a Judicial Medical Officer. The Head of the Unit will be responsible for such training. The trainee would have to take part in the routine service work and other activities of the Institution and follow the instructions of its Head.

(5) During the period of attachment to a Unit there would be service/instructional attachment in the following fields :

(*a*) Pathology	6 months
(*b*) Accident Service, Neuro Surgery and Thoracic Surgery and Dentistry	3½ months
(*c*) Psychiatry, Radiology, Gynaecology and Venereal Diseases	1½ months
(*d*) Government Analysts Department	2 weeks
(*e*) Police and Attorney General's Department	2 weeks

(6) The trainee will be required to prepare and submit a case book of twenty cases.

(7) During the training period the trainee will be under the direct supervision of the Head of the Unit to which he is attached at any time. Such Head could take disciplinary action in the event of unsatisfactory work and/or conduct, by reporting such a trainee to the Director of the Postgraduate Institute of Medicine who shall have the power to terminate the training.

IV. MD (Foresic Medicine) Examination

At the end of the training programme a comprehensive examination will be held leading to the degree of MD (Forensic Medicine.)

The examination will consist of written, clinical/practical and oral components as follows :

(*a*) *Written*

Shall consist of two papers, each of 3 hours duration, one paper consisting of 15 short answer type questions and the other consisting of 4 essay type questions.

(*b*) *Clinical/practical*

Shall consist of

I. a postmortem examination followed by documentation and an oral examination thereon — duration 3 hours

II. An examination, report and discussion on production — duration 1½ hours

III. an examination, report and discussion on histopathological specimens—(Slides) duration 1 hour

IV. an examination, report and discussion on two or more clinical cases—duration 1½ hours.

(*c*) *Viva voce* — duration a minimum of 20 minutes.

V. **Training abroad**

After successful completion of the degree of MD (Forensic Midicine) the trainee is required to undergo one year further training at a recognised center abroad for the purpose of Board certification as a Consultant in Forensic Medicine.

VI. **Exemptions**

Those holding the following qualifications may be exempted from the training reqirements upon application.

Membership of the Royal College of Pathologists (Forensic Medicine) UK

Diploma in Medical Jurisprudence — clinical and Pathology, London

Fellow of the Royal College of Pathologists of Australasia

Any other equivalent qualifications approved by the Board of Study.

This will be considered on the basis of experience of the applicant after he had obtained the requisite postgraduate qualifications.

VII. In any matter regarding this prospectus or in its interpretation, the decision of the Board of Study in Forensic Medicine duly approved by the Board of Management of the Postgraduate Institute of Medicine shall be final.

PROSPECTUS IN HEALTH EDUCATION

1. Introduction

The Postgraduate Institute of Medicine offers a programme of study and training leading to the degree of M.Sc. in Health Education. The Board of Study in Community Medicine bears overall responsibility for the training programme and evaluation while the immediate responsibility is vested in a group of specialists appointed by the Board of Study in Community Medicine.

The Postgraduate Institute of Medicine will serve as the administrative, co-ordinating and standard setting body for the programme, and will appoint a full-time member to head the programme. The faculty will be drawn from appropriate university staff and from existing resources of the national community in :—

(*a*) Public Health.

(*b*) Behavioural, Social and Educational Sciences.

(*c*) Health Education Practice.

2. Cataegories of Candidates

There shall be two categories of candidates —A and B. Candidates in category B will be those who already possess a postgraduate diploma or degree in Health Education from a recognised university who wish to sit the M.Sc. in Health Education.

2.1 *Category A* .

2.1.1 ELIGIBILITY :

A person with a Bachelor's degree of a recognised university in any of the following disciplines : Medicine, education, social sciences, humanities, science and any other field that may be determined by the Board of Study in Community Medicine from time to time.

2.1.2 QUALIFYIHG EXAMINATION :

Candidates should pass a qualifying examination to enable them to follow the training programme, a written exam ination will be held every year for this purpose.

2.1.3 DURATION

The academic programme covers four academic terms with a twelve week field internship between the third and fourth term.

2.1.4 Curriculum Components

The curriculum is designed to provide educational experiences which broadly fall into three major categories of outcome required for professional practice.

(*a*) A mastery of subject matter, concept and theory

Basic to the performance of Health Education functions, the emphasis here is on content related, in general, to health issues and problems and specifically for Health Education, to the command of selected key concepts with which we may better understand human behaviour, diagnose problems and select appropriate change processes.

(*b*) Skill in relating theory to practice and competence in performing the various functions and tasks which are required. Examples of the skill area relate to the processes of communication, planning, group and team development, evaluation and management. These skills relate to his tasks as a Health Educator and most importantly to his role in helping to assure the maximum educational impact from the activities of all workers.

(*c*) Personal growth in clarification of values, commitments to goals of public health and national development, the interpersonal communication and emotional maturity in the face of what are frequently frustrating and problematic work demands.

2.1.5 The Syllabus

Section A — Public Health—

(i) Basic statistics and Epidemiology
(ii) An Introduction to Health Systems
(iii) Introduction to Administration
(iv) Family Health and Nutrition
(v) School Health
(vi) Environmental and Occupational Health
(vii) Communicable and Non-Communicable diseases

Section B — Behavioural Science Foundations—Public Health

(i) Behavioural Science concepts and application
(ii) Relating theory to practice

Section C—Educational Science change Processes

(i) Learning & change processes theory & practice.
(ii) Communication — theory & practice
(iii) Group and Community Development

Section D — Health Education Management and Practice

(i) Planning & Evaluation
(ii) Training & Staff development
(iii) Communication and group process
(iv) Media—Production & Utilization
(v) Consultation/Supervision

2.1.6 Course Evaluation

Concurrent evaluation will be based on student seminars, a take home written assignment (term paper) and a term-end examination consisting of a written paper and an oral examination.

The final assessment will be based on the report of a field project undertaken by the students and a comprehensive final examination consisting of two written papers and an oral examination.

2.1.7 Award of the Degree

On successful completion of the examination requirements and the twelve weeks field internship as stipulated in the programme the candidate will be awarded the degree of M.Sc. in Health Education.

2.2 *Category B*

These candidates will submit a dissertation on an approved research study underktaken by them.

2.2.1 Eligibility

Candidates should—

(i) hold a postgraduate diploma or a higher degree in Health Education from a recognised University.

(ii) have experience in the field of Health Education work for more than 3 years, after obtaining postgraduate qualifications at (i) above.

2.2.2 Procedure of Admission

The candidate should apply to the Director, Postgraduate Institute of Medicine with his curriculum vitae seeking approval to undertake a research study.

The candidate's application will be submitted to the Board of Study in Community Medicine for consideration and the candidate will be informed of the decision of the Board.

2.2.3 Selection of Topic for Research

The topic of research should preferably be of the applied type related to the Health Education discipline and be of such a nature and size that the student could conduct the research with minimum research assistance. The title of the research project along with a statement of objectives and its usefulness and relevance should be submitted to the Board of Study for approval . If acceptable, the Board will appoint one or more Supervisors. The candidate may submit names of suitable Supervisors for Board approval.

2.2.4 Preparation of Research protocol

The candidate with the help of the Supervisor's should draw up a detailed protocol for submission to the Board for approval. A written approval of the protocol by the Supervisor should accompany the protocol.

It should contain :

(1) Objectives or purposes of the study
(2) Review of Relevant Literature
(3) Hypotheses (wherever necessary)
(4) Methods
(5) Limitation of the Study
(6) Plan of implementation
(7) Budget
(8) Source of funds
(9) Proposed date of commencement and completion of the study.

2.2.5 Methodology

The Supervisor should be consulted and guidance obtained on such matters as, research design, methods of study, size and method of sampling, construction and testing of questionnaires, instruments and measures, training of research assistants.

2.2.6 Preparation of Dissertation

A dissertation which includes results of the research and which indicates ability of the student to conduct a scientific investigation with some supervision should be prepared for submission.

The supervisor/s should be consulted before and during preparation of the dissertation, draft/s should be read and approved by the Supervisor before the final dissertation is submitted. The length of the dissertation would vary depending on the topic, nature of study, tables and charts. The length of the dissertation should not be less than 5000 words. Guidelines for the preparation of the dissertation could be obtained from the PGIM.

2.2.7 Submission

The study should be completed and the dissertation submitted to the Director, PGIM within three years from the date of approval of the research study.

Three copies of the dissertation should be bound in hard cover with the author's name, degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover will carry the title on top, the author's name in the centre and year at the bottom (also printed in gold). All three copies should be submitted to the Director, Postgraduate Institute of Medicine Two copies shall become the property of the PIGM while the third copy will be returned to the candidate.

2.2.8 Examination

The candidate is expected to defend his/her dissertation at an ora examination. A panel of three examiners one of whom will be from the discipline of health education will be appointed on the recommendation of the Board of Study in Community Medicine. The Supervisor would also participate at the examination as an observer.

2.2.9 Award of Degree

On successful completion of the examination the candidate will be awarded the degree of M.Sc. in Health Education.

(2) Candidates will have to submit evidence that they have completed a period of in service training comparable in nature and duration to the period of training Stage II after passing the MRCP Part I examination. This training could be abroad or in Sri Lanka. The training will have to be deemed satisfactory by the Board of Study in Medicine. Any deficiencies in the training will have to be completed in Sri Lanka or abroad.

Prospective candidates may apply to the Board to determine whether the appointments the candidates held or hopes to hold would be considered suitable by the Board. This should be done at least three months before the closing date for applications.

(3) On meeting these requirements the candidate may sit for MD Part II and if successful be awarded the degree of MD.

(4) For board certification as a consultant the candidate with the MRCP will have to—

(i) be successful in the MD Part II examination ; and

(ii) complete one year service in a recognized institute abroad after MRCP final examination.

(iii) complete a 12 month period of training as an Assistant Physician in a teaching hospital in Sri Lanka.

On any other matter regarding this programme or on a matter of interpretation of these regulations the decision of the Board of Study duly approved by the Board of Management of the Postgraduate Institute of Medicine shall be final.

The MD (Medicine) Part I Examination :

(1) This examination consists of two multiple choice question papers, paper A and B.

(2) Paper A—(*a*) (time allowed 2 hours). Contains sixty Multiple Choice Questions. The questions are designed to test knowledge of the basics of medical practice over a wide area including elementary statistics and the basic sciences.

(*b*) Each question consists of five possible statements (or 'items') followed by five possible completions (or 'items) identified ABCDE. There is no restriction on the number of True or False items in a question. It is possible for all items in a question to be true or for all to be false.

One mark (+1) will be awarded to each correct answer. One mark will be deducted (—1) for each incorrect answer.

(3) Paper B—(time allowed 45 minutes) will follow Paper A and will consist of 15 multiple choice questions mainly of local interest and will be of the same pattern as Paper A.

(4) It will be necessary to pass both in Paper A and B to be successfull in the Part I examination.

The MD (Medicine) Part II Examination :

(1) Scope of the examination

The candidates are expected to have an adequate knowledge of the physiological, biochemical and pathological basics of Medicine. He must be familiar with health problems in this country and the principles in the prevention and control of diseases and the promotion of health.

It is expected that the candidate possess a specialist knowledge of the principles and practice of internal Medicine and Therapeutics, which would enable a person to manage a general medical unit. A high degree of competence would be expected in the clinical skills. This would include a knowledge of the indications and interpretat ion of all common pathological, radiological and other investigations.

The candidate should be competent to carry out investigative procedures such as biopsies and aspirations, and be able to perform simple, side room laboratory tests. They should also be familiar with the practical procedure involved in intensive medical care. A fundamental knowledge of the subspecialities in Medicine such as Dermatology and Psychiatry etc. is also expected.

The candidate is expected to have read widely in General Medicine, be familiar with current medical literature, and have some knowledge of medical history and ethics.

(2) Content—structure of the MD Part II examination.

The examination will consist of 3 parts. The Theory Papers, Clinicals and the viva-voce examination.

The Theory—will consist of 2 papers.

Paper I—3 hours duration, and will consist of about 5 essay type questions.

Paper II—3 hours duration, and will consist of 10—15 short questions

The Clinical — Long and short cases.

Viva-Voce-Each candidate will be examined by 2 sets of examiners, each viva lasting 15 minutes.

This format will apply to the exam. upto December, 1988. A change of format of the exam. is contemplated from December, 1989.

REQUIREMENTS FOR SPECIALISED TRAINING IN SUB-SPECIALITIES

Following successful completion of the MD Part II, those intending to specialise either in Cardiology, Dermatology, Neurology, Respiratory Medicine or Rheumatology and Rehabilitation will be required to spend a period of two or three years of satisfactory training as follows :

Cardiology :

A minimum period of 3 years post MD training n Cardiology. Two of these 3 years training will be in a Cardiology Unit in Sri Lanka and the third year should be in an approved institution abroad.

Dermatology

A minimum period of 2 years post MD training in Dermatology . This will include one year satisfactory training in a Dermatology Unit of a teaching hospital in Sri Lanka and one year in an approved institution abroad.

Neurology

A minimum period of 3 years post MD training in Neurology. Two of the three years will be in a Neurology Unit of a teaching hospital in Sri Lanka and one year in an approved institution abroad.

Respiratory Medicine—

A minimum period of 2 years post MD training in Respiratory Medicine This will include one year training in a Respiratory Medicine Depatment of a teaching hospital in Sri Lanka and one year in an approved institution.

Rheumatology and Rehabilitation—

A minimum period of 2 years post MD training in Rheumatology and Rehabilitation. This will include one year training in a Rheumatology Unit in Sri Lanka with inpatient facilities and one year in an approved institution abroad.

Those intending to specialise in any of the above specialities should preferably have done 3 months in that speciality while undergoing in obligatory MD training period.

Board certification as a Consultant—

A trainee will be certified as a consultant following the completion of a period of either 2 or 3 years after the MD Part II examination, depending upon whether the trainee intends to be general Physician or specialised in one of the branches of Medicine as has been indicated above.

THE DIPLOMA IN TUBERCULOSIS AND CHEST DISEASES

1. Introduction :

The Board of Study in Medicine will conduct a training programme, duration. one year, leading to the Diploma in Tuberculosis and Chest Diseases (DTCD) The diploma will enable the holder to be promoted to Grade I in the Ministry of Health Services Teaching Hospitals but shall not entitle him to Consultant status.

II. Eligibility

The prospective candidate should :

(*a*) possess a medical degree registrable with the Ceylon Medical Conucil ;

(*b*) have completed one year' s experience in chest diseases after completing internship.

III. Course

The selected candidate will be attached to one of the following institutions: Chest Hospital, Welisara, Chest Hospital, Kandana, Central Chest Clinic, Colombo.

During this period, the candidate will be given the opportunity to obtain the necessary training in pathology, epidemiology, bacteriology, surgery of tuberculosis, pulmonary and non-pulmonary tuberculosis and non-tuberculosus chest diseases.

The training will include the epidemiology of tuberculosis, bronchitis, pneumoconiosis and other chest conditions, particular attention is paid to the teaching of techniques for carrying out field surveys to measure the prevalance and attack-rate of such conditions. Detailed practical training is given in—

(1) Interpretation of 70 mm. chest radiographs.

(2) The technique of tuberculin testing and B.C.C. vaccination.

(3) The technique of doing simple pulmonary function tests suitable for field work.

(4) The use of simple statistical techniques in planning surveys and evaluating their results.

A course of lectures and demonstrations on the diagnosis and treatment of all chest diseases with particular reference to tuberculosis will be given. This includes clinical instruction, radiological and physiological assessment, bacteriological and pathological diagnosis, medical and surgical treatment and rehabilitation. Facilities are given for the examination of patients in chest hospitals and clinics, There is also a short course of lectures on controlled therapeutic trials, and a series of lectures and demonstration on radiography and nursing.

A course of lecture/demonstrations on the pathology and bacteriology of chest diseases.

A course of lectures and demonstrations on non-respiratory tuberculosis diseases.

(1) Visits to industries to show the steps taken to reduce risks of pulmonary damage.

(2) Visits to rehabilitation centres.

IV. Examination

The examination shall consist of 3 components i.e. a written, a clincial, and a viva-voce examination.

(*a*) Written Paper :

This component will consist of two 3 hour papers.

Paper I will consist of 3 questions in Pulmonary Tuberculosis and 1 question each in Epidemiology and diseases of the chest and Paper 11 will consist of 1 question each in Non-Pulmonary Tuberculosis. Surgical Tuberculosis and in Pathology and Bacteriology and 2 questions in diseases of the chest.

(*b*) Clinicals

(*c*) Viva Voce

On successful completion of the exam. the candidate will be awarded the Diploma of Tuberculosis and Chest Diseases.

PROSPECTUS IN MICROBIOLOGY

M. D. Microbiology

Eligibility

This programme leading to MD Microbiology is open only to medical graduates registrable with the Ceylon Medical Council, and who have passed the Diploma in Medical Microbiology examination conducted by the Postgraduate Institute of Medicine or an equivalent Diploma in Medical Microbiology.

Programme of Study

The following is an outline of the programme of training and examination leading up to Consultant status in Microbiology with award of the degree of MD (Microbiology.

The programme shall consist of 3 stages :

Stage I

A period of in service training for 2 years in one of the following fields undera consultant, approved by the Board of Study in Microbiology

Bacteriology
Virology
Mycology
Parasitology and Immunology

During this period the candidate will follow lectures, practicals, demonstrations and seminars in the chosen field. The candidate will also have to work on a project of relevance to a health problem in Sri Lanka, in the speciality of his choice and prepare a dessertation of the results. On satisfactory completion of this stage of the programme he/she will be eligible to sit the MD (Microbiology) examination.

Stage II

The MD Microbiology examination will consist of theory papers, practical examination and viva voce to test the knowledge, skills and aptitudes of the candidate in Microbiology and in the chosen field of specialisation. The candidate will also be examined on the dessertation.

After passing the MD (Microbiology) examination the candidate will proceed to stage III.

Stage III

This will consist of a period of training (minimum 1 year) in the chosen speciality at a centre abroad approved by the Board of Study in Microbiology. The candidate will have to submit a certificate from the supervisor, on satisfactory completion of this training.

On completion of *Stage II* of this programme the candidate will be awarded the degree of MD (Microbiology)

On completion of *Stage III* the candidate will be board certified as a consultant in the chosen speciality.

DIPLOMA IN MEDICAL MICROBIOLOGY

This is an inservice training programme extending over a period of 18 months at end of whch the examination for the Diploma in Medical Microbiology will be conducted.

Eligibility :

(i) Medical graduates registrable with the Ceylon Medical Council with a minimum of one year service after registration.

(ii) Graduates in Dentistry and Veterinary Sciences with two years post qualification experience will also be considered if there are vacancies and on depending on service needs. In the sase of this category of candidates their Head of the Institution should make the request. (It should be noted that this category of candidates, will not be eligible to proceed to the MD Microbiology Programme)

The candidates will be attached to one of the following centres for training.

(i) Department of Microbiology of the

(*a*) Faculty of Medicine, University of Colombo

(*b*) Faculty of Medicine, University of Peradeniya

(*c*) Faculty of Medicine, University of Ruhuna

(ii) Medical Research Institute

(iii) Department of Microbiology of the

(*a*) General Hospital (Teaching), Colombo

(*b*) Teaching Hospital, Peradeniya

Other institutions for training attachments would be included from time to time as and when such institutions are recognised as approved centres.

The period of training will cover Bacteriology, Virology, Mycology, Medical Parasitology and Immunology under approved supervision.

Placement for inservice training will be made by the Board of Study in Microbiology. Supervisors of training will be required to send six monthly progress reports on the trainees. Unsatisfactory reports will result in withdrawal of candidates from the training programme.

Course Content

The course will consist of laboratory and practical work at the designated centres. Lectures, seminars, tutorials and demonstrations as applied to clinical, preventive and community medicine will be held at week ends at the MRI, PGIM and other suitable places.

The detailed curriculum and objectives will be provided during the course.

Case Books

Each student is required to prepare a case book of 5 cases during the period of training. Guidelines for preparation of case books will be provided on admission.

Examination :

Diploma in Medical Microbiology examination will consist of :

(i) Written examination (MCQ and Essay) (50% marks)

(ii) A practical examination (40% marks)

(iii) Oral Examination (10% marks)

A minimum of 50 % in each of the above components and 60% overall will be required for a pass.

The candidates who reach the standard required for a pass will be awarded the Diploma in Medical Microbiology (Dip. Med. Microbiology) of the University of Colombo.

PROSPECTUS IN OBSTETRICS AND GYNAECOLOGY

Programme

The four year in-service training programme in Obstetrics and Gynaeology will lead to the degree of M.S. (Obstetrics and Gynaecology) of the Postgraduate Institute of Medicine of the University of Colombo.

Eligibility

(*a*) M.S. (Obstetrics and Gynaecology) Part I :

Candidates who have completed a one year after internship and are eligible to be registered with the Ceylon Medical Council.

(*b*) M.S. (Obstetrics and Gynaecology) Part II :

(i) The M.S. Part I examination of the Postgraduate Institute of Medicine in Obstetrics and Gynaecology.

(ii) A candidate who has obtained the diploma of Member of the Royal College of Obstetricians and Gynaecologists of the U.K. will be exempted from Stage I and II of the training programme.

Stage I :

This will consist of $2\frac{1}{2}$ year continuous in-service training period during which the trainee will hold certain posts specified by the Board of Study i.e. as a S.H.O. to a Consultant in Obstetrics and Gynaecology at a teaching hospital, as specified by the Board of Study. Six months of this could be an elective appointment approved by the Board of Study.

Stage II :

Preparation and presentation of a case book containing the records of fifty patients. A Case Commentary one in Obstetrics and one in Gynaecology based on the candidate's study of conditions preferably having relevance to Sri Lanka. This book should be presented 2 months before the examination.

Stage III :

Completion of a comprehensive examination in Obstetrics and Gynaecology to be held at the end of Stage II of the training period. The degree of M.S. (Obstetrics and Gynaecology) will be awarded after successful completion of Stage III.

Stage IV

A one year period of supervised training to be spent at a centre abroad approved by the Board of Study.

Stage V :

Completion of one year service as an Assistant Obstetrician and Gynaecologist in a teaching hospital in Sri Lanka.

Stage IV and V may be interchanged.

Guidelines for the Part I Examination

MS Obstetrics and Gynaecology Part I:

The following information is intended to serve as a guide to a candidate and indicates the general scope of the examination.

The MS (Obstetrics and Gynaecology) Part I examination is conducted in Anatomy, Physiology, Pathology, Microbiology, Statistics and Demography. It should be clearly understood that these subjects cannot be rigidly separated from each other. Further, the candidate is expected to be familiar with all other aspects of Basic Sciences as applied to Obstetrics and Gynaecology (eg. Pharmocology).

The examination consists of a written part with some choice of questions, and a Viva Voce. Candidates are required to satisfy the Examiners in each Part of Study and lays particular emphasis on the importance of Physiology in Obsttrics and Gynaecology. The examination is concerned with those aspects of the subjects that are of clinical and practical significance and those which demonstrate fundamental principles and processes.

The candidate is expected to show that he understands the principles of scientific methods including the importance of controls and the evaluation of results by elementary statistical analysis, and the use of modern research methods. A mastery of detailed techniques of emperiments, tests and staining methods will not be demanded.

Anatomy

A sound knowledge is required of those aspects of regional and radiological anatomy that are relevant to clinical and operative Surgery, as applied to Obstetrics and Gynaecology. Knowledge in some detail is also required of both histological and intracellular anatomy. In Embryology Genetics and Comparative Anatomy the candidate will be expected to know the general principles and to have a more detailed knowledge of those subjects that have special significance to Obstetrics and Gynaecology, such as the Endocrine organs and the placenta changes in various stages due to pregnancy.

Physiology

Candidate's will be expected to have a sound knowledge of human physiology and those deviations that occur during pregnancy in surgery, anaesthesia, shock, haemorrhage, dehydration and any other abnormal states in clinical practice. In the field of Biochemistry, a detailed knowledge of chemical reactions, analysis and synthesis is not expected. The purpose and nature of clinical investigations and measurements should be understood. Knowledge is required of Pharmacology in relation to surgical practice and of the action of the more important substances in use, such as anaesthetics, antibiotics, steriods and those acting upon the autonomic vascular and pulmonary systems. The candidate would be expected to have a detailed knowledge of Pharmacology as it applies to pregnancy and lactation.

Knowledge is expected of the effects of radiation on the body, and of the use of radioactive isotopes.

The candidate must be familiar with those techniques that are commonly employed in the clinical investigation of disease or injury or those that are relevant to an understanding of basic principles.

Pathology (Including Microbiology)

The candidates will be required to understand the basic principles of disease processes and must show that he is able to apply the general principles to the problems met in clinical practice.

He should make himself familiar in particular with the causation character and sequlae of inflamation, trauma, degeneration, regeneration, repair, hypertrophy. atrophy, hyperplasia, thromboembolism, infection, ischaemia, oedema and neoplasia. He should understand the principles underlying tissue replacement, blood transfusion, immunology and the immune diseases.

The candidates are expected to be familiar with the general characteristics of bacteria and viruses with a more detailed knowledge of those that are surgically important. He must show an understanding of toxins, allergy and the mode of action of the antiibiotics and the manner in which the sensitivity of organism to those agents can be assayed.

Demography and Statistics :

The candidate should be familiar with aspects of statistical analysis as applied to Obtstetrics and Gynaecology and the details pertaining to population changes.

Syllabus for M.S. (Obstetrics Gynaecology) Part I

Anatomy :

(*a*) Basic Human anatomy of the whole body
(*b*) Detail anatomy "From the Diaphragm to the knee"
(*c*) Detail anatomy of the endocrine organs.
(*d*) Surface marking of important viscera
(*e*) Development of embryo, development of the uro-genital organs and its anomalies.
(*f*) Structure and development of the Placenta.

Pathology

1. *General Pathology :*

Good basic knowledge of the following :
(*a*) Cell damage
(*b*) Inflamations
(*c*) Wound healing (repair) and Hypertrophy
(*d*) Immuno Physiology the immune-response
(*e*) Immuno Pathology
(*f*) Host parasite relationships
(*g*) Type of Infections
(*h*) Disturbances of blood flow and body fluids
(*i*) Miscellaneous tissue Degenerations and deposits
e.g. Amyloidosis, Hyaline and Fibrinoid changes, Mucinous and and Mysomatous changes, Melanin pigmentation, Pigments derived from Haemoglobin, Pathological classification.
(*j*) Tumours general features, causation and host reactions.
(*k*) Tumours (Epithelial) varieties and modes of spread.
(*l*) Other Tumour e.g. Tumours of connective tissues etc.

2. *Systematic Pathology :*

(*a*) Female reproductive—Detail knowledge of both macroscopic and microscopic features, modes of spread, aetiology and prognosis etc., of both benign and malignant tumours of Vulva, Vagina, Cervix, body of Uterus, Fallopian tubes and Ovaries.

(*b*) Basic knowledge of pathology of the Gastro intestinal and renal tract lesions.

(*c*) The Endoctine system—Pituitary, Thyroid, Adrenals, Para Thyroids.

Physiology including changes during Pregnancy

1. *Physiological Principles*
   (*a*) Cell Structure and functions
   (*b*) Body fluids — Compartments
   — Compositions
   — Units of Measurement
   — Movement of substances
   (*c*) Physoilogical activity at cell membrane
   — action potentials etc.
   — inter cellular communications
   (*d*) Electrolytes and Acid/Base distribution and balance
   (*e*) Principles of Haemostasis
   i.e. Correction of fluid, Electrolytes and PH.

2. *Cardio-Vascular System :*
   (*a*) Blood — Origin
   — Composition (Cellular and Non cellular)
   — Haemoglobin
   — Haemostasis and Fibrinolysis
   (including changes in health, pregnancy and disease)
   — Blood grouping and transfusion
   (*b*) The Heart — Electrical and Mechanical aspects
   (maintenance of cardiac output etc.)
   (*c*) Dynamics of Blood & Lymph flow
   — Anatomical aspect of the circulatory system
   — Biophysical consideration (Flow , Pressure, Resistance and its application to various regions and organs eg. Placenta, Heart Fetal circulation etc.)
   (*d*) Regulation of cardiovascular system
   — Maintenance of Blood Pressure and Mechanism of Hypertension
   — Variations in Heart Rate
   — Adjustment in circulation in various regions
   — Cardio vascular haemeostasis during exercise, pregnancy and disease.
   — Adjustment in circulation in various regions

3. *Respiration*
   (*a*) Pulmonary functions
   (*b*) Gas Transport (Lungs, Tissues, Feto-placental Unit)
   (*c*) Regulation of Respiration
   (*d*) Respiratory adjustments (including during pregnancy)
   (*e*) Tests of Respiratory functions.

4. *Renal anatomy and functions*
   (*a*) "Exeretory" Mechanisms
   (*b*) B.P. control
   (*c*) Dluretics—Mechanisms of action
   (*d*) Tests of Renal function
   (*e*) Mechanism of Micturition (it's variation & abnormalities)

5. *Endocrinology (Anatomy, function and control)*
   (*a*) Hypothalamus and pituitary
   (*b*) Thyroid
   (*c*) Adrenal cortex and Medulla
   (*d*) Gonads and sex steroids
   (*e*) Pancrcas—Insulin, glucogen
   (*f*) Parathyroid
   (*g*) Renin and Erythropoetin
   (*h*) Plaecntal hormones

6. *Nutrition and Metabolism*
   (*a*) Energy balance
   (*b*) Carbohydrate Metabolism and Maintenance of blood sugar
   (*c*) Protein Matabolism
   (*d*) Fat Metabolism
   (*e*) Dietary components
   — Essential components (calorie, Mineral, Vitamins)
   — IV and Elemental diets
   (*f*) Control of body temperature

7. *Basic Idea Pertaining to Neuro Physiology*
   (*a*) Excitable tissue
   (*b*) Sense organs
   (*c*) Nerve conductions
   (*d*) Reflexes
   (*e*) Synaptic and Junctional Transmission
   (*f*) Autonomic Nervous system
   (*g*) Pain and its control

8. *Basic aspects of human sexuality and its dysfunctons*

9. *Physiological considerations during pregnancy*

(*a*) All maternal changes and physiological adjustments in connection with the above topics (CVS, Haematology, Respiratory system, weight gain, Uterine function in pregnancy and labour etc.)

(*b*) Feto-Placental unit

— Placental function, transfer and metabolism
— Fetal growth and welbeing
— Fetal maturity

(*c*) Physiology of lactation

(*d*) Physiological adaptations to neonatal life.

Parmacology, Microbiology, Immunology Genetics and Medical Statistics

Pharmacology

(1) General principles of drug therapy, evaluation, pharmocokinetics
(2) General pharmacology
(3) drugs in pregnancy and neonatal period (including Teratogenic effects and drugs excreted in Breast milk)
(4) Drugs and the kidney
(5) Drugs and the liver
(6) Drug interactions
(7) Chemotheraphy and chemotherapeutic agents.
— Their mode of action, uses, pharmocokinetics, drug resistance adverse reactions, properties, dosage and routes of administration
(8) Drugs acting on the Nervous system
(9) Drugs acting on the Respiratory system
(10) Drugs acting on the Cardiovascular system
(11) Drugs acting on the Genito-urinary system
(12) Drugs acting on the Gastro-intestinal system
(13) Steroids and antagonists
(14) Antihistamines
(15) Anticoagulants, fibrinolysins, haemostatics, blood lipid lowering agents
(16) Vitamins
(17) Haematinics
(18) Pituitary, hormones-Contraceptives, Ergot, Prostaglandins
(19) Thyroid hormones and anti-thyroid drugs
(20) Hypoglycacmic drugs
(21) Cytotoxic drugs and immuno-suppresives

Microbiology

(1) General propertics of Bacteria, Rickettsiae, Coxiella, Chalmydiae, viruses, protozoa, Fungi.
(2) Transmission of Pathogens
(3) Pathogenicity and Host Defences
(4) Hosts immunological responses
(5) Special morphological features, isolation and identification of Cocci, Bacilli, Acid fast bacilli, spirochaetes, fungi, protozoa viruses, chalmydiae, mucoplasma
(6) Comprehensive knowledge of viruses, fungi, protozoa, bacteria and myco plasma in relation to obstetrics and gynaecology
(7) Laboratory diagnosis of microbial diseases in relation to obstetrics and gynaecology
(8) Diagnostic serology and skin testing (General principles)
(9) Prevention of microbial disease
(10) Sterilization
(11) Immunization
(12) Interpretation of bacteriological reports (HVS, wound swabs, Urine culture reports, etc.)

Immunology

(1) Immunoglobulins
(2) Theories and synthesis of antibody
(3) Antigen-antibody, reactions in vitro
(4) Hypersensitivity
(5) Immunity to infections
(6) Transplantation
(7) Autoimmunity
(8) Immunology in relation to pregnancy
(9) Immunology and subfertility
(10) Immunological aspects of neoplastic disease

Genetics

(1) Basis of organic inheritance
(2) Inheritance-Dominant, Recessive, intermediate, x-linked, multifactorial
(3) Genetic linkage
(4) Chromosomc abnormalities
(5) Actions of genes
(6) Genetics of the blood groups and tissue types
(7) Genetics of the haemoglobinopathies
(8) Genetic Counselling

Medical statistics

(1) Importance of statistics in Medicine
(2) Collection of statistical data
(3) Presentation of statistics
(4) The "Average"
(5) The variability of observations
(6) Calculation of the standard deviation
(7) Sampling
(8) Life tables
(9) Measures of morbidity
(10) Clinical trials
(11) Statistical evidence and inference
(12) Computerization in Medicine

Training Programme for MS Obstetrics and Gynaecology (Part II) Examination

Guidelines for training for the Part II examination (Obs. and Gyn.) Objectives and training programme in obstetrics and Gynaecology.

Section A

The overall objectives will be to enable the trainee to gain skills and knowledge which will enable him to diagnose normal pregnancy and disorders associated with pregnancy (Obstetrics) and to diagnose and treat disorders affecting the genital tract of the non-pregnant women (Gynaecology). In its wider sense enable him to meet the objectives of maternal care as defined by the WHO, "The objects of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children. Maternity care in the norrower sense consists in the care of the pregnant woemn, her safe dilivery, her postnatal examination, the care of her newly born infant, and the maintenance of lactation. In the wider sense, it begins much earlier in measures aimed to promote the health and well being of the young people who are potential parents, and to help them to develop the right approach to family life and to the place of the family in the community. It should also include guidance in parentcraft and in problems associated with infertility and family planning."

Towards achieving this broad aim the following objectives must be achieved by each candidate at the end of his period of training.

Section B

General and adequate knowledge of the following :

(1) Anatomy and Physiology of the reproductive system
(2) Anatomical and physiological changes during pregnancy
(3) Embryology of the genital tract
(4) Embryology in relation to reproductive function and pregancy.
(5) Physiological aspects of Obstetrics and Gynaecology
(6) Preventive aspects of Obstetrics and Gynaecology
(7) Operative procedures in Obstetrics and Gynaecology
(8) Laboratory investigations related to Obstetrics and Gynaecology

Inservice Training Programme

Stage I

$2\frac{1}{2}$ years period to be spent in a fulltime resident in-service training programme in units selected by the Board. A continuous assessment of the candidate's performance during this period will be made by the supervising consultant and only candidates successfully completing the programme will be permitted to proceed with the rest of the training programme.

Aa the end of his training period the candidate would be equipped to assume the responibilities of a consultant. With increasing experience the trainee would be expected tomake clinical decisions pertaining to management, undertake undergraduate and para medical training and the training of intern medical officers, and to develop abilities in clinical research and be equipped with current developments and advances

Stage II

CASE RECORDS AND COMMENTARIES

During their period of training the candidates are required to prepare Case Records and Commentaries as follows :—

(*a*) *Obstetrics.*—the records of ten selected obstetric cases discussed in detail with short commentaries relating to each ; also a summary of fifteen further cases each of which should be described in no more than 100 words without a commentary ; all twenty five cases having been treated personally by the candidate and vouched for by the appropriate Consultant ; of the twenty five cases, at least five must have been delivered by caesarean operations and ten others by some form of operative delivery.

(*b*) *Gynaecology.*—the records of ten selected gynaecological cases discussed in detail with short commentaries relating to each case, also a summary of fifteen further cases each of which should be described in no more than 100 words without a commentary; all twenty five cases having been treated personally by the candidate and vouched for by the appropriate Consultant ; of the twenty five cases, fifteen must be of the category normally regarded as major or intermediate operations.

(*c*) (I) *Commentaries.*—One obstetric and one gynaecological commentary each limited to 2,000 words and to include adequate references to the literature. These commentaries may be based on one or more of the above cases. The commentaries should preferably be on a study dealing with problems relevant to Sri Lanka.

(ii) *Short Commentaries.*—relating to the ten selected obstetric and gynaecological cases should be critical commentaries and not simply a summary of the particular case. They must justify or criticise the management particularly if this departs from accepted practice or was the result of unusual circumstances.

The Case Records must contain original certificates confirming that the treatment of individual cases had been undertaken by the candidate personally. Candidates should note that the Case Records and Commentaries must be certified by the Consultant-in-Charge who superivsed each case recorded in the Case Records and Commentaries. The certificate which the Consultant signs must include the hospital number of each case mentioned. A candidate may select up to five cases from his/her experience in appointments that have not been recognised for training but the source of these must be clearly indicated and orginal certificates provided. Where the treatment involved an operation this must have been performed by the candidate, the only exception to this rule being described below.

For guidance on the preparation of case records and commentaries see below.

Candidates will not be allowed to attempt the Part II examination until their Case Records and Commentaries have been accepted by the Board of Study.

Case Records and Commentaries with the Case Record fee of Rs. 600.00 must be sent to the Director/Postgraduate Institute of Medicine, at least 3 months before the date of the Part II examination for which the candidate intends to enter.

In the event of Case Records and Commentaries not being accepted the candidate will be notified whether a completely new book is required or whether modification of the existing records and/or commentaries will suffice for re-submision. The rule as to time of presentation shall apply to new or modified Case Records and Commentaries , The fee shall be payable on each occasion that books are re-submitted for assessment.

A copy of the case book submitted should be retained by the candidate as a safeguard in case of loss or damage to the original in the post. It would be helpful if the name of the candidate could be included on the spine of the book.

Advice to candidates on the preparation of case records and commentaries.

Candidates are advised to discuss the preparation of Case Records and Commentaries with their Consultants or the Tutor in the region in which training is being undertaken, This discussion should take place while the book is in preparation and not be delayed until it is complete.

The careful preparation of Case Records and Commentaries has an educational function and ensures that candidates have studied their cases properly. From the records examiners assess the critical faculties of candidates, their powers of observation and deduction and their evaluation of clinical features and the various methods of treatment.

The long obstetric and gynaecological commentaries offer candidates the opportunity to study in detail conditions of their own choice and to express their own views based on experience and ideally on personal investigation and on a study of the literature. These commentaries should show clear evidence of ability to make good use of a reference library and of the English language. The number of references quoted in each long commenary will naturally vary according to the subject, but fewer than ten will be considered to be inadequate. One or two references may sometimes be used in the short commentary following a case record but these are not obligatory. Whenever references are quoted they should be arranged in a matching bibliography using conventional abreviations and proper format. The directions to contributors shown in the British Journal of Obstetrics and Gynaecology should be followed.

Although it is natural for candidates to look for guidance from other Case Records and Commentaries which they know have received approval in the past, it would be wise not to copy the style and method of presentation. The Examination Board is anxious not to have a stereotype pattern and welcomes variations which are in line with ever-changing emphasis in thought and practice.

Case records and Commentaries should be neatly and accurately typed in good English and should not be excessively long. A candidate's ability to select relevant information and to omit unnecessary details will be given credit. There should be an index of the cases and the pages should be numbered consecutively throughout. Case Records should be bound securely but not elaborately.

Candidates are advised to read through and correct all the material submitted in order to eliminate errors. Failure to correct typing and other errors, to index the cases and number the pages will inevitably result in an adverse reception and possible rejection of the book.

Case should be selected to show the breadth of the candidate's practical experience. Not all cases need involve major surgical procedures; the full investigation and treatment of infertility, for example, would be suitable for one case. A condition affecting the infant is acceptable provided it is accompanied by full record of the mother's case.

As stated earlier where the treatment involves an operation this must have been performed by the candidate. There is however one exception. In the case of malignant disease a candidate may include not more than two cases where the major surgery (such as Wertheim s hysterctomy or radical vulvectomy) or a special technique (such as radiotherapy) is performed by the Consultant assisted by the candidate.

A candidate must have played a responsible part in the diagnosis, pre-operr ative assessment and post-operative management of the case and it must be clear that the patient was under the candidate's care even though he/she only assisted at the operation.

The clinical features (including antenatal observations in obstetric cases,), the differential diagnosis and the reasons for selecting a particular method of treatment should be discribed and discussed. he surgical technique employed in each case should be described but any features which apply to more than one case should not be repeated. A single account of one procedure, with cross reference to it is enough. Progress in the post-operative period or in the puerperium including the progress of the baby) should be summarised, not presented as a day to day report and the final result as assessed at follow up examination should be stated.

All ancillary investigations should be noted and their results summarised. It is more important to discuss the significance of these results and the differential diagnosis than to give a list of factual observations. Temperature charts, radiographs, photographs photo-micrographs and diagrams should not be included unless they materially amplify the text.

Each of the 10 obstetric and 10 gynaecological case records should conclude with a short comment in which the candidate reviews critically the handling of the case, the diagnosis and treatment and pay other point of special interest. Particular attention will be paid to this personal reflection.

Cases presented in the records should be identified only by initials of the patient and/or her hospital file number, Professional confidentiality must be preserved by omitting mention of the patient's name or address.

The candidate's case book will be assessed by a panel nominated by the Board of Study and acceptance of the dessertation will determine the successful completion of Stage II.

Stage II

This will be a comprehensive examination in Obstetrics and Gynaecology designed to test the knowledge, skills and attitudes of the candidate.

Only candidates successfully completing Stage I and II of the training programme will be eligible to sit for this examination.

PROSPECTUS IN OPHTHALMOLOGY

Introduction

The following is an outline of the programme of training, studies and examinations for prospective candidates desiring to sit the Diploma in Ophthalmology (DO) and/or the Master of Surgery in Ophthalmology (MS).

General Information—

1. Diploma in Ophthalmology

Eligibility :

(1) Possession of a Medical Degree registrable in Sri Lanka.

(2) Application to join the course will be considered only one year after the candidate has completed his internship.

(3) One year s work in Ophthalmology in a teaching hospital,

(4) The Examination will consist of theory papers orals and clinicals. The Theory papers will be as follows :

Paper 1 Anatomy and Physiology (2 hours)

Paper II Optics and The Principles and Practice of Refraction (2 hours)

Papers III and IV Ophthalmic Medicine and Surgery including Pathology (3 hours each)

The Oral Examination will be as follows :—

(I) Refraction—the candidate will be questioned on the case assigned.

(II) Viva Voce—the candidate will be questioned on general Ophthalmology ranging from basic sciences to clinical and surgical Ophthalmology (These two parts of the oral examination will follow each other)

(III) Clinical Examination comprising a long case and several short cases.

The candidate MUST sit the DO examination at the end of TWO YEARS of joining the programme. After the successful completion of the DO examination a trainee should work in a teaching hospital for one year.

Guidelines for Study.—There is no prescribed syllabus of study. The following are meant to guide the student in his preparation for the examination. Wide reading and participation in the clinical and surgical aspects of the speciality in the clinics and the operating theatres are highly

recommended by the PGIM. In addition participation in or attending clinical meetings, seminars, journal clubs of the various medical associations in Sri Lanka provide a fund of knowledge, hard to come by in routine clinical practice.

1. Anatomy

Sound knowledge of the anatomy of the eye and its adnexae, visual pathways, cranial nerves 3, 4, 5, 6, and 7 orbital and paranasal sinuses ; basic knowledge of the neuro-anatomy of the brain with emphasis on those aspects related to ophthalmology. Embryology of the eye and the adnexae. Autonomic nervous system in relevance to the eye and its adnexae.

2. Physiology including Pharmacology

A sound knowledge of all aspects of physiology of the eye and of vision with special emphasis on the formation, circulation and elimination of aqueous humour, intra-ocular pressure, cornea, lens, vitreous and retina. The biochemistry of the eye.

The defence mechanisms of the eye.

Ocular mobility. Pupil, higher visual function and colour vision.

Candidates should have a thorough knowledge of the pharmacological actions of drugs used in ophthalmic practice and the ocular side effects of drugs used in general medical practice.

3. Optics:

Basic knowledge of the properties of concave and convex mirrors, convex and concave lenses, prisms. Laws of reflection and refraction. Diffraction and light fluorescence.

A sound knowledge of all aspects of ophthalmic optics comprising lenses, prisms, contact lenses and intraocular lens inplants. The principles of all optical appliances used in ophthalmic practice. Lasers and fibreoptics.

4. Ophthalmic Medicine, Surgery

A comprehensive knowledge of the above is required.

5. Ophthalmic Pathology

The pathology of common ocular conditions should be known.

Non-conformity, Exemptions and Appeals

Any prospective candidate not possessing one or other of the stipulated qualifications under the heading "Eligibility" may apply to the Director, PGIM stating his/her claims.

2. MS. Ophthalmology

THE PROGRAMME

This comprises a three-year in-service training in Ophthalmology leading to the degree of MS (Ophthalmology), Postgraduate Institute of Medicine, University of Colombo, Sri Lanka. Only candidates successfully completing Stages. 1 II, III and IV will be eligible to receive the degree except as specified in section 2 , III.

STAGE I

A two-year in-service training period holding responsible clinical appointments specified by the Board of Study, Ophthalmology from time to time. The trainee shall prepare a case book comprising a total of ten (10) cases ranging from Ophthalmic Surgery, Ophthalmic Medicine to Neuro-ophthalmology, seeking guidance from his Consultant or the Tutor as to the suitability of the cases chosen for the book. The trainee shall sit the examination only on the completion of the case book and afer approval by the PGIM.

STAGE II

The successful completion of a comprehensive examination in Ophthalmology.

The successful candidate(s) shall be awarded the degree of MS, Ophthalmology.

STAGE III

One -year period of supervised training at an approved centre abroad.

STAGE IV

One year's service as an Ophthalmologist or an Assistant Ophthalmologist in a teaching hospital in Sri Lanka.

Note.—Stages IV and V may be interchanged. After the completion of IV and the trainee will receive Board Certification from the PGIM. This Certification confers Consultant Status on the trainee.

2. Eligibility

(i) Every applicant for training shall have a medical degree registrable in Sri Lanka and shall have held house appointment in surgery and medicine each of six months' duration.

(ii) Shall have completed one year's post-internship work in a hospital in Sri Lanka and shall have passed the MS (Surgery) Part 1 of the Postgraduate Institute of Medicine, University of Colombo.

(iii) A candidate with the Diploma of Fellow of the Royal College of the U.K. (in Ophthalmology) will be exempted from the MS Part I. A candidate with equivalent qualification may apply to the Board of Study, Ophthalmology.

Note.—(1) Stage 1—During the two-year full time in-service training programme in one of the teaching hospitals a continuous assessment of the candidate's performance will be made so as to enable him to proceed with the rest of the programme.

(ii) Stage II—The examination will comprise written papers, clinicals and orals. Broadly the examination will be in two parts (1) The Basic Sciences relating to Opththalmology—Anatomy, Physiology, Pharmacology of the eye and of vision, physiological optics, epidemiology, embryology of the eye, genetics, ocular batoeriology and pathology with special emphasis on hereditarily determined ocular disorders and their prevention. (II) Clinical Ophthalmology including medical Ophthalmology, Ophthalmic Pathology and Ophthalmic Surgery. Medical Ophthalmology will include Neuro-ophthalmology.

A general surgeon will be a co-examiner at the surgical oral examination. A neurological physician will be co-examiner in medical ophthalmology.

(iii) During the training period the trainee will be directly under the consultant and the latter is empowered to take disciplinary action against the trainee if the work is unsatisfactory or conduct is wanting by reporting him/her to the Director, PGIM.

(iv) A certificate of satisfactory conclusion of his/her training is a necessary pre-requisite for sitting Part II of the examination.

Non-conformity, Exemptions and Appeals

This is as for candidates sitting the DO examination.

PROSPECTUS IN OTOLARYNGOLOGY

The following is an outline of the programme of training and examinations leading up to Consultant status in Otolaryngology with award of the degree of MS (Otolaryngology).

The programme shall consist of 4 stages consisting of the examinations MS Part I and II, training periods in approved centres in Sri Lanka and aborad, and the preparation of a case-book of 15 cases managed by the trainee (who may also be referred to as the candidate.

Eligibility

Candidates registrable with the Ceylon Medicial Council who have passed MS Part I examination in Surgery conducted by the PGIM or passed the primary FRCS examination of any of the Royal Colleges of Surgeons UK prior to 01.01.1980.

Stage I

Shall be for a period of two and a half years and shall consist of the following appointments.

Otolaryngology	18 months
General Surgery and Accident Surgery	6 months
Thoracic Surgery	2 months
Neuro Surgery	2 months
Cancer Institute, Maharagama and Plastic Surgery	2 months

12 months of the Otolaryngology appointment shall be a continuous appointment, which should include training in Paediatric Otolaryngology. The trainee should prepare a case book of 15 patients managed by him/her during these 18 months.

Approved Inst.tutions for training :

Teaching Hospitals in Colombo, Colombo North, Kandy, Jaffna and Galle under fully qualified Otolaryngologists.

Certificates of satisfactory completion of the training should be obtained from the Consultants and forwarded along with a case book of 15 Otolaryngology cases managed by the trainee which should be sumbitted 3 months prior to date of exam. when applying to sit MS (Otolaryngology) Part II examination.

Stage II : Examination of MS (Otolargyngology) Part II

Eligibility.—Successful completion of the training programme as outlined under Stage I.

The examination shall consist of written papers, clinicals and orals in Otolaryngology and General Surgery.

Otolaryngology.—Will include otolaryngology including special Anatomy Physiology and pathology as related to Otolaryngology.

General Surgery.—Will include the principles and practice of Surgery with special emphasis on General Surgery in relation to Otolaryngology.

Theory Papers : Otolaryngology—2 papers of 3 hours duration each
General Surgery — 1 paper of 3 hours duration

Clinicals :

Otolaryngology—Long case—1 hour (i.e. Time for examination and discussion.
Short cases—1 hour.

General Surgery—45 minutes short cases

Orals :

Otolaryngology one viva of 30 minutes, General Surgery one viva of 20 minutes The examiners will be recommended to the Board of Management by the Board of Study in Otolaryngology.

Stage III.—One year training in an approved institution abroad.

Stage IV.—One year as an assistant to an Otolaryngologist in any Teaching Hospital in Sri Lanka.

Stage III and IV are interchangeable

Exemptions.—Those possessing the Diploma of Fellow of the Royal College of Surgeons of the UK are exempted from the MS Part I examination. However, all those candidates must show proof that the training programme as laid down in Stage I has been fulfilled by them.

Stage III may be after obtaining the Diploma. If this has not been done, Stage IV will consist of 24 months as an Assistant to an Otolaryngologist in Sri Lanka.

The candidate will be certified by the Board as a Consultant in Otolaryngology on the successful completion of Stage I to iv of the training programme.

These rules and regulations may be amended by the Board of Study as and when necessary.

Any matter regarding this programme not mentioned herein or on a matter of interpretation of these conditions, the decision of the Board of Study appointed by the PGIM shall be final.

PROSPECTUS IN PAEDIATRICS

Introductions :

The following is an outline of the programme of training and examinations leading upto consultant status in Paediatrics with the degree of MD (Paediatrics)

The programme will consist of three supervised stages of training, and two examinations.

MD (Paediatrics) Part I Examination

Entry to the training programme will be by passing the MD (Paediatrics) Part I Examination.

Eligibility for entry to MD Part I will be :

(*a*) the possession of a medical degree registrable with the Ceylon Medical Council.

(*b*) a minimum of eighteen-months post-qualification in service experience.

MD part I will consist of two papers, designed to test the knowledge of basics of Medicine and Paediatrics.

Paper A will consist of sixty multiple choice questions, of the true/false type with a single item and five stems.

For the present, these sixty questions would be the same as for MRCP (UK) Part I examination being held concurrently in the UK.

Paper B will consist of fifteen questions of the same type on Paediatrics as relevant to Sri Lanka. This paper will be set locally.

A pass in both papers is necessary to pass the MD Part I Examination.

However a candidate who passes either paper, would be allowed to sit the other paper only on a subsequent occasion and if successful, would be deemed to have passed the Examination.

Stage I Training

A candidate who has been successful at the Part I examination will be allowed to proceed on to the Stage I Training.

This would consist of twenty four months in service training of which 12 months must be a continuing appointment as a Senior House Officer in a Paediatric Unit in any of the teaching hospitals in Sri Lanka, (Colombo Peradeniya/Kandy, Galle, Jaffna , Colombo North and Sri Jayawardanepura Hospital, Kotte).

During this period the trainee should have clinical responsibility for patients, with on-call duties. This period should include a minimum of 12 months in General Paediatrics and 3 months in Neonatalogy, 3 months in a sub-speciality of Paediatrics. During this period the trainee should participate in any in-service training programme, arranged by the Board of Study.

At the completion of Stage I training, the trainee would be eligible to sit for the MD Part II examination.

MD (Paediatrics) Part II Examination :

Eligibility for entry to MD Part II would be ;

(1) Completion of MD Part I.
(2) Completion of Stage I Training as stipulated above.

The Part II examination will be held once a year.

There will be no restriction in the number of attempts at MD Part II.

This examination will consist of three parts, viz., Theory, Practical and Clinical.

Details of these parts are as follows :

Theory will consist of three papers :

Paper A : will consist of five structured essay type of questions of a problem solving type on each case history.
Duration -3 hours.

Paper B : will consits of five structured essay type of questions, each with several parts.
Duration—3 hours.

Paper C : will be a traditional essay on a topic of relevance to child health in Sri Lanka.
Three topics will be given out of which only one to be answered.
Duration 1 hour.

Practical : will consist of twenty items including, X-rays, ECGS, Photographs, Photographic slides Microscopic slides etc., Two to three specific questions will be asked on each item .
Duration—2 hours.

Clinical will consist of :

(*a*) ONE LONG CASE :

one hour will be given to take a history and examine a given patient. The candidate will be questioned about this patient for thirty minuby a pair of examinaers.

(*b*) THREE TO FOUR SHORT CASES :

Three to four patients will be given for brief examination of a particular aspect. A pair of examiners will question the candidate on his findings. Time per patient is not specified, but the total duration will not exceed thirty minutes.

The candidate will have to satisfy the examiners in each Part of the examination viz, theory, practical and clinical and in each Part of the Clinical in order to pass the examination.

Stage II training :

On successful completion of MD Part II the trainee will be admitted to the Stage II training and awarded the degree of MD (Paediatrics).

This will consist of twelve months supervised training as a Senior House Officer/ Registrar or equivalent at an approved Centre abroad.

At the completion of this stage the trainee will be expected to obtain a testimonial to his satisfactory performance during this period., from the supervisor.

Stage III training

On completion of Stage II, the trainee will return to Sri Lanka and be admitted to Stage III training'

This will consist of twelve months supervised training as an Assistant Paediatrician in a Paediatric Unit in any of the four teaching hospitals in Sri Lanka. Stage II and III may be interchanged.

Board certification and award of degree, MD (Paediatrics):

On successful completion of both examinations, the three stages of training the trainee would be board certified as a Consultant (Specialist in Paediatrics.

A candidate with the MRCP (UK) diploma in Paediatrics is exempted from MD Part I examination.

However, to sit the examination the candidate must show proof of having done two years of training in a recognized Paediatric Unit, after successful completion of MRCP Part I.

For purposes of board certification as a consultant the candidate must show a period of one year service in a Paediatric Unit abroad after successful completion of MRCP (UK) examination.

He must also do one year as an Asst. Paediatrician in a Teaching Hospital in Sri Lanka.

If the candidate has not done service of one year abroad after MRCP (UK), he should do that year also in a teaching hospital in Sri Lanka.

Interpretation and Amendments

In any matter relating to interpretation of the above regulations the decision of the Board of Study duly approved by the Board of Management of the PGIM will be final. The Board of Study shall have the right to amend any of the provisions in the above regulations, with the approval of the Board of Management of the PGIM.

PROSPECTUS FOR THE DIPLOMA IN CHILD HEALTH

1. Introduction

The Board of Study in Paediatrics will conduct the DCH examination annually. This will be preceeded by a training programme. The Diploma will enable the holder to be promoted to Grade I in the Dept. of Health/Teaching Ministry but shall not entitle him to consultant status. The acquisition of this Diploma will not give any concession in the training programme prior to the appearance at the M.D. (Paediatrics) examination.

2. Eligibility to sit for the examination

(*a*) All medical officers with 5 years experience after MBBS provided that they have done

(i) 20 clinical sessions with a Paediatrician in a hospital recognised by the Board ;

Plus

(ii) 20 social Paediatric sessions which will be arranged by the Board of Study. The Board may decide to exempt a medical officer from (i) if he has done a recognised 6 month appointment in Paediatrics from some sessions of (ii) if he is already engaged in the practice of any of the subjects mentioned under social Paediatrics.

or

(*b*) Those who have followed the prescribed DCH Courcse

or

(*c*) Those who have done a 2 year job in Paediatrics recognized by the Board provided that they have attended the 20 sessions in social Paediatrics.

The Board will study the eligibility criteria of all the applicants and make the final decision.

The 20 sessions in social paediatrics are as follows :—

(i) 1 session with a school medical officer
(ii) 1 session with an MOH at an Antenatal Clinic
(iii) 1 session with an MOH at a Family Planning Clinic
(vi) 1 session with an MOH at a Child Welfare Clinic
(v) 2 sessions at a Child Guidance Clinic
(vi) 2 sessions at a Rehabilitation Centre
(vii) 1 session at an Institute for Deaf Children
(viii) 1 session at an Institute for Blind Children
(ix) 1 session at an Institute for Educationally subnormal children
(x) 1 seession at an Institute for severely handicapped children
(xi) 2 sessions with a General Practitioner
(xii) 1 session at the Anti Malaria Campaign
(xiii) 1 session at the Anti T.B. Institute
(xiv) 1 session at the Anti Leprosy Campaign
(xv) 1 session at the Sexually Transmitted Disease Campaign
(xvi) 1 session at the City Microbiologist
(xvii) 1 session with a SPHI regarding Environmental Sanitation

3. Training Course

The centres already approved as able to conduct the training course and examination are—

(1) Lady Ridgeway Hospital, Colombo
(2) General Hospital, Kandy/Teaching Hospital, Peradeniya
(3) General Hospital, Galle/Teaching Hospital, Karapitiya
(4) Teaching Hospital, Jaffna

Initially the training course will be confined to Colombo and will be a day release course conducted weekly for a duration of a 1 year.

4. Selection for the course

Half the number of trainees for the initial course in Colombo would be from the Teaching Ministry and Health Ministry. These trainees would be selected by the Director General of the respective Ministry. The other half of the trainee swill be chosen from General Practitioners, the services, the local Govt. and public corporations. Some of the criteria for selection of non governmental trainees are ;

(*a*) Minimum of 2 years post MBBS experience.
(*b*) Those who have not followed a postgraduate course will be given priority over those who have followed any course.
(*c*) Seniority as a Medical Officer

The final selection will be made by the Board of Study.

5. Activities of the course

The day release course will consist of—

(*a*) Clinical teaching sessions from 8.00 a.m. to 10.00 a.m.
(*b*) Group learning activities from 10.30 a.m. to 12.00 noon.
(*c*) 80 formal teaching sessions from 1.30 p.m. to 4.30 p.m.

6. Examination

The examination will comprise of 3 components—
(*a*) Written paper
(*b*) Clinical examination
(*c*) Viva-voce examination

(A) *Written Papers*

This component will comprise of—
(*a*) 60 multiple choice questions—duration of paper 3 hrs.
(*b*) Structured Essay paper—duration 3 hrs.

(B) *Clinical Examination*

This component will be in two parts—
(*a*) One long case where the candidate will be given half an hour to take a history and examine the patient, after which he will be tested by a panel of examiners for half an hour.

(*b*) 2 or more short cases and a spot case where the candidate will be called upon to examine a patient in the presence of the examiner and then questioned.

(C) *Viva Voce examination*—duration 20 mts.

This will be based on both clinical and social Paediatrics. This examination will be based on a case book which would be presented by the candidate before he sits for the examination.

7. Each candidate should have a case book to include 12 case histories whieh he has seen and followed up in his own practice or at the clinical attachment. The latter should be certified by the supervising Paediatrician.

8. The successful candidates will be awarded the Diploma in Child Health (DCH)

9. In any matter regarding this prospectus or in its interpretation the decision of the Board of Study in Paediatrics duly approved by the Board of Management of the PGIM shall be final.

PROSPECTUS IN PATHOLOGY

The Programme

A candidate will qualify for conferment of the degree of M.D. (Pathology) on completion of the following programme, consisting of four parts.

Part I — In-service experience of 2 years duration in any of the recognised centres. (The Departments of Pathology of the teaching hospitals or Medical Faculties in Colombo, Peradeniya, Jaffna, or Ruhuna, Colombo North Hospital and Sri Jayawardanepura Hospital, Kotte)

Part II — Diploma in Pathology Examination in Morbid Anatomy and Histopathology, Haematology, Chemical Pathology and Clinical Microbiology.

Part III — Period of in-service training in one of the following fields for a period of 2 years, under a Consultant Pathologist approved by the Board of Study .

(1) Morbid Anatomy and Histopathology
(2) Haematology
(3) Chemical Pathology.

Part IV — M.D. Pathology Examination
The candidate will sit the examination in the field in which he or she has received training.

Part V — Minimum period of one year's training in the chosen field at a centre abroad approved by the Board of Study in Pathology The candidate will be required to submit a certificate from his supervisor certifying satisfactory completion of the training.

After completion of Part V the candidate will be Board Certified as a Consultant in Pathology.

DIPLOMA IN PATHOLOGY

Eligibility

1. M.B.B.S. or equivalent medical degree registrable with the Ceylon Medical Council.

2. In-service experience of 2 years in a Pathology Laboratory of a recognised centre.

The Examination :

Theory :

One three hour paper consisting of 60 MCQ to cover the following fields.

(1) Morbid Anatomy and Histopathology
(2) Haematology
(3) Chemical Pathology
(4) Clinical Microbiology

Practical Examination :

(i) MORBID ANATOMY AND HISTOPATHOLOGY :

Describe and report on the histopathology of a number of slides from "surgical" and "medical" case material. There may be special stains.

(ii) HAEMATOLOGY :

(*a*) Candidates will be required to identify and comment on blood and bone marrow films of cases of haematological interest. Patients or case histories with relevant material will be provided.

(*b*) Carry out tests used in Blood Transfusion and Coagulation and comment on the results.

(iii) CHEMICAL PATHOLOGY

(*a*) Carry out Laboratory investigative procedures routinely done in the Chemical Pathology Department of a laboratory.

(*b*) Evaluate and correlate results with clinical findings.

(iv) CLINICAL MICROBIOLOGY :

Candidates are required to write reports and answer specific questions on a series of microbiological preparations.

Viva Voce :

Candidate will be examined for 15 minutes in each of the 4 disciplines,

On successful completion of the examination the candidate will be awarded the Diploma in Pathology certificate.

Curriculum

A MORBID ANATOMY AND HISTOPATHOLOGY

Objectives :

1. Be able to perform a post mortem examination, and give a cause of death.
2. Be able to recognise and describe abnormalities brought about by disease processes in body tissue at post -mortem and in surgically removed tissues including tumours.

3. Be able to correlate the abnormalities indicated in (2) suggest the causes of the disease process and explain what complications could arise, giving reasons.
4. Be able to plan and carry out further laboratory investigations on material recovered at operations or autopsy. Interpret results and elucidate nature of disease processes.
5. Be able to correlate post mortem findings with clincial and laboratory findings and data and explain the clinical picture on the basis of pathological observations.
6. Be able to prepare material for histological and histochemical examinations.
7. Be able to describe and recognise microscopic abnormalities in tissues as a result of disease. Correlate these with macroscopic appearances, other laboratory investigations and clinical data and give diagnosis.
8. Explain the etiology and pathogenesis of disorders giving rise to macroscopic and biochemical abnormalities in tissue.
9. Comment on prognosis and complications of diseases which have been diagnosed after laboratory investigations.

Syllabus

1. *General Pathology :*

   Basic concepts of disease processes including immunopathological aspects.

2. *Systemic Pathology :*

   This includes a study of how the various systems of the body are affected by different diseases and includes a study of the macroscopic and microscopic abnormalities in disease correlated with etiology, patho-physiology and complications.

   Systems Include :

   (*a*) Cardiovascular
   (*b*) Respiratory
   (*c*) Gastro Intestinal
   (*d*) Liver and Biliary
   (*e*) Pancreas
   (*f*) Urinary
   (*g*) Reproductive (Male and Female)
   (*h*) Spleen, Lymph and Reticuloendothelial system
   (*i*) Bones and Joints
   (*j*) Muscular
   (*k*) Nervous
   (*l*) Skin
   (*m*) Special sense organs
   (*n*) Breast
   (*o*) Thymus
   (*p*) Endocrines

B HAEMATOLOGY

Objectives :

1. Be able to investigate and diagnose abnormalities in haemopoiesis
2. Be able to carry out laboratory investigation in disorders of erythropoiesis and red cell metabolism & interpret results of such investigations.
3. Be able to investigate disorders of iron metablolism, interpret results and indicate how they help in establishing diagnosis.
4. Be able to investigate disorders of blood volume interpret results and indicate how they help in establishing diagnosis.
5. Be able to design and carry out investigations in haemorrhagic disorders and interpret the results.
6. Be able to plan, organise and supervise the running of a blood transfusion unit in a provincial hospital.
7. Be able to prepare and stain blood or bone marrow films, and report on them
8. Be able to carry out a bone marrow aspiration.
9. Be able to instruct the laboratory staff on the techniques of common laboratory tests in haematology and also recognise the errors and limitations of the tests and instruments used.
10. Be able to correlate clinical features and physical signs with results of haematological investigations and arrive at a diagnosis.
11. Be able to comment on the progress, prognosis and complications of a haematological disease and advise on its management.

Syllabus

1. Haemopoiesis and its disorders
2. Iron Metabolism
3. Blood volume
4. Anaemias — Iron deficiency
   B—12/Folate deficiency
   Haemolytic Anaemias
   Dyserythoropoietic Anaemias
   Secondary Anaemias
5. Leukaemias and Myeloproliferative disorders
6. Lympho proliferative disorders
7. Multiple myelomatosis and other plasma cell dyscrasis
8. Haemostasis and haemorhagic disorders and anticoagulant control
9. Porhphyria and abnormal pigments
10. Splenic disorders
11. Blood group serology. Blood transfusion
12. Haemotological abnormalities infections.

C. CHEMICAL PATHOLOGY

Objectives :

1. Be able to carry out routine biochemical investigations, interpret them and explain how biochemical alterations are brought about by disease processes,
2. Be able to operate apparatus routinely used in the chemical pathology section of a pathology laboratory and, thereby be able to check on investigational work delegated to technical staff.
3. Be able to advise in the preparation of patients, collection and transport of specimens for bio-chemical tests.
4. Be able to broadly outline the chemical basis of various bio-chemical tests utilized in investigations of disease in a hospital laboratory and comment on their accuracy.
5. Be able to carry out quality control programmes.

Syllabus :

Water and electrolyte balance
Calcium and phosphorus metabolism
Regulation of PH
Renal function
Pancreatic function
Carbohydrate metabolism
Fat metabolism
Protein and nitrogen metabolism
Endocrine disorders
C.S.F.
Gastric and duodenal analysis
Blood gases
Colorimetry,
Flame Photometry
Spectro Photometry
Volumetric analysis
Electrophotesis
Chromatography

D. MICROBIOLOGY

Objectives :

1. Be able to advise on sterilization procedures and be able to carry out laboratory investigations with regard to checking sterility.

2. Be able to carry out investigations in hospital infection, interpret results, advise with regard to prevention and treatment—Explain aetiology and pathogenesis.

3. Be able to organise and supervise the carrying out of routine clinical bacteriological investigations in a hospital laboratory. Examination of smears/cultures/serological tests, antibiotic sensitivity tests.

4. Be able to investigate common fungal diseases.

5. Be able to investigate and diagnose common parasitic diseases.

6. Be able to advise on investigation in viral diseases

Syllabus :

1. General Bacteriology
   Principles of immunisation
   Principles of sterilization
   Cross infection
   Antigen-Antibody reactions
   Principles of chemotherapy
   Bacterial variation

2. Systematic Bacteriology
   Staphylococci
   Streptococci
   Neisseria
   Haemophilus
   Brucella
   Bordetella
   Yersinia
   Shigella
   Anaerobes
   Mycoplasma
   Chalmydia
   Rickettsiae

3. Viruses

4. Concepts of Public Bacteriology

5. Fundamentals of Parasitic diseases
   Flagellates
   Trypanosomes
   Giardia
   Trichomonas
   Amoebae
   Sporozoa malaria etc.
   Ciliates
   Helminths
   Filaria

6. Fundamentals of Mycology

MD. PATHOLOCY

Eligibility to sit the M.D. (Pathology) Examination :

1. Candidates should hold the Diploma in Pathology of the PGIM or equivalent diploma recognised by the Board of Study in Pathology.

2. 2 years experience in the chosen discipline under a Consultant in a centre approved by the Board of Study in Pathology

The Examination :

The examination will consist of theory papers, practicals and viva in the chosen discipline (Morbid Anatomy and Histopathology, Haematology or Chemical Pathology).

Theory :

Two papers of 3 hours each.

Practical :

1. Morbid Anatomy and Histopathology

(*a*) Performance of Autopsy, presentation of material and diagnosis.
(*b*) Diagnosis of Histopathological/Cytological material provided using appropriate stains.
(*c*) Stained Histopathological/Cytological preparations for diagnosis, (clinical details will be provided).
(*d*) C.P.C. case for Morbid Anatomical and Histopathological assessment.
(*e*) Experience in reporting of frozen sections.

2. **Haematology**

(*a*) Long Cases — Clinical history will be provided for comment and diagnosis on the material given.

(*b*) Patient/material/stained slides for comment and diagnosis (up to 10 cases).

(*c*) Carry out relevant investigation for diagnosing a haemorrhagic disorder, from case/material provided.

(*d*) Blood transfusion serology.

3. **Chemical Pathology**

(1) (*a*) Case history provide suggest investigation and discuss.

(*b*) Results of investigation are given for comment, discussion and differential diagnosis.

(2) Long Cases with practicals related to investigation and diagnosis of the case.

Viva Voce :

Candiate will be examined at the viva in the chosen discipline.

MD (Pathology)—Learning Objectives for Histopathology and Morbid Anatomy :

At the end of training, a Pathologist should—

1. be able to describe accurately the surgical and biopsy material at the cut up, request appropriate processing and staining techniques, identify points at which specimens get contaminated or mislabelled and be able to rectify them, write accurate and helpful reports to the clinician with advice on further relevant laboratory investigations, use a recognised diagnostic coding system such as SNOP and identify cases for referral ;

2. be able to maintain an all round diagnostic ability for light microscopy, the scope of the biopsies being general medical and surgical pathology specimens, needle biopsies of kidney, liver, thyroid, breast etc., endoscopic biopsies of gastrom testinal and bronchial specimens, trephine biopsies of bone, nerve and muscle biopsies of neromuscular diseases, skin and tumour biopsies and paediatric pathology specimens ;

3. be able to handle the speciality specimens appropriately and diagnose the common conditions and identify those that need referral for specialised techniques and expertise. The development of an interest in a sub speciality in which they possess particular expertise and the ability to generate their own research programme is to be encouraged ;

4. be able to use light microscopy for all purposes including polariscopy, flouresoent and phase contrast techniques and microphotography and have a basic knowledge of electron microscopy in order to interpret electron micrographs of common and/or important diseases, cut and stain a frozen section to a degree of competence adequate for diagnosis, interpret the results of histochemical methods for the demonstration of an ever widening array of cell products and markers, interpret the results of immunocytochemistry by which many antigens can be localised in tissue, recognise artefacts, identify false positive and negative results and their potential sources.

5. be able to prepare and present material for clinicopathological meetings, answer questions and be able to openly admit areas of ignorance and explain the values and limitations of investigations ;

6. be able to conduct a routine autopsy, demonstrate the findings to an audience and correlate them with the clinical history, carry our specialist autopsy techniques for removal of organs and obtain samples for toxicology, microbiology, serology and chemistry and recognise the need for expert opinion in coroner's autopsies (short of criminal) and give evidence at an inquest ;

7. be able to supervise the screening of cervical cytology specimens and, dagnose gynaecological and nongynaecological smears and advise on appropriate management ;

8. be able to understand the financing of the laboratory, supervise the safety of the laboratory and mortuary, be aware of inflammatory and explosive hazards, the toxic effects of laboratory chemicals, be familiar with microbiological safety, prepare reports and statistical analysies, understand the problems and needs of all categories of staff and encourage and train junior medical staff.

9. be able to develop and use a laboratory filing and retrieval system, present case reports and own work at meetings, identify problems which require further investigation, judge the merits and validity of research articiles relation to pathology, ise the Index Medicus and search and interloan system of the library, gain experience in word processing and data handling and refer rapidly to standard work in all major sub-specialities.

Regulation for "Exemption under Category C" M.D. (Pathology)

(These exemptions will not be granted in and after 1988)

1. The degree of Doctor of Medicine shall be described as MD (Pathology) and all exemptions are at the discretion of the examiners appointed by the Board of Study in Pathology.

2. Applications for exemption will be considered *if*

   (*a*) A candidate hold an initial qualification accepted by the Board of Study in Pathology, the recognised qualifications being D.Path., DCP, D.R.C. Path., M.R.C.P., Ph.D. or other equivalent.
   and

   (*b*) A candidate has completed six years post qualification experience in Sri Lanka as a Pathologist in an Institution recognised by the Board of Study.

3. Application must be made to the Director, PGIM on or before 30th June of any year in order to be considered for the November examination of the same year. Application should contain :

   (*a*) The title of thesis/dissertation and the name of the Institution where study/research was carried out.

   (*b*) A declaration indicating, the personal contribution of the candidate to his field of investigation, e.g. Chemical Pathology.

   (*c*) A list of publications which would be submitted in support of the request for exemption. In joint publications the candidate must indicate his/her contribution.

4. Registration and submission of thesis/dissertation/publications (2 copies) must be made on or before 30th August of the same year.

5. There should be at least two examiners of which one should be an external examiner. They will be appointed by the Board of Study.

6. The examination will consist of—

   (*a*) Evaluation of thesis/dissertation/publications by the examiners.

   (*b*) Viva voce.

7. The Board of Examiners may :

   (*a*) accept a thesis/dissertation and indicate whether it is suitable for publication in its entirety or in part.

   (*b*) Regect a thesis

   (*c*) recommend resubmission in a revised form not earlier than six months and not later than 12 months from the date of release of result. (A summary of the examiner's recommendations may be communicated to the candidate by the Director, PGIM).

8. The date of release of results should be same as the other categories of MD (Pathology) of that year.

PROSPECTUS IN PSYCHIATRY

The Board of Study in Psychiatry has formulated a three stages programme of training in Psychiatry over a period of five years including the examination in two parts, for award of the degree of MD in Psychiatry, and for Board certification as a consulant Psychiatrist .

Stage I :

Section A : One year period of in-service training at the end of which MD Part I examination will be taken.

Section B : A further two year period of continuous intensive clinical training

Section C : Submission of a dissertation

Section D : M.D. (Psychiatry) Part II examination at the end of 3 year period.

Stage II :

One year's training in an approved centre in Sri Lanka.

Stage III :

One year's training in a recognised institution abroad.

Eligibility : A graduate of a University with a medical degree registrable with the Ceylon Medical Council, one year after completing internship.

Stage I

Section A : **MD (Psychiatry) Part 1 examination**

The examination will consist of two papers with MCQ/structured essay type questions which will cover the following areas :

Neuroanatomy, Neurophysiology, Psychology, Psychopathology, Psychopharmacology, Statistics, Social and Cultural aspects of Medicine, General Medicine including neurology in relation to Psychiatry.

Section B : Trainees who have completed Part I examination are eligible to sit the MD Part II examination provided they have completed a total of 3 years of satisfactory clinical training (at least one year of which should be after completing MD Part I examination). The training should be approved by the Board of Study in Psychiatry.

Recognised institutions of training—

(*a*) University Psychiatry units—Colombo, Peradeniya, Jaffna and Ruhuna.

(*b*) Other Psychiatric Units—Mental Hospitals of Mulleriyawa and Angoda, Psychiatry units of the teaching Hospitals of Kandy, Galle and Jaffna. Othr Psychiatric units in Anuradhapura, Badulla, Batticaloa, Kurunegala, and Ratnapura hospitals may be recognised by the Board of Study depending on the circumstances.

Each trainee is required to spend a minimum of 1½ years in a Univeristy Psychiatric Unit and six months in any other recognised unit.

Section C : Submission of a dissertation.

A dissertation has been introduced to the training programme in order to give the candidate an opportunity of learning some aspects of research. As the project has to be undertaken during the first three years of clinical training it is desirable that a subject in Clinical Psyehiatry is selected for the study.

The candidate shall be supervised by a person approved by the PGIM. The project may be commenced within one year of admission to the training programme, with the prior approval of the Board of Study.

Two bound copies of the dissertation should be submitted to the PGIM at least 6 months before the MD Part II examination. The candidates are expected to present themselves for an interview. Two examiners appointed by the PGIM shall assess the dissertation.

Section D : Trainees having successfully completed the Stage I (Section A, B and C) will be accredited eligible to sit for M.D. (Psychiatry)

M.D. (Psychiatry) Part II examination will consist of :

(i) A written examination in the following areas.

(*a*) All aspects of General Psychiatry including Forensic Psychiatry, Child Psychiatry, Psychogeriatrics, Social and Community Psychiatry, Mental Subnormality, Psychological Methods of treatment, Alcohol and drug dependence, Liaison psychiatry.

(*b*) Delivery of psychiatric services.

The written examination will consist of 2 papers each of 3 hours duration, one paper consisting of 6—8 structured questions and the other 4—5 essay type questions.

(ii) Clinical Examination :

(1) Long Case

(2) Two or three Short Cases.

(iii) Viva-voce examination.

The degree of M.D. (Psychiatry) will be conferred after successful completion of M.D. Part II (Psychiatry) examination.

Stage II : Consists of one year's training as Assistant Psychiatrist in an approved centre in Sri Lanka under a Consultant Psychiatrist.

Stage III : Consists of one years training at an approved centre abroad.

Exemptions : (i) M.R.C. Psychiatry or an equivalent qualification exempted from Stage I (Section A and B) but will have to submit a dissertation.

(ii) For Stage III above should be after successful completion of M.R.C. Psychiatry.

iii) Any other request for exemption will be considered by the Board.

PROSPECTUS IN RADIOLOGY

1. The training programme leading to the degree of MD (Radiology) shall be conducted by the Postgraduate Institute of Medicine.

2. All examinations in connection with the award of the degree MD (Radiology) shall be held by the Postgraduate Institute of Medicine.

3. The Board of Study in Radiology shall be directly responsible for the training programme leading to the degree of MD (Radiology).

4. Objectives—The training programme.

Diagnosic radiology now incorporates all. modalities of diagnostic imaging including ultrasound, computed tomography, nuclear medicine, etc.

Future Radiologists need to be conversant with these different imaging modalities, in addition to the radiological methods already available in Sri Lanka, so that they could provide a complete diagnostic service as and when these modalities of imaging become available in Sri Lanka.

It is the intention of the Board of Study in Radiology to conduct such a training programme in Radiology.

5. Selection of trainees :

5.1. Eligibility :

5.1.1. Shall possess a medical degree registrable in Sri Lanka.

5.1.2. Should have completed a minimum period of one year's in-service experience after internship.

5.1.3. Shall be under 35 years of age on the date of admission to the training programme.

5.2. The number of trainees :

5.2.1. Shall be determined by the Board of Study in Radiology

5.2.2. Shall be subject to review annually

5.3. Selection procedure :

5.3.1. Applications shall be called by the appropriate authority.

5.3.2. The applications shall be interviewed by a selection committee comprising of :

(*a*) Chairman, Board of Study in Radiology.

(*b*) A member of the Board of Study in Radiology from Colombo.

(*c*) A member of the Board of Study in Radiology from Kandy

(*d*) Director/Co-ordinator, PGIM.

5.3.4. At the interview, selection shall be made on the basis of a point scheme.

5.3.5. Allocation of points will be as follows :

(*a*) Seniority :

5 points per year for every completed year of service after internship upto a maximum of 35 points.

(*b*) Merit :

Up to a maximum of 40 points, allocated as follows :

2nd MBBS 1st Class Honours	10 points
2nd MBBS 2st Class Honours	5 points
Final MBBS 1st Class Honours	10 points
Final MBBS 2nd Class Honours	5 points
Distinction in Anatomy	5 points
Distinction in Medicine	5 points
Distinction in Surgery	5 points
Distinction in Pathology	5 points

(*c*) Performance at the interview upto a maximum of 25 points.

5.3.6. The allocation of trainees to the training centres recognised by the Board of Study in Radiology shall be determined by the selection committee taking into consideration the trainees preferences.

6. Training Programme :

6.1. Duration shall be a minimum period of 3 years incorporating two examinations viz., Part I and II of MD Radiology (see below).

6.2. Training programme shall comprise of :

(*a*) In service training in Diagnostic Radiology.

(*b*) Lecture demonstrations and tutorials.

6.3. The training programme for MD (Radiology) Part I shall be conducted at the Radiology Department, General Hospital, Colombo. Trainees while being attached to the General Hospital, Colombo, will be permitted 2 attempts at the M.D. Part I and 2 attempts at MD Part II.

Trainees who are unsuccessful in the Part I or Part II examination after 2 attempts, may be transferred out of the Department of Radiology, General Hospital, Colombo or other recognized Institution at the discretion of the Board of Study.

6.4. The recognition of training centres for MD (Radiology) Part II, shall be considered by the Board of Study in Radiology from time to time or when the need arises.

6.5. Periods of training at centres recognised by the Board of Study in Radiology shall be given credit towards MD (Radiology) Part II programme.

6.6. Training programme for MD (Radiology) Part I

6.6.1. Shall be held in the Department of Radiology, General Hospital, Colombo.

6.6.2. The traines shall receive in-service training at the Radiology Department.

6.6.3. A Lecture demonstration programme shall be conducted in radiation physics, radiographic photography, radiography, radiological anatomy, radiological techniques, principles of newer imaging techniques, contrast media and drugs used in radiology.

6.6.4. After completion of this programme the trainees will be eligible to sit the MD (Radiology) Part I examination (see below).

6.7. Training programme for MD (Radiology) Part II

6.7.1. The trainees shall receive in-service training in Diagnostic Radiology.

6.7.2. A lecture/tutorial programme in clinical radiology will be conducted.

6.8. It is the desire of the Board of Study in Radiology that a dissertation on a subject related to and with relevance to Sri Lanka, be presented at some stage of the training programme. This dissertation is not compulsory but the trainees are to be encouraged and provided with all facilities to prepare a dissertation.

7. Cetification as a Consultant :

7.1. The trainee who has obtained the degree of MD (Radiology) shall spend a minimum of one year at a centre abroad. He/She shall train in a radiological field of his/her choice and relevant to the needs of the country.

7.2. Both the centre abroad and the field of study have to be approved by the Board of Study in Radiology.

7.3. He/She shall be required to submit to the Board of Study, a certificate from his/her supervisor certifying the satisfactory completion of the training period.

7.4. A further period of one year shall be spent in a hospital in Sri Lanka where a consultant Radiologist shall supervise his/her work.

7.5. On satisfactory completion of this period of 2 years he/she shall be board certified as a Consultant.

8. MD (Radiology) examination :

8.1. Shall consist of 2 parts viz., Parts I and II.

8.2. MD (Radiology) Part I examination :

8.2.1. Eligibility to sit the examination—

(*a*) Completion of the MD (Radiology) Part I training programme.

(*b*) Attendance of not less than 80% of lecture demonstrations and tutorials.

8.2.2. Syllabus for the examination includes ;

(*a*) Radiation physics and apparatus constructon

(*b*) Radiographic photography

(*c*) Radiological anatomy

(*d*) Radiography

(*e*) Radiological techniques and principles of other diagnostic imaging modalities.

(*f*) Contrast media and drugs used in Radiology.

8.2.3. Examination will be based on the syllabus and shall consist of:

(*a*) A multiple choice paper of 60 questions to be answered in 2 hours.

(*b*) A written paper of 3 hours duration consisting of 9 questions.

(*c*) A film viewing session.

(*d*) An oral examination of 30 minutes duration.

8.2.4. The Board of Examiners will consist of one physicist and 3 diagonostic Radiologists, at least one of whom shall be an external examiner from abroad.

8.3. **MD (Radiology) Part II examination:**

8.3.1. Eligibility to sit the examination.

(*a*) Successful completion of, or exemption from MD, (Radiology) Part I examination.

(**d**) Completion of the 3 year training programme.

(*c*) Certification by the consultant that the candidate has acquired competence in practical radiological procedures.

8.3.2. Syllabus for the examination will be clinical radiology including newer diagnostic imaging modalities.

8.3.3. Some questions in Medicine, Surgery and Pathology will be incorporated in the multiple choice question paper (see below)

8.3.4. The examination will consist of—

(*a*) Two multiple choice question papers.

(*b*) A written paper of 3 hours duration

(*c*) A clinico-radiological oral examination of one hours duration.

8.3.5. The Board of Examiners shall consist of 4 diagnostic Radiologists, at least one of whom shall be an external examiner from abroad.

9. Concessions and Exemptions to those holding foreign diplomas.

9.1. Medical officers returning to Sri Lanka with a diploma recognised by the Board of Study will be exempted from Part I of MD (Radiology) examination. They shall be required to sit the full Part II examination.

9.2. Medical Officers desirous of obtaining these exemptions should communicate with the Board of Study in Radiology with documentary evidence in support of their claims.

10. The regulations contained in this prospectus may be changed from time to time at the descretion of the Board of Study in Radiology.

PROSPECTUS IN RADIOTHERAPY AND ONCOLOGY

1. Introduction

The following outlines the in-service training programme in Radiotherapy and Oncology leading to the Degree of MD (Radiotherapy and Oncology) of the Post-graduate Institute of Medicine of the University of Colombo and to Board Certification for the status of Consultants in Radiotherapy and Oncology.

The programme is divided into 06 stages including two examinations.

2. Selection of Trainees

(1) *Eligibility :*

A Medical Degree registerable with the Ceylon Medical Council.

Two years of in-service experience after qualification.

(ii) *Selection Procedure*

Application for the trainees shall be called by the PGIM and the trainees will be selected after an interview by a Selection Committee appointed by the Board of Study.

Training Programme

3. *Stage I* : Twelve months full time resident training at Cancer Institute, Maharagama, plus lectures, demonstrations and laboratory exercises in the science and disciplines basic to Radiotherapy and Oncology. This programme will be supplemented by teaching conference, rounds, general review sessions and tutorial sessions.

During this time a trainee is expected to learn the basic clinical and intellectual skills of understanding and dealing with the problems of the cancer patients as Radiotherapist, Chemotherapist and cancer consultant.

Stage II : MD (Radiotherapy and Oncology) Part I examination.

(*a*) SUBJECTS

(i) Radiation Physics
(ii) Medical Statistics,
(iii) Radiobiology
(iv) Principles of Chemotherapy and Pathology.

(*b*) FORMAT OF THE EXAMINATION

(1) Two written papers, each of 2½ hrs. duration,
Paper 1—Physics and statistics.
Paper II—Radiobiology, Principles of Chemotherapy and Pathology.

(ii) Oral examination.

This will be a comprehensive examination to test the basic knowledge, skills and attitudes of the trainee. Successful completion will make the trainee eligible for the successive programme.

Stage III : Continued in-service training at Cancer Institute, Maharagama or at other cancer centres to be decided by the Board of Study for at least 24 months.
Further lectures and demonstrations in specialised clinical subjects to expand the trainee's competence will be arranged.

Every trainee during this stage will prepare a case-book containing the records of 20 cancer cases managed by him. The case book will be assessed in the MD Part II examination.

Stage IV : M.D. Part II final examination.

(*a*) SUBJECTS : Radiotherapy and Clinical Oncology

(*b*) FORMAT OF THE EXAMINATION
(i) Two written papers in Radiotherapy ; each of 3 hrs. duration.
(ii) A multiple choice question paper in Clinical Oncology (2½ hrs. duration)
(iii) Clinical, Practical and Oral examinations in Radiotherapy and Oncology.
(*a*) Clinical—(1) Long Case
(2) Short Cases
(b) Treatment planning session.
(*c*) Viva Voce examination.

(*c*) Assessment of "Case Books"

Stage V : A one year period of supervised training to be spent at a centre abroad, approved by the Board of Study. A report in writing of this experience should be submitted from his supervising consultant.

Stage VI : Completion of one year service as an Assistant Radiotherapist Oncologist in a teaching or other approved hospital/cancer centre in Sri Lanka.

AND completion of a dessertation in a field of Oncology based on a trainees original observations preferably having relevance to problems in Sri Lanka.

The dessertation should be a typewritten bound manuscript in 4 copies with contents, illustrations, tables and references of international quality. This dessertation to be submitted to Board of examiners for approval and the original copy filled in the PGIM library. Stage V and VI may be interchanged.

04. A trainee on successful completion of all the above stages will be certified by the Board as a consultant in Radiotherapy and Oncology.

05. **Exemptions for foreign qualification**

(1) Holders of F.R.C.R.;

(*a*) Requirements of Case Books and Dessertation for MD Part II examination.

(II) *Exemptions for past experience in Radiotherapy and Oncology of the trainees.* These exemptions will be considered by the Board of Study on individual basis an application by the trainees.

Note —The guidelines contained in this prospectus may be changed from time to time at the descretion of the Board of Study in Radiotherapy and Oncology.

SYLLABUS FOR MD PART 1 EXAMINATION

1. Radiation Physics

(1) Production of X-rays;
Factors controlling the quantity and quality of X-ray emission.

(2) Interaction of X--rays and other ionising radiations with matter.
The photo-electric, Compton and pair-production processes.
The parameters upon which their magnitudes depend. Their relative importance in clinical practice.
The range of the secondary electrons emitted, and its clinical importance.

Attenuation and absorption. Coefficients and the exponential law.
Half value layer and filtration.
Range of charged particles and the Bragg curve.

(3) The measurement of X-and—Rays.

Exposure, kerma, and a absorbed dose ; units.
Ionisation, photographic, thermoluminescent and other methods of measurement and detection.
Simple principles of air ionisation measurement.
Derivation of absorbed dose from air kerma, including calibration standardisation.
Relationship between exposure, kerma and absorbed dose.
Absorbed dose in heterogeneousmaterials.
Data acquisition for treatment planning.

(4) The Physical basis of radiation teletherapy.

The steps involved in the establishment of the absorbed dose at any point in an irradiated patient : phantoms, "output" calibration, depth dose data, TAR and isodose curves, Features of external photon and election beams. Beam modification—filters and tissue compensators. Principles of rotation therapy.

(5) Beam therapy apparatus.

Relative merits of different types of radiotherapy equipment in routine use. (A knowledge of generator circuitry is not required).
Collimation —"applicators", moving diaphragms, Penumbra.
Controls and safety interlocks.
Principles of high LET radiation.

(6) The principles of treatment planning.

Localisation
Simulators
Dose computations and construction of isodose distributions.
Principles of obiliquity and inhomogeneity corrections.
Applications of computers to treatment planning, including CT planning.
Front and back pointers, isocentric mounting, treatment shells.
Principles of treatment verification.

(7) General properties and production of radioactive material.
Radioactive decay, half-life and equilibrium, units of radioactivity.
Radiations from radioactive materials - with special reference to clinical usage.
Specific activity.
Radionuclides in treatment :

(i) Sealed sources and their construction, including B-ray sources. Principles of dosage systems.

(ii) Unsealed sources. General principles of their use.

(8) Principles and practice of radiation protection.
Radiation hazards.
Protective arrangements in Radiotherapy Departments.
Care and custody of sealed and unsealed sources.
Monitoring.
Protection of the patient and the public.
Relevant aspects of the current legislation.

2 Medical statistics and epidemiology

(1) Summarising and presenting data.

(i) Qualitative data : proportions, bar charts, contingency tables, relative risk.

(ii) Quantitative data : measurements of location and spread, histograms' transformations, the Normal distribution, scatter diagrams.

(2) *Sampliug :* concept of a source population, random sampling, sample mean as estimating the population mean, standard error of sample mean and of a proportion, confidence limits.

(3) Statistical significance.

(i) Concepts of null hypothesis, types 1 and 11 errors.

(ii) Paired and two-sample t-tests, analysis of 2x2 contingency tables, the ideas of extension to analysis of variance and larger tables, simple linear regression, non-parametric analogues of the t-test.

(4) *Survival and recurrence data.*—presentation of individual patient survival data, crude survival rate, age-adjusted survival rate, life-table (actuarial) calculation of survival rate, survival curves, comparison of two curves, logrank test, concept of a cured group, recurrence-free rates.

(5) *Clinical trials.*—problems of retrospective comparisons and use of historical controls, prospective randomised controlled studies, protocols, aims of study, patient eligibility, informed consent, methods of allocating treatment options, numbers required, multi-centre studies, double-blind studies.

Measures of Response—tumour regression, quality of life, morbidity, local and regional recurrence, distant metastases, death.

(6 *Epidemiology.*—mortality rates, standardised mortality rates, cancer registration and follow-up cancer incidence and mortality rates for major anatomical sites, trends in cancer incidence and mortality, aetiological and diagnostic studies.

3 Radiobiology

(i) A consideration, using the principles of cellular biology and dynamic histology, of the acute responses of normal re-newal tissues, e.g. bone marrow, epithelia and testis. The response of tumours to irradiation.

(ii) The injury of tissues and organs at long term risk.

(iii) The concepts of normal tissue tolerance, fractionation formulae and their radiobiological rationale. The therapeutic ratio and the potential influence of changes in dose, dose-rate, number of fractions, overall time, quality of irradiation, oxygenation and cell proliferation kinetics.

(iv) The biological hazards of irradiation ; dose protraction and LET ; whole body syndromes ; effects on the embryo and the foetus ; life shortening, leukaemogenesis and carcinogenesis, genetic and somatic hazards for exposed individuals and populations. Biological basis of radiological protection.

The basic principles underlying the use of chemotherapeuti cdrugs :

(i) Classification and mode of action of anticancer drugs.
The principles of cell kill by chemotherapeutic agents.
Definition of phase specific and cycle specific action.

(ii) Principles of administration of drugs.
The general principles of pharmacokinetics ; factors affecting drug concentration "in vivo" ; e.g. route and timing of administration, drug activation, plasma concentration, metabolism and clearance.

Principles of combination therapy, the use of dose response curves, adjuvant chemotherapy, problems of sanctuary sites, principles of high-dose chemotherapy.

(iii) Toxicity of drugs.
Early, intermediate and late genetic and somatic effects of common classes of anticancer drugs.

(iv) Concept of drug resistance.

(v) Introduction of new drugs.
Principles of Phase 1, Phase II and Phase III studies.

(vi) Interaction of cytotoxic drugs and irradiation.

(vii) Principles and practice of protection in the use of cytotoxic drugs.

4 Principles of Chemotherapy

THE BIOLOGY OF CELLS IN RELATION TO CANCER AND ITS TREATMENT

A basic knowledge of cytology, histology and physiology of normal cells and tissues is assumed. This will include :

(1) (i) Cell structure and function ; principles of DNA, RNA and protein symthesis. Nuclear organisation, cytoplasmic organelles including the cytoskeleton, their role in mitosis and the cell cycle.

(ii) An introduction to the principles of cellular chemistry and the concept of molecular biology ; DNA strand breakage and repair ; ionisation, free radical production and interaction with biological molecules in aqueous systems.

(iii) *Cellular injury:* damage to cell organelles, eg. chromatids, chromosomes; biochemical pathways of injury and their roles in leading to division delay, mitotic and interphase cell death.

(iv) *Cell survival curves :* the concepts of cellular reproductive integrity and clonogenecity, methods for their determination with irradiated normal or neoplastic cell populations. The description of dertivation of current formulae applied to cell survival curvs.

(v) Biological and chemical modifiers of cell survival ; recovery from sublethal injury and the repair of potentially lethal damage. The effect of sensitizers, eg oxygen, electron affinic agents. Protective agents. Dose modifying factors and their determination. Variation of response with growth and the progression of cells through the phases of response with growth and the progression of cells through the phases of the cell cycle.

(vi) Physical factors influencing cell survival ; relative Biological Effectiveness ; its definition and determination, dependance upon linear energy transfer, dose, dose-rate , and fractionation. Hyperthermia

(vii) *Cytogenetics:*

(*a*) Description of changes in chromosomes in human malignant neoplasia.

(*b*) Evidence that human cancer is caused by chromosomal abnormalities.

(*c*) Methods available for showing human chromosome abnormalities-the use of quinacrine mustard and giemsa staining to produce banding.

(*d*) Typical chromosomal abnormalities in human malignancies; translocations ; deletions ; oncogenes.

5. Pathology

General Pathology

(1) Definitions of and distinctions between different types of growth disorder.

(2) Classification of neoplasms.

(3) Aetiology, mechanisms of carcinogenesis, known types of carcinogen and their effect upon the cell. The relative importance of different factors in the causation of human cancer.

(4) Mode of origin of tumours - monoclonal, multifocal.
Structure, differentiation and retention of function.
Tumour marker substances.
Pre-malignant and pre-invasive states.

(5) Rate of growth, methods of measurement.
Factors affecting growth rate.
Mechanisms of spread.
Local effects of tumours.
Local and systemic reactions to tumours.
Effects of therapy on tumours and normal tissues.

(6) Investigative techniques.
Uses and value of biopsy material.

Systemic Pathology

Candidates should be familiar with the origin, classification, natural hisotry and histopathology of tumours in all systems, including :

(1) Incidence, frequency, age and sex distribution.

(2) Histogenesis, aetiological factors and epidemiology.

(3) Macroscopic and microscopic appearances.

(4) Classifications, staging, grading and methods of spread.

(5) Prognostic indicators, including response to treatment.

(6) Screening and early detection.

SYLLABUS—MD PART II

Radiotherapy

The use of radiation for any morbid condition in which its value has been established.

A detailed knowledge of these conditions will be required, including their aetiology, pathology, symptoms and investigation, as well as treatment by means other than Radiotherapy. Candidates should be familiar with the relevant literature and may be questioned upon methods which have not, up to the time of the examination, reached the standard textbooks. Attention will be paid in the examination to the experimental, biological and pathological aspects of the subject. Candidates should be prepared to discuss the detailed organisation of radiotherapeutic services, including relevant legislation.

Clinical Oncology

A wide knowledge will be required of the aetiology, natural history and investigation and treatment of neoplastic disorders. Candidates will be required to be familiar with the principles and practice of cancer chemotherapy, hormonal measures, and methods such as immunotherapy which are under development. The questions may include aspects of the following subjects relevant to Radiotherapy, or to the management of patients with neoplastic disorders.

Pathology (including its special branches)

Medicine

Surgery (including its special branches, and gynaecology)

PROSPECTUS IN SURGERY

MS Part I—Guide to the Examination

The following information is intended to serve as a guide to candidates and indicates the scope of the examination.

The MS Part I Examination is conducted in three main subjests, Anatomy, Physiology and Pathology, but it should be clearly understood that these three subjects cannot be rigidly separated from each other.

In each subjec tthere is a written examination with some choice of questions and a viva voce examination. Candidates are required to satisfy the Examiners in each of these disciplines. Particular emphasis is laid on the importance of Physiology in Surgery. The scope of the MS Part I Examination is concerned with those aspects of the above subject that are of clinical and practical application and which demonstrate fundamental principles and processes.

The candidates are expected to show that they understand the principles of scientific methods, including the importance of controls and the evaluation of results by elementary statistical analysis and the use of modern research methods. A mastery of detailed techniques of experiments, tests and staining methods will not be demanded.

Anatomy

A sound knowledge is required of those aspects of regional and radiological anatomy that are relevant to clinical and operative surgery. Knowledge in some detail is also expected of both histological and intracellular anatomy. In Embroylogy, Genetics and Comparative Anatomy the candidates will be expected to know general principles and to have a more detailed knowledge of those which have a special surgical significance.

Physiology

Candidates will be expected to have a sound knowledge of human physiology and those deviations that occur in surgery, anaesthesia, shock haemorrhage, dehydration and othe abnormal states occurring in surgical practice.

The purpose and nature of clinical investigations and measurements should be understood. Knowledge is required of Pharmacology in relation to surgical anaesthetics, antibiotics, steroids and those drugs acting upon the autonomic, vascular and pulmonary systems.

Knowledge is expected of the effects of radiation on the body and of the use of radioactive isotopes in relation to surgical practice.

Candidates must be familiar with those techniques that are commonly employed in the clinical investigation of disease or injury and those relevant to the understanding of basic principles. In the field of Biochemistry, a detailed knowledge of chemical reactions, analysis and synthesis is not required.

Pathology (including Microbiology)

Candidates will be required to understand the basic principles of disease processes and must show that they are able to apply general principles to the problems met in surgical practice.

They should make themselves familiar in particular with the causation, character and sequelae of inflammation, infection, trauma, cedema, degeneration, regeneration, repair, atrophy, hypertrophy, hyperplasia, thromboembolism, ischaemia and neoplasia. They should understand the principles underlying tissue replacement, blood transfusion, immunology and immune disease.

Candidates are expected to be familiar with the general characteristics of bacteria and viruses with a more detailed knowledge of those that are of surgical importance. They must show an understanding of toxins, allergy and the actions of antibiotics and the manner in which the sensitivity of organisms to these agents can be assayed.

Regulations Relating to the Ms Part I Examination

Eligibility

(*a*) Candidates should possess a recognised degree in Medicine.
(*b*) Candidates should have completed 12 months of internship and be registrable with the Ceylon Medical Council.

Examination Procedure

The subjects of the examination are—

(*a*) Anatomy (regional, applied and comparative including Histology and Embryology).
(*b*) Applied Physiology and
(*c*) Pathology.

The examination is partly written and partly oral. The written examination will consist of 2 theory papers and a multiple choice question paper of 60 questions.

MS Part II Examination

Eligibility

Those with the Primary FRCS obtained prior to 1.1.1980 and those who have the MS Part I are eligible to take up the Part II of the MS, provided that the stipulated appointments mentioned below are completed satisfactorily.

The minimum appointments required are :

(1) 12 months of a continuous appointment in General Surgery completed after passing of the Part I Examination.
(2) 6 months of Orthopaedic Surgery inclusive of trauma.
(3) 3 months of Neurosurgery with emphasis on trauma,
(4) 3 months of Thoracic Surgery with emphasis on trauma,
(5) 3 months of General Surgery in the Cancer Institute, Maharagama, and
(6) 3 months at the Accident Service, General Hopsital, Colombo.

Institution approved for these appointments are the Teaching Hospitals of Sri Lanka and all appointments have to be certified by their consultants as regards competence and type of work done.

Examination Procedure

The examinatin is written, clinical and oral ; theory consists of two written papers ; the clinical part is one long case and short cases and the oral covers operative surgery, microscopic slides and pathological specimens.

Following successful completion of the MS Part II, those who intend being General Surgeons will be required to undergo a period of satisfactory training of two years—one year of which will be as an Assistant Surgeon in one of the Teaching Hospitals and the other in an approved institution abroad.

Those intending to specialise in Orthopaedic Surgery, Plastic Surgery, Paediatric Surgery, Genito-urinary Surgery, Thoracic Surgery or Vascular Surgery will be required after successful completion of the MS Part II to spend a period of 3 years ofsaitsfactory training in a specialised unit at least one year of which should be in an approved institution abroad, and the balance in a Teaching Hospital in Sri Lanka.

Those intending to specialise in Neuro surgery or Cardiac Thoracic Surgery will be required after successful competion of the MS Part II to spend a period of 4 years of satisfactory training in a specialised unit at a Teaching Hospital, two years of which should be in an approved institution abroad.

Board Certification as a Consultant

A trainee will be certified as a Consultant following the completion of a period of either two, three or four years after the MS Part II Examination, depending upon whether the trainee intends to be a general surgeon or specialise on one of the branches of surgery as has been indicated above.

Note —Exemptions from the MS Part I examination will be given to those holding the diploma of Fellowship of the United Kingdom, Ireland or Australia. Candidates with other equivalent postgraduate surgical qualifications should write to the Board of Surgery of the Institute to obain a similar exemption.

LIBRARY OF THE POSTGRADUATE INSTITUTE OF MEDICINE

Situation :

General Hospital,
Kynsey Road,
Colombo 8.

Membership

Reading membership is open to medical offieers registered with the Ceylon Medical Council preparing for postgraduate examinations conducted by the Institute.

The annual membership fee for general members is Rs. 100.00. Books may be borrowed on payment of a refundable library deposit of Rs. 500.00. Free membership is granted to the teachers of the PGIM, on the recommendation of the respective Boards of Study.

Library Hours

Monday—Friday	8.30 A.M. — 7.30 P.M.
Saturday	8.30 A.M. — 1.00 P.M.
	2.00 P.M. — 6.00 P.M.
Sunday	8.30 A.M. — 1.00 P.M.

The library is closed on all Public Holidays.

General Rules

(*a*) Members are entitled to two reader tickets and one library membership card. These tickets are not transferable.

(*b*) Members may enrol once and possess only one set of tickets during their year of enrolment.

(*c*) Membership should be renewed within three months of the date of expiry. Membership tikets should be surrendered for this purpose.

(*d*) Any change of address of the reader should be notified to the Librarian.

(*e*) Members should bring their library membership card with them when they visit the Library. Only members of the Library are entitled to make use of the library facilities.

(*f*) Borrowing members who wish to withdraw their library membership and obtain the refund of Rs. 500.00 should submit a request to the Librarian along with the receipt issued by the Assistant Bursar. The membership tickets should be surrendered for this purpose.

(*g*) Member's personal property—The PGIM Library regrets that it cannot allow any members to take personal property into the Library. Facilities are available to leave such items at the Reception Desk.

(*h*) Overdue/damaged lost materials—Upto two weeks, a fine of Rs. 1.00 per day will be levied on all books not returned by the due date. From the 15th day onwards, the fine will be Rs. 5.00 per day. If a book is damaged or lost, it should be replaced or the cost of the book plus 25% of the cost should be paid to the Library.

(*i*) Lost tickets—Replacements for lost tickets may be obtained after one month of the loss of such tickets on payment of a nominal fee of Rs. 1.00. Members are warned that books issued on lost tickets remain the responsibility of the member in whose name the tickets are issued.

These rules may be subject to amendment from time to time.

Library Facilities

(*a*) Loan of Books—Books which are not classified as permanent reference, may be borrowed for a period of one week by the general members and two weeks by the teachers of the PGIM. Books loaned may be renewed once at the end of this period if they are not in demand.

(*b*) Periodicals—At present, only reference facilities are made available to members as far as the periodical literature is concerned.

(*c*) Inter-Library loans - Books and back issues of periodicals which are not available in this Library may be borrowed from another Library by making a request to the Librarian. These books and periodicals should be returned within one week from the date of issue to the member.

(*d*) Photocopying of library material. This facility is available to the members of the Library on payment of a nominal fee.

(*e*) Photocopies of journal articles from other libraries and WHO—A member who is in need of a journal article which is not available in the PGIM Library, can make a request to the PGIM library, giving details, such as Title, Volume, No. Month and year of the journal and title and author of the article needed. An attempt will be made to supply a photocopy of the article from another Library or the WHO Regional Office in New Delhi.

(*f*) Medline searches—Provided free of charge to members of the Library with the aid of WHO.

The Library will be run and administered by a committee called the Post-graduate Institute of Medicine Library Committee which will consist of a representative from eash Board of Study.

EXAMINATIONS CALENDAR 1987

Examination	*Commencing date of the examination*	*Closing Date for application*
MD (Paediatrics) Part II/ ..	06 January 1987 ..	02 December 1987
M.Sc. (Community Medicine)/ ..	20 January 1987 ..	16 December 1987
MD (Community Medicine) ..		
MD (Radiotherapy and Oncology Part I and II	27 January 1987 ..	16 December 1986
MD (Medicine/Paediatrics) Part I	12 Februay 1987 ..	31 December 1986
MS (Obstetrics and Gynaecology) Part I	10 March 1987 ..	30 January 1987
Diploma in Family Medicine ..	19 May 1987 ..	06 April 1987
Diploma in Legal Medicine/ ..	07 July 1987 ..	29 May 1987
MD (Forensic Medicine)		
MS (Obstetrics and Gynaecology) Part II	21 July 1987 ..	08 June 1987
MD (Anaesthesiology) Parts I and II	04 August 1987 ..	22 June 1987
MS (Surgery) Parts 1 and II ..	18 August 1987 ..	29 June 1987
MD (Radiology) Parts I and II ..	08 September 1987 ..	31 July 1987
MS (Dental Surgery) Part I ..	21 September 1987 ..	10 August 1987
MS (Dental Surgery) Part II/	12 October 1987 ..	12 September 1987
Diploma in General Dental Practice	..	24 August 1987
MD (Psychiatry) Parts 1 and II ..	07 October 1987 ..	31 August 1987
Diploma in Pathology/ ..	22 October 1987 ..	07 September 1987
MD (Pathology) ..	..	30 June 198
MS (Otolaryngology) Part II ..	10 November 1987 ..	05 September 1987
Diploma in Ophthalmology/ ..	17 November 1987 ..	12 October 1987
MS (Ophthalmology)		
MD (Medicine) Part II/ ..	01 December 1987 ..	28 October 1987
Diploma in Tuberculosis and Chest Diseases		

Application forms and other particulars may be obtained from the Asst. Registrar/Examinations, No. 160, Norris Canal Road, Colombo 8. by calling personally or by sending a SAE.

REGISTRATION' COURSE AND EXAMINATION FEES

Course/Training Programme	*Course Fee*	*Examination fee*
Diploma in Family Medicine	1,500.00 ..	1,000.00
Diploma in Child Health	750.00 ..	1,000.00
Diploma in Legal Medicine	— ..	1,000.00
Diploma in Ophthalmology	— ..	1,000.00
Diploma in Pathology	750.00 ..	1,000.00
Diploma in General Dental Practice ..	750.00 ..	1,000.00
Diploma in Tuberculosis and Chest Diseases ..	— ..	1,000.00
Diploma in Microbiology		
Government Candidates	1,500.00 ..	1,000.00
Private Candidates	5,000.00 ..	1,000.00
MD Medicine Part I	— ..	2,000.00
MD Paediatrics Part I	— ..	2,000.00
MD Anaesthesiology Part I	— ..	1,250.00
MS Surgery Part I	— ..	1,250.00
MS Dental Surgery Part I	— ..	1,250.00
MD Radiology Part I	— ..	750.00
MD Psychiatry Part I	— ..	500.00
MS Obstetrics and Gynaecology Part I ..	— ..	1,000.00
MS Radiotherapy and Oncology Part I ..	— ..	1,000.00
MD Community Medicine Part I ..	1,500.00 ..	2,000.00
MSc Health Education	2,000.00 ..	2,000.00
MSc Community Medicine	2,000.00 ..	2,000.00
MD/MS Part II Examinations in all disciplines ..	— ..	2,000.00
MSc (Health Education/Community Medicine)		
Qualifying Examination	— ..	500.00
Assessment of Case Record Book for		
MS (Obs. and Gyn.) Part II	— ..	600.00
Research Project Supervision fee for MD Community		
Medicine	— ..	500.00 per year

Note —A registration fee of Rs. 100/- is payable for a particular course in addition to the respective course fee. Similarly, a registration fee of Rs. 100/- is also payable along with the application for registration for a particular examination.

The above fees are subject to revision.

EXTERNAL EXAMINERS IN 1986

1. Anaesthesiology

Prof. R. S. J. Clarke, B.Sc. (Hons.), MB, MD, PHD.
Professor of Clinical Anaesthesia,
Department of Anaesthetics,
The Queen's University of Belfast,
UK.

Dr. Keith Budd, MB., Ch.B. (Leeds), FFARCS (England)
Consultant Anaesthetist & Director of Pain Relief Service,
Royal Infirmary,
BRADFORD,
UK.

2. Community Medicine

Dr. Abraham Joseph, MBBS, DCH, MD., MS (Epidem).
Prof. and Head.
Community Health Department,
Christian Medical College,
India.

3 Dental Surgery

Dr. David Keith Whittaker, FDSRCS.,
Reader in Oral Biology,
Dept. of Oral Biology,
Dental School,
University of Wales College of Medicine,
UK.

Prof. A. H. R. Rowe, FDSRCS.
Dean of Dental Studies,
Department of Conservative Dental Surgery,
Guy's Hospital,
London,
UK.

4. **Family Medicine**

Dr. Wesley E. Fabb, MBBS, FRACGP, FCGPS (Hon.) FFGP (SA) (Hon.) MCFPC (Hon.), FRCGP (Hon.),
Director of Education,
Royal Australian College of General Practitioners,
Australia.

5. **Forensic Medicine**

Prof. T. K. Marshall, MD, FRC Path.
Prof. of Forensic Medicine,
The Queen's University of Belfast,
Institute of Pathology,
Belfast,
UK.

6. **Medicine**

Dr. G. S. C. Sowry, MD., FRCP.,
Medical Secretary, MRCP (UK) Part 2 Examination Board,
Royal College of Physicians,
London,
UK.

7. **Obstetrics and Gynaecology**

Mr. S. L. Barron, FRCS., FRCOG.,
Consultant Obstetricians and Gynaecologists,
Princes Mary Maternity Hospital,
Newcastle Upon Tyne,
UK.

8. **Ophthalmology**

Mr. David St. Clair Roberts, MA, MB, Bch, (Oxford) FRCS (Eng.)
Consultant Ophthalmic Surgeon,
Sussex Eye Hospital,
Brighton,
England.

9. **Paediatrics**

Prof. R. D. H. Boyd, MA, BM, Bchir, MSc, FRCP,
Dept. of Child Health & Paediatrics,
St. Mary's Hospitals,
Manchester,
UK.

10. **Pathology**

Prof. Eliezer A. Rachmilewize, MD.
Prof. of Medicine,
Head. Dept. of Haematology,
Hadassah Medical Organization,
Jeruselam,
Israel.

11. **Psychiatry**

Prof. Peter McGuffin , MB. Ch. B, MRCP, DPM, MRC, Ph.D.
Senior Lecturer,
Institute of Psychiatry,
London.

12. **Radiology**

Dr. A. E. Hugh , MB, B.Ch., MRCP., DMRD.. FRCR., FRCP.
Consultant Radiologist.,
North Staffs Royal Infirmary,
UK.

13. **Radiotherapy & Oncology**

Prof. W. M. C. Martin, MRCP (UK), FRCR, Ph.D., FFR (RCSI), DMRT
Dept. of Clinical Oncology,
The Chinese University of Hong Kong.
Hong Kong.

14. **Surgery**

Mr. K. W. Wilkinson, FRCS (England) MS (London)
Consultant Surgeon,
Surrey,
UK.