POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

GENERAL REGULATIONS AND GUIDELINES
FOR
TRAINERS, SUPERVISORS AND EXAMINERS

2025

This document gives the general regulations and guidelines for PGIM Trainers, Supervisors and Examiners updated to 01st January, 2025. At the PGIM, decisions of Boards of Study are vetted by the Academic Affairs Accreditation Examinations (AAAE) Committee before being approved by the Board of Management. Decisions taken by the Board of Management of the PGIM are then ratified by the Senate and Council of the University of Colombo.

Please note that these general regulations and guidelines may change from time to time. If clarifications are required, seek assistance from PGIM staff.

AMENDMENTS MADE DURING 2024 TO THE GENERAL REGULATIONS AND GUIDELINES FOR TRAINERS, SUPERVISORS AND EXAMINERS

This will be incorporated into the General Regulations and Guidelines for Trainers, Supervisors and Examiners with effect from 01.01.2025.

Amendments	Date of Approval			
	Section	BOM	Senate	Council
Guidelines for Counselling Sessions	9.3.3.c & 9.3.3.f	06.01.2024	31.01.2024	
Checklist for initial submission of new or revised programmes to AAAEC by Boards of Study	6.2 Annexure XVII	07.09.2024	25.09.2024	

CONTENTS

1. HISTORICAL BACKGROUND

Medical education in Sri Lanka commenced in 1870 with the establishment of the Ceylon Medical College, which became the Faculty of Medicine in 1942 when the University of Ceylon was established. No postgraduate medical examinations were conducted by the University of Ceylon until 1952 when examinations for the degrees of MD and MOG commenced, followed by the degree of MS the next year.

At that time, there was no structured or organized postgraduate training. Postgraduate medical training was obtained in the United Kingdom and qualifications such as MRCP, FRCS, FFARCS, MRCOG, FRCR, MRC Path, MRC Psych, FDSRCS etc awarded by the professional colleges in the UK were recognized for consultant appointments by the Ministry of Health and universities. In 1973, the Advisory Committee on Postgraduate Medical Education recommended to the Government that a supervised in- service training period of 3 years followed by an examination should replace training abroad. Accordingly, the Institute of Postgraduate Medicine (IPGM) was established in 1976 under provisions of the University of Ceylon Act No. 1 of 1972, and was attached to the University of Colombo. It was formally inaugurated on the 2nd of March 1976 by Dr. Halfdan Mahler, Director General of the WHO. Professor K.N. Seneviratne was appointed as its first Director.

From 1980 the government decided to stop the UK professional colleges from conducting foreign postgraduate medical examinations in Sri Lanka and to grant full recognition and preference to postgraduate medical degrees of the institute.

In order to achieve the objectives of the institute, it was re-established in 1979 under the provisions of theUniversities Act No. 16 of 1978, and renamed the Postgraduate Institute of Medicine (PGIM). Dr. S.A. Cabraal was appointed as its first Director. Accordingly, the PGIM Ordinance No: 1 of 1980 made under the provisions of the Universities Act referred to above came into force on the 10th of April, 1980. Boardsof Study for various specialties were re-organized, and courses of instruction and examinations were arranged for different specialties. Professor R.G. Panabokke was appointed Director in 1990 followed by Dr. J.B. Peiris 1995, Professor Lalitha Mendis in 2002, Professor Rezvi Sheriff in 2006, Professor Jayantha Jayawardana in 2012, Professor H. Janaka de Silva in 2014, and Professor Senaka Rajapakse in 2020. Professor Senaka Rajapakse was re-appointed as Director in 2023. The post of Deputy Director was established in 2011, and this post has been held by Professor Jayantha Jayawardena, followed by Professor Prashantha Wijesinghe, Professor Chrishantha Abeysena, Professor Senaka Rajapakse and Professor S Sivaganesh. The current Deputy Director is Professor Chandanie Wanigatunge. Amendments to the PGIM Ordinance No.1 of 1980 took effect on the 1st of July 2014 and 23rd of February 2018. Current By-Laws for the PGIM were enacted with effect from 22nd April 2016.

2. CURRENT STATUS OF THE PGIM

The PGIM is the sole institute in Sri Lanka that is responsible for the specialist training of medical and dental practitioners. It has been the responsibility of the PGIM to provide specialists required by the Ministry of Health and the Faculties of Medicine and Dental Sciences. The PGIM is affiliated to the University of Colombo and is recognized internationally. Several of its training programmes have reciprocity with the Royal Colleges of the UK and professional bodies in Australia and New Zealand.

The PGIM currently conducts 141 programmes of study under the purview of 23 Boards of Study, 33 Specialty Boards and 4 Interim Specialty Boards.

3. THE VISION, MISSION, GOALS AND OBJECTIVES

Vision

To be an internationally recognized centre of distinction for producing specialists and other professionals of high caliber to meet health needs of the country and the region and contribute to world health.

Mission

To plan and develop, implement, monitor and evaluate postgraduate academic programmes required to produce specialists and other professionals of the highest quality, competence and dedication, in order to provide optimum humane healthcare to the people of Sri Lanka, the region and the world.

Goals

- Diversify the academic programmes to meet the emerging national health care needs.
- Play a key role in formulating medical education and related policies of the country, and their implementation.
- Internationalise the academic programmes in view of gaining regional and global recognition towards becoming a centre of excellence.
- Provide leadership in establishing a formal programme for Continuous Professional Development (CPD) among medical/dental doctors in Sri Lanka.
- Expand the adoption of information, communication technology (ICT) and simulation in providing postgraduate training.

Objectives

- Produce human resources for health of high quality and sufficient quantity to meet the national demand.
- Maintain and improve skills and competencies of health personnel through continuing education.
- Innovate and design methodology that will facilitate the continuing education of medical and dental personnel.
- Inculcate constructive attitudes and promote the habit of self learning among medical and dental personnel.
- Promote the use of available resources and appropriate technology with regard to postgraduate education.
- Inculcate the concept of using a health care team approach in solving health problems.
- Evaluate medical education programmes in order to obtain information with regard to flaws and pointers for improvement.
- Arrange in-service programmes where preventive and curative care and nursing care are well integrated.

- Develop educational links with foreign institutions for mutual benefit in order to maintain high standards of postgraduate medical education in Sri Lanka.

- Be a financially and administratively independent institute.

- Be an internationally recognized centre of excellence, producing specialists of high professional standards to meet the health needs of the country and to contribute to regional and world health in a responsive manner.

4. AUTHORITIES OF THE INSTITUTE

4.1 Board of Management

The Board of Management is the principal administrative, financial and academic and executive body of the Institute and is comprised of:

Ex-Officio Members

Director / PGIM (Chief Executive Officer)

Deputy Director / PGIM

Secretary / Higher Education or nominee

Secretary / Health or nominee

Secretary /Finance or nominee

Director General of Health Services

Nominee / Medicine, University of Colombo

Nominee / Medicine, University of Peradeniya

Nominee / Medicine, University of Jaffna

Nominee / Medicine, University of Ruhuna

Nominee / Medicine, University of Kelaniya,

Nominee / Medical Sciences, University of Sri Jayawardenepura

Nominee / Faculty of Medical & Allied Sciences, Rajarata University Sri Lanka

Nominee / Health Care Sciences, Eastern University of Sri Lanka
Nominee / Dental Sciences, University of Peradeniya

(Nominee of any new faculties of medicine that are established under the Act in the country)

Two members nominated by the University Council from among the members appointed by the Commission to the Council.

Seven members appointed by the University Grants Commission from among persons who have rendered distinguished service in educational, professional, commercial, industrial, legal, scientific or administrative spheres.

The Chairman of the Board of Management is selected/elected from among the members.

4.2 Boards of Study

The Board of Study is the main academic body of a given medical discipline. The Board of Study is responsible to plan programmes of study, draft and review curricula, plan clinical or laboratory training, plan and carry out examinations, select resource persons, recommend training centers for approval, and nominate examiners, subject to approval by the Board of Management and the Senate of the University of Colombo. Each Board of Study will recommend to the Board of Management and the Senate of the University of Colombo

candidates for certification as specialists. Boards of Study are also responsible for monitoring progress of trainees through progress reports being submitted by trainers and other appropriate mechanisms. Specialty Boards are responsible for recommending academic matters to the Boards of Study for approval in relevant subspecialty areas.

Reconstitution of Boards of Study/Specialty Boards is done every three years in terms of the provisions of the PGIM Ordinance No. 01 of 1980 and its subsequent amendments. Members of the Boards of Study are appointed by the Board of Management, and members of the specialty boards are nominated by the Boards of Study and appointed by the Board of Management.

Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM **(Annexure VIII)**

4.3 The University Senate and the University Council

The final authority on academic matters is the Senate, and on administrative matters the Council of the University of Colombo.

4.4 Channels of Communication

4.4.1 When communications are made by trainees and trainers to the PGIM, these should be addressed to the Director/PGIM.

4.4.2 All correspondence being sent from the PGIM to supervisors, examiners, trainers, trainees or to other institutions should be under the signature of the Director/PGIM unless otherwise delegated.

4.4.3 Chairpersons/Secretaries of Boards of Study, Conveners of Committees/Sub Committees may attend to correspondence and official work with the subject clerks concerned and prepare drafts of letters etc. However, these drafts should be forwarded to the Director under the supervision of the relevant DR, DB, SAR, SAB, SAL or AR. All letters will be signed by the Director and an office copy will be retained.

4.4.4 The Director/PGIM can by letter of authority delegate designated officers to handle certain correspondence.

4.4.5 The Medical Education Resource Centre (MERC) will function directly under the Director/PGIM.

4.4.6 The Deputy Director and academic staff of the PGIM will function directly under the Director/PGIM.

4.4.7 The preferred mode of correspondence, notifications, and submissions to and from the PGIM, by trainees, trainers, and staff is email. Only bulky documents which cannot be scanned and emailed will be accepted as hard copies.

4.4.8 Current trainees must use their official email address (provided to them by the PGIM which is linked to the individual's SLMC number), to ensure identity verification.

4.4.9 All minutes and correspondence related to Boards of Study, Specialty Boards, and other PGIM meetings, will be provided as soft-copies only.

5. ACADEMIC PROGRAMMES

Boards of Study	**Certificates/Diplomas/Masters/Degrees/ Subspecialities**
Anaesthesiology	Certificate of Competence in Anaesthesiology
	MD and Board Certification in Anaesthesiology
	MD and Board Certification in Anaesthesiology with special training in
	Cardiothoracic anaesthesia
	Neuro-anaesthesia
	Obstetric anaesthesia
	Paediatric-anaesthesia
	Intensive Care
	Pain Management
	Transplant and Critical Care
Basic Medical Sciences	PG Diploma in Anatomy
	PG Diploma in Medical Physiology
Community Medicine and Community Dentistry	MSc in Community Medicine
	MSc in Community Dentistry
	MD and Board Certification in Community Medicine
	MD and Board Certification in Community Dentistry
Clinical Oncology	PG Diploma in Palliative Medicine
	MD and Board Certification in Clinical Oncology
	MD Clinical Oncology and Board Certification in
	Paediatric Clinical Oncology
	Haemato-Oncology
Dental Surgery	PG Diploma in Hospital Dental Practice
	PG Diploma in General Dental Practice
	MD and Board Certification in Oral and Maxillofacial Surgery
	MD and Board Certification in Orthodontics
	MD and Board Certification in Restorative Dentistry
	MD and Board Certification in Oral Pathology
Dermatology	MD and Board Certification in Dermatology
Family Medicine	PG Diploma in Family Medicine

	MD and Board Certification in Family Medicine by thesis (No new entrants)
	MD and Board Certification in Family Medicine by Clinical Training
Forensic Medicine	Master of Forensic Medicine
	MD and Board Certification in Forensic Medicine
	MD and Board Certification in Forensic Medicine with Special Interest in
	Clinical Forensic Medicine
	Forensic Toxicology
	Forensic Paediatric and Perinatal Pathology
	Forensic Histopathology
	Forensic Anthropology
	Forensic Radiology
	Forensic Cardio-Vascular Pathology
	Forensic Neuropathology
	Forensic Molecular Pathology
Medicine	PG Diploma in Tuberculosis and Chest Diseases
	PG Diploma in Geriatric Medicine
	MD and Board Certification in General Medicine
	MD Medicine and Board Certification in
	Adult Cardiology
	Cardiac Electrophysiology
	Endocrinology
	Gastroenterology
	Nephrology
	Neurology
	Clinical Neurophysiology
	Respiratory Medicine
	Rheumatology & Rehabilitation Medicine
	Rehabilitation Medicine
	MD and Board Certification in Geriatric Medicine
Medical Administration	MSc in Medical Administration
	MD and Board Certification in Medical Administration

Microbiology	PG Diploma in Medical Microbiology
	MD and Board Certification in Medical Microbiology
	MD Medical Microbiology and Board Certification in Mycology
	MD and Board Certification in Medical Parasitology
	MD and Board Certification in Medical Virology
Multidisciplinary Courses	PG Certificate in Medical Education
	PG Diploma in Critical Care Medicine
	PG Diploma in Health Sector Disaster Management
	PG Diploma in Medical Toxicology (online)
	Master of Medical Education
	MSc in Biomedical Informatics
	MSc in Molecular Medicine
	MSc in Human Nutrition
	MSc in Clinical Pharmacology and Therapeutics
	MSc in Medical Toxicology (online)
	MSc in Military Medicine
	MD and Board Certification in Emergency Medicine
	MD and Board Certification in Medical Education
	MD and Board Certification in Health Informatics
	MD Medicine and Board Certification in Clinical Pharmacology and Therapeutics
	MD and Board Certification in Clinical Nutrition
	MD Medicine and MD Anaesthesiology Board Certification in Critical Care
	MD and Board Certification in Laboratory Molecular Medicine (Awaiting UGC approval)
Obstetrics and Gynaecology	PG Diploma in Reproductive Health
	MD and Board Certification in Obstetrics and Gynaecology
	MD Obstetrics and Gynaecology and Board Certification in subspecialties
	Gynaecological Oncology
	Subfertility
	Urogynaecology (Awaiting MOH concurrence)
	Foetal Medicine (Awaiting MOH concurrence)

Ophthalmology	MD and Board Certification in Ophthalmology
	MD Ophthalmology and Board Certification in
	Vitreo-Retinal Surgery
	Paediatric Ophthalmology
	MD and Board Certification in Ophthalmology with Special Interest training in
	Cornea & External Eye Diseases
	Orbit & Oculoplasty
Orthopaedic Surgery	MD and Board Certification in Orthopaedic Surgery
Otorhinolaryngology	MD and Board Certification in Otorhinolaryngology
Paediatrics	PG Diploma in Child Health
	MD and Board Certification in Paediatrics
	MD Paediatrics and Board Certification in
	Paediatric Neonatology & Perinatal Medicine
	Paediatric Cardiology
	Paediatric Nephrology
	Paediatric Neurology
	Paediatric Intensive Care
	Paediatric Endocrinology
	Paediatric Pulmonology
	Community Paediatrics
	MD Paediatrics/MD Medicine and Board Certification Clinical Genetics
Pathology	PG Diploma in Transfusion Medicine
	PG Diploma in Clinical Haematology
	MD and Board Certification in Histopathology
	MD and Board Certification in Chemical Pathology
	MD and Board Certification in Haematology
	MD and Board Certification in Transfusion Medicine
Psychiatry	PG Diploma in Psychiatry
	MD and Board Certification in Psychiatry
	MD Psychiatry and Board Certification in
	Forensic Psychiatry

	Child and Adolescent Psychiatry
	Old Age Psychiatry
	Addiction Psychiatry
Radiology	MD and Board Certification in General Radiology
	MD Radiology and Board Certification in
	Paediatric Radiology
	Neuro-Radiology
	Interventional Radiology
Sports Medicine	PG Diploma in Sports Medicine
	MD and Board Certification in Sport and Exercise Medicine
Surgery	MD and Board Certification in Surgery
	MD Surgery and Board Certification in
	Surgical Oncology
	Cardiothoracic Surgery
	Thoracic Surgery
	Paediatric Surgery
	Plastic Surgery
	Urological Surgery
	Vascular Surgery
	Neuro surgery
	Paediatrc Cardiothoracic Thoracic Surgery
	MD Surgery and Board Certification in General Surgery with Special Interest in
	Upper gastrointestinal surgery
	Hepato-pancreato-biliary surgery
	Lower gastrointestinal surgery
	Vascular surgery
	Breast surgery
	Endocrine surgery
	Trauma surgery
	MD Surgery and Board Certification in Gastrointestinal Surgery with Special Interest in

	Upper GI Surgery
	Hepatopancreatobiliary Surgery
	Colorectal Surgery
Venereology	PG Diploma in Venereology
	MD and Board Certification in Venereology

5.1 New Academic Programmes

MD and Board Certification in Laboratory Molecular Medicine (Awaiting UGC approval)

6. PREPARATION OF PROSPECTUSES

The following link provide guidance and required templates and tools for development of Prospectuses https://pgim.cmb.ac.lk/index.php/curriculum-development-tools/

Guidelines for preparation of Prospectuses for MD & Board Certification in the main specialties. The format for preparation of prospectuses for main specialties leading to MD and Board Certification, are given **Annex IA**.

Guidelines for Preparation of Prospectuses for sub-specialties (Post MD Training & Board Certification)The format for preparation of prospectuses leading to board certification in subspecialties is given in **Annex IB.**

6.2 Checklist for initial submission of new or revised programmes to AAAEC by Boards of Study

The Checklist to be used by the Boards of Study for initial submissions to the AAAEC for new or revised Postgraduate Degree Programmes. (Annexure XVIII)

7. TRAINERS AND TRAINING UNITS

7.1 Trainers shall have the following qualifications

7.1.1 Should have completed 3 years post Board Certification and have completed 3 years of active service as a board-certified specialist in a relevant field.

7.1.2 In the case of those without board certification, should have completed 3 years post PhD, or 5 years post Masters or equivalent in a relevant field, and have completed either 3 years or 5 years, respectively, of active service after such qualification.

7.1.3 Those with lesser qualifications may be considered under exceptional circumstances, with the approval of the BoM, only where no other trainers are available, for a defined time, up to 3 years.

7.1.4 Should be in active service in the relevant field, in the Ministry of Health, other Ministry, or Universities established under the universities act.

7.1.5 It is compulsory for all medical and dental specialists to be certified as having completed the 'Training of Trainers Programme' in order to be eligible to be trainers of the PGIM, from January 2019 onwards. This regulation will not apply to those who have been appointed as trainers prior to 1st January 2019.

7.1.6 An eligible trainer who is assigned a trainee will be designated that trainee's 'supervisor'.

7.1.7 Trainees may be allocated either to a training unit, or to a named trainer.

7.1.8 For a trainee to be allocated for training, the training unit / centre must be accredited, if applicable, AND the training unit / centre must have a suitably qualified trainer/s who can be assigned as a supervisor to the trainee.

7.1.9 A training unit/centre may be either a single clinical unit, a hospital or an institute.

7.1.10 Where the trainer concerned has a dedicated unit, the trainee will be assigned to the unit.

7.1.11 Where an accredited unit has more than one trainer, the trainee will be supervised jointly by all the trainers.

7.1.12 Where the trainer does not have a designated unit, the trainee will be allocated to a named trainer.

7.1.13 No trainer will be permitted to train a first degree relative in his/her unit even if the trainee is eligible to be allocated to that unit on merit.

7.1.14 Where no other suitable trainer fulfilling standard criteria is available for a particular purpose, the Board of Management may, on the recommendation of the Board of Study, appoint other suitably qualified individuals as trainers, for a limited time period only, i.e., a maximum of 3 years or less.

7.2 Functions of a trainer

7.2.1 To provide mentorship, guidance and supervision to trainees, for the trainee to fulfil the training objectives and outcomes defined in the prospectus.

7.2.2 To facilitate a training environment conducive to the achievement of these outcomes.

7.2.3 To identify deficiencies and areas for development in the trainee early, and to initiate appropriate remedial guidance and action.

7.2.4 To provide periodic feedback on the trainees' competency progression to the PGIM.

7.2.5 To communicate to the PGIM any actions on the part of the trainee which may compromise the safety of patients or colleagues.

7.2.6 To guide and supervise the trainee with regards to research.

7.2.7 To ensure that the trainee maintains the required portfolios and logbooks as stipulated in the prospectus.

7.2.8 To ensure confidentiality with regards to the performance of the trainee.

7.2.9 To provide input into the development and conduct of training programmes as a member of curriculum development subcommittees, boards of study and specialty boards, inquiry panels, and as an examiner.

7.3 Training Units

7.3.1 Training units and centres are categorized at different levels, based on the criteria given below, i.e.,

a. **Main training centres** are where the primary pre-MD or post-MD training of a particular discipline takes place. Such centres require full accreditation in accordance with the prescribed process (Refer Section 7.4) Such centres/units must have been functional in a service capacity for a minimum period of one year to be considered for accreditation.

b. **Long appointments** are appointments for a period of >3 months. When a BOS allocates a trainee for a long appointment to a discipline outside the board's main specialty (for example, an anaesthetic critical care trainee assigned to train in medicine) the BOS may accept the accreditation currently granted to the said unit as adequate, or may choose to reaccredit the unit in relation to their specialty. The training units allocated, and periods of training assigned for postgraduates of the requesting BOS will be determined by the BOS of the requested base specialty (e.g., in this case, medicine).

c. **Short appointments** - Where the BOS allocates a trainee to a unit or a trainer for short appointments (<3 months). If the said unit or trainer is already accredited for training in the same or another discipline, the BOS may accredit that unit or trainer directly. If the said unit or trainer is not accredited, then the BOS may review the credentials of the trainer and facilities of the unit, and accredit the trainer or unit using a simpler process, which includes a desk evaluation of the facilities available and the credentials of the trainer.

d. **Brief training sessions**: For brief training sessions lasting less than 2 weeks, the BOS may accredit the unit directly, based on the credentials of the trainer and the facilities available in the unit.

e. **Training facilities:** training facilities are units or institutions where a trainer who fulfils the criteria is not available, but the trainee would benefit from exposure to the unit or institution. These should be generally for brief appointments, and a process for ensuring that attendance and satisfactory completion of learning tasks must be implemented by the BOS. A primary trainer belonging to the discipline assigns trainees to such training facilities, and will be responsible for their supervision.

7.3.2 The maximum number of trainees assigned to a unit at a given time, either for trainees belonging to the same discipline, and those assigned from other boards must be decided upon based on uniform criteria, determined by the relevant BOS of the primary discipline.

7.3.3 All accredited units must be offered for training, in their full capacity, and trainees should not be clustered in a few units. BOS may decide on minimum capacity and maximum capacity, and limit the number of vacancies allocated to this minimum capacity, if necessary, with justification.

7.3.4 Remote supervision of trainees is not permitted, unless for exceptional reasons approved by the BOM.

7.3.5 With regards to Ministry of Health units/ trainers, trainees can only be allocated to those holding a full-time consultant grade appointment to the unit/centre.

7.3.6 With regards to university units:

a. Trainees will be assigned to the Chair Professor who will be the primary supervisor. The Chair Professor may assign another trainer as the primary supervisor, from among the senior professors, professors, associate professors, or senior lecturers in the department.

b. In the absence of a Chair Professor, a Senior Professor, Professor, Associate Professor or Senior Lecturer, in the order of seniority (as determined by the date of appointment to the said post), will be assigned as the primary supervisor

c. Only university academics of Senior Lecturer grade II or above, in active service in the unit, are eligible to be trainers. All such trainers in a department will be assigned as supervisors and be involved in training.

d. The primary supervisor and all other trainers in the department will sign the trainee off at the end of the appointment.

e. In the case of finer specialties within university units, allocation will be to the recognised trainer. The respective university unit/trainer should be separately accredited for finer specialty training, applying the relevant process of accreditation.

7.3.7 Accreditation of training units or trainers may be initiated by the BoS or by trainers/heads of units.

7.3.8 Training units must be reaccredited every five years, or earlier if recommended by the BoS or the PGIM. The reaccreditation process may be the full accreditation process, or an abbreviated process determined by the BoS.

7.3.9 When a trainer in a unit changes, trainees may be allocated to or continue to train in the unit, pending a progress review at 6 months and one year, provided the new consultant is eligible to be a trainer. If the 6 month or one year progress review is unsatisfactory, the trainee will be allocated to a different unit, as decided by the relevant BoS. If both reports are satisfactory, the accreditation of the unit will continue.

7.3.10 When a trainer leaves a unit and is not immediately replaced by another trainer, allocation of the training unit and the supervisor for the trainee/s in that unit to complete the remainder of his / her training will be decided by the relevant BoS

7.3.11 It is strongly advised that trainers inform their BoS well in advance, preferably before allocation, or at least 6 months ahead of proposed transfers out of their existing unit, about their impending resignation or retirement

7.3.12 The BoS and the BOM may derecognize training units or trainers if it is found that the training unit or trainer is not meeting training standards, or if the criteria based on which the accreditation was granted has changed substantially.

7.3.13 Trainers who repeatedly refuse to accept trainees without valid reasons will be derecognized as trainers, on the recommendation of the BOS, and will be unable to serve on boards of study or examination.

7.4 Process for accreditation of training units/centres

7.4.1 The PGIM requires that new training units/ centres should be accredited by a standard process in order to ensure quality of training. Either a prospective trainer or the BoS may initiate this process, based on the requirements of the BoS. The BoS may decline such requests if it is deemed that the existing accredited units are adequate. The steps to be followed in the accreditation process for local Training Unit/Centre and the required documentation are given below.

7.4.2 The requirements defined in section 6.1 and 6.3 must be fulfilled.

7.4.3 Applications should be made on the relevant form (Annexure II)

7.4.4 The application form should be completed by the consultant/ specialist in charge of the training unit/ centre and submitted to the Director/ PGIM.

7.4.5 The same procedure should be followed in the event that the relevant Board of Study/Specialty Board initiates the request for accreditation.

7.4.6 The application should be supported by relevant documents indicated in the application form.The Director/ PGIM will forward the application to the relevant Board of Study/ Specialty Board with observations.

7.4.7 The Board of Study/ Specialty Board will check the application and supporting documents and nominate a team of 2-3 members to carry out a site inspection and submit a report to the Board of Study.

7.4.8 The Board of Study/ Specialty Board should make its recommendations based on the

a. Availability of an eligible trainer in the unit, formally appointed to the unit on a full-time basis.
b. CV of trainer (particularly period since Board Certification as a specialist).
c. Audit of workload in training unit/ centre during the preceding year and facilities for trainees.
d. Hospital/ institutional profile.
e. Job descriptions for Registrars and Senior Registrars.
f. Support from Hospital/ Institutional Director.
g. Report of onsite inspection.
h. Certificate of completion of the PGIM Trainer training programme by the prospective trainer

7.4.9 The recommendation of the Board of Study/ Specialty Board should be submitted to the Board of Management through the Director/ PGIM.

7.4.10 The Board of Management may approve accreditation pending Senate approval in order to minimize delays. Final approval of all training units/centres is by the Senate.

7.5 Accreditation of overseas training units.

7.5.1 The required details regarding from Training Units/Centres of overseas training centres should be submitted in the specified form (Annexure III). For an overseas training centre to be accredited, the overseas unit must fulfil criteria acceptable to the respective Board of Study or Specialty Boards, and must have a nominated trainer in the said unit who has the required qualifications and expertise required to provide a satisfactory training. Whenever possible such a trainer should be a postgraduate trainer in the same discipline in that country.

7.5.2 The job description of the overseas training post must be approved by the Board of Study (on the recommendation of the specialty board, if applicable), and should, wherever possible, be equivalent to a postgraduate training post in that country in that discipline.

7.5.3 Overseas training units which have satisfactorily trained trainees in the past may be directly recommended by the BOS for accreditation.

8. EXAMINERS

8.1 Criteria to be an examiner

in order to be an examiner, the criteria to be a trainer as given in 7.1 must be fulfilled. An examiner shall have the following qualifications

8.1.1 **For Postgraduate Diploma, MSc/Masters and Selection Examinations for MD**:

A person recommended for appointment as an examiner should have completed a minimum period of service of five (05) years after Board Certification.

8.1.2 MD (Theory, Clinical, Viva) / Pre-Board Certification Assessments:

For all subject disciplines, a person recommended for appointment as an examiner should have completed seven years of service after Board Certification or privileges of Board Certification and be currently working in a unit approved by the PGIM for training, or have worked in such a unit within the past 2 years.

AND

Prior to being appointed as an examiner, the trainer must have functioned as a Trainee Examiner at least once in respect of the relevant examination. If the Board of Study deems otherwise, especially in the event of non-availability of the required number of examiners, this may waived with the approval of the Board of Management.

8.1.3 **Eligibility to be a member of the panel of local examiners will cease two years after relinquishing such responsibilities following resignation or retirement from active service** in the state sector**.**

8.1.4 **If other trainers are not available for appointment, a retired consultant/specialist could be appointed as an examiner with the approval of the Board of Management on the recommendation of the relevant Board of Study in spite of his/her relinquishing responsibilities as a trainer as described above.**

8.1.5 In the case of para-clinical subjects and the Basic Sciences, examiners with qualifications equivalent to MD and Board Certification may be considered, the following are required:

a. Selection/PgDiploma/Masters examinations: Doctoral degree (PhD, DM) and at least five years of post-qualification service, or Masters degree (MPhil) and at least 7 years of post-qualification service.
b. MD/Pre-Board Certification Assessment: PhD/DM and seven years of post-qualification service.

8.1.6 From 1st January 2016 onwards, successfully completing the Examiner Training Workshops conducted by the PGIM will be a prerequisite to being appointed as an Examiner. This regulation will not apply to those who have been appointed as Examiners prior to 1st January 2016. It is recommended that all examiners undergo examiner training workshops periodically.

8.1.7 Under exceptional circumstances, the BOS/Sp. Board may recommend examiners who do not fulfill the above stipulations, when no eligible examiners are available.

8.2 Code of conduct for examiners: please see Annexure XIV.

9. GUIDELINES FOR CONDUCT OF EXAMINATIONS

This section sets out guidance for Examiners, in the conduct of examinations. Also see **Annexure V**.

9.1 Preparation

9.1.1 Core groups for preparation of question banks

a. To improve the quality of assessments, each Board of Study/Specialty Board should endeavour to build a bank of questions (Multiple Choice Questions, Objective Structured Clinical or Practical Examinations, etc) based on the blueprinting principle.

b. The Board of Study/Specialty Board should appoint a Core Group of trainers for this task at the beginning of each three-year term of the Board of Study/Specialty Board, or for one year at a time, in preparation for the relevant examinations.

c. A member or a co-opted member of the Board of Study/Specialty Board with experience in the conduct of PGIM examinations should be appointed to the post of Core Group Coordinator. Such a person may or may not be the Chief Examiner for the impending examinations.

d. Any Board-Certified Specialist who is eligible to be a trainer (see section 7.1) can be appointed as a member to the core group. If persons with such qualifications are not available, the relevant Board of Study/Specialty Board may recommend persons with

other relevant postgraduate qualifications such as MPhil or PhD who is eligible to be a trainer. Under exceptional circumstances, suitably qualified Specialists who do not fulfil all the criteria to be trainers maybe recommended by the Board of Study/Specialty Board with appropriate justification.

e. On appointment, the coordinator and all the members of the Core Group shall be required to sign Conflicts of Interest and Confidentiality Declaration Form. **(Annexure VI)**

f. The Core Group Coordinator shall be responsible for convening regular meetings of the Core Group, collecting questions and including them in the appropriate format in the question bank. The coordinator should report on a quarterly basis to the Chairman of the Board of Study/Specialty Board regarding attendance at Core Group meetings, and progress in building up the question bank. The coordinator is also directly responsible to the Director PGIM for maintaining confidentiality of the question bank.

g. Core group meetings maybe conducted virtually with appropriate precautions taken to ensure confidentiality, with the permission of the Director. Such meetings must not be recorded.

h. Members of the Core Group are expected to attend meetings regularly, and to provide questions for discussion and inclusion into the question bank.

i. The question bank shall be stored as hard copies on separate cards in sealed envelopes, or as password-protected electronic copies on a flash drive, in CDs or any other appropriate method approved by the PGIM. The questions entered into the bank should be considered highly confidential and kept under lock and key in the Confidential Room of the PGIM. This key shall be in the custody of the SAR/Examinations in the PGIM and handed over only to authorized persons. i.e., Core Group Coordinator, Chief Examiner, Director PGIM, or his/her nominee.

j. Once questions have been used for an examination, the Core Group Coordinator and the Chief examiner of the said examination shall be responsible for returning all used examination materials to the Senior Assistant Registrar (Examinations).

k. Core group members are not permitted to hold electronic or paper copies of questions or related material submitted to the bank in their personal possession. Being in possession of such material is deemed an examination offence.

l. Core-group meetings maybe conducted online only to formulate questions for the 'question banks'. **NO other examination related meetings should be conducted via online**.

9.1.2 **Appointment of examiners**

a. The examiners will be recommended by the Board of Study for approval by the Board of Management and Senate. Upon Senate approval, the persons will be appointed as examiners by the Director, PGIM.
b. The examination is a full-time commitment, and the examiners are required to handover their other duties to an appropriate officer while participating in the examination.

9.1.3 Participation in teaching and training:

All examiners should participate regularly in postgraduate teaching and training approved by the PGIM.

9.1.4 Confidentiality: on appointment, all examiners shall be required to sign a Conflicts of Interest and Confidentiality Declaration Form. (**Annexure VII**)

9.1.5 If an examiner, who has been appointed and agreed to be an examiner, fails to participate at the said examination without valid reason and/or prior approval of the Director or Deputy Director/PGIM, he/she will be suspended from being appointed an examiner at PGIM examinations for the next 2 years.

9.1.6 Examiners **are not permitted to use communication devices during the examination.**

9.1.7 **Conflicts of interest (COI) in examinations**

This regulation is applicable to all personnel taking up, or currently holding the following positions in the PGIM:

- Chairperson of Board of Study/Specialty Board
- Members of Board of Study/Specialty Board
- Prospective examiners
- Coordinators and members of question banks
- Members of curriculum development committees
- Any other position which provides access to examination material or results

Prior to accepting their appointment, the personnel nominated to the positions above will be required to sign a declaration stating any potential Conflicts of Interest (COI) that may compromise examination related impartiality and integrity exist. It will be deemed a prohibitive Conflicts of Interest (COI) if any of the following categories are currently in the postgraduate training program or plan to sit for the selection examination within 3 years in the relevant specialty or an allied specialty where the personnel may be appointed as an examiner:

- Immediate family: spouse, sibling
- First / second degree relative – niece, nephew, cousin
- Other individual with close personal relationship

Where such a prohibitive-COI has been identified, the personnel concerned will not be permitted to engage in any examination related activity that includes, but is not restricted to:

- Appointment as a chief examiner or an examiner
- Attendance of scrutiny or results board
- Question setting in written (MCQ/SEQ), clinical (OSCE) and viva voce (OSVE) examinations
- Maintenance of or access to examination question banks or repositories.

9.1.8 Examiners are required to submit the marks to the Senior Assistant Registrar/Assistant Registrar, Examinations with sufficient time for the Chief examiner to finalize the marks as stated in 9.1.11.c

9.1.9 If any person is found to violate the aforesaid regulations on COI, disciplinary action will be taken in line with the by-laws and general regulations of the PGIM.

9.1.10 For **Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM** see **Annexure VIII**

9.1.11 **Chief Examiner**

a. The Board of Study shall nominate a Chief Examiner for each examination/component of an examination.

b. Whenever possible, only examiners who have examined at a particular examination/ component of an examination on at least three occasions should be nominated for appointment as Chief examiners for the component/examination.

c. Duties and functions of the Chief Examiner:

- Confirm the tentative timetable prepared by the Examinations branch within forty-eight (48) hours of receipt.
- Coordinate with Examinations branch to arrange examiner meetings
- Be familiar with the format/template of the relevant examination.
- Instruct examiners appropriately about the format of the examination, the method of allocation of marks at each component of the examination, the requirements to pass the examination and functions of the results board
- Conduct scrutiny boards and finalize the examination paper
- Print and handover the examination paper to the SAR/AR Examinations
- After the completion of the examination handover all examination material to SAR/AR Examinations
- Arrange for standardization if required
- Check and finalize the marks twenty-four (24) hours before the results board
- Chair the results board if required

9.1.12 **Examination Supervisors, Coordinators and Invigilators.**

a. The Board of Study will nominate, with the approval of the Board of Management, the coordinator or coordinators for the clinical/practical/viva components as well as invigilators for the written papers of the examination.
b. Examination coordinators may or may not be examiners of the relevant examination.
c. All invigilators must be examiners of the relevant examination

9.1.13 **Trainee Examiners**

a. An individual who obtains training at a particular examination/component will be eligible to examine only at the examination/component in which he/she has undergone training for, unless otherwise determined by the BoM on the recommendation of the respective BoS.

b. The Board of Study will nominate the Trainee Examiner at each examination/ components of the examination, for approval of the BOM and Senate.

c. A suitably qualified individual may be a trainee examiner within 1 year prior to their become eligible to be an examiner for the said examination/component.

d. Trainee Examiners are not allowed to participate in the setting of theory papers.

e. Trainee Examiners will be allowed in the Clinical/practical and/or viva component of the examination or PBCA. Trainee Examiners should silently observe the discussion on marking and are not allowed to take part in the allocation of marks nor are they allowed to discuss marks with the examiners.

f. The candidate should be informed regarding the presence of the Trainee Examiner.

g. Confidentiality: on appointment, all Trainee Examiners shall be required to sign the Conflicts of Interest and Confidentiality Declaration Forms.

9.1.14 **External examiner – (Annexure IX & X)**

a. Where necessary, the Board of Study/Specialty Board shall appoint an external examiner with suitable and appropriate qualifications and international experience in postgraduate examinations. The external examiner is usually from overseas.

b. Each Board of Study/Specialty Board should have a document which clearly spells out the exact role of the external examiner in the relevant examination, e.g. whether he/she is expected to correct all essay papers; whether he/she should examine every candidate during the clinical component etc.

c. This document should be mailed to the external examiner together with the letter of appointment, and the guidelines and the format of the examination and the link to PGIM repository of past question papers, at the time of appointment as an examiner.

d. The Board of Study/Specialty Board should have contingency plans for replacement of an external examiner if the need arises.

e. Under exceptional circumstances where the services of an external examiner cannot be obtained, a senior local examiner may be nominated in their place.

9.1.15 **Scrutiny Board Meeting**

a. It is the responsibility of the Chief Examiner or his/her nominee to check the accuracy of the question paper once typed and to see that all drafts are destroyed in his/her presence.

b. Each paper should be scrutinized to ensure that the blueprinting principle is fulfilled.

c. The marking schemes should be discussed and agreed upon at the Scrutiny Board meeting.

d. All examiners are expected to attend all scheduled scrutiny board meetings.

e. No examiner should leave the scrutiny board meeting until the final question paper is prepared and checked.

9.1.16 **Scrutiny Experts**

i. Scrutiny Experts must be appointed by the BOS to evaluate integrity, validity, and reliability of the examination concerned.
ii. The scrutiny experts should have experience in equivalent PGIM examinations.
iii. The Scrutiny Expert should not be an examiner for the same component of the examination.
iv. The Scrutiny Expert should review the paper only after it has been finalized by the Board of Examiners and the scrutiny expert should check
    a. The clarity of the questions.
    b. The wording used and the level of the English.
    c. The time adequacy to answer the questions.
    d. The apportioning of the marks for each question.
    e. The duplication of the content area.
    f. Existence of the basic information to the candidate.
    g. Whether the blueprint has been followed by the panel of examiners.
    h. Whether the best practices of item construction have been followed

9.1.17 **Written Papers**

a. Examiners appointed for written papers should discuss and agree on all the questions to be incorporated in the question paper.

b. At the scrutiny board meeting, the examiners should discuss and/or confirm (if already done at core group meetings) the model answers, i.e., main points expected in the answer, minimum requirements for a "pass grade" and the allocation of marks for sections in the expected answer.

c. Adequate time should be allocated for examiners to mark the answers independently, and in the event of a discrepancy in the marks (>15%) to discuss the marks given by each examiner.

d. A choice should not be provided for SEQ/Essay examinations i.e. it is compulsory to answer all questions. This will apply to MD, MSc & Postgraduate Diploma examinations

e. All written component of the examinations should be conducted at the PGIM

9.1.18 **Multiple Choice Question Papers**

a. Examiners appointed to set the MCQ papers (including Multiple True/False, Single Best Answer, or Extended Matching Item type) should meet in the PGIM during the week preceding the scheduled date of the examination, to scrutinize and select the questions from the bank and/or from those sent by the External Examiner.

b. Questions may be re-used after a period of at least two years, provided they are of suitable quality.

c. The question papers should be finalized before the examination, using the selected questions as above. The master paper with the answer key should be enclosed in a sealed packet. The packet should be kept in the safe with the SAR/Examinations or Director/PGIM.

~~d.~~ The printing of the required copies should be done. Within 03 days of commencement of the examination

e. All questions used must be entered into the MCQ bank.

9.1.19 **Clinical/practical/oral examinations**

a. The Board of Study shall decide on the venue of the clinical examination at a Board of Study meeting held soon after the MD examination of a particular year, to enable arrangements to be made for the examination. An alternative venue too should be decided upon at the same meeting to face unexpected developments.

b. A coordinator from the selected venue shall be appointed at the same meeting of the Board of Study.

c. Examiners appointed for practical examinations should meet as they think appropriate and select/prepare the material. It is their responsibility to keep such material under safe custody and confidentially under the guidance of the Chief Examiner.

d. Standard arrangements for an 'out of bounds' period for undergraduate and postgraduate students around the time of the examination shall be applied.

e. The Board of Examiners should ensure that there is uniform exposure of all the candidates to the external examiner during the examination.

f. Whenever feasible all practical/clinical examinations should be held at the PGIM

g. The Board of Examiners shall ensure that, as far as possible, candidates who have undergone training under an examiner are not examined by the said examiner during the clinical, practical, and viva voce examinations.

h. Once identified, the examiners of a clinical/oral examination (including the Chief Examiner) should refrain from participating in teaching activities which are outside the formal training programme for at least three months prior to the examination.

i. An objective marking grid including all aspects to be tested should be utilized by each examiner during the examination to maintain uniformity and objectivity. The external examiner should be briefed about the necessity of testing these aspects during the examination.

j. This marking grid should be attached to the marks sheet of each examiner for the purpose of objective marking in the event of a discussion prior to the results board, use at the results board, and for post examination counseling.

k. The confidentiality of the examination material/patients used in the examination shall be the collective responsibility of all the examiners of the said examination.

l. The selection of the material/patients used for the examination should be scrutinized by the chief examiner/ scrutiny expert. He/she may consider the subject matter covered in other components of the same examination already completed when such selection is carried out.

m. Repetition of patients should be kept to a minimum and is preferably avoided during a clinical examination. Simulated patients may be used where appropriate.

n. The clinical examination guideline of each Board of Study should clearly indicate the time allocated to each examiner for questioning.

9.1.20 **Timetables**

Timetables should be prepared by the Examinations Branch of the PGIM in concurrence with the Chief Examiner.

9.1.21 **Finances**

If the whole or part of the examination is to be held out of Colombo, the (Board of Study) SAR/Exams will nominate a subject clerk who should obtain an advance of funds from the Deputy Bursar of the PGIM. This nominee should submit bills, accounts and any balance remaining within two weeks of completion of the examination and accounts settled with the Deputy Bursar of the PGIM.

9.2 DURING EXAMINATION

9.2.1 **Written examination**

a. Marking should be based on the model which includes the tested aspects in each component of the examination, in order to make the marks as objective as possible.

b. Conference marking of written papers, with all appointed examiners marking the papers simultaneously in the same room, is preferable. If double marking, (each answer marked by two examiners) marks should be entered in ink on the mark sheet and not in the answer script. The average of the two marks should be the final mark.

c. If there is a significant discrepancy (> 15%) after double marking, the Chief Examiner should summon a meeting of the two examiners as soon as possible, scrutinize and discuss the marks of the two examiners and attempt to reduce this difference to 15% or less. If this is not possible, a third examiner will mark the answer script and the final mark should be the average of the three sets of marks.

9.2.2 **Clinical/Oral / Practical Examinations**

a. At the end of an examination or a part of an examination, the sealed packet of answer scripts should be handed over by the examination supervisor/ invigilator/ coordinator to the SAR/Examinations.

b. It is the responsibility of the examiner to collect the answer scripts from the Senior Assistant Registrar/Examinations or nominee, mark them and return the paper packet to him/her with the marks sheets under sealed cover as soon as possible.

c. If the examiner is sending the marks as soft copies, the document should be password protected and sent to the SAR/Examination via email. The password should be texted to the official mobile of the SAR/Examination.

d. The examiner must make notes which he/she thinks necessary to be discussed with the co examiner before the final mark is decided. These notes should be sealed and handed over with the mark sheets.

e. Incident report forms (if any) duly signed by the Chief Examiner should be handed over to the SAR/Examinations immediately after the incident.

f. It is the responsibility of the Examinations Branch to ensure that the attendance of both examiners and candidates has been recorded at each session.

9.2.3 **Entry of marks**

a. Entry of marks is the sole responsibility of the examiners.

b. Marks should be entered in ink in the relevant mark sheets.

c. If any mark is corrected it should be struck off and new entry made. Such an entry should be initialed by the relevant examiner. Any reason for changes may be noted if necessary.

d. The allocated marks for each candidate in each section/component should be checked and reviewed if necessary only by the examiners who have participated in the relevant section/component (e.g., clinical, practical, viva, theory paper) of the examination. This shall be done before the results board at a time determined by the Chief Examiner. In doing so, it is important to adhere to educational principles (e.g. use the Difficulty Index in adjustment of MCQ marks). The Chief Examiner (in consultation with the External Examiner or Director PGIM) should provide guidance or direction where necessary. Remarks made on marking sheets and kept confidentially (as described in 9.2.3.b.) should be the basis for review of marks.

e. In screening or bar examinations, the raw mark obtained by the candidate should be considered without rounding off to the nearest integer.

f. For cumulative marks, or the marks of the components of examinations, the non-rounded off marks should be considered.

9.2.4 **Cross checking computer printout**

a. The Chief Examiner with the External Examiner will check computer printouts of marks, and conversion to closed marking system where applicable, against the raw marks.

b. Where necessary, the Board of Examiners shall appoint a designated person apart from the Chief Examiner to enter the Confidential Room of the Senior Assistant Registrar/ Examination for checking purposes.

c. The Senior Assistant Registrar/Examinations will refuse entry to non-authorized Board of Study members to check or enter marks.

9.2.5 **Results Board Meeting**

a. This meeting will be chaired by the Director or the Deputy Director of the PGIM. In the event the Director or the Deputy Director is not available, the Chief Examiner should preside at this meeting.

b. All examiners of every component of the examination should be present at the results board meeting. No examiner should be absent from the results board meeting unless they have submitted a letter stating their non-availability due to a valid reason.

c. After the final mark sheet with agreed marks for each component of the examination are tabulated and presented at the results board, the entered agreed mark referred to in sections 9.2.2.d, 9.2.3.d and 9.2.3.e should not be changed or discussed.

d. The performance of individual candidates should not be discussed at the results board unless there is provision to do so in the approved marking scheme.

e. All examiners should carefully go through the mark sheets projected to ensure the absence of errors.

f. All decisions at the results board meeting must be based on the Senate approved Examination Rules and Regulations and/or the Prospectus.

g. The final decision of the results board shall remain confidential until the results are officially released by the PGIM.

9.3 **Post examination**

9.3.1 Post examination entry on MCQ Cards/e-Bank

a. MCQ examiners should make relevant entries on the MCQ cards/ e-bank.

b. The MCQ Core Group Coordinator and the Chief Examiner should be responsible for appropriate categorization of MCQs on MCQ cards or e-bank.

9.3.2 Examination Report

a. The Chief Examiner, together with the other examiners should present a report to the Director/PGIM within seventy-two hours of completion of the examination.

b. The External Examiner shall submit a separate report about the examination to the Director/PGIM within four weeks of completion of the examination. (Annexure X)

c. Any examiner may submit his/her independent observations within forty-eight hours, on the examination directly to the Director/PGIM.

d. The Board of Study should have a discussion on the examination and examination results as well as comments from the external and local examiners. If requested the PGIM will make available data on pass rates in the current as well as previous examinations.

e. The Board of Study should respond in writing to the Director about its observations on the External Examiner's and Chief Examiner's reports. This should indicate any envisaged changes or any points on which the Board of Study holds a different view.

9.3.3 Counselling for failed candidates (giving feedback)

a. Face to face counselling is provided for final examinations.
b. Written feedback, based on a template approved by the Board of Study and BOM, will be provided at selection examinations.
c. A counselling committee should be appointed for the said purpose consisting of the following members:
    - Chairperson of the BOS/Sp. Board
    - Chief examiner
    - 03 examiners
d. Failed candidates should be counselled within four weeks of release of examination results.
e. Members of the counselling committee should inform candidates of their overall performance and the performance in separate sections/components /subcomponents, in accordance with the format approved by the BOS/BOM.
f. Marks and comments sheets can be released to the counselling committee for necessary action. However, the members of the counselling committee will be responsible for ensuring that marks are not revealed to the trainees.

9.4 Problems encountered at examinations

9.4.1 **The Chief Examiner should report immediately any** problem observed and/or informed by any other party at the examination that arise at the examination to the Director or Deputy Director/PGIM and the SAR/Examinations and discuss action to be taken.

9.4.2 Wherever necessary the Chief Examiner should conduct an immediate on-the-spot-inquiry and take whatever action is considered appropriate, without compromising the integrity of the examination process and affecting the spirit of the examination.

9.4.3 A formal report should be submitted by the Chief Examiner to the Director/PGIM about any problem that arose during the examination**.**

9.5 Irregularities involving examiners/invigilators

9.5.1 The examiners and invigilators should ensure that they comply with the guidelines and procedures for conduct of examinations.

9.5.2 If an examiner or invigilator fails to comply, such instances should be reported in writing to the Director by the Chief Examiner, any Examiner, Board of Study, PGIM Examination staff or any candidate.

9.5.3 In such instances, the Director shall obtain relevant information and take appropriate action in accordance with the regulations. Such irregularities and actions must be reported to the BOM.

10 EVALUATION OF PGIM TRAINERS

The Board of Management considered and approved the system for "Evaluation of Trainers" as follows.

10.1 The system for trainees to provide feedback regarding their trainers would comprise a self-administered structured questionnaire. **(Annexure XI)**

10.2 This feedback would be sought from trainees soon after they are Board Certified, to ensure that the feedback provided would be open and unbiased.

10.3 Feedback will be confidential.

10.4 The trainer would nominate an appraiser of his/her choice who would be responsible for evaluating the feedback provided.

10.5 The appraiser would generally be a colleague consultant

10.6 It would be preferable for feedback from several trainees to be evaluated, rather than from a single trainee.

10.7 The appraiser would evaluate the feedback provided and arrange an appraisal discussion with the trainer to identify positive and negative aspects, as well as what measures the trainer could take to improve the quality of his training.

10.8 The outcome of the discussion would remain confidential between the appraiser and the trainer and would not be made available in summary or complete form to the Board of Study.

10.9 However, if the appraiser is of the opinion that there are issues that would seriously compromise the standards of training, then the appraiser would discuss this with the Chairman/BOS and Director/PGIM to decide on an appropriate course of action.

11 GENERIC GUIDANCE FOR THE PRE-BOARD CERTIFICATION ASSESSMENT

The pre-board certification assessment (PBCA) is a mandatory requirement for all trainees who complete their training, across all specialties and subspecialties. It will take place once all components of stipulated local and overseas training are complete, together with satisfactory completion of all other academic requirements for board certification stipulated in the General Regulations and Guidelines and the relevant prospectus/es.

For all specialties and subspecialties, the PBCA should take the form of a final, summative assessment of the trainee's portfolio, carried out by three members appointed by the relevant Board of Study or Specialty Board and approved by the Board of Management and the Senate of the University of Colombo. Two examiners should be trainers in the relevant specialty and the third examiner should be from outside the discipline to improve objectivity.

Trainees are expected to maintain a portfolio during the period of post-MD training. This portfolio must contain evidence of achievement of the learning outcomes belonging to the following broad domains:

a. Subject expertise
b. Teaching
c. Research and audit
d. Ethics and medico-legal issues
e. Information technology
f. Life-long learning
g. Reflective practice

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

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

11.1 Subject expertise:
   a. progress reports from supervisors (essential, should be according to prescribed format)
   b. Supervisor feedback on communication skills
   c. log of procedures carried out
   d. results of any work-place assessments conducted
   e. In the case of sub-specialties, this section must include evidence that the trainee has acquired the essential knowledge, skills and competencies related to the sub-specialty, identified by the Specialty Board, and monitored with regular assessments throughout the period of post-MD training, e.g. mini-CEX, Case-Based Discussions, Direct Observation of Practical Skills

11.2 Teaching
   a. undergraduates
   b. postgraduates
   c. ancillary health staff

11.3 Research and Audit relevant to speciality or subspeciality
   a. Dissertations / theses
   b. Research papers published or accepted for publication
   c. abstracts of presentations
   d. Clinical audit

11.4 Ethics and Medico-legal Issues
   a. Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
   b. Completed Multi Source Feedback forms during post-MD training

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

11.6 Life-long learning
   a. Participation in conferences and meetings

11.7 Reflective practice
   a. narration of at least one learning event experienced by the trainee, **in relation to each of the above outcomes,** with reflection on what and how the trainee learned from this experience

The portfolio should be reviewed at least every 6 months by the local supervisor(s), with regular feedback to the trainee on how the portfolio can be improved. When the trainee is eligible for board certification, a soft copy of the completed portfolio should be submitted to the PGIM Examinations Branch.

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

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

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

12 GENERIC GUIDANCE TO BOARDS OF STUDY/SPECIALTY BOARDS FOR EVALUATION OF RESEARCH PROPOSALS FOR MD PROGRAMES

- All PGIM trainees are expected to undertake a research project, either during pre-MD or post MD training or both.
- Such a study **should not include case reports** but may take the form of a well-designed audit.
- The time frame for submission of proposals after commencement of pre-MD or post-MD training should be specified in the relevant prospectus.

  The research proposal must be approved by the Board of Study before commencing the study. **A generic format for such proposals is shown in 12.1**

  The proposal should be evaluated by at least one reviewer (preferably two) nominated by the Board of Study. **A generic format for reviewers to report on research proposals is shown in 12.2**.

  The proposal should have a reasonable timeline for completion. If the proposal is unsatisfactory, the reviewers may recommend modification of the proposal or submission of a different proposal. The trainee should commence the study only after obtaining approval of the Board of Study / Specialty Board and ethical clearance.

  Relevant ethics clearance, and in the case of clinical trials, registration with Sri Lanka Clinical Trials Registry must be obtained prior to commencement of the study.

  The trainee is required to nominate a primary supervisor for the project, usually the trainee's current trainer. **Generic guidance to supervisors is provided in 12.3.**

  The trainee must submit 6 monthly progress reports through the primary supervisor to the BOS.**A generic format for progress reports are shown in 12.4.** Feedback would be provided to the candidate as to whether the project is progressing satisfactorily.

  Acceptance of the research project by the Board of Study may be based on fulfillment of either of the following:

  - Publication of the research findings as an **original full paper** (excluding case reports) in a **peer- reviewed journal** (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper is already peer-reviewed.
  - Submission of a detailed project report to the BOS. **A generic format for such project reports is shown in 12.5.** This should be evaluated by 2 assessors nominated by the BOS, and marked as either satisfactory, or unsatisfactory.
    - If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the BOS, be asked to extend the same research project or undertake a new research project

which will have to go through the same procedure of approval as the initial project.

- If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.
- Presentation of the research findings at a recognized scientific congress, either local or international, as oral or poster presentation, with a published abstract, with the trainee as first author, should be given credit during the assessment process.

The research report must be accepted prior to the completion of the study period defined in the prospectus (for example, in the case of a 2 year post MD study programme, the research project must be completed and accepted at the point when both local and overseas components of training are completed.) Once the research report is accepted by the BOS, the trainee should be encouraged to submit the research findings to a suitable conference or journal, if not already done.

12.1 Generic format for writing a research proposal

The aim of the research component is to plan and complete a scientific research project, with due appreciation of the need for scientific validity and ethical principles, within organizational and financial constraints. The choice of the research project will be primarily that of the trainee, but this should be discussed with and approved by the supervisor. The trainee should prepare a research proposal which will be submitted to the Board of Study for approval prior to commencement of the study.

Time frame: the research proposal should be approved within the time period stipulated by the Board of Study.
Format:
In general, the research proposal should be limited to 3000 words. The following structure is suggested:

- ❖ Title of the study
- ❖ List of investigators
- ❖ Collaborating institutions
- ❖ Background/introduction: this should include an overview of the subject related to the research project, with a relevant review of the literature.
- ❖ Justification: This section should provide a brief justification of the importance and relevance of the study proposed, including the feasibility of the study.
- ❖ Objectives: general and specific objectives of the study should be clearly defined.
- ❖ Methods: The methodology to be adopted to achieve the listed objectives should be given in detail; the following sub-sections are suggested as a guide:

  - Study design
  - Study period
  - Study population
  - Sample size calculation
  - Sampling technique
  - Study instruments
  - Data collection

- Proposed statistically analysis
- Ethic clearance and consent, and confidentiality of data
- Proposed methods for dissemination of findings

❖ Annexes: the following annexes should be provided:

- Data proforma/s
- Consent forms, where relevant in all three languages
- Other relevant supporting documents

The trainees are advised to use Microsoft Word® for formatting documents. The software Endnote®, Reference Manager® or Mendeley® should be used, if possible, for citations. The reference format should follow the Vancouver® Style.

Both soft and hard copies of the documents should be submitted to the Board of Study, through the supervisor.

12.2 Generic format for reviewers to report on research proposals

The reviewers of the research project should rate the research proposal as satisfactory or unsatisfactory. The main sections should be rated as satisfactory or unsatisfactory, and, if rated as unsatisfactory, specific comments should be provided. General statements should be avoided, and the reviewers should specifically what deficiencies are present and how they could be addressed.

Section	**Satisfactory or Unsatisfactory**	**Remarks**
Background		
Justification		
Objectives		
Methods		
Overall		

Recommendation: Accept as is / Revise and resubmit / reject

If a proposal is rejected altogether, the trainee will be expected to submit a new proposal.

12.3 Generic guidance to supervisors

a. The supervisor should guide the student in planning, carrying out research methodology and in presentation of the work, including the writing of the dissertation.

b. The supervisor should obtain recommendation of the research proposal from a reviewer.

c. The supervisor should forward progress report(s) in the prescribed form at the end of three months after the trainee commences work on the research project and within three months of completing the project work.

d. The objective of the dissertation is to prove the trainee's capability to plan, carry out and present his/her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.

e. The dissertation should comprise the trainee's own account of his/her research.

f. It should be satisfactory as regards literary presentation.

g. The dissertation should be certified by the supervisor as suitable for submission.

h. The supervisor should confirm that the research report has been written by the trainee.

i. General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the problem (both international and local) should be comprehensively covered and critically evaluated. The research methodology should achieve the objectives stated. The

results should be presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work and theoretical / practical applications of the results, if any. The conclusions should be valid and be based on the results obtained on the study.

j. Ethics: The candidate should confirm and document that procedures followed were approved by the Ethics Review Committee of the institution where the work was carried out and ethical approval is obtained by a recognized Ethics Review Committee.

k. If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the BOS. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the BOS.

12.4 Generic format for progress reports

The progress reports should have the following components:

l. By the trainee: Description of work carried out to date

m. By the supervisor:

- Whether the research project is progressing satisfactorily
- Constraints
- Whether the dissertation writing is on schedule
- Whether overall progress is satisfactory

12.5 Generic format for project reports / dissertations

The following format should be adopted for project reports or dissertations

The preliminaries should precede the text. They should comprise the following:

n. Title page
<Title of dissertation>
<Author's name>
MD (subject)
Post Graduate Institute of Medicine
University of Colombo
<Year of submission>

o. Statement of originality: This is a declaration that the work presented in the dissertation is the candidate's own, and that no part of the dissertation has been submitted earlier or concurrently for any other degree. The statement should be signed by the author and countersigned by the supervisor.

p. Abstract: This should consist of a brief summary of not more than 350 words describing the objectives of the work, the materials and methods used, the results obtained, and the conclusions drawn. This may be in a structured format if helpful.

q. Table of contents: The table of contents immediately follows the abstract and lists in sequence, with page numbers, all relevant divisions of the dissertation, including the preliminary pages.

r. List of tables: This lists the tables in the order in which they occur in the text, with the page numbers.

s. List of figures: This lists all illustrative material (maps, figures, graphs, photographs etc) in the order in which they occur in the text, with the page numbers.

t. Acknowledgments

12. DISCIPLINARY CODE FOR TRAINERS, SUPERVISORS AND EXAMINERS

This Disciplinary Code is made under the General Regulations and Guidelines - 2015 of the Postgraduate Institute of Medicine (hereinafter referred to as the 'Institute'), University of Colombo as sanctioned by Section 12 (3) (j) of the Postgraduate Institute of Medicine Ordinance No. 01 of 1980 as amended.

12.1 **The Purpose of the Code**

Discipline is considered an important aspect of training, and the trainers/supervisors/ examiners (as defined in the Ordinance and the General Regulations and Guidelines of the Institute) must adhere to the guidelines approved by the Board of Management of the Institute, Senate and the Council of the University of Colombo. Acts of indiscipline will be dealt with under the provisions of the Disciplinary Code of the Institute.

This Disciplinary Code is applicable in relation to all trainers/supervisors/examiners attached to the Institute. They are also subject to the guidelines of the local statutory bodies such as the Sri Lanka Medical Council (SLMC) and the Employer.

12.2 **Trainer's Responsibilities and Duties**

a. Trainers shall satisfactorily perform the training sessions to the highest standards of professionalism.
b. Trainers shall be punctual on training sessions and shall not take longer rest breaks than allowed or leave the sessions without permission of the Director of the Institute.
c. Trainers shall behave in fairness to all the trainees and not be discriminatory, language or non-verbal language is not permitted.
d. Trainers shall behave respectful manner towards the trainees and harassment of individuals, whether verbal, sexual or otherwise, is not permitted.
e. Bullying of individuals, in any form, is not permitted.
f. Threatening, aggressive or violent behaviour or language and may lead to dismissal as a trainer of the Institute.
g. Trainers shall strictly follow safety regulations and shall refrain from the acts that would in any way jeopardize the safety or well-being of other trainees or trainers.
h. The trainers shall always maintain highest standards of conduct and integrity throughout the training course and shall uphold the reputation of the Institute.

i. Trainers shall use the confidential information only for the benefit of the course of study and shall not misuse the confidential information provided by the trainees or patients during the course of training for personal gain or otherwise.
j. Trainers shall not misuse any property, intellectual or otherwise belonging to the Institute.

12.3 **Types of inadequacies/offences**

13.3.1 **Minor**

a. Poor interpersonal relationships
b. Poor attitudes

13.3.2 **Major**

a. Professional incompetence

- Repetition of minor inadequacies/offences in spite of a "letter of warning"
- Evidence of seriously deficient or incompetent training provided to the trainee
- Poor standards of medical care

b. Professional misconduct

- Gross neglect of patients
- Abuse of professional privileges
- Degrading comments on professional colleagues
- Derogatory professional conduct/Act in a manner to bring the PGIM into disrepute
- Examination irregularities
- Divulging confidential information
- Dishonesty/ Misappropriation of funds
- Personal abuse of alcohol and other drugs
- Indecent or violent behavior
- Criminal offences

12.4 **Disciplinary Procedure**

13.4.1 The Institute will entertain written complaints being made by the following persons:

a. PGIM Trainees
b. PGIM Trainers
c. PGIM Examiners
d. Any Consultant from the hospital to which the trainer is posted
e. Administrator of the training hospital
f. Patient or relatives of patient/s who has/have been under the care of the trainer
g. Staff of the Institute
h. Any other persons/authority acceptable to the Board of Study (BOS)/BOM.

12.5 **Procedure for the inquiry**

The under-mentioned procedure shall be followed for determination as to whether the PGIM should take disciplinary action.

On receipt of complaint/s, the Director/PGIM, Chairperson of the relevant BOS and Chief Examiner (where relevant) shall study such complaints. In instances where the complaint is made against a Chairman of a BOS or Chief Examiner of a particular examination, the Director shall appoint a suitable alternative. The complaint will be studied, if necessary, in the presence of the individual against whom the complaint is made, and a decision shall be made whether it is necessary to proceed further. At this meeting the Director and Chairperson/Chief Examiner may advise the individual concerned, and **with the agreement**

<u>of all parties</u> settle the matter. However, if a decision is made to proceed further with the complaint/s the documents shall be referred to the BOM.

13.5.1 **The Process to be followed by the Board of Management.**

The Board of Management shall

1. Decide on and implement remedial measures based on PGIM General or Course specific By-Laws and Regulations OR
2. Appoint Committees of Inquiry as given below.

13.5.1.1 **Preliminary Investigation:**

13.5.1.1.1 A committee will be appointed comprising the following members to conduct the preliminary investigation:

a. Chairman of another BOS
b. One member of the BOS concerned, or a Trainer nominated by that BOS.
c. A member of the BOM

13.5.1.1.1.2 Recommended disciplinary action to be instituted by the BOM following the Preliminary Inquiry

a. If there is no prima facie evidence against the Trainer/Supervisor/Examiner the complaint shall be dismissed.
b. If there is prima facie evidence the following actions can be recommended

- Letter of Reprimand to be sent by the Director/PGIM, on the recommendation of the BOM.
- Recommend Formal Inquiry.

13.5.1.2 **Formal inquiry:**

The BOM shall appoint the following members to conduct a formal Inquiry.

a. Dean of a Medical Faculty
b. A member of the Board of management from among the members appointed by the UGC.
c. A person who is not a member of the BOM and who is competent in conducting formal inquiries

12.6 **Disciplinary Action**

Recommended disciplinary action following a Formal Inquiry:

13.6.1 If there is no evidence of wrongdoing against the Trainer/Supervisor/Examiner the complaint will be dismissed.

13.6.2. If there is evidence of wrongdoing the following actions can be recommended.

a. Letter of Reprimand to be sent by the Director/PGIM, on the recommendation of the BOM.
b. Suspension as a trainer/supervisor/examiner for a period decided by the BOM.
c. Any other form of disciplinary action as determined by the BOM.
d. Discontinuation as a trainer/supervisor/examiner.

Action shall be taken to discontinue the trainer/supervisor/examiner on account of Major inadequacies/offences listed in 3.2. above.

The letter to convey such decision/s shall be issued by the Vice-Chancellor on the recommendation of the Director of the PGIM, BOM, Senate and Council based on the report of the Formal Inquiry.

12.7 **Informing the SLMC and Employer**

The decision of the BOM in 6.2.(d) shall be conveyed to the SLMC and the employer concerned for necessary action.

12.8 **Issue of Letters of Good Standing or recommendations**

Disciplinary action shall be taken into consideration by the Director/PGIM when issuing letters of good standing or letters of recommendation.

12.9 **Any Other Actions**

Action may be taken to discontinue the trainer/supervisor/examiner in instances where the Sri Lanka Medical Council has struck off the name of the trainer/supervisor/examiner concerned from the Medical Register.

13. MONITORING OF THE PROGRESS OF TRAINEES

Progress of all PGIM trainees will be monitored closely by trainers and Boards of Study. The overseas component of the post MD training programme will be monitored by the overseas trainer. Appropriate assessment and appraisal mechanisms are in place for trainees at Registrar and Senior Registrar level. Boards of Study will determine the format of these assessments. These will include progress reports and multisource feedback assessments. Trainees are expected to submit two multisource feedback assessments, one during Registrar training and one during local Senior Registrar training. These two multisource feedback assessments are an essential component of the portfolio submitted for PBCA.

A trainee may have to repeat a part or the entire training programme if he/she has not shown satisfactory progress, in terms of the provisions of the Disciplinary Code and the effective date of Board Certification may be delayed.

If a trainee's conduct has been found to be unsatisfactory his/her trainee status may be terminated in terms of the provisions of the Disciplinary Code or the effective date of Board Certification may be delayed.

Overseas Training Progress Report Format (Annexure XVI)
Local Training Progress Report Format (Annexure XVII)

14. RECOGNITION OF EXTERNAL EDUCATION PROGRAMME FOR PG TRAINEES

Documents are available in the Annexure XIII

15. UPDATES ON RULES AND REGULATIONS

All trainers are subject to and should abide by the current Amendments/Clauses/ Rules/Regulations of the GRG for trainers as approved by Boards of Study, Board of Management, and the Senate and Council of the University of Colombo, from time to time.

The onus of obtaining the latest information regarding General Regulations and Guidelines/ Prospectuses/By-laws is with the trainer.

In the interpretation of these Regulations and Guidelines / Prospectuses / By-Laws, the Council of the University of Colombo shall be the final authority.

Annexure I A

GUIDELINES FOR PREPARATION OF PROSPECTUSES FOR MD AND BOARD CERTIFICATION IN THE MAIN SPECIALTIES

Notes

1. Nomenclature

a. Full title: Doctor of Medicine & Board Certification in .....
b. Abbreviated title: MD & BC in .....
c. University: University of Colombo
d. Faculty / Institute: Postgraduate Institute of Medicine
e. Departments: Board of Study in .....

2. Background and Justification / Introduction:

Proposals for new degree programmes that need UGC approval must include the following: A more general introduction is sufficient for previously recognized programmes.

Background: this section should describe the mandate of the PGIM in offering the postgraduate studies. Show that the PGIM and the relevant Board of Study has the capacity to offer the proposed degree programme with adequate in-house resource persons, laboratory capacities, library resources, etc. Include the following:

a. General description of the benefits that will be accrued by the PG trainee

b. Sector (s)/employment markets to which the Board-Certified Specialist could look for gainful employment and

c. Emerging needs of those sector(s)/market(s).

Justification: This section should include details of PG level trained manpower requirement of the country/sector in the proposed field of study, e.g. proposed Specialist Cadre in Ministry of Health.

3. Eligibility for entry into training programme:

This section may be worded as follows*:*

Prospective applicants must satisfy the following requirements:

a. A medical / dental degree registered with the Sri Lanka Medical Council

b. Satisfactory completion of internship acceptable to the Sri Lanka Medical Council

c. Satisfactory completion of one year of work experience in a public / private sector institution in Sri Lanka, after completion of internship

d. Any other criteria specific to the relevant training programme, approved by the Board of Management

e. Comply with any other PGIM general regulations relevant to selection of trainees.

The criteria prescribed in paragraphs a) to c) must have been satisfied by the applicants as at the date of closure of applications. If a shortfall has occurred due to any reasons, including sick leave, maternity leave or any other form of leave, the doctor concerned

should complete such shortfall in order to become eligible to apply for the selection examination.

Include in this section, any conditions under which exemption may be granted from the selection examination.

4. Selection Examination:

This section should provide all details regarding the selection examination including:

a. The **content areas** covered by the selection examination. Details may be given in an annexure and not in the main body of the prospectus.

b. **Components** of the selection examination: e.g. MCQ paper, essay paper, oral examination. For each component, specify the number of questions, time allowed to answer the questions, the number of examiners involved in setting and marking, and the marking system (total and percentage of marks allocated for each component).

c. **Requirements to pass** the selection examination: specify clearly the conditions to be met by a candidate in order to be deemed to have passed the examination. E.g. The candidate should obtain an aggregate of 50% or more of the total and 50% or more for the MCQ paper and 50% or more for the essay paper and 50% or more for the oral examination.

d. The **permitted number of attempts** at the selection examination is limited to six (06).

5. Number to be selected for training

The standard phrase is "Available training opportunities will be indicated by the PGIM in the public circular for the <relevant> MD examination. The number of training slots will be predetermined each year by the relevant Board and approved by the Board of Management in consultation with the Ministry of Health. This predetermined number will be selected from among those who have passed the Selection Examination, in rank order of merit and in compliance with the General Regulations of the PGIM and relevant Examination Circulars."

6. Outcomes, competencies and learning objectives:

Specify intended learning outcomes/competencies/objectives of training programme. The learning outcomes may be very broad. Detailed competencies or learning objectives may be provided in an annexure. In order to meet the requirements of the Sri Lanka Qualifications Framework, at least one outcome must relate to "conduct of original research of a quality that makes a significant contribution to development of the discipline and satisfies peer review and merits publication."

7. Content areas:

This normally comprises a list of the topics on which trainees are expected to gain expertise. If the list is long, it should be included as an annexure.

8. Structure of pre-MD training programme:

Specify length of training programme in months.

Provide details of how the training programme leading up to the MD examination is structured. E.g. duration of rotations in specific types of training units; sequence of rotations, etc.

Refer to the PGIM General Regulations for stipulations regarding leave and attendance requirements.

9. Learning activities during pre-MD training:

Specify learning activities that trainees are expected to engage in, apart from routine service in the training unit. This could include the following:

a. Regular meetings with other units / department

b. Participation in Continuing Professional Development activities

c. Participation in national / international meetings

d. Conduct of audit(s)

e. Conduct of a research project. Details of procedures for obtaining approval for the project, carrying it out and submitting the report should be provided in the form of annexure

f. Engagement in teaching and training of undergraduate and postgraduate students

g. Maintaining a reflective portfolio – format and other details should be included as an annexure

10. Trainers and training units:

Specify who is considered eligible to be a designated trainer: standard paragraph is "Specialists with at least 3 years experience after Board Certification as a ..... will be appointed as trainers. Training units must be accredited by the Board of Study in as suitable for training in ".

A list of currently accredited training units may be given as an annexure.

11. Monitoring progress:

Describe provisions for monitoring progress of trainees. Forms to be used for progress reports should be included as annexures.

This should also include provision for Peer Team Rating.

12. MD Examination

This section should provide all details regarding the selection examination including:

a. **Eligibility to register** for the MD examination.

b. **Components** of the MD examination. For each component, specify the number of questions, time allowed to answer the questions, the number of examiners involved in setting and marking, and the marking system (total and percentage of marks allocated for each component).

c. **Requirements to pass** the MD examination: specify clearly the conditions to be met by a candidate in order to be deemed to have passed the examination.

d. Procedures relating to **candidates who fail** the MD examination: specify any concessions offered to candidates who have to take the MD examination again; and any re-training requirements.

e. The **permitted number of attempts**: this is limited to six attempts within eight years from the date of the first attempt at the MD examination.

13. Post MD training

Provide details of duration of required local and overseas training; provisions for monitoring progress (including format for reports); expected learning activities.
Details of the portfolio to be maintained during this period, and to be produced at the PBCA, should be provided in an annexure.

14. Eligibility for Pre-Board Certification Assessment:

Specify conditions to be met by trainees before they can apply for the PBCA. Normally, this would include the following:

a. completion of the required period of training.
b. satisfactory progress reports from supervisors, to cover the entire period of training.
c. submission of a completed portfolio.

15. Format of PBCA:

See separate PGIM Guidelines regarding portfolio for PBCA.

16. Board Certification:

The standard phrase is "A trainee who has successfully completed the Pre-Board Certification Assessment is eligible for Board Certification as a Specialist in....., on the recommendation of the Board of Study in .....".

17. Recommended reading

This should include complete references to recommended textbooks, journals and websites.

18. Contributors to development / revision of prospectus

List by name and institutional affiliation, all those involved in development or revision of the current version of the prospectus.

Annexure I B

GUIDELINES FOR PREPARATION OF PROSPECTUSES FOR SUBSPECIALITIES (POST-MD TRAINING AND BOARD CERTIFICATION)

In the case of subspecialties with specialized post-MD training, the prospectus should be structured under the following headings:

Notes

1. **Background / introduction:** explain the context in which the subspecialty is being introduced.

2. **Entry criteria:** this would normally consist of 2 items
    a. Passed the relevant MD examination
    b. Trainee should not be Board Certified by the PGIM in any Specialty or Subspecialty

3. **Selection process**: specify how trainees who meet the entry criteria will be selected for subspecialty training. E.g. "Order of merit in the MD examination will be taken into consideration when selecting trainees".

4. **Intake**: standard phrase is "Available training opportunities will be indicated by the PGIM in the public circular for the <relevant> MD examination. The number of candidates will be predetermined by the Specialty Board each year and approved by the

    Board of Study in ..... and Board of Management in consultation with the Ministry of Health".

5. **Outcomes, competencies and learning objectives**: specify intended learning outcomes/ competencies/learning objectives of training programme. Generally, outcomes should be very broad. Detailed competencies or learning objective may be included as an annexure.

6. **Structure of training programme**: specify duration of in-service training, and minimum periods to be spent locally and overseas.

7. **Content areas**: this normally comprises of a list of the topics on which trainees are expected to gain expertise. If the list is long, it should be included as an annexure and not in the main body of the prospectus.

8. **Learning activities**: specify learning activities that trainees are expected to engage in, apart from routine service in the training unit. This could include the following:
    a. Regular meetings with other units / department
    b. Participation in Continuing Medical Education activities
    c. Participation in international meetings in the chosen subspecialty
    d. Conduct of audits
    e. Conducting a research project. If this is a mandatory component, details of procedures for obtaining approval for the project, carrying it out and submitting the report should be provided in the form of annexures.
    f. Engagement in the teaching and training of undergraduate and postgraduate students
    g. Maintaining a reflective portfolio – format and other details should be included as an annexure.

9. **Trainers and training units**: specify who is considered eligible to be a designated trainer and the accredited training units. Standard paragraph is "Specialists with at least 3 years experience after Board Certification as a will be appointed as trainers. Training units must be accredited by the PGIM's Specialty Board in ..... as suitable for training in "

10. **Monitoring progress**: describe provisions for monitoring progress of trainees. Forms to be used for progress reports should be included as annexures. Include Peer Team Rating in this section.

11. **Eligibility for Pre Board Certification Assessment**: specify conditions to be met by trainees before they can apply for the PBCA. Normally, this would include the following:
    a. Completion of the required period of training
    b. Satisfactory progress reports to cover the entire period of training
    c. Submission of portfolio

12. **Format of PBCA**:
    See separate PGIM guidelines regarding PBCA.

13. **Board Certification:** standard phrase is "A trainee who has successfully completed the Pre-Board Certification Assessment is eligible for Board Certification as a Specialist in ..., on the recommendation of the Specialty Board in .... and the Board of Study in "

Annexure II

ESTABLISHMENT OF NEW TRAINING PROGRAMMES AND ACADEMIC ENTITIES

When the need is perceived for establishment of a new postgraduate programme (PG Certificate or Diploma / MSc / MD / Board Certification) in the PGIM, it is expected that one or more members of the relevant Board of Study will write up a preliminary proposal which includes.

1. Rationale for specialty
2. Projected national requirement / cadre
3. Health infrastructure available to support new specialty
4. Potential trainers in SL
5. Opportunities for international training
6. Other stakeholders in program

- If the proposal is sent by an individual or a group of individuals the proposal will be submitted to the relevant BOS for approval.
- AAAEC will review the proposal and obtain the views from other stakeholders where relevant**.**
- Once approved by the AAAEC and BOM, the Director/PGIM to write to the Ministry of Health seeking concurrence

Once approval has been granted by both entities, the relevant Board of Study is expected to appoint 2 or more appropriately qualified specialists to a **Curriculum Development Sub Committee**, which will then work on developing a suitable **prospectus**. The draft prospectus will need approval of the AAAEC, Board of Management, University Senate, Legislative Committee and Council. Additional UGC approval is required for all types of new programmes except subspecialty training at post-MD level.

Once the prospectus has been approved, and trainees are recruited, programme administration can be handled either by a subcommittee of the main Board of Study or by a Specialty Board. Appointment of a subcommittee is usually left to the Board of Study, whereas appointment to Specialty Boards is governed by the PGIM ordinance and requires approval of the Board of Management.

Establishment of a Specialty Board may be considered under the following circumstances:

a. The envisaged training programme involves at least a separate (distinct) post-MD training programme leading to Board Certification in a specialty which is different to those already offered by the Board of Study.
b. There is an intake of at least 2 trainees per year over a period of 3 consecutive years.

After the new training programme has run for a minimum of 3 years, **establishment of a separate Board of Study** may be considered under the following circumstances:

a. There is a **separate** (stand-alone) **training programme** leading to a separate MD examination, and post-MD training with Board Certification in the relevant specialty.
b. There are at least **10 Board Certified Specialists** currently in service in Sri Lanka in the relevant specialty, who are also qualified to be **trainers and examiners.**
c. There are at least **6 accredited training units** in Sri Lanka in the relevant specialty.
d. The trainers should show clearly demonstrable benefits in selection, training and assessment of trainees over the existing mechanism.
e. Consideration be given to the administrative capacity and financial resources of the PGIM.

Annexure III

APPLICATION FOR ACCREDITATION AS A PGIM TRAINING UNIT/ CENTRE

PART 1

1. Relevant PGIM Board of Study/ Specialty Board :
2. Name of trainer (applicant) :
3. Name of training unit/centre :
4. Name of hospital/ other health care institution :
5. Address of institution :
6. Contact telephone number :
7. Fax number of institution :
8. Contact e-mail address :

PART 2

Please find attached the following documents that support this application (tick relevant boxes).

1	CV of trainer (including specialty and date of Board Certification by PGIM	
2	Audit of training unit/ centre indicating workload during preceding year, and facilities for trainees	
3	Hospital profile including bed strength, type of wards, specialty services, and any other facilities for trainees	
4	Job description for trainees (Registrars and Senior Registrars), including on-call roster, clinics, ward rounds etc.	
5	Letter from Director of Hospital/ Institution, supporting application for accreditation	
6	In case of private sector, receipt of payment	
7	TOT Certificate	
8	Appointment letter from the MOH.	

PART 3

I am aware that the PGIM's accreditation mechanism involves inspection of the site and relevant records by a team from the Board of Study and that their recommendations will need the approval of the PGIM's Board of Management and the Senate of the University of Colombo.

I undertake to sign an agreement with the PGIM once approval is obtained to abide by the rules and regulations of the PGIM with respect to training, examinations, confidentiality and good conduct.

Signature of applicant (trainer) and date

PART 4 (for use by PGIM)

	Date of approval	**Signature of Chairperson**
Board of Study/ Specialty Board		
AAAEC		
Board of Management		
Senate		

Annexure IV

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka.

As you are aware, your institution / unit has kindly hosted Sri Lankan postgraduate trainees of the MD in ..... program over the past years. This was to fulfil their mandatory requirement of a year of advanced overseas training. The PGIM greatly appreciates the continued support extended by you and your institution in this regard.

The PGIM is keen to maintain this link and send future trainees to your institution/unit as well. In order to do this the PGIM is required to formally recognize and register your institution/unit as a postgraduate training centre for the MD in ..... program.

Therefore, I would be most grateful if you could kindly submit the requested details in the attached form and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Senaka Rajapakse
Director
Postgraduate Institute of Medicine
University of Colombo

Annexure IV

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka.

The PGIM has received details of your institution / unit from a postgraduate trainee who wishes to undertake a placement at your institution/ unit for the purpose of fulfilling the mandatory overseas training requirement for the MD in..... program.

As this is a first instance a Sri Lankan postgraduate trainee is to be attached to your institute / unit, the PGIM is required the recognize and register your institute/ unit as a postgraduate training centre for the MD in .....program.

Therefore, I would be most grateful if you could kindly submit the requested details in the attached form and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Senaka Rajapakse
Director
Postgraduate Institute of Medicine
University of Colombo

Annexure IV

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka. It is in the process of expanding the potential overseas training centres for its postgraduate trainees in the MD in .....program.

These trainees have successfully completed their MD examination and are required to complete a mandatory period of one year overseas training in a recognized institution/unit. Following completion of the overseas training, they would be eligible to be Board Certified in
.....

The PGIM recognises your institution /unit for MD ……..... trainees to complete their overseas training requirement. In order to formalize this process and register your institution / unit with the PGIM, I would be most grateful if you could kindly complete the form below and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Janaka DeSilva
Director
Postgraduate Institute of Medicine
University of Colombo

Please be kind enough to fill this form and forward the same to the Director/PGIM via director@pgim.cmb.ac.lk. For more information, please contact the overseas training unit of the PGIM via email pgimint@pgim.cmb.ac.lk or call Assistant Registrar Overseas Training on +94 11 2696258.

PART 1

Name of the trainer	Click here to enter text.
Designation	Click here to enter text.
Primary institution/unit name	Click here to enter text.
Address	Click here to enter text.
City	Click here to enter text.
Postal code	Click here to enter text.
Country	Click here to enter text.
Phone	Click here to enter text.
Fax	Click here to enter text.
Website	Click here to enter text.
Email	Click here to enter text.

PART 2

Please state the services offered by your institution/unit:

Click here to enter text.

Please indicate the different roles/tasks a trainee would be able to undertake at your institution/unit during an attachment (e.g., clinical work, laboratory work, observerships, teaching, research, managerial/administrative work or any other roles/tasks relevant to the trainee's specialty)

Click here to enter text.

Is your institution/unit accredited by a national/international body as a training centre for postgraduate medical education in this field?

○ Yes ◉ No

If yes, please state the accreditation body.

PART 3

Please state the resources available at your institution/unit, which would be accessible to a trainee during a period of attachment (e.g., library resources, simulators, high end laboratory equipment, IT facilities, etc.).

Click here to enter text.

Report submitted by: Click here to enter text.

Date: Click here to enter text.

Annexure V

PGIM POLICY ON SETTING AND MARKING OF DIFFERENT EXAMINATION COMPONENTS

Preamble

In reviewing prospectuses for PGIM training programmes, the AAAEC has noted a marked lack of consistency across Boards of Study, in setting and marking assessments. This document attempts to introduce a greater degree of uniformity within the PGIM in this regard, while leaving as much flexibility as possible with Boards of Study in using different assessment tools. In drafting these guidelines, the AAAEC has taken into consideration principles of good medical education practice as well as the observations and recommendations made by numerous external and local examiners over the last few years.

The AAAEC recommends that Boards should develop assessment blueprints to ensure that there is adequate coverage of course outcomes and content. The AAAEC also encourages Boards to adopt more objective assessment tools such as MCQs, SEQs, OSCEs and OSCE vivas.

A. Multiple Choice Questions of True / False type (T/F)

1. Each question should consist of a stem and five responses of the true / false type.
2. When used at Selection Examinations (for entry into a training programme), candidates should be allowed an average of 3 minutes to answer each question. E.g. A one-hour paper should have 20 MCQs of the T/F type.
3. When used at examinations conducted during the course of a training programme, or at the end of a training programme, the average time allowed per question may be 2 – 3 minutes per question.
4. In marking answer scripts, each correct response should be awarded +1 mark; each incorrect response should be awarded -1 mark; and if no response is marked, zero. There should be no negative carry over, so that each question would carry a maximum of 5 marks and a minimum of zero.
5. In general, however, it is recommended that MCQs of the T/F type are replaced by those of the SBA or EMI type, as far as possible.

B. Multiple Choice Questions of the Single Best Answer (SBA) type

1. A SBA type MCQ should consist of a stem with a lead-in question and five responses, one of which would be the best response.
2. When used at Selection Examinations (for entry into a training programme), candidates should be allowed an average of 2 minutes to answer each question. E.g. A one-hour paper should have 30 MCQs of the SBA type.
3. When used at examinations conducted during the course of a training programme, or at the end of a training programme, the average time allowed per question may be 1-2 minutes.
4. In marking answer scripts, each correct response should be awarded +3 marks; incorrect responses and no responses should be marked zero.

C. Multiple Choice Questions of the Extended Matching Items (EMI) type

1. When EMIs are used, each option list should consist of 8 to 20 options.
2. Each option list should be followed by at least three scenarios.
3. Each scenario should be counted as a single MCQ.
4. When used at Selection Examinations (for entry into a training programme), candidates should be allowed an average of 2 minutes to answer each MCQ. E.g. A one-hour paper should have 30 MCQs.
5. When used at examinations conducted during the course of a training programme, or at the end of a training programme, the average time allowed per question should be 1-2 minutes.
6. In marking answer scripts, each correct response should be awarded +3 marks; incorrect responses and no responses should be marked zero.

All MCQs used at PGIM examinations should have been scrutinized by the relevant MCQ Core Group and included in the MCQ bank well in advance of the relevant examination.

If a paper combines MCQs of the T/F type with SBAs and/or EMIs, the marks awarded for MCQs of the T/F type and MCQs of the SBA / EMI type should be weighted according to the time allocated for the two types. E.g. In a two hour paper, with equal time for MCQs of the T/F type and the SBA type, there should be 20 T/F questions and 30 SBAs or EMIs. The T/F questions will carry 100 marks. The SBA / EMI questions will carry 90 marks, which should be made up to 100.

If for some reason, it becomes necessary to omit a question after the paper has been administered (e.g. an inadvertently overlooked mistake or an unforeseen level of difficulty), it is recommended that the total marks are derived from the questions that have been retained, and this total is then made up to 100%.

D. Essay Questions / Data Interpretation Questions / Grey Cases

1. All essay questions, including long essays and Structured Essay Questions (SEQs), presented to a PGIM Exam Scrutiny Board should be accompanied by a marking scheme / grid and model answer prepared by the examiner who sets the question.
2. It is recommended that a close marking scheme using a rating scale (1 to 5) with anchoring descriptors is used in marking Long Essay and Structured Essay Questions (SEQ).
3. Each question should be independently marked by at least two examiners, or adopting conference marking, using the marking scheme which has been agreed upon at the Scrutiny Board.
4. When questions are marked by two independent examiners, if there is a discrepancy of more than one point in the rating scale the marks should be reviewed by the two examiners concerned in the presence of the chief examiner, and the marks adjusted so that the discrepancy is not more than one point (Example: Examiner A - 2 ; Examiner B - 4 in a rating scale of 1-5 is not acceptable BUT Ex. A - 2 ; Ex. B -3 is acceptable) In the event that the two examiners cannot agree, a third examiner may be consulted.

E. Assessment of competencies in a clinical or laboratory setting

1. Rating scales may be used for assessment of competencies in a clinical or laboratory setting, e.g. in OSCEs or OSPEs.
2. The rating scale should have a pre-determined number of points, with specific descriptors for each point, and a clearly identified minimum acceptable level of performance, all of which should be agreed upon at the Scrutiny Board.
3. Alternatively, candidates may be marked on a scale of 0 to 100 at a given station, adopting a pre-determined marking scheme that has been approved by the Scrutiny Board. The pass marks are best decided using an appropriate standard setting method. If this is not feasible, the pass mark should be set at 50% (or some other agreed threshold) for all examinations.

F. Oral examinations (Viva Voce) excluding oral examinations for theses, dissertations, long cases portfolios and log books

1. Oral examinations should be structured, and marked using a criterion-based rating scale.
2. Oral examinations should be conducted by at least one panel with at least 2 examiners, who should mark the candidates independently. The final mark should be derived as an average of all the marks awarded by all the oral examiners.
3. The time duration of an oral examination should not be less than 20 minutes per panel.
4. It is recommended that in general, less weight should be given to the oral examination component.
5. Requirements to pass a given examination should not include a minimum mark for the oral examination component alone (e.g. 40 or 50% pass mark for oral examination).

G. Combining marks from open marking with rating scales

When it is necessary to combine marks from open marking (percentage values) with those based on rating scales, for purposes of deriving a final mark for rank order of candidates, it is recommended that:

1. There are clear pre-determined regulations regarding weighting of marks from different examination components (e.g. MCQs, SEQs, short cases, long cases, viva), in order to derive the final mark.
2. The marks from the rating scales are converted to percentage values, assigning the set pass mark (e.g. 50%) to the point of minimum acceptable level of performance on the rating scale.

Annexure VI

Conflicts of interest and Confidentiality Declaration Form for Coordinators/ Members of Core Groups

Part A (To be filled by the Coordinators and Members of the Core Groups)

1. I Prof/ Dr. …… (Name) appointed by the Postgraduate Institute of Medicine (PGIM) of the University of Colombo as a Coordinator/Member of the core group in ..... (Name of the core group) herby undertake to abide by the Rules and Regulations with respect to the examination set out by the PGIM and the Senate of the University of Colombo.
2. In particular, I confirm that I shall maintain strict confidentiality of proceedings/ discussions at core group Meetings.

Please select one of the following with regard to conflicts of interest:

☐ I confirm that I have no conflicts of interest in functioning as a Coordinator/Member of the core group and that if I come to know at any point of time of any conflicts of interest, I will bring it to the attention of the Chairperson o f BOS/ Director PGIM and withdraw from the process.

☐ I declare that I have the following conflicts of interest in functioning as a Coordinator/Member of the core group (Please tick in the relevant cage)

a) Close relative ☐
b) Trainer of a candidate ☐
c) Close association with trainee/s of professional nature ☐
d) Other (Specify) ☐

Please use the space below to explain the nature of the conflicts of interest declared above:

……

……

(While certain Conflicts of Interest will prohibit a person from functioning as a Coordinator/Member (eg. Immediate relative of a candidates, son or daughter), in other instances alternate arrangements may be made while remaining as a Coordinator/Member with the approval of the Chairperson of BOS.)

In the event you have declared a conflict of interest, please select the following:

☐ I declare that I have conflicts of interest in functioning as a Coordinator/Member and will abide by the decision taken by the Board with regard to my eligibility to continue as a Coordinator/Member of the core group for this examination.

…… ……...

Name and signature (coordinator/member) Name and signature (chairperson/BOS)

Part B - Record of Resolution

To be filled by the Chairperson Board of Study in the event the coordinator/core group member declares a conflict of interest

With respect to the conflict of interest declared by the coordinator/member of the core group, following resolution has been made:

☐ Prof/Dr ……. should refrain from taking part in the.....(name of the core group) as the coordinator/a member, which may give rise to a conflict.

☐ Prof /Dr …… may continue to be the coordinator/a member for the ……. (core group name), provided that there is no change in the information declared above.

Additional comments:

……

……

……

……

……..
Name and Signature of the Chairperson of the BOS

Annexure VII

Confidentiality and Conflict of Interest Declaration for Examiners
Part A and B to be filled by the examiner

Confidentiality Declaration (Part A)

I Prof/Dr..... (name) appointed by the Postgraduate Institute of Medicine (PGIM) of the University of Colombo as an examiner in …… (Name and components of the examination) hereby undertake to abide by the rules and regulations with respect to examinations set out by the PGIM and the Senate of the University of Colombo.

In particular, I confirm that I shall maintain strict confidentiality of proceedings/discussions at Examiners Meetings, Scrutiny Boards, the different parts of the examination and Results Boards even after the results are released.

Conflict of Interest Declaration (Part B)

Please tick the appropriate box:

☐ I declare that to the best of my knowledge and belief I do not have any conflicts of interest in becoming an examiner for this exam. Furthermore, if I come to know at any point of time of any conflict of interest, I will bring it to the attention of the Chief Examiner/Director PGIM and withdraw from the examination process.

☐ I declare possible conflicts of interest below for consideration and agree to abide by the decision of the Board of Study / Director regarding my eligibility to be an examiner for this exam. I certify that the information included is, to the best of my knowledge and belief, accurate and complete.

If you have declared a conflict of interest, please select the type of conflict of interest.

- Close relative ☐
- Trainer of a candidate ☐
- Close association with trainee/s of professional and/or personal nature ☐
- Other ☐

Please use the space below to describe the nature of the conflict of interest you have declared.

……

……

……

Note: While certain conflicts of interest will prohibit a person from functioning as an examiner (eg. immediate relative of a candidate, son or daughter), in other instances alternate arrangements may be made while remaining as an examiner with the approval of the Chief Examiner/Board of Study.

…….. ……..

Signature of the Examiner Name and signature of the chief examiner

Record of Resolution (Part C)

Part C to be filled by the Chief examiner/Chairperson Board of Study in the event the examiner declares a conflict of interest

With respect to the conflict of interest declaration, the following resolution has been made:

☐ Prof/Dr ..... should refrain from taking part in the ……. (name and component of the examination) as an examiner, which may give rise to a conflict.

☐ Prof/Dr .....may continue to be an examiner for the ……. examination (name and component of the examination), provided that there is no change in the information declared above.

Additional comments:

……

……

……

……

……

Name and Signature of the Chief Examiner

Date:

……...

Name and Signature of the Chairperson Board of Study

Date:

Annexure VIII

Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM

Name			
Appointment	**Member / co-opted member**		
Board	**Board of Study / Specialty Board in:**		
Phone		**Email**	
Bank & account no*:			

**For the purpose of crediting payments*

I hereby accept the above appointment.

Members appointed to Boards of Study/Specialty Boards of the PGIM are required to declare any competing interests during their tenure. Please tick ONE of the following:

☐	I have no competing interests.
☐	I have the following potential competing interests: ☐ Immediate family: spouse, sibling, child ☐ First / second degree relative – niece, nephew, cousin ☐ Other individual with close personal relationship participating in the relevant training programme/s during my tenure. Give details of trainee/s

I hereby confirm that in the event that a new competing interest arises during my tenure, I will bring this to the notice of the PGIM.

In the event that I retire, take long leave, or cease to be in active service for whatever reason, or there is a change of my position based on which I became eligible for membership of the Board of Study/Specialty Board, I will bring this to the notice of the PGIM immediately, in writing.

I hereby confirm that I will treat all matters related to the Board of Study as strictly confidential.

Signature: _____

Date: / / 20

For office use only:

	No competing interests
	Competing interests preclude the member from participating in assessment and examinations, and in decisions related to the relevant trainee. With these caveats, the individual may be appointed as a member, chairperson or secretary of the Board.

Annexure IX

PGIM EXTERNAL EXAMINERS

An international external examiner should be included at all exit examinations conducted by the PGIM at MD level.

Reasons for including international external examiners

A. To ensure maintenance of the quality and standards

- Analysis of question papers and test items for compatibility with item construction guidelines
- Comparing the standards of student performance with similar programmes overseas
- Evaluate the reliability and validity of the examination
- Assess the suitability of assessment tools to assess the achievement of competencies and outcomes of the programme

B. To evaluate the assessment process in order to ensure fairness and consistency.

Expected responsibilities of external examiners

1. Before arrival in Sri Lanka

1.1. Familiarize themselves with PGIM examination procedures and the components of the formative and summative assessments in the prospectus.

1.1.1. The BOS shall send an e-copy of the prospectus to the relevant professional body to which the external examiner belongs. E.g.: Royal College of Physicians.

1.1.2. Understand how the practical examination components are executed. E.g.: clinical examination.

1.1.3. Perusal of documents

a. PGIM guidelines of examinations
b. Code of conduct for examiners
c. Prospectus of the relevant programme
d. Previous external examiner's report
e. PGIM web site

1.1.4 Prepare questions as requested by the PGIM and mail under confidential cover well ahead of arrival in Sri Lanka. This will enable bilateral dialogue to fine tune the questions.

2. While in Sri Lanka

2.1. Meet the chief examiner well ahead of the first scrutiny board

2.1.1 Discuss the extent of coverage of the curriculum by the selected questions

2.1.2 Make necessary suggestions for appropriate coverage

2.2. Participate in all scrutiny meetings

2.3. Observe the steps taken to ensure confidentiality

2.4. Suggest improvements within the approved system prior to the exam. E.g. Paper marking

2.5. Overall observation of the examination with a view of suggesting improvements

2.5. 1 Try to examine all candidates in selected components

2.5.2 May act as an observer in selected components

2.6. Participate in the results board

2.7. Discuss the observations with the Board of Examiners

2.8. Visit training centers if possible

2.9. Comment, if invited to do so on any alleged cases of assessment irregularities

3. After departure from Sri Lanka

3.1. Prepare a report and submit to PGIM and their own professional organization

3.1.1. Comment on the

a. The examination process

b. Reliability and validity of the assessment

c. Suggestions for further improvement 3.1.2.Adhere to deadlines

3.1.3. Ensure confidentiality

3.2. Brief the education board of their professional college about the PGIM examination

Criteria for selecting external examiners

Take into consideration the following

- Subject expertise
- Experience as a trainer
- Experience as an examiner
- Medical Education expertise

Annexure X

EXTERNAL EXAMINER REPORT
POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

Please use this template to provide your report as the external examiner. If you have any additional comments that would not be captured through the template, please be kind enough to use the comments section at the end of the report template for this purpose. If you have any queries regarding filling this form, please contact the Senior Assistant Registrar – Examinations at the PGIM through examinations@pgim.cmb.ac.lk. We thank you for your cooperation.

Name of the examination	
Academic year	
EXTERNAL EXAMINER DETAILS	
1. Full name and title	
2. Affiliated institution	
3. Are you a returning examiner?	Yes ☐ No ☐
4.	If 'Yes', which year (s) did you examine the same exam?
5. Official address	
6. Email address	

PREPARATION PRIOR TO ARRIVAL

In this section, you will be able to comment on the pre-arrival preparation related to the examination particularly regarding the opportunities that you received to familiarize yourself with the programme and the examination process at the PGIM. Please answer the following questions and type your comments in the cage provided at the end of this section.

7. Did you receive an e-copy of the relevant prospectus prior to arrival?	Yes ☐ No ☐
8. Did you receive information related to following aspects of PGIM examination process prior to arrival?	
• PGIM guidelines for examiners	Yes ☐ No ☐
• Code of conduct for examiners	Yes ☐ No ☐
• Previous external examiners report	Yes ☐ No ☐
• Link to PGIM website	Yes ☐ No ☐
9. Were you requested to develop and submit questions for the examination?	Yes ☐ No ☐
10. If you were invited to develop questions, which type of questions did you develop?	
• Multiple Choice Questions (True/False type)	Yes ☐ No ☐ N/A ☐
• Single Best Answer questions	Yes ☐ No ☐ N/A ☐
• Extended Matching questions	Yes ☐ No ☐ N/A ☐
• Structured Essay Questions	Yes ☐ No ☐ N/A ☐
• Essay Questions	Yes ☐ No ☐ N/A ☐
• Objective Structured Clinical Examinations (OSCE)	Yes ☐ No ☐ N/A ☐

11. Any other (please specify)	
12. Were you able to understand how the practical/clinical examination components are executed prior to your arrival?	Yes ☐ No ☐ N/A ☐
13. How would you classify your contribution to the setting up of the examination prior to your arrival?	Absent ☐ Minimal ☐ Moderate ☐ Significant ☐
14. Were you provided with information related to logistical arrangements for your visit well in advance?	Yes ☐ No ☐
15. Were you queries promptly answered by the PGIM staff prior to arrival?	Yes ☐ No ☐
16. Additional comments (please provide your overall assessment of the preparation prior to arrival and any suggestions for improvement):	

ACADEMIC STANDARDS	
Please answer the questions below by ticking the appropriate check box and by providing comments using the cage provided at the end of this section.	
17. Is the curriculum current?	Yes ☐ No ☐ N/A ☐
18. Are the academic standards and achievements of candidates comparable with those in other higher education institutions at which you have experience?	Yes ☐ No ☐ N/A ☐
19. Was the standard of examinations consistent with those at other higher education institutions at which you have experience?	Yes ☐ No ☐ N/A ☐
20. Do the assessment processes measure candidate achievement rigorously and fairly against the intended learning outcomes of the programme and are they conducted in line with PGIM's policies and regulations?	Yes ☐ No ☐ N/A ☐
21. In general, are the types of assessments appropriate for the programme, the candidates, the respective level of study and expected outcomes?	Yes ☐ No ☐ N/A ☐
22. Are the standards and achievement of candidates across different parts of the programme of comparable standard?	Yes ☐ No ☐ N/A ☐
23. Additional comments (Please provide your rationale for the inferences made with regard to the academic standards including students' performance):	

PREPARATION OF THE QUESTION PAPER(S) AND CONDUCT AND OPERATION OF THE SCRUTINY BOARD	
In this section, you can provide details related to your role in the preparation of the question paper and the overall operation related to the same. External examiners are expected to be part of the scrutiny board and therefore your observations within the scrutiny board will be useful in completing this section.	
24. Did you participate in all scrutiny boards?	Yes ☐ No ☐ N/A ☐
25. Were you able to meet the chief examiner well ahead of the first scrutiny board	Yes ☐ No ☐ N/A ☐
26. Did you receive all draft examination papers for approval?	Yes ☐ No ☐ N/A ☐
27. Did you receive draft papers in good time?	Yes ☐ No ☐ N/A ☐
28. Were the nature, spread and level of questions satisfactory?	Yes ☐ No ☐ N/A ☐
29. Were you able to discuss the extent of coverage of the curriculum by the selected questions?	Yes ☐ No ☐ N/A ☐
30. Were you invited to make suggestions for appropriate coverage?	Yes ☐ No ☐ N/A ☐
31. Were suitable arrangements in place to consider your comments on the draft questions?	Yes ☐ No ☐ N/A ☐
32. Did you receive feedback on your comments on the draft questions?	Yes ☐ No ☐ N/A ☐
33. Are you satisfied with the measures taken to ensure confidentiality?	Yes ☐ No ☐ N/A ☐
34. Additional comments (Please provide a brief account of your participation in the preparation of the question paper and how you suggest to improve the said participation, if necessary):	
PARTICIPATION IN AND CONDUCT OF THE EXAMINATION	
This section intends to gather information related to your active participation in the examination of candidates and the observations you made during this stage.	
35. Were you able to examine all candidates in selected components?	Yes ☐ No ☐ N/A ☐
36. Did you take part as an observer for selected components?	Yes ☒ No ☐ N/A ☐
37. Were you satisfied with the role you had been given in one-to-one assessment of the candidates?	Yes ☐ No ☐ N/A ☐
38. Were you satisfied with regard to the validity and reliability of the assessment (s)?	Yes ☐ No ☐ N/A ☐
39. Do you think the examination was conducted in a fair manner from the candidates' point of view?	Yes ☐ No ☐ N/A ☐
40. Were you satisfied with the facilities provided to the candidates during the assessment?	Yes ☐ No ☐ N/A ☐

41. Addition comments (Please provide rationale for your assertions made with regard to your participation and the conduct of one-to-one examination of the candidates, if necessary)	
THE CONDUCT AND OPERATIONS OF THE RESULTS BOARD	
As an external examiner, you are expected to take part in the results board. Please use this section to evaluate the conduct and operations related to the results board.	
42. Were you invited to attend the meeting(s)?	Yes ☐ No ☐ N/A ☐
43. Were you able to attend the meeting(s)?	Yes ☐ No ☐ N/A ☐
44. Were you given sufficient notice of the meeting(s)?	Yes ☐ No ☐ N/A ☐
45. Was the meeting(s) conducted to your satisfaction?	Yes ☐ No ☐ N/A ☐
46. Were you satisfied with the recommendations of the Board of Examiners?	Yes ☐ No ☐ N/A ☐
47. Were suitable arrangements made to consider your comments on the decisions made by the Board of Examiners?	Yes ☐ No ☐ N/A ☐
48. Did you have sufficient access to, and the power to call upon, any material needed to make the required judgments?	Yes ☐ No ☐ N/A ☐
49. Were all candidates with mitigating circumstances given full and appropriate consideration according to PGIM's procedures?	Yes ☐ No ☐ N/A ☐
50. Were you invited to comment on any alleged cases of exam irregularities?	Yes ☐ No ☐ N/A ☐
51. Was the meeting(s) of the Board of Examiners conducted appropriately?	Yes ☐ No ☐ N/A ☐
52. Additional comments (Please provide a brief narrative about how you engaged with the Board of Examiners during the results board and your observation with regard to its functioning particularly paying attention to efficiency, fairness, adherence to PGIM guidelines and policies, and international standards):	
OVERALL COMMENTS	
Please use the spaces given to provide any additional feedback to the PGIM, which you were unable to provide in the previous sections. You can also use this section to summarize your feedback.	
53. Administration of the examination process:	

54. General conduct of the examination:
55. Good practices:
56. Action recommended:
57. Feedback regarding the external examiner process:

Submitted by:	
Date:	
Signature	

Postgraduate Institute of Medicine
University of Colombo
Trainer evaluation form

Annexure XI

Please handover the completed evaluation form to the designated official at the Postgraduate Institute of Medicine soon after completion of PBCA. Information provided herein will be kept confidential and anonymous by the PGIM.

Name of the trainer: Speciality: Training period: **During my training period, my trainer:**	Strongly Disagree 1	2	3	4	Strongly Agree 5
was attentive to my training					
created a conducive learning environment					
discussed the goals and objectives of my training at the beginning					
provided me adequate contact hours with him/her					
provided me with adequate practical/clinical insights					
made an appropriate effort towards stimulating me to learn					
referred me to appropriate sources of additional information					
was well prepared and organized for the training sessions/clinical activity					
utilized instructional time efficiently					
was fair and objective in assessing my abilities					
provided me with useful feedback					
interacted and communicated with me in a mutually respectful way					
was an effective role model					
What did you like about this particular trainer?					
What could have been done better / differently by the trainer?					
What is your overall rating of the trainer's competency in training? Not competent 1 2 3 4 5 Extremely competent					
Name: Signature:					

Annexure XII

Postgraduate Institute of Medicine

Composite Evaluation Framework and Descriptors for Assessing Dissertations and Theses

Purpose

The purpose of this document is to provide Boards of Study with a composite evaluation framework and generic descriptors for desk evaluation and viva components of project dissertations/theses assessment. The AAAEC is of the view that project dissertations/theses should be assessed using a pass or fail criteria and Boards should avoid giving marks or grades in assessing the same. This will provide examiners the ability to evaluate a research dissertation/thesis on the merit of its overall ability to achieve the expected learning outcomes and reach the standard expected at the relevant SLQF level. The examination process will also be simplified and would avoid complications that arise as a result of varied assessment criteria creating procedural inconsistencies across Boards.

Guidance on customizing the Pass/Fail descriptors

Given that different programmes expect the trainees to demonstrate strengths in different aspects of the research carried out (e.g. literature review, methodology, analysis, etc.), Boards are advised to modify the descriptors to fit the needs of the programme.

Following adoption of the pass/fail descriptors and the composite evaluation framework, the Boards are expected to communicate the same to all trainees, supervisors and the examiners in order to effectively implement the new evaluation method.

Proposed Composite Evaluation Framework

The project dissertation/thesis evaluation shall be carried out in several steps.

Step 1 – Desk Evaluation

The thesis/dissertation shall be sent to two examiners for a desk evaluation. Depending on the result of the desk evaluation, the Board shall decide on inviting the candidate for the viva. In case the two examiners are not in agreement, the two examiners must discuss the evaluation with the chief examiner and arrive at an agreed result depending on which the candidate may be invited to the viva. Table 1 below illustrates the possible scenarios during the first step of assessment.

Table 1 : Possible scenarios during the first step in the assessment

Scenario	Examiner 1	Examiner 2	Agreement between examiners	Proceed to Viva
1	Qualified	Qualified	-	Yes
2	Qualified	Not-Qualified	Qualified	Yes
3	Qualified	Not-Qualified	Not-Qualified	No
4	Qualified	Not-Qualified	Uncertain*	Yes
5	Not-Qualified	Not-Qualified	-	No

* The examiners may conclude that they are unable to decide 'Qualified' or 'Not-Qualified' status after discussing with each other in instances where they originally disagree on the desk evaluation.

Candidates who are 'Not Qualified' to proceed to the viva stage may be offered one of the following options depending on the evaluation by the examiners.

1. Re-submit a revised dissertation/thesis based on the original study.
2. Submit a dissertation/thesis on a new study, if there are fundamental flaws in the methodology of the original study.

The Board shall decide on the time period allowed for the candidates to re-submit.

Step 2 – Viva

During the viva, the focus should be on assessing the originality of the work done by the candidate and to provide the candidate the opportunity to clarify any deficiencies observed during the desk review. The viva would provide the examiners the ability to understand the candidates own perception about the material presented in the dissertation/thesis. Following scenarios are expected following the viva. It should also be used as an opportunity to provide feedback to the candidate to improve the dissertation/thesis further.

Table 2 : Viva voce examination - possible scenarios

Scenario	Agreement between the examiners after the desk evaluation	Agreement between the examiners on the outcome of the viva	Composite Evaluation Result
1	Qualified	Pass	Pass
2	Uncertain	Pass	Pass
3	Uncertain	Fail	Fail
4	Qualified	Fail*	Fail

* Failure at the viva when the candidate was evaluated as 'Qualified' at the desk evaluation by both examiners may occur only in exceptional circumstances. This could include instances of scientific misconduct, fraud or plagiarism, noticed at the viva. The examiners are required to clearly justify their reason for failing the candidate in these circumstances.

Candidates who fail the composite evaluation must re-submit the dissertation/thesis as per the comments made by the examiners with a subsequent batch or as determined by the Board.

Step 3 – Defining the re-submission timeline for candidates who Pass

Following arriving at the composite evaluation result, the examiners are expected to determine whether the dissertation/thesis can be accepted as it is or whether the candidate should be requested to revise the dissertation/thesis based on the professional judgement of the examiners. Following scenarios may take place at this stage.

Table 3 : Scenarios based on level of corrections requested

Scenario	Composite evaluation result	Level of correction requested	Effective Date of Degree	Re-submission timeline
1	Pass	No corrections	Date of Submission	-

2	Pass	Minor*	Date of Submission	4 – 6 weeks***
3	Revision	Major**	Date of Successful Submission following revisions	3 - 4 months***

* Minor Corrections: When the candidates work is of sufficient merit to grant the degree and only factual or typographic errors or incomplete referencing of limited nature are present, the candidate may be offered to submit after minor-corrections within 4 – 6 weeks. In such instances, no major re-working or re-interpretation of intellectual content of the thesis should be necessary. Candidates must handover the revised thesis incorporating the minor corrections and a document stating how the minor corrections have been incorporated in the revised thesis. The revised thesis will be sent to one of the examiners who initially assessed the thesis along with the suggestions made by both examiners for checking whether the minor corrections made are acceptable. If the corrections made are not acceptable, the Board shall decide on a suitable measure on a case by case basis.

** Major Corrections: When the candidates work requires corrections that may affect the structure, presentation, and substantiating the claims made, the candidate may be offered to revise and submit after major-corrections within 3 - 4 months. Major corrections should not entail significant amount of further research or analysis. This situation may also occur when the candidate was able to justify the validity of the research during the viva but failed to do so in the write-up. The effective date of degree in this instance shall be the date of successful submission following revisions. Candidates must handover the revised thesis and a document stating how the comments received have been incorporated in the revised thesis. Following submission, the revised thesis and the explanation document shall be sent to the two examiners who initially assessed the thesis to determine whether the corrections made are acceptable. If the corrections made are not acceptable, the Board shall decide on a suitable measure on a case by case basis.

*** Submitting after the Re-submission Timeline: The effective date of degree for a candidate who fails to submit on or before the re-submission deadline following minor or major corrections shall be the data of final submission after the corrections have been made.

*** The Boards are expected to adopt a suitable re-submission deadline falling within the given period.

Descriptors for assessing Qualified/Not Qualified and Pass/Fail

Following descriptors with or without modifications may be used in assessing Qualified/Not-Qualified status and Pass/Fail at the desk evaluation and the viva respectively.

Desk Evaluation Descriptors

The examiners must read through the pass and fail descriptors prior to evaluating the dissertation/thesis. In some instances, a candidate may demonstrate attributes that have been mentioned in both Qualified and Not-Qualified categories in which case the examiners must use their professional academic judgement to arrive at a conclusion. The examiners may also discuss the matter with the co-examiner and the chief examiner in arriving at a final decision.

Table 4 : Descriptors for Desk Evaluation of a dissertation/thesis

Qualified	**Overall:** The work demonstrates the candidate's ability to articulate personal judgements based on the evidence gathered. The candidate has a good comprehension of the task and presents the work in an organized manner. The arguments made are coherent and the presented evidence is critically evaluated and have been drawn from variety of quality resources. Stemming from the analysis and discussion, conclusions are firmly articulated, comprehensive and relevant to the objectives that were laid down. **Process:** Data methodology adopted is sufficiently rigorous, technically accurate and has been presented clearly and coherently. Appropriate level of comprehension and good evaluation of the data are evident. Sound professional standards and ethical practices have been demonstrated in carrying out the research. Evidence of sufficient engagement with academic debate and appropriate use of scholarly material and referencing are evident. **Outcomes:** The candidate demonstrates sufficient understanding of the specialist area discussed in the dissertation/thesis along with good level of reflection. The conclusions made are comprehensive, clear and substantiated. The recommendations and/or contribution to science and practice are evident.
Not-Qualified	**Overall:** The work demonstrates partial awareness and comprehension of the task, write-up is largely descriptive and demonstrates limited ability to plan, organize and execute a research project. Some awareness regarding literature and theoretical issues may be evident. However, the candidate has presented largely unsubstantiated claims and opinions as part of the evaluation (the analysis, discussion, conclusions). Crucial factual inaccuracies may also exist in the write-up. The dissertation/thesis is also based on a restricted range of sources, which may also be poor in quality. **Process:** The data and evidence collection may show substantial deficits in terms of the methodology adopted and/or the amount of gathered data. The analysis may also lack rigor and is done without much alignment with the research objectives or the topic of the research. Tendency is more towards reporting gathered data as it is rather than transform the data into relevant pieces of information (evidence). The references may also be incomplete. **Outcomes:** The work demonstrates some or little relevance to the task or the objectives laid down. Substantiated arguments may be absent or are unclear and incoherent.

Viva Descriptors

As with the desk evaluation descriptors, the two examiners are expected to make use of their professional academic judgement when arriving at a final conclusion regarding the 'Pass' or 'Fail' status in case overlapping attributes are noted or disagreements arise following the evaluation.

Table 5 : Descriptors for Viva Voce Evaluation of a dissertation/thesis

Pass	The candidate has demonstrated sufficient ownership of the work that was presented and discussed in the dissertation/thesis. In doing so, he or she was able to clearly and concisely present the research. The candidate was also able to clarify the unclear statements made or reasons for adopting a particular method or technique in gathering and analyzing the data when such questions are posed. The candidate was also able to link study findings with real world applications, practice contributions and/or theoretical contributions.
Fail	The candidate failed to demonstrate sufficient ownership of the work that was presented and discussed in the dissertation/thesis. The presentation was unclear, poorly organized and may also be deviating from the written work. The candidate is also unable to clarify the unclear statements made or reasons for adopting a particular method or technique in gathering and analyzing the data when such questions are posed. The candidate also failed in linking study findings with real world applications, practice contributions and/or theoretical contributions.

Annexure - XIII

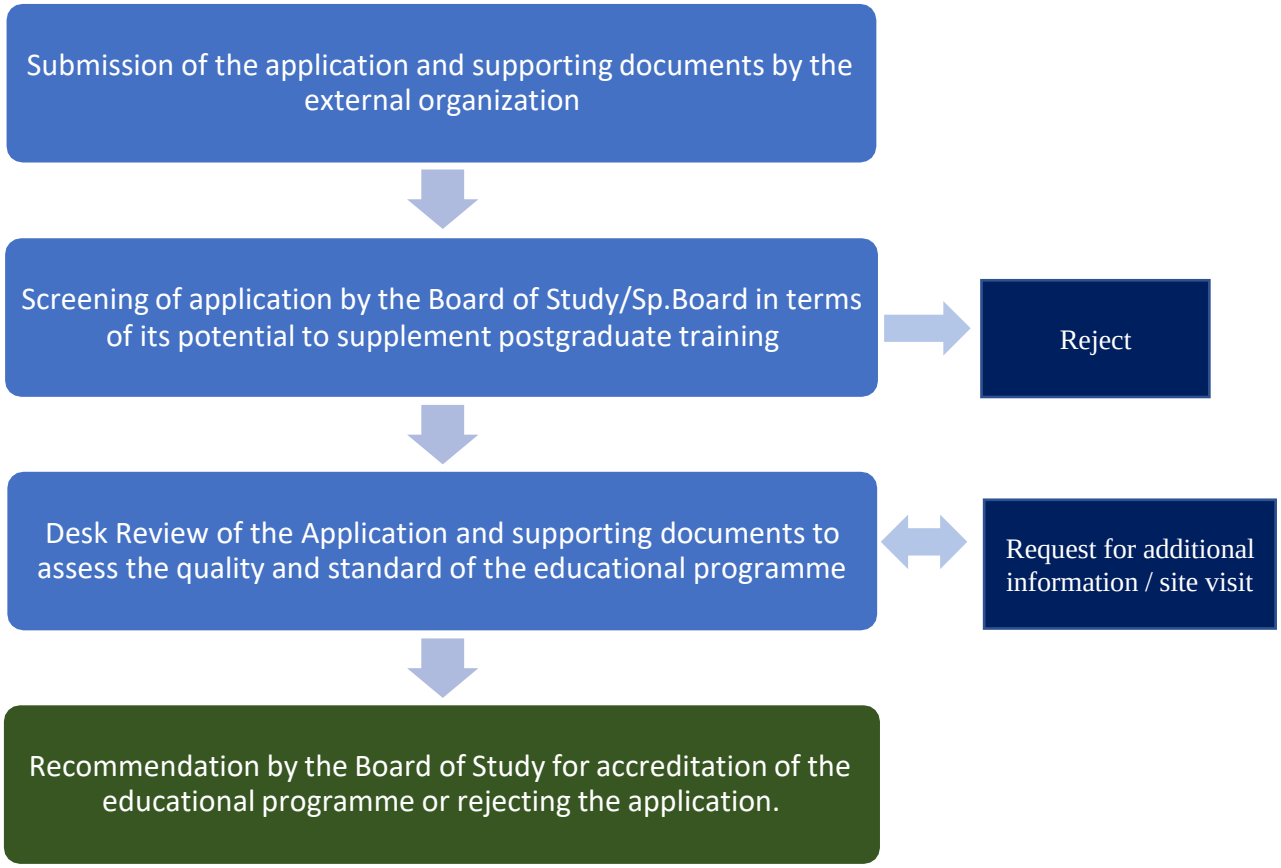
RECOGNITION OF EXTERNAL EDUCATIONAL PROGRAMMES FOR POSTGRADUATE TRAINEES

Background

The Postgraduate Institute of Medicine (PGIM) has identified the importance of recognizing educational programmes, workshops, or courses organized and conducted by external organizations such as professional colleges and associations for the purpose of postgraduate training. A recognitionprocess shall allow PGIM to identify and facil itate high quality academic programmes that may supplement the postgraduate training through meaningful integration. This document outlines the process of recognition and the information that should be provided by the external organization to thePGIM for the said purpose.

Process

The recognition process may consist of the following stages.



Note:

An organization that intends to obtain recognition of its programme by the PGIM may have to pay a processing fee if the Board of Study decides to proceed with desk review and site visits.

In the case of an external organization submitting the application on the request of the Board of Study/PGIM, the processing fee may be waived off.

Any costs related to site visits, if necessary, shall be borne by the external organization.

Application Form

An organization intending to obtain recognition for its educational programmes shall submit an application according to the following format. The application shall be made available online as afillable online form.

1	**Organization details**	
1.1	Name of the organization/institution	
1.2	Postal address	
1.3	Contact number	
1.4	E mail	

2	**Details of the Responsible Officer** **(a representative from the organization with responsibility in managing the educational programme seeking accreditation)**	
2.1	Name	
2.2	Contact number	
2.3	Email address	

3	**Administrative Details of the Educational Programme**							
3.1	Title of the program							
3.2	Type of programme	Workshop		Course		Seminar		Other	
	If 'Other', please describe							
3.3	Mode of delivery	Face to Face		Online		Blended		
	*Blended refers to a combination of online and face to face delivery of a programme							
3.4	Year of commencement							
3.5	Frequency per year							
3.6	Number conducted at time of application							
3.7	Venue/s							
3.8	Maximum number of participants per course							
3.9	Course fee for a Postgraduate Trainee							
3.10	Intended audience	Registrars		SR's		Medical Officers		
3.11	Previous accreditation/recognition by another body?							
3.12	If yes, state accreditation body and year of accreditation							

4	**Educational Details of the Programme**	
4.1	Aims and objectives	Please attach a separate sheet if more space needed
4.2	Method of selecting candidates	
4.3	Curriculum/Course content	Please attach a separate sheet if more space needed
4.4	Teaching and learning methods (Please explain how the educational programme is carried out using different activities. Ex. Lectures, skills training, lab based training, interactive sessions and the material used for the educational programme)	Please attach a separate sheet if more space needed
4.5	Assessment methods	Please attach a separate sheet if more space needed
4.6	Certification/recognition awarded and the criteria	Please attach a separate sheet if more space needed

5	Faculty Details	
5.1	Names and qualifications o thefaculty	Please attach a separate sheet if more space needed

6	Resources Available	
6.1	Explain the lecture rooms, laboratory facilities, practical spaces available for the educational programme	Please attach a separate sheet if more space needed
6.2	Explain the facilities available for the participants during the training	

7	Sponsorship and copyrights	
7.1	Is the programme sponsored by any other organization apart from the organization applying for recognition? If 'yes', please describe.	
7.2	Does the organization own copyright for the material used for the training programme? If 'No', please clarify the ownership of copyright.	

Annexure - XIV

CODE OF CONDUCT FOR EXAMINERS

1. GENERAL

All PGIM examinations will be conducted in English

The PGIM expects all examiners to:

a. treat all candidates with dignity and respect.
b. ensure that each candidate is treated equally and fairly with even application of academic standards.
c. assess each candidate in accordance with his or her performance, prevailing regulations, accepted guidelines and conventions without being influenced by any extraneous factors.
d. be devoid of conflicts of interest and adhere to examination rules and principles of natural justice.
e. avoid participating in workshops, seminars and discussions targeting the examination and candidates organized by Professional Organizations, Universities or others within a minimum period of three months before the scheduled date of the examination.

2. EXAMINERS – INTERNAL AND EXTERNAL

2.1 The PGIM expects examiners to:

a. sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as Examiners **(Annexure VI & Annexure VII)**
b. familiarize themselves with the format, scheme of marking, scoring system and pass-fail criteria of the relevant examination
c. make sure that the material (including patients) to be examined is of reasonable quality and is suitable for use in the exam consistent with the objectives of the course.
d. have at hand all material necessary for examining the candidates.
e. attend the briefing sessions conducted by the Chief Examiner.
f. arrive at the examination centre before the commencement of the examination allowing sufficient time to familiarize with the location, material and organizational arrangements.
g. switch off all communication equipment (eg: cell phones) and hand over these items to the support staff.
h. remain in the examination premises throughout the period of the examination where the examiner's services are needed.

2.2 During practical examinations, examiners should;

a. introduce themselves and co-examiner/s and observers to the candidate prior to commencement.
b. greet the candidate and put him/her at ease and create a non-stressful environment.
c. request the candidate to sit if appropriate (e.g. orals/case discussion).
d. give clear instructions of what the candidate is required to do.
e. ensure that suitable provisions are made for differently abled candidates
f. indicate the time available and avoid exceeding the time limit.

g. allow time for clarification whenever required or requested.

h. allow the candidate to respond to the questions without unnecessary interruption.

i. consult and discuss with co-examiner in borderline and other difficult cases before reaching a final decision or giving the final mark unless there is a requirement of independent marking.

j. make appropriate notes on the progress of the candidate's performance in the marking book for reference in the event of a discussion prior to the Results Board and for future counseling purposes.

k. hand over the marking books to the Chief Examiner at the end of the session, duly certified and signed with all entries complete.

l. report any incident to the Chief Examiner.

2.3 Examiners may submit a written report to the Director PGIM at the end of the Examination, either individually or jointly.

2.4 The examiners should not

a. make any remarks of a racial, religious or sensitive nature or personal remarks that will impair the performance of the candidate.

b. belittle or ridicule a candidate or act in any way as to cause embarrassment.

c. impose his/her own values and personal opinions and beliefs on the candidate.

d. attempt to 'educate' the candidate during the examination. It is not the appropriate time.

e. discriminate unfairly between candidates.

f. allow conflicts of interest to interfere with fair assessment.

g. discuss questions or patients with candidates prior to release of results.

h. examine candidates with whom they have had difficulties/disagreements/problems in the past

i. discuss exam performance and/or marks outside the results board

2.5 With regard to possible conflicts of interests, each examiner should;

a. disclose to the Chief Examiner any conflicts of interest (e.g. immediate family, immediate/recent supervising trainee, other) at the time of being appointed as an examiner and again at the beginning of the examination, the latest. This is essential to maintain transparency in examinations and avoid allegations and litigation following the examination. The Chief Examiner shall make suitable arrangements to appoint another examiner in such an event. If this is not possible, the Chairperson of the Board of Study and Director must be consulted before the conduct of the examination.

b. not associate or socialize with candidates in any way immediately prior to, during, or immediately after the examination.

c. inform the Chief Examiner or Director should any attempt be made by a candidate (directly or indirectly) to influence the assessment of his/her performance at the examination.

d. refrain from conducting classes for prospective candidates after being identified as an examiner at least during the three months period before the examination.

2.6 With regard to confidentiality, the examiners should not;

a. disclose a candidate's performance to a third party or to the candidate, except as described in the section on counseling in the Examination Guidelines.

b. disclose confidential information about any individual candidate to prejudice another examiner's independent assessment of a candidate's performance.

3. CHIEF EXAMINER

The Chief Examiner is required to:

a. have a preliminary meeting with all examiners before the examination and go through guidelines and the format of the examination with them.

b. be responsible for entering the questions sent by the external examiner into the question bank.

c. be available during all components of the examination.

d. inform the trainee examiners of their conduct and responsibilities when they report for the examination; and certify to the Board of Study regarding their suitability to be examiners.

e. brief local and external examiners at the scrutiny board about the format of the examination with the different components, marking schemes and requirements to pass the examination.

f. ensure the accuracy of the question papers with the scrutiny expert.

g. explain the examination procedures to the candidates prior to each component of the examination just before commencement of such components.

h. be responsible for the conduct of the examination in compliance with the PGIM guidelines and regulations.

i. assign duties to other examiners as required for the smooth running of the examination.

j. ensure that all examiners switch off their mobile phones/communication devices and other communication equipment when entering the examination venue.

k. ensure that computer entries and printouts of marks are cross- checked against the original mark sheets.

l. ensure that the final marks sheets are handed over to the SAR/Examinations twenty four (24) hours prior to the results board.

m. handle, or nominate a person to handle finances and submit accounts and bills within two weeks of completion of the examination.

n. submit a comprehensive report on the examination within four weeks of completion of the examination.

4. TRAINEE EXAMINERS

The following process to be followed during the examination.

a. The Trainee Examiners should sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as a Trainee Examiner.
b. The Trainee Examiners should not divulge any matters relating to the examination to the candidates or to any other person.
c. The Trainee Examiner should be present for all components of the examination. Attendance in at least 80 percent of the sessions will be required.
d. Be present at the time of commencement of examinations and remain until completion of the relevant component.
e. The Trainee Examiners should switch off the cellular phones/smart devices and other communication equipment when entering the examination venue.
f. The Trainee Examiners shall be seated unobtrusively behind the candidates and not behind the examiners.
g. At the commencement of the examination the Chief Examiner should brief the Trainee Examiner regarding the conduct of the examination.
h. The Trainee Examiner shall not be permitted to question the candidate or comment on the marks given, or in any way interfere with the conduct of the examination.
i. Dummy mark sheets shall be provided to the Trainee Examiner, who shall mark each candidate independently. At the end of each marking session, the Trainee Examiner may discuss this mark with the examiners.
j. At the end of the examination, the Chief Examiner shall discuss with the Trainee Examiner his learning experience and review the mark sheets.
k. If the Chief Examiner is of the opinion that the Trainee Examiner has obtained sufficient training, he shall then sign off the Trainee Examiner as ready to examine independently.
l. The Trainee Examiner is not entitled to complain or comment regarding the conduct of the examination.
m. The Trainee Examiner shall not attend the Results Board.

Annexure – XV

GUIDELINES FOR SUPERVISORS OF DISSERTATIONS AND THESES

A supervisor plays a key role in the student's professional development, inculcating the scientific

approach, and ethics of research. Practically, a supervisor is responsible for providing help, support and mentoring of a postgraduate student in order to enable the student behavior required to reflect varying levels of direction and facilitation. The supervisor should possess recognized subject expertise, skills and experience to monitor, support and direct student research and the final preparation of the dissertation/thesis.

Composite Evaluation Framework and Descriptors for Assessing Dissertations and Theses is given in **Annexure XII.**

Special Note:

1. Submission of Journal Publications in lieu of a Thesis: MD by thesis programmes

A minimum of two publications in reputed indexed journals recognized by the relevant Board of Study will be accepted in lieu of a thesis for award of a MD degree by thesis.

Even in instances where a thesis rather than publications is submitted for award of an MD degree because of delay in achieving a journal publication, the content chapters of the thesis should be written in the format of two publications acceptable to indexed journals recognized by the relevant Board of Study, together with evidence of submission to the journals.

Two publications in indexed journals recognized by the relevant Board of Study or evidence of acceptance for publication by the journals **must** be presented at the Pre-Board Certification Assessment in order to be considered for Board Certification. If there is any delay in submission of publications or submission of evidence of acceptance for publication by the journals, the extra period will be added to the due date of Board certification and the effective date of Board Certification will be delayed.

2. Roles and responsibility of supervisors

2.1 Ensure development of good rapport with the student and a conducive environment.

2.2 Be familiar with the guidelines on the format of the dissertation/thesis and PGIM rules/regulation.

2.3 Ensure that the administrative requirements are met with.

2.4 Provide guidance to carry out activities in accordance with the ethics of the discipline medicine and the research area.

2.5 Should have knowledge of a student's subject area.

2.6 If a student's work goes outside the supervisor's field the student should be directed to seek the assistance of another specialist who could help.

The nature of the supervision can be face-to-face, meetings, contact via e-mail /fax/telephone and reading of submitted material However, there should be regular face to face supervisory

sessions between the student and supervisor.

2.7 Provide sufficient time which will benefit the student to complete the task.

2.8 There will probably be a need for more intensive supervision in the initial planning stage and at the writing-up stage. However, the supervisor should meet the student every 4 weeks or more frequently when required.

2.9 The recommended minimum total time allocation of supervision should be 120 hours per year for a full-time research student (MD).

2.10 Should read and critically comment on written work as it is produced.

2.11 Should assist the student to plan their time, draw up a programme of work and monitor the progress.

2.12 Inform of issues that may arise related to the student or research etc. promptly to the Board of Study.

2.13 Should submit a progress report every six months to the PGIM/Board of Study.

2.14 Should ensure that the student is made aware if either progress or the standard of work is unsatisfactory and arrange corrective action.

2.15 It is the responsibility of the supervisor to ensure that the student himself has obtained all data and carried out the investigations/procedures and performed the statistical analysis by him.

2.16 Closely monitor the research work, results obtained and allocate sufficient time and effort in discussion of the interpretation of the results and ensure that the data obtained by the student is accurate, reliable, and also that it has not been copied or obtained from any other source.

2.17 Ensure that students will access current literature including local research work in the area and stay abreast of the cutting-edge ideas in the field of the research.

2.18 Encourage the student to participate actively in seminars, colloquia, conferences and other relevant meetings and conferences at the local (training unit) or national level etc. in areas related to the research.

2.19 Help student to develop professional skills in writing reports, papers, and grant application proposals.

2.20 Establish professional networks and make use of professional contacts for the benefit of the student.

2.21 Assist in the development of a student's dissertation/thesis from early stage of designing, until the dissertation is written and submitted in accordance with the stipulated requirements and regulations.

2.22 The supervisor should read the final copy of the dissertation fully before submission and certify that it has been written by the student and no one else with data collected only by him.

Annexure XVI

OVERSEAS TRAINING | PROGRESS REPORT

Postgraduate Institute of Medicine (PGIM) | University of Colombo

Please use this format when submitting the progress report for the designated trainee. Part A to D will also be shared with the trainee upon submission of the report. Part E will only be forwarded to the Board of Study and will not be shared with the trainee.

Trainee				
Name				
Speciality/subspeciality				
Declared area of special interest				
Reporting period	From		To	

Training Centre	
Trainer/ Supervisor	
Designation	
Institution or hospital	
City & Country	

PART A: PERFORMANCE ASSESSMENT

Please indicate your level of satisfaction with the trainee's performance in relation to the area in focus. (Please mark as 'unable to comment' if you have not been able to observe any of the areas or if any of the areas are not relevant to the trainee)

Area in focus	Well below expected level	Below expected level	Consistent with expected level	Above expected level	Well above expected level	Unable to comment
Patient care/Provision of Services Note: Trainees must demonstrate compassionate and effective patient care, effective health promotion practices, engagement in service improvements and/or effective laboratory practices.						

Knowledge in area of specialization Note: Trainees must demonstrate appropriatelevel of knowledge						
Application of Knowledge Note: Ability to apply the said knowledge inpatient care and/or in service provision.						
Interpersonal Communication Note: Trainees must demonstrate effective communication skills as they engage with patients, family members, other health professionals duringpatient care, service provision and in day-to-day practices.						
Professionalism Note: Trainees must demonstrate appropriate professional standards and adherence to ethical principles as they engage in patient care, serviceprovision and other day to day practices.						
Evidence based practice Note: Trainees should be able to evaluate scientificevidence, be self-reflective and demonstrate learning as they engage in patient care/service provision constantly improving the care/services provided.						
Team working Note: Trainees are expected to work in collaboration with other professionals and organizations in the provision of care/services and/or in carrying out research and development work.						
Leadership and management Note: Trainees should demonstrate leadership qualities and management skills relevant to theirspeciality.						
Scholarly work Note: Trainees are expected to engage in researchand peer reviewed publication in their area of specialization						
Self-directed Learning Note: Trainees are expected to take part in learning activities including continuous professional development programmes anddemonstrate self-directed learning.						

Any other comments

Please fill below section if the trainee has declared an area of special interest or is a sub-speciality trainee. (Please see trainee details for relevant information)

	Clearly Inadequate	Inadequate	Somewhat adequate	Adequate	Clearly Adequate	Not Applicable
Exposure to chosen sub-specialty /special interest area						
Comments						

PART B: GENERAL CONDUCT AND ADMINISTRATIVE INFORMATION

Please indicate your level of satisfaction regarding trainee's performance under each of the areas mentioned below.

Area in Focus	Very Unsatisfactory	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory
Attendance					
Punctuality					
Record Keeping/documentation					
Compliance with rules and regulations ofthe institution					
Dedication to work					
Regular communication with the supervisor					
Comments					

Please indicate the number of days of leave/s obtained by the trainee during the reporting period, if you are in possession of the information.	No. of Days ……..
Comments:	

PART C: TRAINEE SELF EVALUATION AND COMMENTS BY THE SUPERVISOR

Please indicate your level of satisfaction with regard to trainee's self-evaluation report. (Please note that your designated trainee shall submit a self-evaluation for your commentsand to be forwarded by you along with this progress report.)

Area in Focus	Not Satisfied	Satisfied
Your level of satisfaction with regard to the self-evaluationreport		
Areas of strength demonstrated by the trainee		
Areas needing improvement by the trainee		

PART D: OVERALL ASSESSMENT AND RECOMMENDATIONS

Please indicate your overall satisfaction regarding the progress demonstrated by the trainee during the reporting period by selecting the appropriate cage and by providing any comments.

	Unsatisfactory	Satisfactory	Highly satisfactory
Overall satisfaction with regard to trainees' progression			
Overall Comments, if any.			

Recommendations for improvement

PART E: CONFIDENTIAL COMMENTS (Optional)

If you wish to forward confidential information or comments to the Board of Study regarding the trainee or their progress, please use the space given below. The informationprovided will not be shared with the trainee.

Confidential comments to the Board of Study

Name of the Supervisor: ……..

Signature: ……..

We thank you for your time and effort in supporting PGIM monitor and support its traineesundergoing overseas training.

Annexure XVII

LOCAL TRAINING | PROGRESS REPORT

Postgraduate Institute of Medicine (PGIM) | University of Colombo

Please use this format when submitting the progress report for the designated trainee. Part A to C will also be shared with the trainee upon submission of the report. Part D will only be forwarded to the Board of Study and will not be shared with the trainee.

Trainee

Name				
Speciality/subspeciality				
Declared area of special interest				
Reporting period	From		To	

Training Centre

Trainer/ Supervisor	
Designation	
Institution or hospital	

PART A: PERFORMANCE ASSESSMENT

Please indicate your level of satisfaction with the trainee's performance in relation to the area in focus. (Please mark as 'unable to comment' if you have not been able to observe any of the areas or if any of the areas are not relevant to the trainee)

Area in focus	Well below expected level	Below expected level	Consistent with expected level	Above expected level	Well above expected level	Unable to comment
Patient care/Provision of Services Note: Trainees must demonstrate compassionate and effective patient care, effective health promotion practices, engagement in service improvements and/or effective laboratory practices.						

Knowledge in area of specialization Note: Trainees must demonstrate appropriate level of knowledge						
Application of Knowledge Note: Ability to apply the said knowledge in patient care and/or in service provision.						
Interpersonal Communication Note: Trainees must demonstrate effective communication skills as they engage with patients, family members, other health professionals during patient care, service provision and in day-to-day practices.						
Professionalism Note: Trainees must demonstrate appropriate professional standards and adherence to ethical principles as they engage in patient care, service provision and other day to day practices.						
Evidence based practice Note: Trainees should be able to evaluate scientific evidence, be self-reflective and demonstrate learning as they engage in patient care/service provision constantly improving the care/services provided.						
Team working Note: Trainees are expected to work in collaboration with other professionals and organizations in the provision of care/services and/or in carrying out research and development work.						
Leadership and management Note: Trainees should demonstrate leadership qualities and management skills relevant to their speciality.						
Scholarly work Note: Trainees are expected to engage in research and peer reviewed publication in their area of specialization						
Self-directed Learning Note: Trainees are expected to take part in learning activities including continuous professional development programmes and demonstrate self-directed learning.						

Any other comments

Please fill below section if the trainee has declared an area of special interest or is a sub-speciality trainee. (Please see trainee details for relevant information)

	Clearly Inadequate	Inadequate	Somewhat adequate	Adequate	Clearly Adequate	Not Applicable
Exposure to chosen sub-specialty / special interest area						
Comments						

PART B: GENERAL CONDUCT AND ADMINISTRATIVE INFORMATION

Please indicate your level of satisfaction regarding trainee's performance under each of the areas mentioned below.

Area in Focus	Very Unsatisfactory	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory
Attendance					
Punctuality					
Record Keeping/documentation					
Compliance with rules and regulations of the institution					
Dedication to work					
Regular communication with the supervisor					
Comments					

Please indicate the number of days of leave/s obtained by the trainee during the reporting period, if you are in possession of the information.	No. of Days ……..
Comments:	

PART C: OVERALL ASSESSMENT AND RECOMMENDATIONS

Please indicate your overall satisfaction regarding the progress demonstrated by the trainee during the reporting period by selecting the appropriate cage and by providing any comments.

	Unsatisfactory	Satisfactory	Highly satisfactory
Overall satisfaction with regard to trainees' progression			
Areas of strength demonstrated by the trainee			
Areas needing improvement by the trainee			
Recommendations for improvement			

PART D: CONFIDENTIAL COMMENTS (Optional)

If you wish to forward confidential information or comments to the Board of Study regarding the trainee or their progress, please use the space given below. The information provided will not be shared with the trainee.

Confidential comments to the Board of Study

Name of the trainer/supervisor: ……..

Signature: ……..

We thank you for your time and effort in supporting PGIM monitor and support its trainees undergoing overseas training.

Annexure XVIII

Check List for initial submission of new or revised programmes to AAAEC by BoS

Details of the PG Degree Programme	**Document/ Evidence**
Background to the PG programme	
Major stakeholder groups from whom views were obtained	
Survey/Questionnaire/Interview	
Results of Survey/ Questionnaire/Interview	
Justification	
Concurrence from Ministry of Health	
SLQF level	**(Credit value calculation should be included)**
Objectives of the Degree Programme	
Attributes of Qualification Holders	
Programme learning outcomes (PLOs) matched to SLQF Learning outcomes	
Eligibility requirements and criteria for enrolment	
Resource Requirements	
• Financial	
• Human resources	
• Physical	
Fee structure	