



Drafted and printed by the Board of Study in Community
Medicine and the Postgraduate Institute of Medicine,
University of Colombo, Sri Lanka

UNIVERSITY OF COLOMBO



**POSTGRADUATE INSTITUTE
OF MEDICINE OF SRI LANKA**

Regulations and Guidelines

**Prospectus
for**

MSc. (Community Medicine)

MD (Community Medicine)

MSc. (Community Dentistry)

MD (Community Dentistry)

2009

04

PROSPECTUS IN COMMUNITY MEDICINE AND COMMUNITY DENTISTRY

The Board of Study in Community Medicine (hereinafter referred to as the Board) will conduct training programmes leading to the following degrees.

1. MSc (Community Medicine)
2. MD(Community Medicine)
3. MSc (Community Dentistry)
4. MD (Community Dentistry)

PROSPECTUS IN COMMUNITY MEDICINE

The Board of Study in Community Medicine (hereinafter referred to as the Board) will conduct training programmes leading to the following degrees:

1. MSc (Community Medicine)
2. MD (Community Medicine)

MSc (COMMUNITY MEDICINE)

1. Eligibility for Selection

- (i) Sri Lankan candidates employed in the state sector
 - (a) A medical degree registered with the Sri Lanka Medical Council
 - (b) Satisfactory completion of one year of post internship in medical practice in a University/Public Sector Institution in Sri Lanka acceptable to the PGIM as at the date of closure of applications for the selection examination
- (ii) Sri Lankan candidates employed in the private sector

A predetermined / selected number (approximately 20% of the number selected from the government sector) of private sector trainees will be selected to MSc (Community Medicine) on a supernumerary basis.

 - (a) A medical degree registered with the Sri Lanka Medical Council
 - (b) Satisfactory completion of one year of post internship in medical practice acceptable to the PGIM as at the date of closure of applications for the selection examination
- (iii) Foreign nationals
 - (a) A medical degree registrable with the Sri Lanka Medical Council (temporary registration from the Sri Lanka Medical Council will be arranged by the PGIM)
 - (b) Satisfactory completion of one year of post internship in medical practice acceptable to the PGIM as at the date of closure of applications for the selection examination

2. Selection Examination

Candidates shall be chosen for training, based on the performance at a competitive selection examination. An written examination is held once, every year for this purpose. Selection based on performance at this examination will be valid only for the MSc course held in the year immediately following the examination.

3. Training Programme

The training programme will be of approximately thirteen months duration and consist of course work and a research component.

3.1. Course Work

3.1.1. The course will consist of three terms of 10-12 weeks each and will include the following units:

- (a) Introduction to Public Health
- (b) Basic Statistics, Basic Epidemiology and Demography
- (c) Applied Epidemiology
- (d) Environmental & Occupational Health
- (e) Maternal & Child Health
- (f) Community Nutrition
- (g) Non Communicable diseases
- (h) Health Planning, Health Economics, Management and Delivery of Health Care
- (i) Social, Welfare and Rehabilitation Services
- (j) Health Promotion and Behavioural Change Communication
- (k) Special topics- Community Mental Health, Care for Elderly, Oral Health, Disaster Management, Human Rights and Gender issues, Ethics in Public Health Practice and others
- (l) Research Methodology and introduction into statistical applications
- (m) Relevant clinical training
- (n) Field training at Natiaonal Institute of Health Services - Kalutara

The above course units will be augmented by relevant field visits.

3.1.2. It will be mandatory for the trainee to attend at least 80% of the teaching sessions related to this course work. Trainees who fail to meet this attendance requirement will not be eligible to sit the MSc (Community Medicine) examination held at the end of the course.

Availing approved leave (eg. overseas leave to participate in concurrent overseas training programmes/ conferences, medical leave, leave for personal reasons) **will not** exempt trainees from the minimum 80% requirement of attendance.

3.2. Research

The trainees shall conduct research on an approved topic and submit a dissertation on or before the prescribed date.

3.2.1. A research proposal including the title of the dissertation, introduction, with general and specific objectives, a brief literature review with special reference to studies done in Sri Lanka, a justification of its usefulness and relevance to Sri Lanka and an outline of the methodology should be submitted to the Board with the recommendation of the supervisor for approval on or before a date specified by the Board.

3.2.2 The supervisor/s should be consulted and guidance obtained at all stages of the research project and during the preparation of the dissertation.

3.2.3. The trainee shall submit the dissertation to the Director, PGIM, on or before the prescribed date with certification from the supervisor/s.

3.2.4. It is recommended that the dissertation should be between 10,000-12,000 words of font size 12 (excluding annexes, appendices etc.). It should be word processed using 1.5 spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm should be allowed on the left hand side to facilitate binding and margins of 20 mm should be left on the top, right hand side and at the bottom.

Chapter headings should be capitalized and centered, whilst subdivision headings should be typed from the left hand margin in lower case bold type lettering. Tables and figures should be placed as closer as possible to the part of the text to which they refer. The contents of the dissertation should be given under the following headings:

1. Title, Author's name and degrees
2. Abstract
3. Table of contents
4. List of tables
5. List of figures
6. Abbreviations used (if any)
7. Introduction
8. General and specific objectives (last section of the introduction)
9. Review of literature
10. Methodology
11. Results
12. Discussion (including limitations of study)
13. Conclusions and Recommendations
14. Acknowledgements
15. References (Harvard system should be used)
16. Annexes

3.2.5. Three copies of the dissertation should be submitted in loose bound form in the first instance. Only the index number of the candidate should be included, but not the candidate's name and degrees and acknowledgements in the first submission. Once the corrections suggested by the examiner have been made and certified by the supervisor, it should be bound in hard cover with the author's name, the degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover should carry the title on top, the author's name in the centre and the year at the bottom printed in gold. Three copies of the dissertation should be submitted to the Director, PGIM within a period of two months after the release of results. Two copies shall be the property of the PGIM while the third copy will be returned to the trainee.

4. Examination

On satisfactory completion of the training programme (inclusive of the requirement of 80% attendance) the trainee will be eligible to sit the MSc (Community Medicine) examination.

4.1 This examination will usually be held once every year and will consist of four theory papers, a clinical and, a *viva voce* examination and an assessment of the dissertation.

The candidate should obtain an overall aggregate of not less than 50% for all four components to pass the examination and minimum marks as specified below for each of the four components

Theory	-	50%
Clinicals	-	45%
<i>viva voce</i>	-	45%
Dissertation	-	50%

4.2 If the candidate fails the MSc examination due to either failure to obtain aggregate of 50% or inability to obtain minimum marks for the other components but has obtained 50% or more for the dissertation, the candidate is exempted from submitting a fresh dissertation at a subsequent examination. Such candidates will be assessed only on the performance in the theory, oral and clinical components of the subsequent examination, and the marks obtained by the candidate for the dissertation at the previous examination will be used in computing the aggregate mark.

4.3 In the case of candidates who have obtained between 45% and 50% marks for the dissertation :

- a) If such candidates have obtained an aggregate of 50% and minimum required marks for theory, oral and clinical components, they should resubmit the dissertation within three months after carrying out corrections as recommended by the examiners.
- b) If such candidates have not obtained an aggregate of 50% or minimum required marks for theory, oral and clinical components, they should resubmit the dissertation at a subsequent MSc examination after carrying out corrections as recommended by the examiners and also re-sit the theory, oral and clinical components

Candidates scoring less than 45% marks for the dissertation should resubmit the dissertation at a subsequent MSc examination after carrying out modifications as recommended by the examiners.

4.4 Candidates who with the approval of the Board of Study have postponed sitting for the theory, clinical, and oral components of a given MSc examination, it is essential that he/she submits the dissertation on the stipulated date for the examination from which he/she was exempted, if the subsequent examination he/she sits is to be considered as the first attempt

4.5 Award of the Gold Medal

The candidate who obtains the highest aggregate marks of over 65% at the MSc (Community Medicine) examination in his/her first attempt, will be awarded the Gold Medal.

5. Award of the degree

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

6. Lecturers, course unit advisors, and dissertation supervisor/s will be appointed by the Board of Study. The Examiners will be appointed by the Senate of the University of Colombo on the recommendation of the Board approved by the Board of Management.

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

8. General regulations

Candidates should also follow all the General Regulations of the PGIM in addition to the rules and regulations specified in this prospectus.

MD (COMMUNITY MEDICINE)

The training programme for Board certification as a specialist in Community Medicine will consist of four parts.

1. MD Part I: Training Programme

1.1 Eligibility

Candidates who have a Masters Degree in Community Medicine from the Postgraduate Institute of Medicine (PGIM), University of Colombo and one

year experience in Public Health either prior to or after completion of MSc (Community Medicine) with evidence of successful completion of assignment based public health experience (Annex I) are eligible to apply. Posts of Medical Officers of Health/ Assistant Medical Officers of Health in the Ministry of Health appointed by the appointing authority or, academic posts as Lecturers in a Department of Community Medicine in a Faculty of Medicine and having worked in a University Health Project area will be considered as public health experience. Medical Officers of Health posts within Municipal Councils will be accepted as eligible only if the post had offered an overall public health exposure (All MOH work including MCH and environmental services).

The trainees who have held the required public health posts prior to MSc (Community Medicine), should provide to the PGIM valid documentary evidence of the requisite appointments held by them, with a certification of satisfactory completion of stipulated assignments while they were MOOH, from the respective Regional Director of Health Services. The trainees who have held the required public health posts but who fail to produce certification of satisfactory completion of assignments will be required to complete satisfactorily the structured assignments allocated by the Board of Study through serving in a specified public health post for a period of one year.

Those trainees who do not possess specified public health experience prior to MSc (Community Medicine), should obtain one year's assignment based public health experience through the posts specified above following successful completion of the MSc examination.

The Board of Study will evaluate the experience and the reports submitted by the trainees on structured assignments to decide on the eligibility of the trainee for the MD Part I course. The period of post MSc public health experience will be considered as part of the PGIM training for which a registration fee will be levied.

A document specifying the assignment based public health experience (Annex I) will be made available for the trainees by the PGIM through the Board of Study.

Same eligibility criteria are applicable to candidates from Armed Forces and from the private sector.

1.2. MD Part I Training Programme

If the eligibility criteria are satisfied, the candidate is permitted to register with the PGIM, for the MD Part I training programme.

The duration of the training programme will be 10-12 weeks and the course contents as approved by the Board of Study will include: Advanced Medical Statistics and Epidemiological Methods, Health Economics, Management, Research Methodology and the use of statistical software in community based research, English writing skills and other areas considered as relevant by the Board of Study.

It is mandatory for the trainees to attend 80% or more of the teaching sessions related to course work. Trainees who fail to meet the above requirement will not be eligible to sit the MD Part I examination at the end of the course.

1.3. MD Part I Examination

On completion of the course, the trainee shall sit the MD Part I Examination. This examination will be held at least once a year.

The examination will consist of two theory papers, each of 2 hours duration and an oral examination. To pass the examination a candidate should fulfill the following criteria.

- a) Obtain a **minimum of 50% in each of the two theory papers**
- b) Obtain an average of 50% in the oral component of the examination
- c) Aggregate of 50% from the above a) and b) components

Candidates will be allowed four attempts at the examination within a period of five years from the date of completion of the Part I training programme.

2. MD Part II Training Programme

On successful completion of MD Part I examination, the candidate will be eligible to register for the MD Part II training programme of the PGIM.

The MD Part II will include an attachment to a training unit and an advanced research project leading to the preparation of a thesis.

2.1. Assignment to Training Units

2.1.1. The trainee will be assigned to a Training Unit for a period of one year and nine months from the date of registration for MD Part II training programme. A list of Training Units and the number of positions approved by the Board of Study in Community Medicine will be made available to the trainees.

The trainee may indicate in writing, the preference for a particular Training Unit. The final assignment to the training units will be the responsibility of the Board.

2.1.2. During this period, the trainee shall gain experience in general public health as required of a Consultant in Community Medicine. The trainee shall participate in teaching and service activities of the training unit, under the supervision of the Head of the unit to which he / she is attached and should be exposed to all areas of expertise/work experience within the training unit during the attachment. The Head of the institution/unit will be responsible for overall supervision of the training programme with a focus on achieving the specified objectives (Annex II a). The final report of the Head of the institution/unit should describe the achievements of the trainee under each of the specific objectives.

The trainee should maintain a record of the activities undertaken and the experience gained during the attachment in the form of a portfolio. This record should be endorsed on a quarterly basis by the Head of the institution/unit.

The trainee shall submit progress reports to the PGIM once in every four months on a date specified by the PGIM for each batch of trainees. These shall be submitted in a prescribed format (Annex II b) and consist of two reports, one on training activities from the trainer or Head of the institution/unit and the other on the progress of the research project from the supervisor/s. There should be two separate reports which may be sent together. It should be the responsibility of the trainee to submit the duly completed reports on the date specified. Once the period of attachment of one year and nine months is over the trainee should continue to submit the progress report on the research project on a four monthly basis until the final submission of the thesis.

During this period, the trainees shall also be assigned to undergo a specified number of rotational attachments of short duration in institutions identified by the Board of Study and should maintain and submit a logbook containing observations and experience gained during each attachment in the specified format (Annex III). A duly completed record of attendance should be attached to the log book. The maintenance of satisfactory log books as judged by the Board of Study is a mandatory requirement to sit the MD Part II (Community Medicine) examination and should be done within 2 months of the completion of rotational attachments. Where log entries are found to be unsatisfactory, the trainee will have to repeat the relevant rotations and resubmit a revised log book for approval by the Board.

At the end of one year and nine month period, the Head of the Training Unit/designated trainers shall certify that the trainee has satisfactorily completed the assignment.

Trainees will only be allowed a maximum of four weeks of overseas leave as approved by the Board during the training period of one year and nine months.

2.2. Research project leading to a thesis

The trainee shall prepare a thesis based on an advanced research project approved by the Board. The procedure of obtaining approval to proceed with the research project is stated below:

- (a) Pre proposal: The trainee shall submit four copies of a pre-proposal prepared as per guidelines (Annex IV) for approval by the Board, preferably within 3 months of registering for Part II of the training programme. Maximum time period allowed to obtain approval for the pre proposal is one year from the date of attachment to the training unit. Failure to do so will result in termination of the training programme.

With the submission of the pre proposal for approval, the trainee should write to the Board suggesting name/names of supervisors. The final appointment of the supervisors is done by the Board. It is the responsibility of the trainee to consult and obtain guidance from the supervisor/s at all stages of the research project and in the preparation of the thesis.

- (b) Once the pre proposal is approved the trainee will proceed to develop the detailed research proposal in consultation with the supervisor/s. The detailed proposal shall include the following:

- Title of research project
- Justification of the study
- General and specific objectives
- Short literature review
- Materials and methods
- Plan of implementation
- Plans for data analysis
- Budget with justification (optional)
- Source of funds (where relevant)

Three copies of the detailed research proposal shall be submitted to the Board through the supervisor/s. Two independent referees appointed by the Board will appraise the detailed proposal and submit their observations to the Board with regard to the adequacy and quality of the project. If the comments of the reviewers are satisfactory, the Board will inform the trainee that the “detailed research proposal could serve as the basis for an MD thesis”. If not he/she will have to resubmit having attended to the revisions suggested by the reviewers. The responsibility of producing a thesis acceptable to the examiner/s remains with the candidate and his/her supervisor.

By the end of the attachment the detailed proposal should either be approved or have been submitted for approval.

- (c) It is recommended that the thesis should contain 20,000 to 30,000 words (excluding annexes, appendices etc.). It should be typewritten using 1.5 spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm. should be allowed on the left-hand side to facilitate binding. Margins of 20 mm should be allowed at the top, the right-hand side and the bottom. Chapter headings should be capitalized and centered while subdivision headings should be typed from the left-hand margin in lower case and in bold type. Tables and figures should be placed as closer as possible to the part of the text to which they refer.

The contents of the thesis should be given under the following headings:

1. Title, author’s name and degrees
2. Abstract
3. Table of contents

4. List of tables
5. List of figures
6. Introduction
7. Objectives of Study (last section of the introduction)
8. Review of literature
9. Methodology
10. Results
11. Discussion (including limitations of the study)
12. Conclusions
13. Recommendations
14. Acknowledgements
15. References (Harvard system should be used)

Three (03) copies of the thesis, loose-bound in the first instance should be submitted to the Director, PGIM on or before a prescribed date. Only the index number of the candidate should be included and not the candidate's name and degrees and acknowledgements in the first submission. The letter certifying the originality of the candidate's work and information pertaining to ethical clearance should be submitted through the supervisors and should be handed over separately. If the thesis is accepted following examination, it should be bound in hard cover with the author's name, degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover should carry the title on the top, the author's name in the centre and the year at the bottom printed in gold.

Three copies of the bound thesis should be submitted to the Director, PGIM within one month of release of the results; two copies shall be the property of the PGIM while the third copy will be returned to the candidate.

2.3. MD Examination

The trainee shall submit the thesis based on an area of research approved by the Board, and shall defend the thesis at an oral examination conducted by two examiners. The supervisor/s may be present as observer/s. This examination will be held at least once a year.

The minimum period for submission of a thesis shall be two (2) years from the date of registration for the MD Part I training programme. The maximum period allowed for successful completion of the MD examination will be seven (7) years from the date of registration for the MD Part I training programme.

The results of the oral examination of the thesis shall be made under the following categories:

- a. Pass
- b. Pass with significant corrections to be carried out within six weeks or three months as recommended by the examiners and authenticated by the local examiner.
- c. Referred – permitted to use the same data and to resubmit after extensive revision at the next examination
- d. Fail - trainee to re register with a new proposal for a thesis

3. MD Part III Training programme

On successful completion of the MD, the trainee will undergo a period of one year supervised training abroad. During this period the trainee will be attached to one or more Centers of Excellence approved by the Board. The trainee should submit the learning objectives of the overseas training programme, for prior approval by the Board. It is also expected that the Head of the overseas training unit will furnish relevant information about the training institution including the facilities that will be made available to the trainee in terms of achieving the specified learning objectives, to the Director, PGIM. The overseas training centre and supervisor needs to be approved by the Board.

If the attachment is to more than one centre, the period of attachment to any one of the centres should be for a minimum of six months. The Board may however approve a shorter period, which shall be not less than three months.

In exceptional circumstances the Board may consider exemption of a candidate from supervised training abroad and permit this part of the training to be undertaken in one or more Centres of Excellence in Sri Lanka.

The trainee is required to submit quarterly (once in three months) progress reports through the overseas supervisor. At the end of the training period the trainee has to submit a final report using the prescribed format and the supervisor is required to certify that the trainee has satisfactorily completed the training.

The Board will take the above reports into consideration in deciding whether the trainee has successfully completed the Post MD overseas training.

4. Board Certification

The Board shall recommend the trainees who have successfully completed Parts I, II, and Part III, that they be recognized as Board Certified Specialists provided they have at least one publication as the principal author in a peer reviewed journal or a minimum of two oral presentations (at National level scientific meetings where an abstract is published).

The trainee is required to make a presentation and submit a brief report to the Board of Study on the Post MD overseas training prior to Board Certification.

The effective date of Board certification for those who have successfully completed Parts I, II and Part III will be after one calendar year from the date of release of results of the MD Community Medicine examination. The current general regulations and guidelines of the PGIM will apply.

5. The Board shall be responsible for the MD training programme and the examination. The Board of Study shall appoint lecturers, course unit advisors and supervisor/s. Examiners shall be appointed by the Senate on the recommendation of the Board of Study and approved by the Board of Management.
6. Any part of this prospectus may be changed from time to time at the discretion of the Board with the approval of the Board of Management.

7. General regulations

Candidates should also follow all the General Regulations of the PGIM in addition to the rules and regulations specified in this prospectus.

PROSPECTUS IN COMMUNITY DENTISTRY

The Board of Study in Community Dentistry (hereinafter referred to as the Board) will conduct training programmes leading to the following degrees:

1. MSc (Community Dentistry)
2. MD (Community Dentistry)

MSc (COMMUNITY DENTISTRY)

1. Eligibility for Selection

- (i) Sri Lankan candidates employed in the state sector
 - (a) A dental degree registered with the Sri Lanka Medical Council
 - (b) One year of dental practice after graduation by the closing date for applications for the selection examination, acceptable to the Board of Study in Community Medicine
- (ii) Sri Lankan candidates employed in the private sector

A predetermined / selected number (approximately 20% of the number selected from the government sector) of private sector trainees will be selected to MSc (Community Dentistry) on a supernumerary basis.

 - (a) A dental degree registered with the Sri Lanka Medical Council
 - (b) One year of dental practice after graduation by the closing date for applications for the selection examination ,acceptable to the Board of Study in Community Medicine
- (iii) Foreign nationals
 - (a) A dental degree registrable with the Sri Lanka Medical Council (temporary registration from the Sri Lanka Medical Council will be arranged by the PGIM)
 - (b) Satisfactory completion of one year of dental practice after graduation by the closing date for applications for the selection examination, acceptable to the Board of Study in Community Medicine

2. Selection Examination

Candidates shall be chosen for training, based on the performance at a competitive selection examination. An written examination is held once, every year for this purpose. Selection based on performance at this examination will be valid only for the MSc course held in the year immediately following the examination.

3. Training Programme

The training programme will be of approximately thirteen months duration and consist of course work and a research component.

3.1. Course Work

3.1.1. The course will consist of three terms of 10-12 weeks each and will include the following units:

- (a) Introduction to Public Health
- (b) Basic Statistics, Basic Epidemiology and Demography
- (c) Applied Epidemiology
- (d) Environmental & Occupational Health
- (e) Maternal & Child Health
- (f) Community Nutrition
- (g) Non Communicable diseases
- (h) Health Planning, Health Economics, Management and Delivery of Health Care
- (i) Social, Welfare and Rehabilitation Services
- (j) Health Promotion and Behavioural Change Communication
- (k) Special topics- Community Mental Health, Care for Elderly, Disaster Management, Human Rights and Gender issues, Ethics in Public Health practice and others
- (l) Research Methodology and introduction into statistical applications
- (m) Community Dentistry – this will be an intensive course of 2-3 weeks duration in the oral applications of public health arranged by the Department of Community Dental Health of the Faculty of Dental Science in the University of Peradeniya
- (n) Field training at National Institute of Health Sciences - Kalutara

The above course units will also be augmented by relevant field visits.

3.1.2. It will be mandatory for the trainee to attend at least 80% of the teaching sessions related to this course work. Trainees who fail to meet this attendance requirement will not be eligible to sit the MSc (Community Medicine) examination held at the end of the course.

Availing approved leave (eg. overseas leave to participate in concurrent overseas training programmes/ conferences, medical leave, leave for personal reasons) will not exempt trainees from the minimum 80% requirement of attendance.

3.2. Research

The trainees shall conduct research on an approved topic and submit a dissertation on or before the prescribed date.

3.2.1. A research proposal including the title of the dissertation, introduction with general and specific objectives, a brief literature review with special reference to studies done in Sri Lanka, a justification of its usefulness and relevance to Sri Lanka and an outline of the methodology should be submitted to the Board with the recommendation of the supervisor for approval on or before a date specified by the Board.

3.2.2. The supervisor/s should be consulted and guidance obtained at all stages of the research project and during the preparation of the dissertation.

3.2.3. The trainee shall submit the dissertation to the Director, PGIM, on or before the prescribed date with certification from the supervisor/s.

3.2.4. It is recommended that the dissertation should be between 10,000-12,000 words of font size 12 (excluding annexes, appendices etc.). It should be word processed using 1.5 spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm should be allowed on the left hand side to facilitate binding and margins of 20 mm should be left on the top, right hand side and at the bottom.

Chapter headings should be capitalized and centered, whilst subdivision headings should be typed from the left hand margin in lower case bold type lettering. Tables and figures should be placed as close as possible to the part of the text to which they refer. The contents of the dissertation should be given under the following headings:

1. Title, Author's name and degrees
2. Abstract
3. Table of contents
4. List of tables
5. List of figures
6. Abbreviations used (if any)

7. Introduction
8. General and specific objectives (last section of the introduction)
9. Review of literature
10. Methodology
11. Results
12. Discussion (including limitations of study)
13. Conclusions and Recommendations
14. Acknowledgements
15. References (Harvard system should be used)
16. Annexes

3.2.5. Three copies of the dissertation should be submitted in loose bound form in the first instance. Only the index number of the candidate should be included, but not the candidate's name and degrees and acknowledgements in the first submission. Candidate's examination index number should be included in the first submissions. Once the corrections suggested by the examiner have been made and certified by the supervisor, it should be bound in hard cover with the author's name, the degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover should carry the title on top, the author's name in the centre and the year at the bottom printed in gold. Three copies of the dissertation should be submitted to the Director, PGIM within a period of two months after the release of results. Two copies shall be the property of the PGIM while the third copy will be returned to the trainee.

4. Examination

On satisfactory completion of the training programme (inclusive of the requirement of 80% attendance) the trainee will be eligible to sit the MSc (Community Dentistry) examination.

4.1 This examination will usually be held once every year and will consist of four theory papers, spots or short cases and a *viva voce* examination and an assessment of the dissertation.

The candidate should obtain an overall aggregate of not less than 50% for all four components combined to pass the examination and minimum marks as specified below for each of the four components

Theory	-	50%
Short cases /spots	-	45%
<i>viva voce</i>	-	45%
Dissertation	-	50%

4.2 If the candidate fails the MSc examination due to either failure to obtain aggregate of 50% or inability to obtain minimum marks for the other components but has obtained 50% or more for the dissertation, the candidate is exempted from submitting a fresh dissertation at a subsequent examination. Such candidates will be assessed only on the performance in the theory, oral and clinical components of the subsequent examination, and the marks obtained by the candidate for the dissertation at the previous examination will be used in computing the aggregate mark.

4.3 In the case of candidates who have obtained between 45% and 50% marks for the dissertation :

- a) If such candidates have obtained an aggregate of 50% and minimum required marks for theory, oral and clinical components, they should resubmit the dissertation within three months after carrying out corrections as recommended by the examiners.
- b) If such candidates have not obtained an aggregate of 50% or minimum required marks for theory, oral and clinical components, they should resubmit the dissertation at a subsequent MSc examination after carrying out corrections as recommended by the examiners and also re-sit the theory, oral and clinical components

Candidates scoring less than 45% marks for the dissertation should resubmit the dissertation at a subsequent MSc examination after carrying out modifications as recommended by the examiners.

4.4 Candidates who with the approval of the Board of Study have postponed sitting for the theory, clinical, and oral components of a given MSc examination, it is essential that he/she submits the dissertation on the stipulated date for the examination from which he/she was exempted, if the subsequent examination he/she sits is to be considered as the first attempt

5. Award of the degree

Candidates successful at the examination will be awarded the degree of MSc (Community Dentistry).

6. Lecturers, course unit advisors and dissertation supervisor/s will be appointed by the Board of Study. The Examiners will be appointed by the Senate of the University of Colombo on the recommendation of the Board approved by the Board of Management.
7. Any section of this prospectus may be changed from time to time at the discretion of the Board of Study with the approval of the Board of Management.

8. General regulations

Candidates should also follow all the General Regulations of the PGIM in addition to the rules and regulations specified in this prospectus.

MD (COMMUNITY DENTISTRY)

The training programme for the degree in MD (Community Dentistry) will consist of four parts.

1. MD Part I: Training programme

1.1 Eligibility

Candidates who have a Masters Degree in Community Dentistry from the Postgraduate Institute of Medicine (PGIM), University of Colombo and one years service in Dental Public Health either prior to or after completion of the MSc (Community Dentistry) with evidence of successful completion of assignment based public health experience (Annex I) are eligible to apply. For this purpose the approved positions will include service as a Regional Dental Surgeon; as a university teacher in Community Dentistry; in the Dental Therapist Training School, the Preventive Dentistry Unit of the Dental Institute Colombo, or Health Education Bureau; or any other dental public health related service experience approved by the Board of Study from time to time.

For the trainees who do not possess this experience prior to the MSc (Community Dentistry), they should obtain this experience by holding an above specified public health post for a period of one year following the successful completion of the MSc examination. This period is considered as part of the training under PGIM and the trainees are required to undertake certain structured assignments specified by the Board of Study during this period and submit a report on these to the PGIM.

The Board of Study will evaluate the experience and decide on the eligibility of the trainee for the MD Part I course. The period of post MSc public health experience will be considered as part of PGIM training for which a registration fee will be levied.

The trainees who have held the required public health posts prior to MSc (Community Dentistry), should provide to the PGIM valid documentary evidence of the requisite appointments held by them. They will also be required to produce a certificate of satisfactory completion of the stipulated assignments from their supervising officers while they held these positions. The trainees who have held the required public health posts but who fail to produce the certificate of satisfactory completion will be required to obtain this experience by holding an approved public health post as approved above for a period of one year to be eligible to apply for the MD Part I course.

Same eligibility criteria are applicable to candidates from Armed Forces and from the private sector.

1.2. MD Part I Training Programme

If the eligibility criteria are satisfied, the candidates are permitted to register with the PGIM, for the MD Part I training programme.

The duration of the training programme will be 10-12 weeks and the course contents as approved by the Board of Study will include: Advanced Medical Statistics and Epidemiological Methods, Health Economics, Management, Research Methodology and the use of statistical software in community based research, English writing skills and other areas considered as relevant by the Board of Study.

It is mandatory for the trainees to attend 80% or more of the teaching sessions related to course work. Trainees who fail to meet the attendance requirement will not be eligible to sit the MD Part I examination at the end of the course.

1.3. MD Part I Examination

On completion of the course, the trainee shall sit the MD Part I Examination. This examination will be held at least once a year.

The examination will consist of two theory papers, each of 2 hours duration and an oral examination. To pass the examination a candidate should fulfill the following criteria.

- a) Obtain a **minimum of 50% in each of the two theory papers**
- b) Obtain an average of 50% in the oral component of the examination
- c) Aggregate of 50% from the above a) and b) components

Candidates will be allowed four attempts at the examination within a period of five years from the date of completion of the Part I training programme.

2. MD Part II training programme

On successful completion of MD Part I examination, the candidate will be eligible to register for the MD Part II training programme of the PGIM.

The MD Part II will include formal attachment to a training unit and an advanced research project leading to the preparation of a thesis.

2.1. Assignment to Training Units

2.1.1. The trainee will be assigned to a Training Unit for a period of one year and nine months from the date of registration for MD Part II training programme. A list of Training Units and the number of positions approved by the Board of Study in Community Medicine will be made available to the trainees.

The trainee may indicate in writing, the preference for a particular Training Unit. The final assignment to the training units will be the responsibility of the Board.

2.1.2. During this period, the trainee shall gain experience in general public health as required of a Consultant in Community Medicine. The trainee shall participate in teaching and service activities of the training unit, under the supervision of the Head of the unit to which he / she is attached and should be exposed to all areas of expertise/work experience within the training unit during the attachment. The Head of the institution/unit will be responsible for overall supervision

of the training programme with a focus on achieving the specified objectives (Annex II a). The final report of the Head of the institution/unit should describe the achievements of the trainee under each of the specific objectives.

The trainee should maintain a record of the activities undertaken and the experience gained during the attachment in the form of a portfolio. This record should be endorsed on a quarterly basis by the Head of the institution/unit.

The trainee shall submit progress reports to the PGIM once in every four months on a date specified by the PGIM for each batch of trainees. These shall be submitted in a prescribed format (Annex II b) and consists of two reports, one on training activities from the trainer or Head of the institution/unit and the other on the progress of the research project from the supervisor/s. There should be two separate reports which may be sent together. It should be the responsibility of the trainee to submit the duly completed reports on the date specified. Once the period of attachment of one year and nine months is over the trainee should continue to submit the progress report on the research project on a four monthly basis until the final submission of the thesis.

During this period, the trainees shall also be assigned to undergo a specified number of rotational attachments of short duration in institutions identified by the Board of Study and should maintain and submit a logbook containing observations and experience gained during each attachment in the specified format (Annex III). A duly completed record of attendance should be attached to the log book. The maintenance of satisfactory log books as judged by the Board of Study is a mandatory requirement to sit the MD Part II (Community Dentistry) examination and should be done within 2 months of the completion of rotational attachments. Where log entries are found to be unsatisfactory, the trainee will have to repeat the relevant rotations and resubmit a revised log book for approval by the Board.

At the end of one year and nine month period, the Head of the Training Unit/designated trainers shall certify that the trainee has satisfactorily completed the assignment.

Trainees will only be allowed a maximum of four weeks of overseas leave as approved by the Board during the training period of one year and nine months.

2.2. Research project leading to a thesis

The trainee shall prepare a thesis based on an advanced research project approved by the Board. The procedure of obtaining approval to proceed with the research project is stated below:

- (a) Pre proposal: The trainee shall submit four copies of a pre-proposal prepared as per guidelines (Annex IV) for approval by the Board, preferably within 3 months of registering for Part II of the training programme. Maximum time period allowed to obtain approval for the pre proposal is one year from the date of attachment to the training unit. Failure to do so will result in termination of the training programme. With the submission of the pre proposal for approval, the trainee should write to the Board suggesting name/names of supervisors. The final appointment of the supervisors is done by the Board. It is the responsibility of the trainee to consult and obtain guidance from the supervisor/s at all stages of the research project and in the preparation of the thesis.
- (b) Once the pre proposal is approved the trainee will proceed to develop the detailed research proposal in consultation with the supervisor/s. The detailed proposal shall include the following:
 - Title of research project
 - Justification of the study
 - General and specific objectives
 - Short literature review
 - Materials and methods
 - Plan of implementation
 - Plans for data analysis
 - Budget with justification (optional)
 - Source of funds (where relevant)

Three copies of the detailed research proposal shall be submitted to the Board through the supervisor/s. Two independent referees appointed by the Board will appraise the detailed proposal and submit their observations to the Board with regard to the adequacy and quality of the project. If

the comments of the reviewers are satisfactory, the Board will inform the trainee that the “detailed research proposal could serve as the basis for an MD thesis”. If not he/she will have to resubmit having attended to the revisions suggested by the reviewers. The responsibility of producing a thesis acceptable to the examiner/s remains with the candidate and his/her supervisor.

By the end of the attachment the detailed proposal should either be approved or have been submitted for approval.

- (c) It is recommended that the thesis should contain 20,000 to 30,000 words (excluding annexes, appendices etc.). It should be typewritten using 1.5 spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm. should be allowed on the left-hand side to facilitate binding. Margins of 20 mm. should be allowed at the top, the right-hand side and the bottom. Chapter headings should be capitalized and centered while subdivision headings should be typed from the left-hand margin in lower case and in bold type. Tables and figures should be placed as closer as possible to the part of the text to which they refer.

The contents of the thesis should be given under the following headings:

1. Title, author's name and degrees
2. Abstract
3. Table of contents
4. List of tables
5. List of figures
6. Introduction
7. Objectives of Study (last section of the introduction)
8. Review of literature
9. Methodology
10. Results
11. Discussion (including limitations of the study)
12. Conclusions
13. Recommendations
14. Acknowledgements
15. References (Harvard system should be used)

Three (03) copies of the thesis, loose-bound in the first instance should be submitted to the Director, PGIM on or before a prescribed date. Only the index number of the candidate should be included and not the candidate's name and degrees and acknowledgements in the first submission. The letter certifying the originality of the candidate's work and information pertaining to ethical clearance should be submitted through the supervisors and should be handed over separately. If the thesis is accepted following examination, it should be bound in hard cover with the author's name, degree and year printed in gold on the spine (bottom upwards). The cover should be in black. The front cover should carry the title on the top, the author's name in the centre and the year at the bottom printed in gold.

Three copies of the bound thesis should be submitted to the Director, PGIM within one month of release of the results; two copies shall be the property of the PGIM while the third copy will be returned to the candidate.

2.3. MD Examination

The trainee shall submit the thesis based on an area of research approved by the Board, and shall defend the thesis at an oral examination conducted by two examiners. The supervisor/s may be present as observer/s. This examination will be held at least once a year.

The minimum period for submission of a thesis shall be two (2) years from the date of registration for the MD Part I training programme. The maximum period allowed for successful completion of the MD examination will be seven (7) years from the date of registration for the MD Part I training programme.

The results of the oral examination of the thesis shall be made under the following categories:

- a. Pass
- b. Pass with significant corrections to be carried out within six weeks or three months as recommended by the examiners and authenticated by the local examiner.
- c. Referred – permitted to use the same data and to resubmit after extensive revision at the next examination
- d. Fail - trainee to re register with a new proposal for a thesis

3. MD Part III Training programme

On successful completion of the MD, the trainee will undergo a period of one year supervised training abroad. During this period the trainee will be attached to one or more Centres of Excellence approved by the Board. The trainee should submit the learning objectives of the overseas training programme, for prior approval by the Board. It is also expected that the Head of the overseas training unit will furnish relevant information about the training institution including the facilities that will be made available to the trainee, to the Director, PGIM. The overseas training centre and supervisor will be approved by the Board.

If the attachment is to more than one centre, the period of attachment to any one of the centres should be for a minimum of six months. The Board may however approve a shorter period, which shall be not less than three months.

In exceptional circumstances the Board may consider exemption of a candidate from supervised training abroad and permit this part of the training to be undertaken in one or more Centres of Excellence in Sri Lanka.

The trainee is required to submit quarterly (once in three months) progress reports through the overseas supervisor. At the end of the training period the trainee has to submit a final report using the prescribed format and the supervisor is required to certify that the trainee has satisfactorily completed the training.

At the end of the training program, the candidate shall submit a report of the work done using the prescribed format.

The Board will take the above reports into consideration in deciding whether the candidate has successfully completed the Post MD overseas training.

4. Board Certification

The Board shall recommend the trainees who have successfully completed Parts I, II, and Part III, that they be recognized as Board Certified Specialists provided they have at least one publication as the principal author in a peer reviewed journal or a minimum of two oral presentations (at National level scientific meetings where an abstract is published).

The trainee is required to make a presentation and submit a brief report to the Board of Study on the Post MD overseas training prior to Board Certification.

The effective date of Board certification for those who have successfully completed Parts I, II and Part III will be after one calendar year from the date of release of results of the MD Community Dentistry examination.

5. The Board shall be responsible for the MD training programme and the examination. The Board of Study shall appoint lecturers, course unit advisors and supervisor/s. Examiners shall be appointed by the Senate on the recommendation of the Board of Study and approved by the Board of Management. The current general regulations and guidelines of the PGIM will apply.
6. Any part of this prospectus may be changed from time to time at the discretion of the Board with the approval of the Board of Management.
7. **General regulations**
Candidates should also follow all the General Regulations of the PGIM in addition to the rules and regulations specified in this prospectus.

Assignments for the MSc Public Health training

Post MSc Community Medicine Trainee

- Should be able to critically analyse the major health problems in the area.
 - Should be able to describe the major **public health issues** in the area.
 - o Vital statistics for the area; should be able to compare with the National statistics
 - o Should have developed the MCH/FP indicators for the area
 - Should be able to discuss the important managerial issues in providing the PH service for the area; **a review report should be available.***
 - Should have supervised the following categories of staff

3 PHII	Field supervisions would
5 PHMM	have done and a report
2 PHNSS	should be available*.
1 SPHM [if available]	
- Should have supervised at least 02 Field weighing posts
- Should have completed at least one project to solve one of the PH issues in a selected area [in the case of Community Dentistry it should be related to it]; **a report should be available.***
 - While he/she is in office the returns to be sent to FHB / Epidemiology Unit should be received in time with minimal deficiencies: The MOH should have personally checked and signed these returns; completeness and timeliness; **report obtained from Epidemiology Unit, FHB should be available.***
 - MOH should have attended at least 70% of all MCH clinics [should indicate the no. of IUDs inserted; no of Pap smears taken]; 80% of monthly conferences; 50% of clinical society meetings; all maternal mortality – EPI reviews [all maternal deaths should have been investigated] / quarterly District reviews; **a brief report should be available.***

- During his / her stay appointment improvement in the following areas of service should be demonstrated in the MOH area
 - immunization coverage
 - notification
 - FP acceptance
 - AEFI reports
 - post-partum coverage by PHM
- report from Epidemiology Unit / FHB to be available.***
- If any outbreak does occur during this period; **a detailed report should be available.**
 - Regular monitoring of endemic diseases should have been carried out; **a brief report should be available.***
 - Regular monitoring of water supplies in the area should have been carried out; **a brief report should be available.***
 - Should have initiated a health education/promotion or behaviour change communication project in the area with monitoring and evaluation components; **a brief report should be available.***

A marking scheme will be developed and assessed as a part of eligibility to be enrolled for the MD part I

Those who have already completed MOH appointments prior to MSc will be required to produce a certification of satisfactory completion of the stipulated assignments while they were MOHs, from the respective Deputy PDHS.

Post MSc Community Dentistry Trainee

The Post MSc trainee in Community dentistry may obtain the mandatory public health experience either as an “assistant” to an experienced Regional dental surgeon or working under a Community dentistry specialist in a dental public health facility approved by the Board where a comparable though not identical experience might be gained. Thus while allowing for some diversity in the dental public health experience received in these varied locations the trainee:

- Should be able to critically analyse the major oral health problems in the health area served by the trainee

- Should be able to describe the major oral **public health issues** in the relevant area and critically assess the contribution of the existing community dental services including those provided by the facility to which the trainee has been attached..
- Should be able to compare the vital statistics for the area with the National statistics
- Should be able to discuss the important managerial issues arising in the provision of dental public health services for the area;
- Should have worked with dental auxiliary personnel while becoming familiar with the school dental services.
- Should have obtained some experience in simple clinical and population based oral health preventive strategies.

A marking scheme will be developed and assessed as a part of eligibility to be enrolled for the MD part I.

Those who have already completed this experience prior to MSc will be required to produce a certification of satisfactory completion of the stipulated assignments, from their supervising officers.

Objectives of training attachment of MD (Community Medicine/ Community Dentistry) candidates

Progress Report - Training attachment MD Part II training

General objective:

To develop knowledge skills and attitudes necessary to practice as a specialist in Community Medicine and have knowledge of public health practice and services in the country

Specific objectives:

- At the end of the training attachment, the candidate should be able to
1. Describe the functions and activities of the training institution to which the candidate is attached to
 2. Describe and discuss the merits and limitations of activities carried out in the public health institutions visited during rotational attachments and submit a report.
 3. Show evidence of participation in at least two continuing professional development programmes in the field of public health
 4. Write a research proposal for funding
 5. Write a research proposal and should have at least submitted the detailed proposal for approval
 6. write a review or a report on an important public health issue
 7. plan and conduct training programmes for the public health staff
 8. provide evidence of presentation of at least one research paper at a scientific forum

Community Medicine/ Community Dentistry

Name -

Reporting period -

Report No.-

Activities included in the portfolio for the specified period

.....
.....
.....
.....
.....
.....
.....
.....

Individual training goals that could not be met and reasons for that and remedial actions taken by the trainee as well as trainer / Head of unit

.....
.....
.....
.....
.....
.....

Signature.....Date.....

Comments of the trainer

.....
.....
.....
.....

Name.....Signature.....Date.....

Comments of the Head of the unit/ Institution (if applicable)

.....
.....

Name.....Signature.....Date.....

**Progress Report - Research Project
MD Part II training**

Community Medicine/ Community Dentistry

Name -.....

Reporting period -

Report No.-

Activities related to research project for the specified period

.....
.....
.....
.....
.....
.....
.....
.....

Signature.....Date.....

Comments of the Supervisor I

.....
.....

Name.....Signature.....Date.....

Comments of the Supervisor II

.....

Name.....Signature.....Date.....

Annex III

Log Book Format

01. Date of visit :
02. Persons met and designations :
03. Organisational structure :
04. Functions and activities :
05. Resources available :
06. Critical observation of the function :
07. Recommendation for improvement :
08. Observation on the usefulness of the visit :

Annex IV

Guidelines for preparation of pre-proposals MD (Community Medicine/ Community Dentistry)

Title-

Descriptive but concise - should reflect the essence of the study

Justification-

justify the study based on importance, national relevance and usefulness of the findings of the study

also indicate

- the extent to which information is available on the selected research question
- Description of any solutions to the problem tried in the past, how well they have worked and need for further research
- Description of information expected to result from the project and how this information will be useful to solve the problem.

Literature review

A short bibliography with special reference to studies done in Sri Lanka

General objective-

State what the researchers expects to achieve from the study in general terms

Should be adequate for a MD study

Specific objectives-

- Clearly phrased in operational terms –what is done, where and for what purpose
- Using action verbs that are specific enough to be evaluated
- Realistic considering feasibility
- Written in a logical sequence to cover the general objective

Methodology-

describe briefly in relation to all the specific objectives

practicality and feasibility of carrying out the study should be described

The pre proposal should not exceed 2500 words.