



POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

**GENERAL REGULATIONS AND
GUIDELINES**

2013

Deputy Registrar
Postgraduate Institute of Medicine
University of Colombo

General Regulations and Guidelines

Dear Trainees,

General Regulations and Guidelines 2013

This book replaces the 2008 guidelines and has several new features. All Boards of Study decisions are vetted by Academic Affairs Accreditation Examination & Discipline (AAAED) Committee before the Board of Management takes final decision. This is then approved by the University of Colombo Senate.

It is therefore necessary for the trainees to remember that this book gives the general guidelines. It is possible that new changes in the progress continuously will be introduced in the future. The onus is on the trainee to find out if there are recent changes.

Trainees are also required to be familiar with the relevant University Rules, Regulations and By-Laws on the conduct of examinations, examination offences and discipline.

I hope you find this book useful. If clarifications are required the PGIM staff will be available to assist you.

Professor Jayantha Jayawardana
Director, PGIM

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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 examinations for the degrees of MD and MOG were commenced in 1952 followed by the degree of MS the next year.

There was no structured and organized postgraduate training of any kind. Training in the specialties of medicine at postgraduate level had to be done in the United Kingdom and qualifications such as MRCP, FRCS, FFARCS, MRCOG, FRCR, MRCPsych, FDSRCS etc of the professional colleges in the UK were recognized for consultant appointments in the Ministry of Health. The Advisory Committee on Postgraduate Medical Education recommended to the Government in 1973 that a supervised in-service training period of 3 years followed by an examination should replace the existing scheme of 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 it was attached to the University of Colombo. It was formally inaugurated on 2nd March 1976 by Dr. Halfdan Mahler, Director General of the WHO. Professor K.N. Seneviratne was appointed its first Director.

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

In order to achieve the objectives of the Institute, it was re-established in 1979 under the provisions of the Universities Act No. 16 of 1978 with Dr. S.A. Cabraal as its first Director and was renamed the Postgraduate Institute of Medicine (PGIM). Accordingly, PGIM Ordinance No: 1 of 1980 made under the provisions of the Universities Act referred to above came into force on 10th April, 1980. The Boards of Study for various specialties were reorganized and the courses of instruction and examinations were arranged for the different specialties. Anaesthesiology, Community Medicine, Dental Surgery, Family Medicine and General Practice, Medicine, Obstetrics and Gynaecology, Ophthalmology, Pathology, Paediatrics, Psychiatry, Radiology and Surgery were these specialties. In 1985, four more Boards of Study, viz., Forensic Medicine, Microbiology, Otolaryngology, and Clinical Oncology were established. Professor R G Panabokke was appointed Director in 1990. Boards of Study in Medical Administration and Dermatology were established in 1994 and the Board of Study in Venereology in 2001. Dr. J B Peiris was appointed Director in 1995 followed by Professor Lalitha Mendis in 2002, Professor Rezvi Sheriff in 2006 and Professor Jayantha Jayawardana in 2012.

2. CURRENT STATUS OF THE PGIM

The PGIM is the only institute in Sri Lanka that is responsible for specialist training of Medical and Dental practitioners. It has been the responsibility of the PGIM to provide all the required specialists in major specialties and finer specialties of the Ministry of Health and Medical Faculties in related subjects. This task has been achieved successfully. The PGIM is affiliated to the University of Colombo in relation to academic and administrative affairs. The Institute enjoys recognition internationally and several of its training programmes have reciprocity with the Royal Colleges of the UK and the professional bodies of Australia and New Zealand.

The PGIM currently conducts 90 programmes of study, under the purview of 22 Boards of Study and 38 Specialty Boards. The total numbers of trainees enrolled at the PGIM in 2012 were; 642 of them were new enrolments.

3. THE VISION, MISSION, GOALS AND OBJECTIVES

Vision

To be an internationally recognized centre of distinctions producing specialists and other professionals of high calibre to meet health needs of the country, region and contribute to world health.

To be an academically, financially and administratively independent institute working towards eventually acquiring university status.

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 optimal humane healthcare to the people of Sri Lanka, the region and the world.

In discharging these responsibilities, the Institute will develop centres of excellence in different regions of the country where the academic and working environment would encourage and inspire teachers, trainees and the staff.

Goals

- Be a friendly and administratively independent institution
- Achieve consistently high quality teaching, learning and research
- Extend and expand the activities of the institute in postgraduate medical education
- Optimize training to meet the health needs of the country
- Contribute to the health policy of the country
- To expand infrastructure to ensure quality and for accommodating the growing educational needs of the institute.

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 continuing education of medical personnel.
- Inculcate constructive attitudes and promote the habit of self learning among the medical personnel.
- Promote the use of available resources and appropriate technology with regard to postgraduate education.
- Inculcate the concept of using health care team approach in solving health problems.
- Evaluate medical education programmes in order to obtain information with regard to flaws and pointers to improvements.
- Arrange in-service programme where preventive and curative care and nursing care are well integrated.
- Develop educational links with foreign institutions, for mutual benefit and exchange in order to maintain high standards of postgraduate medical education in Sri Lanka. To be a financially and administratively independent institute, internationally recognized as a centre of excellence, producing specialists of high professional standards, to meet the health needs of the country and 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 authority of the Institute and is comprised of:

- Ex-Officio Members

Director / PGIM (Chief Executive Officer)

Deputy Director / PGIM

Immediate Past Director / PGIM

Secretary / Higher Education

Secretary / Health

Secretary / Finance

Director General of Health Services

Dean / Medicine, University of Colombo

Dean / Medicine, University of Peradeniya

Dean / Medicine, University of Jaffna

Dean / Medicine, University of Ruhuna

Dean / Medicine, University of Kelaniya,

Dean / Medical Sciences, University of Sri Jayawardenepura

Dean / Faculty of Medical & Allied Sciences, University of Rajarata

Dean / Dental Sciences, University of Peradeniya Deans of any new faculties of medicine that are established in the country

Deputy Director General of Education, Training and Research

Deputy Director General of Medical Services

Deputy Director General of Dental Services

One member from each of the Faculties of Medicine, Medical Sciences, Dental Sciences and Medical & Allied Sciences of the Universities established under the Act, elected by the Faculty Board of each of such Faculty from among the Heads of Departments.

8 members appointed by the University Grants Commission, of whom 5 should be from the Medical Profession.

2 members appointed by the University Council.

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 organ of a given medical discipline. The Board will 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.

Reconstitution of Boards of Study/Specialty Board is done every three years in terms of the revisions of the PGIM ordinance No. 01 of 1980 and subsequent amendments.

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.

5. ACADEMIC PROGRAMMES

Boards of Study	Certificates /Diplomas
	Masters/Degrees/Subspecialties
Anaesthesiology	Certificate of Competence in Anaesthesiology
	PG Diploma in Critical Care Medicine
	MD in Anaesthesiology with Board Certification in Anaesthesiology
	MD in Anaesthesiology with Board Certification in Anaesthesiology with special training in
	Cardiothoracic anaesthesia
	Neuro anaesthesia
	Obstetric anaesthesia
	Paediatric anaesthesia
	Intensive Care
	Pain Management
	Board Certification in Critical Care
Basic Medical Sciences	PG Diploma in Anatomy
	PG Diploma in Physiology (New programme)
Community Medicine And Community Dentistry	MSc in Community Medicine
	MSc in Community Dentistry
	MD in Community Medicine and Board Certification
	MD in Community Dentistry and Board Certification
	MSc in Human Nutrition
Clinical Oncology	MD in Clinical Oncology
Dental Surgery	PG Diploma in Hospital Dental Practice
	PG Diploma in General Dental Practice (Not Available now)
	MD in Oral and Maxillofacial Surgery and Board Certification
	MD in Orthodontics and Board Certification
	MD in Restorative Dentistry and Board Certification
	MD in Oral Pathology and Board Certification
Dermatology	MD in Dermatology

Family Medicine	PG Diploma in Family Medicine (Full time Face to Face)
	PG Diploma in Family Medicine (Part time Online)
	MD in Family Medicine by thesis and Board Certification
	MD in Family Medicine by examination and Board Certification
Forensic Medicine	PG Diploma in Legal Medicine
	MD in Forensic Medicine and Board Certification
Medicine	PG Diploma in Tuberculosis and Chest Diseases
	PG Diploma in Elderly Medicine
	MD Medicine and Board Certification
	Board Certification in Subspecialties:
	Cardiology
	Cardiac Electrophysiology
	Endocrinology
	Gastroenterology
	Nephrology
	Neurology
	Neuro Physiology
	Respiratory Medicine
Medical Administration	Rheumatology & Rehabilitation
	MSc in Medical Administration
	MD in Medical Administration and Board Certification
Microbiology	PG Diploma in Medical Microbiology
	MD in Medical Microbiology and Board Certification
	Board Certification in Subspecialty
	Mycology
	MD in Parasitology and Board Certification
	MD in Medical Virology and Board Certification
Multidisciplinary courses	PG Certificate in Medical Education
	PG Diploma in Molecular Medicine
	PG Diploma in Medical Education

	PG Diploma in Health Sector Disaster Management
	MSc in Biomedical Informatics
	MSc in Medical Toxicology
	MSc in Molecular Medicine
	MD in Emergency Medicine and Board Certification
	MD in Medical Education and Board Certification
Obstetrics and Gynaecology	PG Diploma in Reproductive Health
	MD in Obstetrics and Gynaecology
	Board Certification in Subspecialties
	Gynaecological Oncology
	Subfertility
Ophthalmology	MD in Ophthalmology
	Board Certification in Subspecialties
	Vitreo-Retinal Surgery
	Paediatric Ophthalmology
	Cornea & External Eye Diseases
	Orbit & Oculoplasty
Otorhinolaryngology	MD in Otorhinolaryngology
Paediatrics	PG Diploma in Child Health
	MD in Paediatrics
	Board Certification in Subspecialties
	Paediatric Neonatology
	Paediatric Cardiology
	Paediatric Nephrology
	Paediatric Neurology
	Paediatric Intensive Care
	Paediatric Endocrinology
	Paediatric Pulmonology
Pathology	Course in Basic Laboratory Sciences
	PG Diploma in Histopathology

	PG Diploma in Chemical Pathology
	PG Diploma in Transfusion Medicine
	PG Diploma in Clinical Haematology
	MD in Histopathology
	MD in Chemical Pathology
	MD in Haematology
	MD in Transfusion Medicine
Psychiatry	PG Diploma in Psychiatry
	MD in Psychiatry
	Board Certification in Subspecialties
	Forensic Psychiatry
	Adolescent and Child Psychiatry
Radiology	MD in Radiology
	Board Certification in Subspecialties
	Nuclear Medicine
	Paediatric Radiology
	Neuro Radiology
	Interventional Radiology
Sports Medicine	PG Diploma in Sports Medicine
	MD in Sports Medicine
Surgery	MD in Surgery
	MD Orthopaedics
	General Surgery with special Interest in
	Upper gastrointestinal surgery
	Hepato-pancreato-biliary surgery
	Lower gastrointestinal surgery
	Vascular surgery
	Breast surgery
	Endocrine surgery
	Trauma surgery

	Subspecialties
	Surgical Oncology
	Cardiothoracic Surgery
	Gastroenterological Surgery
	Paediatric Surgery
	Plastic Surgery
	Genito Urinary Surgery
	Vascular Surgery
	Transplant Surgery
	Neuro surgery
	Thoracic Surgery
Venereology	PG Diploma in Venereology
	MD in Venereology

6. ELIGIBILITY CRITERIA

Applicable for Screening Examination/ Selection Examination Being Conducted By the PGIM for Selection Of Trainees For PGIM Training Programmes

6.1. Eligibility Criteria appended (formulated as a common template) is applicable in respect of the Selection Examinations.

• Eligibility Criteria

Prospective applicants must satisfy the following requirements.

- A medical/dental degree registered * with the Sri Lanka Medical Council.
- Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.
- The criteria prescribed in paragraphs a) to c) must have been satisfied by the applicants as at the date of closure of applications, provided that where a short-fall has occurred due to any reasons including Sick, Maternity or Other leave, the doctor concerned should complete such shortfall in order to become eligible to apply for the Selection examination.
- Any other requirements stipulated by the Board of Study relevant to a particular field of study concerned that have been approved by the Board of Management.

* foreign nationals who seek to apply to register for selection examinations should possess a medical degree registrable with the Sri Lanka Medical Council. The decision of the Board of Management will be final in all such applications.

Dental surgeons should possess one year of dental practice acceptable to the Board of Study in Dental Surgery after graduation.

A quota for the private sector is presently available for most courses.

There shall not be no lateral entry. To enter they should pass the Selection Examination of the PGIM.

6.2. Number of Attempts at Screening/Selection Examinations

Prospective trainees will be allowed to attempt screening/selection examinations without limitation of number of attempts. This is applicable in respect of all Selection Examinations AND

MD (Part I) Examinations inclusive of MD (Anaesthesiology) Part 1A & B, MD (Ophthalmology) Module I and also Selection examinations for DCH, DFM and other training programmes.

7. SELECTION FOR TRAINING PROGRAMMES

- The PGIM issues circular letters and publishes in its website www.cmb.ac.lk/pgim calling applications for Selection Examinations in accordance with the Calendar of Examinations which is published annually by the PGIM. Prospective applicants need to respond to such advertisements. The website will be the main site carrying the details of the advertisements in the newspapers.
- Applications Forms received in response to such notices along with payments will be scrutinised by the Senior Assistant Registrar/Examinations in consultation with the respective Boards of Study. Candidates will be selected for training programmes on the basis of performance at the Screening Examinations/Selection Examinations (that have been prescribed by the Boards of Study and Board of Management) and the number of training positions/slots available.
- Training will be carried out in training units approved by the Boards of Study and the Board of Management. Allocation of trainees to training units will be done on the basis of the existing criteria laid down by the Boards of Study and the Board of Management. This is subject to change by the Board of Study and Board of Management from time to time.
- List of trainees is submitted to the Ministry of Health or to the employer concerned for releasing of trainees to follow courses of study/training programmes. The responsibility of releasing of trainees to the PGIM rests with the Ministry of Health/University/private sector employer concerned.
- Those selected will be required to pay the specified Registration fee as a once and for all payment and should register with the PGIM for the entire duration of the training programme/course of study.

- 7.6. A doctor who has been served with vacation of post notice or has vacated post or who has resigned should complete one year of service after re-employment before such doctor is enrolled for a PGIM training programme.
- 7.7. A trainee following a PG Certificate OR PG Diploma OR MSc OR MD programme shall not be permitted to sit another Selection Examination for a PG Certificate OR PG Diploma OR MSc. If the trainee leaves the course before completion he/she shall not be permitted to sit for another Selection Examination for a minimum period of two years from the date of leaving the course. This rule will not apply for online and part time courses.
- 7.8. A trainee following a PG Certificate OR PG Diploma OR MSc course may sit a Selection Examination for a MD course. However before enrollment in the MD course the trainee should leave the PG Certificate OR PG Diploma OR MSc course. He shall not be permitted to postpone the commencement of the MD course.
- 7.9. A Medical Officer, Dental Officer or any other person shall be permitted to follow a full time PG course or a training program leading to a PG Certificate, PG Diploma or a degree in MSc or MD only in one discipline. However, this rule shall not apply for an online course, a part time course, or a course where a credit transfer mechanism exists which makes the said course a prerequisite to enter another PGIM study programme.
- 7.10. A Medical Officer, Dental Officer or any other person who has obtained a PG Certificate OR PG Diploma OR MSc shall be permitted to sit for a Selection Examination for a MD course at any time after obtaining the PG Certificate OR PG Diploma OR MSc qualification.
- 7.11. A medical officer in the Ministry of Health should have completed a minimum period of 5 years' service before the officer is enrolled for a postgraduate course such as Diploma in Family Medicine and Diploma in Reproductive Health, where obtaining such a qualification is a requirement for a grade promotion in the Ministry of Health. The minimum period of prior service specified in relation to other study/training programmes is stipulated in the specific regulations.

7.12. Selection of Non-State Sector trainees

1. Candidates from the Non-State Sector who wish to enter PGIM training programmes should possess a medical or dental degree registrable (Foreign nationals) or registered with the Sri Lanka Medical Council (Sri Lankan Citizens) at the time of application to the PGIM. They should have completed an internship acceptable to the Sri Lanka Medical Council and one year service after internship at a state sector hospital, private sector Healthcare Institution or Private Hospital recognized by the relevant Board of Study of the PGIM to be eligible to sit the screening test/selection/Part I examination of the relevant PGIM programme. They should also fulfill other entry requirements specified by the individual Boards of Study and the Board of Management.
2. The selection for the training programme according to the maximum number indicated in the circular calling for applications for the Selection Examination and the allocation of training units to Medical Officers in Ministry of Health, Universities, Armed Forces/Police, Non State Sector (Sri Lankans) and Foreign Candidates who have passed the selection examination will be done as described below:

- There should be only one "merit list" for selection of medical officers from all segments for the training programme.
- There should be only one "list for allocation of training units" of medical officers from all segments after selection to the training programme.
- The principle of not compromising the maximum number permitted in selection for the training programme and allocation of training units for the Ministry of Health doctors will be respected.
- There should be Six Segments as listed below:
Segment 1: Medical Officers attached to Ministry of Health
Segment 2: Medical Officers attached to Universities
Segment 3: Medical Officers attached to Armed Forces/Police
Segment 4: Medical Officers in the Non State Sector
Segment 5: Medical Officers with CCST qualifications or equivalent who will enter through the lateral entry route
Segment 6: Foreign nationals
- In each segment, the number of trainees should be the maximum number indicated in the circular calling for applications as decided by the BOS/PGIM. In instances where the BOS decides not to indicate the maximum number for Universities and Armed Forces all from Segment 2 and 3 should be selected if they are above the "cut off line"
- The number in Segment 1 should be the maximum number that could be selected for training by the Board of Study depending on facilities for training there by not compromising the number of training opportunities available for training.
- In the absence of candidates from Segment 2 and 3 above number in Segment 1 should not be increased after the examination.
- Based on above the maximum total number of trainees to be selected out of the total candidates will be determined.
- Based on the final mark in the Selection Examination of all candidates in all five segments who passed the Selection Examination will be prepared in the descending order.
- In the above merit list depending on the maximum number permitted in Segment 1 (medical officers attached to Ministry of Health) a "cut off line" will be drawn.
- All candidates attached to Ministry of Health above the cut off line will be selected for the training programme
- Based on the maximum number permitted for Segment 2, 3 and 4 the candidates for each segment will be selected only if they are placed above the cut off line in the merit list and based on merit within each Segment

OR

- All candidates from Segments 2 and 3 shall be selected if the BOS wishes not to specify a fixed number in the circular calling for application if they are placed above the cut off line in the merit list.
 - Following the final selection of all candidates from all Segments 1-4 as described above a "list for allocation of training units" shall be prepared. This list shall have two sections.
 - Section 1: The candidates from the Ministry of Health, Universities and Armed forces will be listed in descending order based on marks and number of attempts irrespective of the segment
 - Section 2: The candidates from the Non State Sector (Segment 4) will be listed based on marks and number of attempts (Section 1 first and Section 2 second) and the marks obtained by medical officers in each segment in descending order
 - If the available training posts are less than the total number in the above "list for allocation of training units" supernumerary training posts to be decided by the BOS before the allocation meeting and the trainees informed and allocation to be done commencing from the first trainee in the list
 - This will provide an opportunity for the trainees of Ministry of Health/Universities/Forces to opt for above supernumerary training posts if they decide to do so.
3. Non-State sector trainees who are Sri Lankan citizens will have priority over non state sector trainees who are foreign citizens. Government to government arrangements will be honored, if necessary on a supernumerary basis. The principle of not compromising on the number of approved maximum total training slots for the Sri Lankan state sector doctors will be respected.
 4. Non State Sector (Sri Lankan) trainees on contract will be given a list of duties and will be entitled to a monthly allowance of Rs.20,000/= until the first scheduled attempt at the relevant examination for award of degree. Payments will not be made for part time/observational programmes and only in respect of services that the Board of Study. When there is no service component as in the case of DFM, DCH, MSc etc. the Non State Sector trainees will not be entitled to receive the monthly allowance of Rs. 20,000/-.
The Board of Management on the recommendation of the Boards of Study will determine the components in the training programmes in the case of non clinical courses for receipt of payment of allowance.
If the candidates fail the relevant examination for the award of degree in his/her first attempt, the allowances will be suspended until he/she passes the relevant examination.
 5. A contract will be signed with the PGIM. The contract will include terms relating to obligations of the trainee towards the PGIM training programme but not restricted to the following consequences for the breaches of the obligations such as ;
 - a. leaving the programme midstream
 - b. not fulfilling PGIM/Board of Study requirements
 - c. professional misconduct
 - d. financial misconduct

6. Training placements available will be identified and notified to prospective trainees before the allocation meeting along with the guidelines. Allocation of trainees for training units will be done according to No.2.
7. Training in the PGIM should not be regarded as an avenue of employment in the Ministry of Health for Non-State Sector doctors.
8. All Non State sector trainees will be accountable to the PGIM and the Ministry of Health for the purpose of administrative and other regulations of the two Institutions. They will be under the administrative control of the Head of the Institution where he/she is attached and the trainer. All Non State sector trainees will have to comply with the PGIM/University/MOH rules & regulations and code of conduct.
9. Non-State Sector (Sri Lankan) trainees will pay 50% more than the fees (includes registration, course, examination, certification and all other PGIM payments) paid by the state sector doctors and will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course Fee, Examination fees paid by Non-State Sector candidates will not be refunded by the PGIM. All other general guidelines regarding refund of fee will apply for Non-State Sector candidates.
10. Non-State Sector (Foreign national) trainees will pay according to the PGIM Fee Structure Book 2013. However the fee may be changed for new registrants prospectively by the Board of Management. They will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course Fee and other fees paid by Non-State Sector candidates will not be refunded by the PGIM or the government. All other general guidelines regarding refund of fee will apply for Non-State Sector (Foreign national) candidates.
11. All Non-State Sector trainees would be governed by the same academic, administrative, disciplinary and examination rules that apply to all trainees.
12. Neither the Ministry of Health nor the PGIM will provide funding for foreign training of Non-State Sector trainees if it is required. It is the exclusive responsibility of the Non-State Sector trainees to find overseas placements for the foreign training component, which is acceptable to the relevant Board of Study. Thereafter, the PGIM will extend the same facilities available to the state sector trainees with regard to documentation and monitoring. However on the recommendation of the BOS flexible training option may be available for the Non-State Sector candidates.
13. All Non-State Sector trainees should sign two separate agreements with the Ministry of Health and the PGIM regarding the terms and conditions under which the training is provided. Before starting the training, they will be required to sign two separate financial bonds with the PGIM and the Ministry of Health.
14. The above conditions and stipulation would apply to all trainees but will apply in particular to MD programmes where there is a clinical training component.
In the case of certificate, diplomas and MSc programmes with some clinical exposure, trainees may be given observer status for the short clinical training component.
15. The Non-State Sector trainees will adhere to the accepted channels of communication with respect to all his/her dealings with the PGIM.
16. The decisions of the Board of Management in relation to matters on training, allocation of training units, examinations, leave and discipline will be final.

8. FEES

Course fees and Examination fees are payable by the trainees to follow training programmes and to sit the PGIM examinations. Information concerning fees payable could be obtained from the Academic and Examination Branches of the PGIM and also from the PGIM website. Current rates are available with the Accounts Branch.

All fees will be subject to review and revision every 2 years. A PGIM Fee Structure Book has been updated in 2013 and available with the Academic Division.

8.1. Schedule of fees

Registration and tuition fees are payable in respect of the MD training programme annually as follows:

Installment	Time
1 st year fee + Registration	Before commencement
2 nd year fee	1 st month of 2 nd year
3 rd year fee	1 st month of 3 rd year
4 th year fee	1 st month of 4 th year

Course fees are levied for the stipulated durations of the pre MD training programmes and up to the prescribed durations of the post MD local components of training.

The trainee's registration with the PGIM will cease automatically if the stipulated fees are not paid in time indicated in the table above. In such instances to reinstate the trainee status, the trainee will have to re-register with the PGIM by paying the registration fees.

8.2. Fees in respect of Diploma/MSc Training programmes are as follows. (Fees are subject to revision)

The general rule is,

Diploma of one year's duration Rs. 49,000/-

Diploma of two years' duration and MSc Rs. 59,000/-

However, some courses may be cost differently based on actual expenses. Please see Fee Structure Book 2013 for details.

Programme	In service	PG Diploma	M Sc.
Before Commencement	Registration + Course Fee		

- Refund of Course fees (minus administrative costs) may be considered if the trainee withdraws from a training programme/course of study within a period of six weeks from the date of commencement of course of study/training programme.
- Course fees will not be refunded to trainees who withdraw from the course of study/training programme after a period of six weeks.

- The Institute will retain 10% institutional charge from the course fees when refunds are made.

9. ENGLISH TEST

All MD trainees are advised to sit an IELTS type practical English Test as soon as possible after joining the MD training programmes.

10. EXEMPTIONS ON THE BASIS OF FOREIGN QUALIFICATIONS

If the candidate possess CCST/CST/Equivalent may be admitted to a suitable point in the Pre MD Programme. But they will have to sit for the MD Examination and complete the post MD training to be eligible for Board Certification. Stipulations pertaining to granting of exemptions for enrolment for training programmes on the basis of foreign qualifications

On request, granting of exemptions may be considered by the respective Boards of Study with approval from BOM as per specifications in the Prospectuses Regulations & Guidelines to candidates, from any part of the examination or/and pre Board Certification training on the basis of the :

- training requirements already satisfied or
- other postgraduate qualifications already obtained in the relevant specialty.

11. LEAVE

The stipulations that are applicable in relation to leave for trainees are as follows:

11.1. Trainees are entitled for 14 days of leave per year.

11.2. The Board of Study concerned should ensure that the trainee has completed the prescribed training in full in conformity with the criteria laid down in the Prospectus – if not the trainee should be asked to repeat the shortfall caused by absence or unsatisfactory performance.

11.3. Whatever the leave taken (inclusive of maternity/sick leave) loss of training due to absence in each segment of the programme would have to be repeated if 80% attendance is not secured. Even with 80% attendance, trainees may be asked, as decided by the Board of Study, to repeat any segment of the training programme that they have not satisfactorily completed.

11.4. Following registration to a training programme a trainee is entitled for a maximum of two years personal leave (excluding medical leave supported by a medical certificate) for acceptable personal reasons. It would be the responsibility of the trainee to obtain approval for such leave either from the Ministry of Health or University as the case may be. However following such leave the trainee should join the New Prospectus in operation as a result of amendments been made to the previous one.

11.5. Maternity leave

As required by "Section 18.2 of chapter 12 of the Government Establishment Code trainee should keep away from the training programme for a period of at least 28 days from the date of delivery".

Candidates are entitled for maternity leave as per Government Establishment Code/Public Administration Circulars. However, loss of training due to absence in each segment of the programme would have to be repeated if 80% attendance is not secured. This may mean that the candidate has to complete the shortfall of training even if they sit the examination with the subsequent batch of trainees.

Trainees should inform the Director/PGIM in writing, in addition to the DGHS, when availing of maternity leave along with a copy of the Medical Certificate.

11.6. Paternity leave

The trainees are entitled for paternity leave under the provisions of public administration circulars.

12. ATTENDANCE

Minimum of 80% attendance at organized lecture courses/modules, practicals, field work and satisfactory completion of prescribed clinical training are requirements for granting permission to sit examinations. In addition acceptance of the thesis/dissertation/portfolio/case book and submission of log book are also pre-requisites for granting such permission.

13. EXIT EXAMINATIONS

A comprehensive assessment will be held at the end of the prescribed training programme to test knowledge, skills, competencies and attitudes of the trainees in most courses of study. Few courses utilize continuous Assessments & module examinations.

The exit examination will consist of components such as multiple choice questions, structured essay/essay questions, oral and clinical and practical in addition to the assessment of the case book, log book, portfolio or thesis/dissertation as prescribed.

Skills such as communication, history taking, preparing patient management plans and writing referral letters etc., and as well as trainees' attitudes will be assessed in addition to knowledge and skills/competencies to be acquired by the trainees during the period of formal training.

Trainees who have reached the stipulated standard for a pass in the prescribed components will be awarded the Degree of Postgraduate Diploma, Master of Science or Doctor of Medicine in the specialty concerned. The University of Colombo would confer the said Degree at the Convocation.

13.1. Payment of Examination Fees

Following fees are payable by prospective applicants/PGIM trainees to sit the Selection examinations and Exit Examinations in 2013. These fees are subject to change. Please refer to PGIM Fee Structure Book 2013.

Fees Structure for MD

Particulars	Fee (Rs)
Examination Application Form Fee	1,000/-
Examination Registration Fee PGD, MSc, MD	4,000/-
Selection Exam Fee (for Two components as specified in the prospectus)	25,000/-
Component I (MCQ)	15,500/-
Component II if successful at Component I	9,500/-
Selection Exam Fee (for Single component as specified in the prospectus)	10,500/-
Registration Fee for MD Programmes	3,000/-
Course fee MD / year (to be paid by Registrars and Senior Registrars)	35,000/-
Course fee MD Medical Administration- Part I	70,000/-
Course fee MD Medical Administration- Part II	73,000/-
Course fee MD Community Medicine- Part I	70,000/-
Course fee MD Community Medicine- Part II	73,000/-
MD (Anaesthesiology) Part I A	9,500/-
MD (Anaesthesiology) Part I B	9,500/-
MD (Anaesthesiology) Part I B-MCQ	9,500/-
Ophthalmology-Module 1-Theory	24,000/-
Ophthalmology-Module 2-Theory	9,500/-
Ophthalmology-Module 3-Clinical	11,000/-
Ophthalmology-Module 4-Clinical	20,000/-
MD (Medicine) Part II- Theory exam	20,000/-
MD (Medicine) Part II- Clinical exam	20,000/-
Examination Fees for MD Examination	40,000/-
Case Book / Dissertation	2,000/-
Thesis for MD	20,000/-
Board Certification	25,000/-

Fees Structure for PG Diploma and MSc

Particulars	Fee (Rs)
Registration Fee for PG Diploma and MSc	3,000/-
Course Fee-One Year Diploma	
PG Diploma in Family Medicine	
PG Diploma in Medical Microbiology	49,000/-
PG Diploma in Tuberculosis and Chest Diseases	
PG Diploma in Reproductive Health	
PG Diploma in Hospital Dental Practice	
PG Diploma in Psychiatry	
PG Diploma in Medical Education	
PG Diploma in Sports Medicine	69,000/-
PG Diploma in Critical Care Medicine	83,000/-
PG Diploma in Molecular Medicine	250,000/-
PG Diploma in Elderly Medicine	66,000/-
Course Fee-One to Two Year Diploma	
PG Diploma in Legal Medicine	
PG Diploma in Pathology	59,000/-
PG Diploma in Transfusion Medicine	
PG Diploma in Venereology	
PG Diploma in Child Health	14,000/-
PG Diploma in Anatomy	100,000/-
PG Diploma in Physiology	
DFM (on-line) 2 years	198,000/-
Course Fee-MSc	
MSc in Community Medicine	69,000/-
MSc in Community Dentistry	
MSc in Human Nutrition	
MSc in Medical Administration	120,000/-
MSc in Molecular Medicine (Research)	150,000/-
MSc in Bio Medical Informatics	162,000/-
MSc in Medical Toxicology - Online	135,000/-
Examination Fee Diploma/ MSc	23,500/-

Fees Structure for Certificate courses

Particulars	Fee (Rs)
Exam Fee- Certificate in Competence Anaesthesia	15,500/-
Certificate Fee- Certificate in Competence Anaesthesia	600/-
Fee for Certificate of Competence in Computer Application (CCCA)	11,500/-
PG Certificate in Medical Education	35,000/-
	46,000/- (Private candidate)
Certificate in Basic Laboratory Science (6months)	25,000/-

Fees structure for the Foreign Nationals

Particulars	Non-SAARC US\$	SAARC US\$	Bhutan & Maldives US\$
<i>Qualifying Examination for all exams</i>	450	250	200
<i>Orientation Programme-6 months</i> (Prior to Qualifying Examination)	750	675	375
Course Fee	MSc./Diploma (all inclusive)	9,600	8,500
	MD (per year)	12,000	9,600
<i>Subsequent examination attempts</i> (if any exam has to be repeated)	750	750	250

Family Medicine Examination (Candidates in India)

PG Diploma in Family Medicine	USD 600
MD (Family Medicine-by thesis)	
Processing Fee for Indian candidates	USD 100
Non refundable processing fee	US \$ 100
1st year Registration fee	US \$ 100
1st year fee	US \$ 500
2nd year fee	US \$ 400
3rd year fee	US \$ 300
Registration fee for examination	US \$ 200

13.2. Refund of examination fees in respect of Screening/Selection Examinations/ MD Part I examinations

Requests for refund of examination fees in respect of the Screening/Selection examinations are considered favorably provided the prospective applicants comply with the following requirements:

- If the candidate has withdrawn his/her application before the date of closure of application – 75% refund will be considered.
- If a candidate has withdrawn his/her application after the closing date of applications but before commencement of the examination on account of reasons acceptable to the Board of Study – 50% refund will be considered.
- After the exam commences – No refund will be made. It will be considered an attempt (unless a valid medical certificate is submitted to the Board of Study)

Request for refund of Examination fees which do not conform to the above stipulations will not be entertained under any circumstances.

13.3. Refund of examination fees paid in respect of Certificate/Pg Diploma/ MSc/ MD examinations

Candidates are required to sit the first scheduled examination after completion of the prescribed training programme.

Requests for refunding examination fees paid by candidates in respect of PG Diploma/ MSc/MD examinations will be made on the basis referred to in clause 13.2. Carrying forward of the unused fees for subsequent examinations will not be considered, but the fees may be refunded under exceptional circumstances.

Fees paid will not be refunded, if the reasons are not acceptable.

13.4. Number of attempts at exit/final examinations

13.4.1 The permitted number at All Exit Examinations (MD/MSc/ PG Diploma/ Certificate) shall be SIX. All six attempts should be completed within a period of eight years from the date of the first attempt. In reckoning the number of attempts, all scheduled examinations from the first attempt will be considered despite whether the trainee attempted the successive examinations or not. However, in the event the trainee has not sat a scheduled examination due to an acceptable reason such as an illness substantiated by a medical certificate to the BOS/BOM or due to any other valid reason acceptable to the BOM and Senate such an attempt will not be counted in the determination of the number of attempts. When exhausted re-entry to the same programme will not be permitted nor permitted to sit for the Selection Examination of the same training programmes.

13.4.2 Any candidate in a training programme who fails the Exit Examination for the fifth attempt should be strongly recommend to satisfy the following conditions before permitting the sixth attempt.

- To be appointed to a training unit for further fulltime training of twelve months with a satisfactory report.
- To undergo RITA/Portfolio Assessment evaluation every three months with satisfactory reports.
- To sit for a MD mock examinations (which are organized prior to every MD Exam) and obtained a pass mark.

13.4.3 The trainees who are unsuccessful at the grace attempt will not be permitted to sit the Exit Examination again for any reason whatsoever. However, a 'Letter Certifying Completion of Training' will be issued by the PGIM indicating the durations and different components of the training programme.

13.5. Counting of number of attempts and withdrawal of Examination Applications

Prospective applicants may withdraw their examination applications or may be absent from the examination due to unavoidable circumstances.

Following stipulations will apply for such situations.

Attempt/s will not be counted for purposes such as compilation of the merit list and other requirements pertaining to the Screening Examinations/Selection Tests/Entry Examinations provided:

- the applicant withdraws his/her application prior to the date of closure of applications.
- the candidate withdraws his/her application after the date of closure of applications but prior to commencement of the examination for reasons that are acceptable to the Board of Study.
- the candidate absents himself/herself from the selection test/screening examination without a prior intimation but submits a Medical Certificate acceptable to the Board of Study, in support of his/her illness with an endorsement from a consultant.
- due to sudden unavoidable circumstances which are acceptable to the Board of Study and Board of Management.

13.6. Determination of number of attempts in respect of Certificate/ Diploma/ MSc/ MD examinations:-

- Trainees, on completion of the prescribed training programme should sit the first scheduled examination which will be counted as the FIRST ATTEMPT.

- Trainees who are unable to sit the first scheduled examinations due to reasons such as availing of maternity leave or owing to a sickness will be considered as candidates who are sitting the next scheduled examination first time. On success, they will be placed in the order of merit at the appropriate position. They will be allocated for placements according to the order of merit. The Board of Study would deal appropriately with regard to the other reasons on a case by case basis in relation to determination of number of attempts.
- It is the trainees' responsibility to inform to PGM within 1 month before the schedule date of the examination, if they do not plan to sit the scheduled or subsequent attempts with reasons.
- Trainees who have delayed sitting examinations due to reasons which are not acceptable to the Board of Study and the Board of Management will be governed by rules and regulations which are in place at the time of sitting such examinations.
- In instances where reasons given by trainees for not sitting the first scheduled or subsequent examinations are not acceptable to the Board of Study, the number of examinations held in between will be counted when determining the number of attempts and order of merit determined accordingly. Fees paid will not be refunded.

14. SPECIALIZATION IN GENERAL SPECIALTY

Option for selection of specialties/sub-specialties (former term used) is normally given to the trainees. Training opportunities are offered according to the availability of training units/slots, trainers as recommended by the relevant Boards of Study and the needs of the country as determined by the Ministry of Health. The number of available training slots will change from year to year and the number will be indicated in the examination circular calling for applications or before the allocation of specialties after the MD Examination. New specialties are introduced on a prospective basis and no trainee will be permitted to request for a subspecialty during the following year with the MD and merit position of the previous year even if training positions are available.

Merit list is prepared according to the procedure laid down by the University Senate. Allocation of trainees is done strictly according to the merit order. Availability of training slot will depend on Ministry of Health and available facilities. Allocation of trainees is done to make best use of all available training positions.

14.1. Introduction of new specialties

New specialties are introduced only after:

- A written request made by Secretary to Ministry of Health based on the need of the specialty for the country.
- Approval of the above request by the BOM and/or the relevant BOS.
- Completion of the relevant Prospectus and By-Law as per UGC guidelines by the BOS/SpB.
- Approval of above by the AAAEDC/BOM/Senate/Legislation Committee/University Council.
- After such approval the Prospectus and By-Law with the budget has to be submitted to UGC.
- Final approval by the UGC.

14.2. Changing of a selected specialty by Senior Registrars within a general specialty

The under mentioned general policy would be applicable in relation to requests for changing of specialties by the trainees.

- a. Requests for change of a selected specialty would be allowed only within the first three months of Senior Registrar training in the chosen specialty, provided training slots are available in the requested specialty which the trainee opts for the second time.
- b. Requests for such changes will be allowed only once.
- c. The period of training the trainee had undergone in the first chosen specialty will not be considered for the purpose of Board Certification.
- d. The effective date of Board Certification will be calculated from the date of commencement of training in the specialty which was chosen for the second time.
- e. If a specific prior plan for such change has been approved by a Board of Study and agreed with Board of Management.

15. MONITORING OF THE PROGRESS OF TRAINEES

Progress of all PGIM trainees will be monitored closely by the trainers and the 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 levels. Boards of Study will determine the format of these assessments. These will include the progress reports and Peer Team Rating forms to be submitted at least once in six months or as stipulated in the relevant Prospectus.

A trainee may have to repeat part of the training or the entire training programme if he/she has shown unsatisfactory progress during training and this will delay the date of Board Certification.

If a trainee's conduct has been found to be unprofessional he/she may be terminated from the course of study/ training programme in terms of the provisions of the Disciplinary code/Exit document or the date of Board Certification will be delayed. (Annexure II)

16. REQUIREMENTS BEFORE PROCEEDING ON OVERSEAS POST MD TRAINING

Period of Post MD Training – The minimum period shall be one year local and one year overseas (minimum total of two years). It will be the responsibility of the trainee to obtain the required leave and the scholarship if required from the employer.

Documents such as the letter of offer pertaining to the placement/paid job offered and the IELTS Certificate etc., are required to be submitted when trainees seek approval for overseas training placements. (Please see Annexure III for set of documents to be submitted)

16.1. Availing of leave for overseas training prior to completion of local Post MD training

The satisfactory completion of local component of training and passing the MD examination is a prerequisite to apply for overseas training and study leave. However on the discretion of the BOS such overseas leave may be approved before completion of the minimum post MD local training period. In such an event the balance local training period as determined by the BOS has to be completed in a training unit allocated by the BOS to be eligible to apply for Board Certification.

16.2. The maximum period permitted to commence the Post MD Training

After completing the Post MD one year local training, the trainee should either commence the overseas training or one of the Flexible Training options within 5 years after passing the MD Examination. If not the trainee shall be removed from the training programme and shall not be eligible for Board Certification nor reentry to the same programme.

17. BOARD CERTIFICATION AND PRIVILEGES OF BOARD CERTIFICATION

17.1. Board Certification of PGIM trainees

After obtaining the degree of MD, the trainees are required to undergo further training (for periods of one to three years locally and one to two years overseas) to be eligible to apply for Board Certification in the specialty/sub-specialty (formally known) chosen. The exact durations of the training period is stipulated in the Prospectus or/and MD Examination circular. In some instances a candidate may substitute overseas training with local training for valid reasons acceptable to the BOS and BOM (Vide-Section 17.2 FPBCTO options).

17.2. Flexible Pre Board Certification Training Options – (FPBCTO)

The following three options are available to the trainees for the purpose of undergoing the recommended overseas training to be eligible for Board Certification with the concurrence of the Board of Study concerned approval from BOM.

Option I : One year* abroad as at present.

OR Option II : 6 months in a foreign country (regional/extra regional) plus 6 months local training

OR Option III : One year in Sri Lanka with attendance at 2 to 3 short courses overseas (each course of 6 to 8 weeks of duration).

(limited financial provisions through PGIM)

Under exceptional circumstances a trainee could undergo one year of training in Sri Lanka.

17.3. Pre Board Certificate Assessment

In addition to the requirements in the Prospectus the trainee should pass the Pre Board Certification Assessment and make a presentation over a period of 20-30 minutes regarding the post MD training and the trainee's vision for the specialty acceptable to the BOS.

The PBCA should be held following completion of local and overseas training. The format of the PBCA is as follows:

a) Main Specialties

A Portfolio Viva (about 30 minutes) conducted by a minimum of two examiners and a presentation (15-30 minutes) to the BOS which should cover the details of the training received and the future vision.

b) Sub-Specialties

MCQ/SAQ AND SEQ or OSCE, to be Knowledge Based Assessment (KBA)

The Board Certificate will be deferred if the candidate is unsuccessful in the PBCA. Such candidates following a counseling session/s should sit for the PBCA again within a minimum period of 3-6 months. If successful at the first attempt after such counseling, the date of Board Certification could be back dated. If unsuccessful, 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. The Pre Board Certification Training Options would be approved on a case by case basis with the concurrence of the relevant Board of Study and the trainee concerned.

7.4. Board Certification of Medical Officers who are in service with foreign specialist qualifications

Medical officers with equivalent foreign qualifications who were already in the service of the Ministry Health before 1st January 1980 could be granted privileges of Board Certification on application provided the specialist concerned has completed 7 years of continuous service in the state health services after obtaining such qualifications. This category of medical officers will be granted privileges of Board Certification as from 1st January 1980.

Privileges of Board Certification would be granted to medical officers or permanent staff of the Faculties of Medicine who have obtained equivalent foreign qualifications before 1st March 1987 provided such specialists have completed 7 years of service in the Universities of Sri Lanka after obtaining such equivalent qualifications.

7.5. Board Certification of re-employed/ employed medical officers

Board Certification of re-employed/ employed medical officers could be effected on successful completion of the MD examinations in the relevant speciality and on fulfilment of all other requirements of the post of MD training programme as laid down by the Board of Management.

7.6. Date of Board Certification

17.6.1. PGIM trainees become eligible for board certification on satisfactory completion of

- i. the prescribed local and overseas components of Senior Registrar training.

OR

the local component plus one of the Flexible Pre Board Certification Training Options (FPBCTO) as agreed upon by the Board of Study and approved by the Board of Management

- ii. Completion all other stipulated requirements in the Prospectus such as acceptance of progress reports, completion of the research project/dissertation, completion of the portfolio/log book/case book and others.
- iii. Pass the PBCA
- iv. return to country and assumption of duties in the Ministry of Health or University

17.6.2. On satisfactory completion of either (i) to (iv) above, the trainees are board certified with effect from the date on which they were scheduled to complete such training. For the purpose of determination of the effective date of Board Certification the durations of local and overseas training components are added to the date of release of results.

Accordingly, the effective date is considered as the date on which the trainee completed the prescribed periods of training reckoned from the date of release of MD results provided:

- a. the local training has been commenced immediately after passing the MD Examination
- b. overseas component/s of training has been commenced within 5 years after passing the MD Examination.
- c. a valid reason for such delay is given to a and b above
- d. there has been no complaints during the training which has resulted in the extension of the training period.
- e. there has been no delay in sitting for the PBCA and passing it as stipulated in the prospectus.
- f. has completed all requirements stipulated in the prospectus such as the case book, portfolio and dissertation within the stipulated period
- g. has applied within one month after completion of all requirements.
- h. Board of Management, on the recommendation of the Board of Study has not decided otherwise.

In the event of (a) to (h) above the extra period shall be added to the date of Board Certification.

- 17.6.3. However, under exceptional circumstances, the Board of Management, on the recommendation of the Board of Study, could grant extension of time up to a maximum of two years to a trainee to complete the prescribed Post MD training. In such instances, the date of Board Certification will be the due date.
- 17.6.4. The trainees who do not complete the prescribed MD Overseas Training within the stipulated maximum period of time referred to in section 17.6.3 or do not complete any of the Flexible Pre Board Certification Training Options (FPBCTO) in lieu of overseas training are considered not eligible for Board Certification unless they are undergoing approved training.
- 17.6.5. Trainees who have, after obtaining the degree of MD, either resigned or vacated their posts could re-join the respective training programmes for completion of training leading to Board Certification under existing rules (obligatory service of one year's duration to the country prior to re-joining the PGIM training programmes - vide section 7.6) of the Ministry of Health/University/Public Sector Institutions. In such instances, the effective date of Board Certification would be prospective following completion of all requirements to be eligible for Board Certification and effective from the date of decision by the Board of Management of such completion. This date shall not be backdated for any reason.
- 17.6.6. (a) As a prerequisite, all trainees are required to report back to the employer and to the PGIM for the purpose of Board Certification. A letter from Director General of Health Services/Vice Chancellor/Commander of Armed Forces/Inspector General of Police has to be produced to confirm that the trainee has reported for work and assumed duties in the appointed post. In the PGIM the trainees have to sign and date a register maintained specifically for this purpose. However in the event of any delay in doing so without a valid reason the number of dates will be added to the calculate date of BOS as per 17.6.2.

- (b) Requests for Board Certification by trainees who have overstayed leave are considered only after such trainees have

- settled the bond with employer and write a letter to that effect along with the original receipt.
- paid the cost of training to the PGIM. (applicable for requests for Board Certification being made after 1st January 2009)
- completed all other eligibility criteria for Board Certification (Annexure IV)

However, their effective date of Board Certification would be the date of decision of approving the Board Certification by the Board of Management.

- (c) All trainees have to report to the Board of Study concerned (by prior arrangement) for the purpose of Board Certification after (a) or (b) above.

- 17.6.7. Under no circumstances, Board Certification will be effected prior to completion of the prescribed training in full by the trainees.

18. HEALTH AND FITNESS

Trainees should be in sound physical and mental health and fitness to undertake the Course of study/training programme. In case of a significant illness or an impairment/disability, the trainee and/or the trainer will inform the Director/PGIM. The PGIM will be introducing a health certification process prior to enrolment of trainees to training programmes/courses and for few it has been done already for few study programmes.

A trainee could be refused entry or be discontinued from the training programme on account of serious illness/impairment or physical or mental health. Such a decision will be made on the recommendation of a Medical Board appointed by the PGIM/Ministry of Health/University. The decision of the Board of Management will be final.

19. DISCIPLINE

Discipline is considered an important aspect of training and the trainees have to always follow the guidelines of the appropriate instruments approved by the Board of Management, University Senate and the Council of the University of Colombo. Trainees will be dealt with the provisions of the Disciplinary code of the PGIM. All trainees are subject to the general guidelines of the statutory bodies such as the SLMC and the employer and that of the Foreign Organizations, eg. Royal Colleges during overseas training.

The PGIM has its own Disciplinary Code (Annexure II) which is directly applicable to PGIM trainees to supplement the Disciplinary Regulations of the University. The appropriate disciplinary action on offenders shall be taken by the Board of Management or the University Council.

20. EXAMINATION OFFENCES

Trainees are required to refrain from committing Examination offences and those who commit such offences are liable to be punished under University Guidelines, Rules and Regulations approved by the PGIM and the University of Colombo.

21. UPDATE ON RULES AND REGULATIONS

All trainees are subject to and should abide by the new Amendments/Clauses/Rules and Regulations being introduced to the Prospectus/Regulation & Guidelines by the Boards of Study, Board of Management, University Senate and the University Council from time to time.

The onus of obtaining the latest information regarding General Rules and Regulations/By-Laws and Prospectus is with the trainees/doctors concerned.

22. APPLICATIONS FOR ENROLEMENT / SELECTION EXAMINATIONS

Prospective applicants are advised to visit the PGIM website for www.cmb.ac.lk/pgim for details of the examination, the number of training positions and closing dates for applications. Further details are available in the relevant prospectus and examination circular.

- downloading applications
- notices of changes to above guidelines
- amounts payable as fees etc.

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

Encl : Annexure I - Channels of Communication

Annexure II - Disciplinary Code

Annexure III - Documents to be submitted to the examination branch when approval is sought for overseas training.

Annexure iv - Documents to be submitted to the PGIM (International office) for Board Certification

Annexure V - Document on Plagiarism

Channels of Communication

1. When letters are sent by trainees to the PGIM these should be addressed to the Director. If necessary the letters may be copied to the Chairperson of the BOS. No emails and SMS messages will be entertained.
2. All letters being sent from the PGIM to Supervisors, Examiners, Specialists or Trainees or to other institutions should be under the signature of the Director/PGIM.

Chairpersons/Secretaries of Boards of Study, Conveners of Committees/ Sub Committees could attend to correspondence and official work with the subject clerks concerned and prepare drafts of letters etc. However, these drafts would be processed under the supervision of Heads of Divisions or their Assistants; namely,

- Deputy Registrar or Senior Assistant Registrar in the Academic Branch
- Senior Assistant Registrar or Assistant Registrar in the Examinations Branch
- Deputy Bursar or Assistant Bursar in the Finance Branch
- Senior Assistant Librarian in the Library,
- Assistant Registrar in the Establishment and General Administration Branch.

All letters will be signed by the Director and an office copy will be retained.

- The Director/PGIM by letter of authority could delegate designated officers to handle certain correspondence.
- Assistance of Computer Analysts and that of the Technicians could be sought through the Director or Deputy Registrar in his absence
- The Medical Education Resource Centre (MERC) will function directly under the directions of the Director/PGIM.
- The Deputy Director and the lecturers of the PGIM will function directly under the Director/PGIM.

Annexure II

DISCIPLINARY CODE

This Disciplinary Code approved by the Board of Management is applicable in relation to all PGIM trainees registering for training programmes and examinations.

I. The main types of inadequacies/offences are as follows.

Minor:

- i. Poor attendance
- ii. Insubordination
- iii. Poor interpersonal relationships
- iv. Poor quality documentation
- v. Poor attitudes
- vi. Poor skills
- vii. Inability to achieve set standards within the specified time period as indicated in the approved assessment/ appraisal forms/guidelines/prospectus

Major:

I. Professional incompetence

- i. Repetition of minor inadequacies/offences in spite of a "letter of warning"
- ii. Three adverse assessments during the local training period.
- iii. Two adverse assessments during the overseas training period.
- iv. If the trainee is found to be unsatisfactory during extended period of either local or foreign training
- v. Evidence of seriously deficient or incompetent performance and skills.

II. Professional misconduct

- i. Gross neglect of patients
- ii. Poor standards of medical care
- iii. Abuse of professional privileges
- iv. Personal abuse of alcohol and other drugs
- v. Indecent or violent behavior
- vi. Degrading comments on professional colleagues and trainers
- vii. Dishonesty
- viii. Derogatory professional conduct

2. The PGIM will entertain written complaints being made by the

- i. Local trainers
- ii. Foreign trainers

- iii. Any consultant from the hospital to which the trainee is posted.
- iv. Administrator of the training hospital.
- v. Patient or relatives of patient/s who has/have been under the care of the trainee.
- vi. Any other persons/authority acceptable to the BOS/BOM.

3. Procedure for the inquiry

The under mentioned procedure has to be followed for determination as to whether the PGIM should take disciplinary action such as extension of the period of training or cancellation of registration of such trainees.

On receipt of complaint/s, allegation/s or poor progress report/s, the Chairperson of the Board of Study and the Director/PGIM should study such complaints/allegations/poor progress reports if necessary in the presence of the trainee and should decide whether it is necessary to proceed further. At this meeting the Chairperson and the Director may counsel and advise the trainee and settle the received complaint/s, allegation/s or poor progress report/s.

However if a decision is made to proceed further with the complaints/allegations or poor progress report/s, the same should be referred to the Board of Study concerned.

3.1 The Process to be followed by the BOS

The Board of Study should inquire into the complaint/s, allegation/s or poor progress report/s and decide on one of the following or any other suitable steps:

3.1.1. Disregard the complaints/allegations.

3.1.2. Appoint a Three member committee for a "Fact Finding Preliminary Investigation". The members to be members of the BOS.

Following the "Fact Finding Investigation" if there is prima facie evidence against the trainee and has been found guilty, the Board of Study should:

a. Request the Director to issue a "Letter of Warning".

The Director/PGIM, on the recommendation of the Board of Study concerned would issue a letter of warning when there is evidence to prove that the complaints/allegations received against a trainee are true.

b. Should refer the matter to the Board of Management recommending for an inquiry.

3.2 The Process to be followed by the BOM

The Board of Management would appoint Committees of Inquiry comprising of the under mentioned panels:

(a) Preliminary inquiry:

- Chairman of another Board of Study
- One consultant from the Board of Study and
- A consultant from a different specialty.

(b) Formal inquiry:

Following the Preliminary Inquiry if there is prima facie evidence against the trainee and has been found guilty of a major deficiency/offence as listed in 1 (b) above, the Board of Management should appoint a committee consisting of follow members and proceed to a Formal Inquiry

- Dean of a Medical Faculty
- A medical member/non-medical member from the Board of Management and

- A person who is not a member of the Board of Management and who is competent in conducting formal inquiries.

4. Recommended Disciplinary Action to be implemented by the Board of Management following the Preliminary inquiry

4.1. Letter of Reprimand.

This is to be sent by the Director/PGIM, on the recommendation of the Board of Management.

4.2. Extension of the training period with loss of seniority

This should be decided by the BOM in consultation with the BOS based on the report of the Preliminary Inquiry held.

4.2.1. Local training

This should initially be in the same unit disregarding the training period already completed provided the trainer is not unwilling to accommodate the trainee in his/her unit for an extended period of training.

If the trainer is not willing the Board of Management/Study to appoint the trainee to another unit for an extended period of up to two changes at the discretion of the Board of Management/Study.

If the training is still found to be unsatisfactory the Board of Management/Study should appoint the trainee to another training unit. The period of training hitherto undergone will be disregarded.

4.2.2. Foreign training

a. If recalled,

The trainee would be required to continue training locally

- for a period equivalent to thrice the period of prescribed training.
- the trainee should serve in the capacity of a Senior Registrar under three different consultants within the said period.
- option of finding a new training post would be given to the trainee.
- the training post should be approved by the Board of Study.
- the cost involved for training should be borne by the trainee.
- the period of training that was previously done but was found to be unsatisfactory, would be disregarded.

b. Completed but found to be unsatisfactory

- the trainee would be required to do twice the prescribed period of overseas training locally under two or more consultants.
- the trainee would be given the option of finding a new training post
- training post should be approved by the Board of Study
- the cost involved for training should be borne by the trainee.

- the period of training that was previously done but was found to be unsatisfactory, would be disregarded

5. Recommended Disciplinary Action Following the Formal Inquiry

5.1. Discontinuation from the training programme and or withholding of Board Certification

Action would be taken to discontinue the trainee from the training programme and or withheld Board Certification of the trainee on account of,

- Major inadequacies/offences listed in 1 above.
- Serious major physical or mental disability which in the opinion of the Board of Study would prevent the trainee from continuing the training programme
- Non-completion of training and the examinations within the stipulated period as indicated in the prospectus/guidelines
- Serious examination offences and misconduct as listed in the University Regulations and in By-Laws
- In instances where the Sri Lanka Medical Council has stricken off the name of the trainee concerned from the Medical Register for a criminal offence.

The letter to convey such decision/s to be issued by the Vice-Chancellor on the recommendation of the Director of the PGIM, Board of Management and the Senate based on the Report of the Formal Inquiry.

6. The decision of the Board of Management in 5.1 will be conveyed to the SLMC and the employer concerned for necessary action.

7. Issue of Letters of Good Standing or recommendations

The punishments mentioned under Sections 4.1 and 4.2 should be taken into consideration by the Director/PGIM when issuing letters of good standing or letters of recommendation.

The Board of Management observed that this whole exercise was carried out for compilation of guidelines, rules and regulations which are already contained in the Prospectus and other documents of the university system. It was also observed that these stipulations have been in practice for many years in the PGIM and not a new set of rules. Therefore, it was reiterated that this set of rules is applicable to PGIM trainees who are currently registered with the PGIM.

Annexure V

PLAGIARISM: GUIDELINES FOR POSTGRADUATE TRAINEES

Introduction:

Postgraduate Institute of Medicine is a prestigious institute in the University of Colombo which maintains high quality, academic status and well earned recognition from other centers of excellence around the world. It strives for their trainees to become professionals of exceptional quality and it rates the institutional achievements not only through the clinical competence of its trainees but also on their professionalism in academic interventions and scholarly publications. As such, the institute expects its trainees to maintain discipline required for scholarly writing and 'plagiarism' is one offence that PGIM adopts 'zero tolerance'.

Definition of terms:

Quotation: A sentence or a paragraph which contains the exact words from another source which will be indicated by using the quotation marks.

Summary: An overview of the original idea or the work and will contain less amount of words than the original work.

Paraphrase: Re-statement of the original content using different words which will be of the same length as the original work.

Definition of Plagiarism:

"To steal and pass off (the ideas or words of another) as one's own: use (another's production) without crediting the source" (Merriam-Webster's dictionary).

As such, extracting and re-publishing or forwarding such material for exams, as proposals, assignments, projects, portfolios, case books, log books, online discussions, web content or in any other form for assessment, review, grading or for any event pertaining to PGIM academic functioning will be considered as plagiarism.

The PGIM will consider an event of plagiarism even if the ideas and words are extracted as mentioned above from abstracts, published or unpublished manuscripts, research grant applications, ethical review committee applications, lecture presentations, online content or any other material which would not be recognized as being 'common knowledge'.

Types of plagiarism:

PGIM considers two types of plagiarism and these are,

1. Intentional plagiarism
2. Unintentional plagiarism

In any of the above events, PGIM strictly abide by the rules and regulation dealing with plagiarism and it would be the sole responsibility of the trainees to avoid such academic irresponsibility at all times,

What can constitute an event of plagiarism?

Plagiarism can take place in many situations and the trainees should be vigilant in such events. The following will enable to locate instances where an act of plagiarism can take place.

- Quotations from other intellectual works without due acknowledgement of such work.
- Cutting and pasting from the Internet without due acknowledgement and full reference.
- Citation errors: It is strongly advised to follow accurate citation techniques as misdirected citations or inadequate citations can lead to an event amounting to plagiarism.
- Failure to acknowledge. Any assistance received by a trainee in substantiating and developing the content should be acknowledged.

Use of professional agencies: Making use of another individual or a professional agency

- to develop or write student assignments, write-ups and other academic material will be considered an act of plagiarism.
- Autoplagerism: The PGIM also considers re-submission of self written content in the past to a different event related to the same course of study or else to a different course of study; a conduct of plagiarism unless it is clearly requested. Therefore, content intended for a particular course or exam should not be re-submitted for assessment at any other exams or events.

(Reference: University of Oxford, Educational Policy and standards, plagiarism,
Originating URL: <http://www.admin.ox.ac.uk/epsc/plagiarism/index.shtml>)

Paraphrasing

Paraphrasing may be considered plagiarism in certain forms. Paraphrasing is when you take another piece of writing and rewrite it in your own words while maintaining the same meaning. Paraphrasing is considered as plagiarism if the paraphrased version contains the same words included as in the original piece of writing and/ or when the original structure is retained or if due acknowledgement is not in place. A paraphrased version of this nature is referred to as "unacceptable paraphrasing". Acceptable paraphrasing will lead to a complete change in the words and structure of the original piece of writing while retaining the meaning of it without distortion. A paraphrased passage will be about the same length as the original passage. It is also essential that due acknowledgement to the author of the original piece of writing should be made through in-text citation.

Example of Acceptable & Unacceptable Paraphrasing

Original

Language is the main means of communication between peoples. But so many different languages have developed that language has often been a barrier rather than an aid to understanding among peoples. For many years, people have dreamed of setting up an international, universal language which all people could speak and understand.

Unacceptable Paraphrase

Language is the principal means of communication between peoples. However, because there are numerous languages, language itself has frequently been a barrier rather than an aid to understanding among the world population. For many years, people have envisioned a common universal language that everyone in the world could understand (Smith 2012).

Acceptable Paraphrase

Humans communicate through language. However, because there are so many languages in the world, language is an obstacle instead of an aid to communication. For a long time, people have desired for an international language that speakers all over the world could communicate in (Smith 2012).

OR

According to Smith (2012) humans communicate through language. However, because there are so many languages in the world, language is an obstacle instead of an aid to communication. For a long time, people have desired for an international language that speakers all over the world could communicate in.

Ref: Acceptable and Unacceptable Paraphrasing. Cañada College Academic Integrity Committee, 8/30/04 (http://canadacollege.edu/inside/acad_integrity/SampleParaphrases.pdf)

How can you avoid plagiarism?

Trainees undertaking PGIM courses need to take every measure to avoid plagiarism and will be aided in this regard by the trainers of their respective study programmes. Apart from such supervision, students themselves need to take following measures to avoid even an unintentional act of plagiarism.

Before writing

- Take adequate time in gathering the resource material.
- Read the material pertaining to write-ups in advance, before embarking on incorporating them into your creations.
- Learn and obtain guidance regarding citation requirements and the citation style from your supervisors before starting a research project.
- Keep a record of citations for all resources used in your work.

When writing

- Cite all information which is not common knowledge or not arising from your study or case
- Use quotation marks when you use author's words
- For longer quotes indent the whole paragraph
- Indicate clearly, at the beginning of the sentence that it is someone else's idea. e. g. In 2002, Smith et al reported,
- Place the source for your quotations as close as possible to the quotation in your work.

After writing

- Allow someone else to go through your work and give feedback related to citation errors
- and other instances of missing references and citations
- Maintain a bibliography of all your references and citation material'

(Reference: Duke University's Writing Studio, Avoiding Plagiarism. PowerPoint presentation)

Penalties for acts of plagiarism:

Board of Studies will scrutinize all academic material pertaining to each study course and in the event of detecting plagiarism, will decide on further action according to the degree, of the violation. The action taken in such events can amount to,

- Instructing on re-submitting the work with appropriate changes
- Calling for explanations with regard to the act of plagiarism
- Reporting to the other relevant bodies dealing with disciplinary matters at the PGIM
- Failing the assessment in which the-plagiarized content was intended
- Suspension from the course of study after a disciplinary inquiry according to the PGIM regulations.
- Or any other disciplinary action according to the PGIM regulations as decided by the relevant authorized body.

Conclusion:

This documentation hopes to educate the PGIM trainees' regarding what is expected from these scholarly writings and what constitutes 'plagiarism'. It intends to develop a culture of intellectual respect and better scholarliness among the trainees of the PGIM and hopes to streamline the practices to prevent plagiarism, intentional or otherwise, from taking place.