



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA**

GENERAL REGULATIONS AND GUIDELINES

2015

This book gives the general regulations and guidelines updated to 1st January 2015. It replaces the document published in 2013. Decisions of Boards of Study are vetted by the Academic Affairs Accreditation Examinations & Discipline (AAAED) Committee before being approved by the Board of Management of the PGIM. Decisions taken by the Board of Management are then approved by the Senate of the University of Colombo.

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

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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 commenced in 1952, followed by the degree of MS the next year.

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

However, the newly set-up IPGM was at a disadvantage as examinations of the UK professional Colleges continued to be conducted in Colombo, and local doctors preferred these to IPGM examinations. A review of the work of the institute became necessary. The government decided to stop the UK professional colleges from conducting foreign postgraduate medical examinations in Sri Lanka and to grant full recognition and preference to postgraduate medical degrees of the institute with effect from the 1st of 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, and renamed the Postgraduate Institute of Medicine (PGIM). Dr. S.A. Cabraal was appointed as its first Director. Accordingly, PGIM Ordinance No: 1 of 1980 made under the provisions of the Universities Act referred to above came into force on the 10th of April, 1980. Boards of Study for various specialties were re-organized and courses of instruction and examinations were arranged for the different specialties. They were Anaesthesiology, Community Medicine, Dental Surgery, Family Medicine and General Practice, Medicine, Obstetrics & Gynaecology, Ophthalmology, Pathology, Paediatrics, Psychiatry, Radiology and Surgery. In 1985, four more Boards of Study, 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, Professor Jayantha Jayawardana in 2012 and Professor H. Janaka de Silva in 2014. The post of Deputy Director was established in 2011, and this post has been held by Professor Jayantha Jayawardana, followed by Professor Prashantha Wijesinghe, Professor Chrisantha Abeysena and Professor Senaka Rajapakse. Amendments to the 1980 Ordinance took effect on the 1st of July 2014, and several new Boards of Study and Specialty Boards were established under the amended Ordinance.

2. CURRENT STATUS OF THE PGIM

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

The PGIM currently conducts 107 programmes of study under the purview of 22 Boards of Study and 38 Specialty Boards.

3. THE VISION, MISSION, GOALS AND OBJECTIVES

Vision

To be an internationally recognized centre of distinction 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.

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 to accommodate 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 a health care team approach in solving health problems.
- Evaluate medical education programmes in order to obtain information with regard to flaws and pointers for improvement.
- Arrange in-service programmes where preventive and curative care and nursing care are well integrated.
- Develop educational links with foreign institutions for mutual benefit 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, Rajarata University of Sri Lanka

Dean / Dental Sciences, University of Peradeniya

Dean / Health Care Sciences, Eastern University of Sri Lanka

Deans of any new faculties of medicine that are established in the country, under the Universities Act

Deputy Director General of Education, Training and Research

Deputy Director General of Medical Services

Deputy Director General of Dental Services

Other Members

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

Seven members appointed by the University Grants Commission, of whom 3 should be from the Medical Profession.

Two members appointed by the Council of the University of Colombo.

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 Boards is done every three years in terms of the provisions of the PGIM ordinance No. 01 of 1980 and its 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
	Doctorates (MD)/Subspecialties
Anaesthesiology	Certificate of Competence in Anaesthesiology
	PG Diploma in Critical Care Medicine
	MD Anaesthesiology and Board Certification
	MD Anaesthesiology and Board Certification with special training in
	Cardiothoracic anaesthesia
	Neuro-anaesthesia
	Obstetric anaesthesia
	Paediatric anaesthesia
	Intensive Care
	Pain Management
	Board Certification in Critical Care Medicine
Basic Medical Sciences	PG Diploma in Anatomy
	PG Diploma in Medical Physiology
Community Medicine and Community Dentistry	MSc Community Medicine
	MSc Community Dentistry
	MD Community Medicine and Board Certification
	MD Community Dentistry and Board Certification
	MSc Human Nutrition
Clinical Oncology	MD Clinical Oncology and Board Certification
	Board Certification subspecialties
	Paediatric Clinical Oncology
	Haemato-Oncology
Dental Surgery	PG Diploma in Hospital Dental Practice
	MD Oral and Maxillofacial Surgery and Board Certification
	MD Orthodontics and Board Certification
	MD Restorative Dentistry and Board Certification
	MD Oral Pathology and Board Certification

Dermatology	MD Dermatology and Board Certification
Family Medicine	PG Diploma in Family Medicine (Full time Face to Face)
	PG Diploma in Family Medicine (Part time Online)
	MD Family Medicine by thesis and Board Certification
	MD Family Medicine by examination and Board Certification
Forensic Medicine	PG Diploma in Legal Medicine
	MD 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
Rheumatology & Rehabilitation	
Medical Administration	MSc Medical Administration
	MD Medical Administration and Board Certification
Microbiology	PG Diploma in Medical Microbiology
	MD Medical Microbiology and Board Certification
	Board Certification in the subspecialty
	Mycology
	MD Medical Parasitology and Board Certification
	MD 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 Biomedical Informatics
	MSc Medical Toxicology (online)
	MSc Molecular Medicine
	MD Emergency Medicine and Board Certification
	MD Medical Education and Board Certification
Obstetrics and Gynaecology	PG Diploma in Reproductive Health
	MD Obstetrics and Gynaecology and Board Certification
	Board Certification in subspecialties
	Gynaecological Oncology
	Subfertility
Ophthalmology	MD Ophthalmology and Board Certification
	Board Certification in subspecialties
	Vitreo-Retinal Surgery
	Paediatric Ophthalmology
	Cornea & External Eye Diseases
	Orbit & Oculoplasty
Otorhinolaryngology	MD Otorhinolaryngology and Board Certification
Paediatrics	PG Diploma in Child Health
	MD Paediatrics and Board Certification
	Board Certification in subspecialties
	Paediatric Neonatology
	Paediatric Cardiology
	Paediatric Nephrology
	Paediatric Neurology
	Paediatric Intensive Care
	Paediatric Endocrinology
Paediatric Pulmonology	

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

	Board Certification in subspecialties
	Surgical Oncology
	Cardiothoracic Surgery
	Gastroenterological Surgery
	Paediatric Surgery
	Plastic Surgery
	Genito Urinary Surgery
	Vascular Surgery
	Transplant Surgery
	Neuro surgery
	Thoracic Surgery
	MD Orthopaedics and Board Certification
Venereology	PG Diploma in Venereology
	MD Venereology and Board Certification

6. ELIGIBILITY CRITERIA

Applicable for all Screening Examinations/Selection Examinations being conducted by the PGIM to select trainees for PGIM training programmes/courses of study.

6.1. Prospective applicants for Screening Examinations/Selection Examinations must satisfy the following requirements.

- a) A medical/dental degree registered with the Sri Lanka Medical Council (SLMC).
- b) Satisfactory completion of internship acceptable to the SLMC.
- c) 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.
- d) The criteria prescribed in paragraphs a) to c) must have been satisfied by the applicants as at the date of closure of applications. Where a short-fall has occurred due to any reason, including sick, maternity or other leave, the doctor concerned should complete the shortfall in order to become eligible to apply for the Selection Examination.
- e) Any other requirements stipulated by the Board of Study, relevant to a particular field of study, which have been approved by the Board of Management.

Notes:

Foreign nationals applying to register for selection examinations should possess a medical degree registrable with the SLMC. 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 available for most courses.

6.2. Number of Attempts at Screening/Selection Examinations

Prospective trainees will be allowed to attempt screening/selection examinations without limits on the number of attempts. This is applicable in respect of all Selection Examinations **and**

MD (Part I) Examinations, inclusive of MD (Anaesthesiology) Part 1A & B, and MD (Ophthalmology) Module I.

7. SELECTION FOR TRAINING PROGRAMMES

- 7.1.** The PGIM issues circular letters and publishes on its website [www.http://pgim.cmb.ac.lk](http://pgim.cmb.ac.lk) calling applications for Selection Examinations in accordance with the Calendar of Examinations of the PGIM which is published annually. Prospective applicants need to respond to such advertisements. The website will carry details of the advertisements published in the newspapers.
- 7.2.** Application Forms received in response to such notices, along with payments, will be scrutinized 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 Screening/Selection /Part I examinations (that have been prescribed by the Boards of Study and Board of Management) and the number of training positions available.
- 7.3.** Training will be carried out in units approved by the Boards of Study and the Board of Management. Allocation of trainees to training units will be done based on criteria laid down by the Boards of Study and the Board of Management. This may be subject to change from time to time.
- 7.4.** A list of trainees is submitted to the Ministry of Health, University or the employer concerned for release of trainees to follow courses of study/training programmes. The responsibility to release trainees to the PGIM rests with the Ministry of Health/University/private sector employer concerned.
- 7.5.** Trainees who are 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 a vacation of post notice or has vacated post or who has resigned from service should complete one year of obligatory service after re-employment before he/she can be enrolled for a PGIM training programme/course of study.
- 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 of a programme/course of study 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 programme/course of study. 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 enrolling 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 training program leading to a PG Certificate, PG Diploma, MSc or MD only in one discipline. However, this rule shall not apply for online courses, part time courses, or courses 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 PG Diploma in Family Medicine and PG Diploma in Reproductive Health, where obtaining such a qualification is a requirement for 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 for training programmes:** Selection for training programmes, according to the number of training places indicated in the circular letter calling for applications for the selection examinations, and the allocation of training units for Medical Officers in the Ministry of Health, Universities, Armed Forces/Police, Non State Sector (Sri Lankans) and Foreign Candidates, will be done as described below:
- There shall be one “merit list” for selection of medical officers from all segments for the training programme.
 - There shall be one “list for allocation of training units” for medical officers from all segments after selection to the training programme.
 - The principle of not compromising on the maximum number of Ministry of Health doctors possible to be selected for training programmes and allocated to training units will be respected.
 - There shall be Six segments as listed below:
 - Segment 1: Medical Officers attached to the 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 selected should be according to the circular letter calling for applications as decided by the BOS/PGIM. The number in Segment 1 should be the maximum number that can be selected for training by the Board of Study, depending on facilities available for training.
- A merit list will be prepared based on the final mark (arranged in descending order) in the selection examination obtained by candidates in all five segments who pass the selection examination.
- In the above merit list, depending on the maximum number of trainees permitted to be selected in Segment 1 (Medical Officers attached to Ministry of Health), a “cut off line” will be drawn.
- Following the final selection of 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: Candidates from the Ministry of Health, Universities and Armed forces will be listed in descending order based on the final 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 the final marks and number of attempts.

With Section 1 first and Section 2 second, and the marks obtained by medical officers in each section will be arranged in descending order.

- If the available training positions are less than the total number in the above “list for allocation of training units” supernumerary training posts will be decided by the BOS before the allocation meeting and trainees informed. The allocation to be done commencing from the trainee who is first in the merit list.
- This will provide an opportunity for the trainees of the Ministry of Health/Universities/Forces to opt for any supernumerary training positions if they opt to do so.

7.13. Selection of Non-State Sector trainees: Candidates from the Non-State Sector who wish to enter PGIM training programmes should possess a medical or dental degree registrable with the SLMC (foreign nationals) or be registered with the SLMC (Sri Lankan Citizens) at the time of application to the PGIM. To be eligible to sit a screening/selection/Part I examination they should have completed an internship acceptable to the SLMC 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. They should also fulfill other entry requirements specified by individual Boards of Study and the Board of Management.

1. 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 (such as Memorandums of Understanding) will be honored, if necessary on a supernumerary basis. The principle of not compromising on the number of training slots for the Sri Lankan state sector doctors will be respected.

2. Non state sector (Sri Lankan) trainees on contract will be given a list of duties and will be entitled to a monthly allowance until the first scheduled attempt at the relevant examination for award of degree. Payments will not be made in the case of part time/observational programmes and be made only in respect of services that the Board of Study prescribes. When there is no service component, as is the case in DFM, DCH, MSc etc., non state sector trainees will not be entitled to a monthly allowance.

In the case of non clinical courses the Board of Management on the recommendation of Boards of Study will determine the components of the training programmes for which Sri Lankan non state sector trainees will be eligible to receive the allowance.

If a non state sector trainee fails 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.

3. A contract will be signed between non state sector trainees and the Ministry of Health. The contract will include terms relating to obligations of the trainee towards the PGIM training programme, including but not restricted to the following
 - a. leaving the programme midstream
 - b. not fulfilling PGIM/Board of Study requirements
 - c. professional misconduct
 - d. financial misconduct
4. 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 7.12. above.
5. Training in the PGIM should not be regarded as an avenue of employment in the Ministry of Health for non-state sector doctors.
6. 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 to and the trainer. All non state sector trainees will have to comply with PGIM/University/Ministry of Health rules and regulations and code of conduct.
7. 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 state sector doctors and will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course fees and examination fees paid by non state sector candidates will not be refunded by the PGIM. All other general guidelines regarding refunding of fees will apply to non state sector candidates.
8. Non state sector foreign trainees will pay fees according to the PGIM Fee Structure Book. However the fee structure may be changed from time to time by the Board of Management. They will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course fees and other fees paid by non-state sector foreign candidates will not be refunded by the PGIM or the government. All other general guidelines regarding refunding of fees will apply to non-state sector foreign candidates.

9. All non state sector trainees will be governed by the same academic, administrative, disciplinary and examination rules that apply to all trainees.
10. Neither the Ministry of Health nor the PGIM will provide funding for foreign training of non state sector trainees if this is required. It is the responsibility of non state sector trainees to find overseas placements for the foreign training component, acceptable to the relevant Board of Study. Thereafter, the PGIM will extend the same facilities available to state sector trainees with regard to documentation and monitoring. On the recommendation of the BOS, the flexible training option may be made available to non-state sector candidates.
11. 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 their training is provided. Before starting training, they will be required to sign two separate financial bonds with the PGIM and the Ministry of Health.
12. The above conditions and stipulations will apply to all trainees but will apply in particular to trainees entering MD programmes where there is a clinical training component. In the case of Certificate, Diploma and MSc programmes with some clinical exposure, trainees may be given observer status for short clinical training components.
13. Non state sector trainees will adhere to the accepted channels of communication with respect to all their dealings with the PGIM.
14. 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. ENGLISH TEST

All MD trainees are advised to sit a practical English test, such as, IELTS as soon as possible after joining the MD training programmes.

9. EXEMPTIONS ON THE BASIS OF FOREIGN QUALIFICATIONS

A candidate who possesses CCST/CST/Equivalent may be admitted to a suitable point in the Pre MD Programme. They will be required to sit for the MD Examination and complete post MD training to be eligible for Board Certification.

Granting of exemptions from any part of the examination or/and pre Board Certification training may be considered by the respective Boards of Study on the basis of the:

- Training requirements already satisfied, or
- Other postgraduate qualifications already obtained in the relevant specialty

10. LEAVE

- 10.1.** Trainees are entitled for 14 days of leave per year.
- 10.2.** 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.
- 10.3.** Whatever the type of 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 fulfilled. Even with 80% attendance, trainees can be requested by Boards of Study to repeat any segment of the training programme that they have not satisfactorily completed.
- 10.4.** Following registration for a training programme a trainee is entitled to 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 from his/her employer (Ministry of Health or University as the case may be). However, following such leave the trainee will join the PGIM under the prospectus in operation at the time of rejoining the training programme.

10.5. Maternity leave

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

Trainees are entitled to 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 fulfilled. The candidate has to complete the shortfall in training even if this results in him/her sitting the examination with a subsequent batch of trainees.

Trainees should inform the Director/PGIM and the employer in writing, along with a copy of the Medical Certificate, when availing themselves of maternity leave.

10.6. Paternity leave

Trainees are entitled to paternity leave under the provisions of public administration circulars.

11. ATTENDANCE

A minimum of 80% attendance at organized lecture courses/modules, practicals, field work, and satisfactory completion of prescribed clinical training are requirements to be granted permission to sit examinations. Acceptance of the thesis/dissertation/portfolio/case book and submission of log book are also pre-requisites for being granted such permission.

12. 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 and module examinations.

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

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

Trainees who have reached the stipulated standard for a pass in the prescribed components will be conferred a Postgraduate Diploma, Master of Science or Doctor of Medicine by the University of Colombo in the specialty concerned.

12.1 Number of attempts at exit/final examinations

12.1.1 The permitted number at all exit examinations (MD/MSc/ PG Diploma/ Certificate) shall be six (6). 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 whether or not the trainee attempted successive examinations. However, in the event the trainee has not attempted 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 University Senate, such an attempt will not be counted in the determination of the number of attempts. When all attempts are exhausted, re-entry to the same programme will not be permitted, nor will the trainee be permitted to sit for the selection examination of the same training programme.

12.1.2 Any candidate in a training programme who fails the exit examination in the fifth attempt is strongly recommended to satisfy the following conditions before the sixth attempt.

- a. To be appointed to a training unit for further fulltime training of twelve months with a satisfactory report.
- b. To undergo RITA/Portfolio Assessment evaluation every three months with satisfactory reports.
- c. To sit for a MD mock examination (organized prior to the MD examination) and obtain a pass mark.

12.1.3 Trainees who are unsuccessful after their sixth 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 different components of the training programme completed with their duration.

12.2 Counting the number of attempts and withdrawal of the examination application

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

The following stipulations will apply in such situations.

Application for an examination will not be counted as an attempt provided that:

- 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.
- absence is due to sudden unavoidable circumstances which are acceptable to the Board of Study and Board of Management.

12.3 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.
- For trainees who are unable to sit the first scheduled examination due to a valid reason the next scheduled examination will be considered the first attempt. If successful, they will be placed in the merit list at the position appropriate to their final mark.
- It is the trainees' responsibility to inform the PGIM with reasons if they do not plan to sit a scheduled examination, one month before the scheduled date of the examination.
- 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 subject to the examination rules and regulations which are in place at the time they sit the examination.
- In instances where the 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 the order of merit determined accordingly. Fees paid will not be refunded.

13. SPECIALIZATION

The option of selecting a specialty/sub-specialty (former term used) is normally given to the trainees. Training opportunities are offered according to availability of trainers and training units/posts as determined by the relevant Boards of Study and the needs of the country as determined by the Ministry of Health. The number of available training positions 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 a subspecialty during the following year based on the MD merit position in the previous year, even if training positions are available.

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

13.1 Introduction of new specialties

New specialties will be introduced only after:

- A written request made by the Secretary/Ministry of Health based on the needs of the country.
- Approval for the above request is granted by the BOM and/or the relevant BOS.
- Preparation of the relevant prospectus and by-law as per UGC guidelines by the BOS/SpB.
- Approval for above by the AAAEDC, BOM, Senate, Legislation Committee, University Council and UGC.

13.2 Changing of a selected specialty by Senior Registrars within a general specialty

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

- Requests for change of a selected specialty will be allowed only within the first three months of Senior Registrar (post-MD) training, provided that training positions are available in the requested specialty.
- Requests for such changes will be allowed only once.
- The period of training the trainee has undergone in the first chosen specialty will not be considered for purposes of Board Certification.
- The effective date of Board Certification will be calculated from the date of commencement of training in the specialty to which the trainee changes.
- Such changes have to be approved by the Board of Study and Board of Management.

14. MONITORING OF THE PROGRESS OF TRAINEES

Progress of all PGIM trainees will be monitored closely by trainers and Boards of Study. The overseas component of the post MD training programme will be monitored by the overseas trainer. Appropriate assessment and appraisal mechanisms are in place for trainees at Registrar and Senior Registrar level. Boards of Study will determine the format of these assessments. These will include progress reports and Peer Team Rating forms which need to be submitted at least once in six months or as stipulated in the relevant prospectus.

A trainee may have to repeat a part or the entire training programme if he/she has not shown satisfactory progress and this will delay the date of Board Certification.

If a trainee's conduct has been found to be unprofessional his/her trainee status may be terminated in terms of the provisions of the Disciplinary Code (**Annexure II**), or the effective date of Board Certification may be delayed.

15. REQUIREMENTS BEFORE PROCEEDING ON OVERSEAS POST MD TRAINING

Period of Post MD Training: The minimum period of local and overseas training is stipulated in the relevant prospectus. 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 offer and the IELTS Certificate etc., should be submitted when trainees seek approval for overseas training. (Please see **Annexure III** for set of documents to be submitted).

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

Satisfactory completion of the local component of training after passing the MD examination is a requirement to apply for overseas training and study leave. However, at the discretion of the BOS such overseas leave may be approved before completion of post MD local training. 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 for the trainee to be eligible to apply for Board Certification.

15.2 The maximum time period permitted to commence post MD Overseas Training

After completing the post MD local training, the trainee should either commence overseas training or one of the flexible training options within 5 years after passing the MD Examination. If not, his/her training status will be terminated, and he/she shall not be eligible for Board Certification or re-entry to the same programme.

16. BOARD CERTIFICATION AND PRIVILEGES OF BOARD CERTIFICATION

16.1 Board Certification

After obtaining the degree of MD, trainees are required to undergo further training as stipulated in the relevant prospectus to be eligible to apply for Board Certification in the specialty/sub-specialty (formerly known) chosen. In some instances a trainee may substitute the overseas training component with the Flexible Pre Board Certification Training Options, for valid reasons acceptable to the BOS and BOM (Vide-Section 16.2 FPBCTO options).

16.2 Flexible Pre Board Certification Training Options – (FPBCTO)

The following two training options are available to trainees in lieu of the post-MD overseas training component stipulated in the relevant prospectus, with the concurrence of the BOS concerned and approval of the BOM.

Option I: Six (6) months training abroad plus six (6) months training locally. or

Option II: One year in Sri Lanka, with attendance at 2 to 3 short courses abroad (each course to be 6 to 8 weeks duration). Limited financial provisions may be provided.

Under the most exceptional circumstances a trainee may be allowed to undergo the full one year of training in Sri Lanka in lieu of training abroad with the concurrence of the BOS concerned and approval of the BOM.

16.3 Pre Board Certification Assessment (PBCA)

The trainee should pass the Pre Board Certification Assessment before he/she can be Board Certified. The PBCA will be held following completion of local and overseas training. The format of the PBCA is given in the relevant prospectus.

16.4 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 of Health before 1st January 1980 could be granted privileges of Board Certification on application, provided that the specialist concerned has completed 7 years of continuous service in the state health service after obtaining such qualifications. This category of medical officers will be granted privileges of Board Certification effective from 1st January 1980.

Privileges of Board Certification could 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.

16.5 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 examination in the relevant specialty and on fulfillment of all other requirements of the post of MD training programme stipulated in the relevant prospectus.

16.6 Date of Board Certification

16.6.1 PGIM trainees become eligible for Board Certification on satisfactory completion of the following.

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

OR

Completion of the local training component plus one of the Flexible Pre Board Certification Training Options (FPBCTO) with the concurrence of the relevant BOS and approval of the BOM.

- ii. Completion of all other requirements stipulated in the prospectus.
- iii. Pass the PBCA
- iv. Return to Sri Lanka and assumption of duties in the Ministry of Health/University/Public Sector Institution.

16.6.2 On satisfactory completion of (i) to (iv) above, trainees are Board Certified with effect from the date on which they were scheduled to complete training. For the purpose of determination of the effective date of Board Certification the duration of local and overseas training components are added to the date of release of the MD results.

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

- a. The local training commenced immediately after passing the MD Examination.
- b. Overseas component/s of training commenced within 5 years after passing the MD Examination.
- c. A valid reason is given for any delay for a. and b. above.

- d. There have been no complaints regarding the trainee during the training period which has resulted in extension of the training period.
- e. There has been no overstay beyond the period of study leave granted by the employer
- f. There has been no delay in sitting for the PBCA and passing it as stipulated in the prospectus.
- g. All requirements stipulated in the prospectus such as the case book, portfolio and dissertation have been completed within the stipulated period.
- h. The trainee has applied for Board Certification within one month after completing all requirements.
- i. The Board of Management, on the recommendation of the Board of Study, has not decided otherwise.

In the event of (a) to (h) above not being fulfilled, the extra period will be added to the due date of Board Certification, and the effective date of board certification will be delayed.

16.6.3 However, under exceptional circumstances, the Board of Management, on the recommendation of the Board of Study, could grant an extension of time up to a maximum of two years to a trainee to complete the prescribed Post MD overseas training. In such instances, the date of Board Certification will be the due date.

16.6.4 Trainees who do not complete the prescribed post MD overseas training within the stipulated maximum time period referred to in section 16.6.3 or do not complete any of the Flexible Pre Board Certification Training Options (FPBCTO) in lieu of overseas training will be considered as not being eligible for Board Certification unless they are undergoing training approved by the BOS/BOM.

16.6.5 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 (one year obligatory service in Sri Lanka 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 the requirements to be eligible for Board Certification, and effective from the date of the decision of the Board of Management approving Board certification.

16.6.6 (a) All trainees are required to report back to their employer and to the PGIM for purposes 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, trainees have to sign and date a register maintained specifically for this purpose. In the event of any delay in reporting back to their employer or in signing the PGIM register, without a valid reason, the period of delay will be added to calculate the effective date of Board certification.

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

- Settled the bond with their employer and provided written evidence to that effect along with the original receipt.

- Paid the full cost of training to the PGIM (applicable for requests for Board Certification being made after 1st January 2009).
- Completed all other criteria to be eligible for Board Certification (Annexure IV).

Their effective date of Board Certification would be the date of the decision of the BOM approving Board Certification.

- (c) All trainees have to report to the BOS concerned (by prior appointment) for purposes of Board Certification after (a) or (b) above.

16.6.7 Under no circumstances can Board Certification be effected prior to completion of the prescribed training in full.

17. FEES

Information regarding course fees and examination fees payable by trainees to follow training programmes/courses of study and to sit PGIM examinations could be obtained from the PGIM website and the Academic and Examination Branches of the PGIM. Current rates are available with the PGIM.

All fees will be subject to review and revision every 2 years. A PGIM Fee Structure Book has been updated in 2015 and is available with the Academic Branch.

17.1 Refund of course fees

- Refunding course fees (minus the 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 the course of study/training programme.
- Course fees will not be refunded to trainees who withdraw from the course of study/training programme six weeks after commencement.
- The PGIM will retain a 10% institutional charge from the course fees when refunds are made.

17.2 Refund of examination fees

Requests for refund of examination fees will be considered:

- If the candidate has withdrawn his/her application before the closing date of applications – a 75% refund of fees will be considered.
- If the candidate has withdrawn his/her application after the closing date of applications but before commencement of the examination for reasons acceptable to the BOS – a 50% refund of fees will be considered.

After the examination commences no refund will be made. Such an application will be considered an attempt (unless a valid excuse is submitted and is acceptable to the BOS/BOM).

Requests for refunds of examination fees which do not conform to the above stipulations will not be entertained. Carrying forward unutilized fees for subsequent examinations will not be allowed.

18. HEALTH AND FITNESS

Trainees should be of sound physical and mental health and fitness to undertake courses of study/training programmes. In case of significant illness or impairment/disability, the trainee and/or the trainer should inform the Director/PGIM.

A trainee may be refused entry or be discontinued from a course of study/training programme on account of serious physical or mental illness/impairment/disability. Such a decision will be made by the BOM 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 must adhere to the guidelines approved by the Board of Management, Senate and the Council of the University of Colombo. Acts of indiscipline will be dealt with under the provisions of the Disciplinary Code of the PGIM. All trainees are also subject to the guidelines of local statutory bodies such as the SLMC, the employer and that of foreign organizations/statutory bodies during overseas training.

The PGIM has its own Disciplinary Code (**Annexure II**) which is directly applicable to PGIM trainees, and this supplements the Disciplinary Regulations of the University of Colombo. Appropriate disciplinary action on offenders will be taken by the BOM.

20. EXAMINATION OFFENCES

Trainees who commit examination offences are liable to be punished under Rules, Regulations and Guidelines approved by the PGIM and the University of Colombo.

21. UPDATES ON RULES AND REGULATIONS

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

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

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

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 Chairpersons of BOS. SMS messages will not be entertained.
2. All letters being sent from the PGIM to supervisors, examiners, trainers or trainees, or to other institutions, should be under the signature of the Director/PGIM unless otherwise delegated.
3. Chairpersons/Secretaries of Boards of Study, Conveners of Committees/Sub Committees may attend to correspondence and official work with the subject clerks concerned and prepare drafts of letters etc. However, these drafts should be forwarded to the Director under the supervision of the relevant DR, DB, SAR, SAB, SAL or AR. All letters will be signed by the Director and an office copy will be retained.
4. The Director/PGIM can by letter of authority delegate designated officers to handle certain correspondence.
5. Assistance of Computer Application Analysts and Technicians could be sought through the Deputy Registrar
6. The Medical Education Resource Centre (MERC), will function directly under the direction of the Director/PGIM.
7. The Deputy Director and academic staff of the PGIM will function directly under the Director/PGIM.

Disciplinary code

This Disciplinary Code approved by the Board of Management of the PGIM is applicable to all PGIM trainees who are registered for courses of study/training programmes and examinations.

1. Types of inadequacies/offences

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 forms/appraisal forms/guidelines/prospectuses

Major

I. Professional incompetence

- i. Repetition of minor inadequacies/offences despite a “letter of warning”
- ii. Three adverse assessments during the local training period
- iii. Two adverse assessments during the overseas training period
- iv. Unsatisfactory performance during an extended period of either local or foreign training
- v. Evidence of seriously deficient or incompetent performance or 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

- i. Local trainers
- ii. Foreign trainers
- iii. Any consultant from the hospital to which the trainee is posted for training

- iv. Administrator of the hospital to which the trainee is posted for training
- v. Patients who have been under the care of the trainee or their relatives
- vi. Any other persons/authorities acceptable to the BOS/BOM

3. Procedure for the inquiry

When a complaint is received, the under-mentioned procedure has to be followed to determine whether the PGIM should take disciplinary action against a trainee, such as, extension of the period of training or termination of trainee status.

On receipt of a complaint(s), allegation(s) or poor progress report(s), the Chairperson of the relevant Board of Study and the Director/PGIM should examine such complaints/allegations/poor progress reports, if necessary in the presence of the trainee, and decide whether it is necessary to proceed further. At this meeting the Chairperson/BOS and the Director may counsel and advice the trainee and settle the matter.

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

3.1 The Process to be followed by the BOS

The Board of Study should examine into the complaints/allegations/poor progress reports and decide on one of the following or any other suitable steps:

- 3.1.1. Disregard the complaints/allegations/poor progress reports.
- 3.1.2. Appoint a three member committee from among members of the BOS for a “Preliminary Investigation (fact finding process)”. Following the “Fact Finding Preliminary Investigation”, if there is *prima facie* evidence against the trainee, the BOS could:
 - a. Request the Director to issue a “Letter of Warning”.
The Director/PGIM, on the recommendation of the BOS concerned, should issue such letter of warning.
 - b. Refer the matter to the Board of Management recommending an inquiry.

3.2 The Process to be followed by the BOM

The Board of Management should appoint Committees of Inquiry consisting of the following members.

(a) Preliminary inquiry:

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

Following the Preliminary Inquiry if there is *prima facie* evidence against the trainee, a Formal Inquiry should be instituted.

(b) Formal inquiry:

The Board of Management should appoint a committee consisting of following members to conduct 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, who is competent in conducting formal inquiries.

4. Recommended disciplinary action to be instituted 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.

4.2.1. Local training

This should initially be in the same unit, disregarding the training period already completed, provided the trainer is willing to accommodate the trainee in his/her unit for the extended period of training.

If the trainer is not willing, the BOM/BOS should appoint the trainee to another unit for the extended period of training, at their discretion.

If the training is still found to be unsatisfactory the BOM/BOS 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 the 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.

However,

- The option of finding a new training post overseas would be given to the trainee.
- The overseas training post should be approved by the Board of Study.
- The cost involved in such overseas training should be borne by the trainee.
- The period of training that was previously completed 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 overseas training post.
- The Overseas training post should be approved by the Board of Study.
- The cost involved in such overseas training should be borne by the trainee.
- The period of training that was previously completed but was found to be unsatisfactory would be disregarded

5. Recommended disciplinary action following the Formal Inquiry

5.1. Termination of trainee status and/or withholding Board Certification

Action should be taken to terminate trainee status and/or withhold Board Certification of the trainee on account of,

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

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

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

Disciplinary action taken 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 notes that this document is a compilation of guidelines, rules and regulations which are already contained in the prospectuses and other documents of the PGIM and University. These stipulations have been in practice for many years in the PGIM and are not a new set of rules, and are applicable to all PGIM trainees who are currently registered with the PGIM.

Annexure III

Documents to be submitted when approval is sought for overseas training

1. Personal details of the Trainee.
2. Present place of work in Sri Lanka.
3. Documents with regard to the offer of the placement (letter or e-mail).
4. Proposed date of commencement of appointment.
5. (i) A statement pertaining to the status of the placement offered (whether)
 - a. A paid job
 - b. A job requiring completion of an orientation period and the period (with documentary evidence)
 - c. An attachment based on a PGIM scholarship
 - d. Observer status, if relevant(ii)
 - a. Hospital and the names of Overseas Supervisors
 - b. Short CV of the Overseas Supervisor
 - c. Hospital profile (a download from the internet is sufficient)
 - d. The job profile/contract, including the case load of the unit
6. A letter from the Board of Study to the effect that progress reports of local training has been satisfactory.
7. The IELTS certificate – it is a requirement by the PGIM that all trainees must have at least a “Band-7” pass in the IELTS irrespective of the country in which they plan to do their overseas training (some countries may require a higher band).
8. Overseas contact details of the Trainee (address, telephone numbers, e-mail).
9. Documents, if any, to indicate that Board of Study approval has been obtained for the placement.
10. A statement pertaining to additional expenditure, if any, to be incurred by the Trainee/PGIM for securing the training placement (Eg. medical council registration, medical/health insurance, indemnity insurance, work permit), indicating whether funds will be forthcoming from the institutions concerned.

Annexure IV

Documents to be submitted for Board Certification

1. A letter requesting Board Certification.
2. The “paying-in-slip” (pink) duly certified by the bank to confirm payment of the processing fee.
3. Report/s from the overseas trainer to confirm satisfactory completion of overseas training.
4. Report/s from the local trainer to confirm satisfactory completion of local training.
5. Confirmation that the trainee has signed the “Register of Overseas Training” before departure from the country and on arrival in the country with dates.
6. A letter from the employer (DGHS / Vice Chancellor/ Commander of Armed Forces or other) to confirm resumption of duties following return to the country, with the date of resumption of duties.
7. A no claim certificate from the Deputy Registrar, PGIM.
8. A no claim certificate from the Librarian, PGIM.
9. A no claim certificate from the Deputy Bursar, PGIM in the case of a recipient of a PGIM Scholarship.
10. A trainee from state sector who has resigned or vacated post before or after returning to the country following overseas study leave should submit a “letter of clearance” from the Head of the relevant institution (DGHS/Vice Chancellor/ Commander of Armed Forces or other) to confirm the repayment of the bond and the settlement of all other dues.
11. Evidence of completion and acceptance of all other requirements stipulated in the prospectus or approved by the BOM/Senate as eligibility criteria to sit for the Pre Board Certification Assessment (PBCA) and Board Certification.
12. The PBCA report and date of passing the PBCA (applicable to trainees who completed the MD Part II Examination from August 2011 or before this date if stipulated in the relevant prospectus).

Notes:

- On receipt of the above documents, action will be taken to confer Board Certification, which will normally take 4 to 6 months.
- A letter by the Director to certify Board Certification will be issued only after confirmation of the decision by the Board of Management.
- The Formal Certificate will be issued only after confirmation of the decision by the Senate of the University.

Plagiarism: guidelines for postgraduate trainees

Introduction

The 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 its trainees to become professionals of exceptional quality, and rates institutional achievements not only through clinical competence of its trainees but also on their professionalism in academic matters and scholarly publications. As such, the institute expects its trainees to maintain a high level of integrity in scholarly writing. The PGIM adopts a 'zero tolerance' for plagiarism.

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).

Extracting and re-publishing or forwarding such material for examinations, as proposals, assignments, projects, portfolios, case books, log books, online discussions, or in any other form for assessment to the PGIM will be considered as plagiarism.

The PGIM will consider plagiarism even if 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 is not recognized as being 'common knowledge'.

Types of plagiarism

There are two types of plagiarism,

1. Intentional plagiarism
2. Unintentional plagiarism

In either event, the PGIM will strictly abide by the rules and regulation dealing with plagiarism and it is the sole responsibility of 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 of such situations. The following are 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 past self written content to a different event related to the same course of study or to a different course of study an act of plagiarism unless requested. Therefore, content intended for a particular course or examination should not be re-submitted for assessment at any other examination or event.

(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 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 is 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 trainers in their respective study programmes. Apart from such supervision, students themselves need to take the following measures to avoid even unintentional acts 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 other 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

Boards of Study 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,

- Instruction to re-submit the work with appropriate changes
- Calling for explanation with regard to the act of plagiarism
- Reporting to the other relevant bodies dealing with disciplinary matters at the PGIM
- Failing the assessment for which the plagiarized content was intended
- Suspension from the course of study after a disciplinary inquiry according to PGIM regulations
- Or any other disciplinary action according to PGIM regulations as decided by the relevant authority

Conclusion

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