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

# GENERAL REGULATIONS AND GUIDELINES
# FOR
# TRAINERS, SUPERVISORS AND EXAMINERS

## 2017

This document gives the general regulations and guidelines for PGIM Trainers, Supervisors and Examiners updated to 01st January, 2017. At the PGIM, decisions of Boards of Study are vetted by the Academic Affairs Accreditation Examinations (AAAE) Committee before being approved by the Board of Management. Decisions taken by the Board of Management of the PGIM are then ratified by the Senate and Council of the University of Colombo.

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

# Amendments to 2016 General Regulations and Guidelines for Trainers between 1st January to 31st December 2016

| Amendments | Date of Approval | | | |
|---|---|---|---|---|
| | Section | Board of Management | Senate | Council |
| Chief Examiner | 9.1.3.b | 05.12.2015 | | |
| Trainer Evaluation Form | Annexure VII | 03.12.2016 | 30.11.2016 | |

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

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

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

In order to achieve the objectives of the institute, it was re-established in 1979 under the provisions of 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 different specialties. Professor R.G. Panabokke was appointed Director in 1990 followed by Dr. J.B. Peiris 1995, Professor Lalitha Mendis in 2002, Professor Rezvi Sheriff in 2006, Professor Jayantha Jayawardana in 2012 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 Jayawardena, followed by Professor Prashantha Wijesinghe, Professor Chrishantha Abeysena and Professor Senaka Rajapakse. Amendments to the 1980 Ordinance took effect on the 1st of July 2014. New By - Laws for the PGIM were enacted with effect from 22nd April 2016.

## 2. CURRENT STATUS OF THE PGIM

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

## Vision

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

## Mission

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

## Goals

- Achieve consistently high standards in teaching-learning, training and research
- Enhance training programmes to meet national health care needs
- Contribute to formulate health and medical educational policies of the country
- Extend and expand the activities of the institution in postgraduate medical education and research
- Expand infrastructure facilities to ensure quality and 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 in 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 in order to maintain high standards of postgraduate medical education in Sri Lanka. To be a financially and administratively independent institute, internationally recognized 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 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

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 three 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.

## 4.4 Channels of Communication

**4.4.1** 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. E-mails and SMS messages will not be entertained.

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

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

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

**4.4.5** Assistance of Computer Application Assistants and Technicians could be sought through the Deputy Registrar

**4.4.6** The Medical Education Resource Centre (MERC), will function directly under the direction of the Director/PGIM.

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

# 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 |

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| | 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 |

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| 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 |
| | MD Health Informatics |
| | Board Certification in Clinical Pharmacology and Therapeutics |
| 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 |

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| | 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 |
| | MD Orthopaedics and Board Certification |
| | Upper gastrointestinal surgery |
| | Hepato-pancreato-biliary surgery |
| | Lower gastrointestinal surgery |
| | Vascular surgery |

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|---|---|
| | 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 |
| | General Surgery with a Special Interest |
| Venereology | PG Diploma in Venereology |
| | MD Venereology and Board Certification |

## 5.1 New Academic Programmes

- Doctor of Medicine in Clinical Nutrition with Board Certification
- Doctor of Medicine and Board Certification in Geriatric Medicine
- Doctor of Medicine and Board Certification in Sport and Exercise Medicine
- Master of Science in Clinical Pharmacology and Therapeutics
- Master in Medical Toxicology
- Postgraduate Diploma in Medical Toxicology
- Postgraduate Diploma in Palliative Medicine

- Criteria to be fulfilled when establishing new training programmes and academic entities are given in **Annexure I.**

# 6. ELIGIBILITY CRITERIA TO BECOME TRAINERS AND EXAMINERS

## 6.1. Trainer

A trainer shall be a person having three years experience after board certification or equivalent qualifications, who shall be in active service in the case of universities established under the Act and the Ministry of Health; and in the case of Family Medicine and General Practice, who is less than sixty five (65) years of age, in the relevant field determined by the Board of Management on the recommendations of the relevant Board of Study.

## 6.2. Examiner

**6.2.1** Diploma, MSc and Selection Examinations for MD:

A person recommended for appointment as an examiner should have completed a minimum period of service of 5 years after Board Certification.

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

A person recommended for appointment as an examiner should have completed seven years of service after Board Certification or be eligible for privileges of Board Certification, and be currently working in a unit approved by the PGIM for training.

**AND**

Prior to being appointed as an examiner, the trainer must have functioned as an observer at least once in respect of the relevant examination, unless the Board of Study deems otherwise, especially in the event of non availability of the required number of examiners, with the approval of the Board of Management.

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

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

b. MD/Pre-Board Certification Assessment: PhD/DM and seven years of post-qualification service.

* From 1st January 2016 onwards, successfully completing the Examiner Training Workshops conducted by the PGIM will be a prerequisite to being appointed as an Examiner. This regulation will not apply to those who have been appointed as Examiners prior to 1st January 2016.

# 7. ACCREDITATION OF TRAINING UNITS/CENTRES

The PGIM requires that new training units/ centre should be accredited by a standard process in order to ensure quality of training. The steps to be followed in this accreditation process and the required documentation are laid out in this document.

**7.1** Applications should be made on the relevant form (Annex 1) which will be available from the Academic Branch of the PGIM.

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

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

**7.4** The application should be supported by relevant documents indicated in the application form.

**7.5** The Director/ PGIM will forward the application to the relevant Board of Study/ Specialty Board with observations.

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

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

**7.7.1** CV of trainer (particularly period since Board Certification as a specialist).
**7.7.2** Audit of work load in training unit/ centre during the preceding year and facilities for trainees.
**7.7.3** Hospital/ institutional profile.
**7.7.4** Job descriptions for Registrars and Senior Registrars.
**7.7.5** Support form Hospital/ Institutional Director.
**7.7.6** Report on site inspection.

**7.8** The recommendation of the Board of Study/ Specialty Board should be submitted to the Director/ PGIM, who will then submitted it to the AAAEDC.

**7.9** The AAAEDC should submit its recommendation to the Board of Management.

**7.10** The Board of Management may approve accreditation pending Senate approval in order to minimize delays.

# 8. PREPARATION OF PROSPECTUSES

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

In the main specialties leading to MD and Board Certification, the prospectus should be structured under the following headings and sub-headings:

**8.1.1** Nomenclature
**8.1.2** Background and justification / introduction
**8.1.3** Eligibility for entry into training programme
**8.1.4** Selection examination
**8.1.5** Number to be selected for training
**8.1.6** Outcomes and learning objectives
**8.1.7** Content areas
**8.1.8** Structure of pre-MD training programme
**8.1.9** Learning activities during pre-MD training
**8.1.10** Trainers and training units
**8.1.11** Monitoring progress during pre-MD training
**8.1.12** MD examination
**8.1.13** Post MD training
**8.1.14** Eligibility for Pre-Board Certification Assessment
**8.1.15** Format of PBCA
**8.1.16** Board Certification
**8.1.17** Recommended reading
**8.1.18** Contributors to development / revision of prospectus

**Notes**

### 8.1.1 Nomenclature

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

### 8.1.2 Background and Justification / Introduction:

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

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

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

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

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

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

### 8.1.3 Eligibility for entry into training programme:

This section may be worded as follows*:*

Prospective applicants must satisfy the following requirements:

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

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

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

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

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

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

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

### 8.1.4 Selection Examination:

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

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

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

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

d. The **permitted number of attempts** at the selection examination is unlimited.

### 8.1.5 Number to be selected for training

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

### 8.1.6 Outcomes, competencies and learning objectives:

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

### 8.1.7 Content areas:

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

### 8.1.8 Structure of pre-MD training programme:

Specify length of training programme in months.

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

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

### 8.1.9 Learning activities during pre-MD training:

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

a. Regular meetings with other units / department
b. Participation in Continuing Professional Development activities
c. Participation in national / international meetings
d. Conduct of audit(s)
e. Conduct of a research project. Details of procedures for obtaining approval for the project, carrying it out and submitting the report should be provided in the form of annexure
f. Engagement in teaching and training of undergraduate and postgraduate students
g. Maintaining a reflective portfolio – format and other details should be included as an annexure

### 8.1.10 Trainers and training units:

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

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

### 8.1.11 Monitoring progress:

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

This should also include provision for Peer Team Rating.

### 8.1.12 MD Examination

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

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

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

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

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

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

### 8.1.13 Post MD training

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

### 8.1.14 Eligibility for Pre Board Certification Assessment:

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

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

### 8.1.15 Format of PBCA:

See separate PGIM Guidelines regarding portfolio for PBCA.

### 8.1.16 Board Certification:

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

### 8.1.17 Recommended reading

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

### 8.1.18 Contributors to development / revision of prospectus

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

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

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

**8.2.1** Background / introduction
**8.2.2** Eligibility for entry into training programme
**8.2.3** Selection process
**8.2.4** Number to be selected for training
**8.2.5** Outcomes, competences and learning objectives
**8.2.6** Structure of training programme
**8.2.7** Content areas
**8.2.8** Learning activities
**8.2.9** Trainers and training units
**8.2.10** Monitoring progress
**8.2.11** Eligibility for Pre-Board Certification Assessment
**8.2.12** Format of PBCA
**8.2.13** Board Certification

**Notes**

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

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

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

**8.2.4** **Intake**: standard phrase is “Available training opportunities will be indicated by the PGIM in the public circular for the <relevant> MD examination. The number of candidates will be predetermined by the Specialty Board each year and approved by the Board of Study in ..... and Board of Management in consultation with the Ministry of Health”.

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

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

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

**8.2.8** **Learning activities**: specify learning activities that trainees are expected to engage in, apart from routine service in the training unit. This could include the following:
a. Regular meetings with other units / department

b. Participation in Continuing Medical Education activities
c. Participation in international meetings in the chosen subspecialty
d. Conduct of audits
e. Conducting a research project. If this is a mandatory component, details of procedures for obtaining approval for the project, carrying it out and submitting the report should be provided in the form of annexures.
f. Engagement in the teaching and training of undergraduate and postgraduate students
g. Maintaining a reflective portfolio – format and other details should be included as an annexure.

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

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

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

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

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

# 9. GUIDELINES FOR CONDUCT OF EXAMINATIONS

This section sets out guidance for Examiners, in the conduct of examinations. Also see **Annexure III.** The guidelines are described under the following headings:

**9.1 PREPARATION**

**9.2 DURING EXAMINATION**

**9.3 POST EXAMINATION**

**9.4 PROBLEMS**

**9.5 EXAMINATION OFFENCES**

## 9.1 PREPARATION

### 9.1.1 Core groups for preparation of question banks

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

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

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

d. On appointment, the Coordinator and all the members of the Core Group shall be required to sign Conflicts of Interest and Confidentiality Declaration Form as in the case of PGIM examiners.

e. All Board Certified Specialists who are eligible to be trainers, are eligible to be members of the Core Group, i.e., they should have completed at least three years after Board Certification or an equivalent postgraduate qualification such as a PhD and three years of post-qualification experience. If persons with such qualifications are not available, the relevant Board of Study/Specialty Board may recommend persons with other relevant postgraduate qualifications such as MPhil.

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

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

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

i. Once questions have been used for an examination, the Core Group Coordinator and the Chief examiner of the said examination shall be responsible for returning the used cards to the relevant envelopes in the question bank.

### 9.1.2 Appointment of examiners

a. The examiners will be recommended by the Board of Study for approval by the Board of Management and Senate. Lists of eligible examiners, based on current stipulated criteria, will be provided to the Board of Study by the Examinations Branch. Upon Senate approval, the persons will be appointed as examiners by the Director, PGIM.

b. **Participation in teaching and training:** Persons to be considered as examiners should be participating in postgraduate teaching and training in the state and/or non-state sector institutions approved by the PGIM. Eligibility to be a member of the panel of local examiners will cease two years after relinquishing such responsibilities following resignation or retirement from active service. However, if other trainers are not available for appointment, a retired consultant/specialist could be appointed as an examiner with the approval of the Board of Management on the recommendation of the relevant Board of Study in spite of his/her relinquishing responsibilities as a trainer as described above.

c. **Age of retirement:** The age of retirement as a trainer in the Ministry of Health shall be 60 years. In the Universities, Family Medicine & General Practice and in Sri Jayewardenepura General Hospital it shall be 65 years. However in the event of non availability of examiners the Board of Study/Specialty Board may request permission from the Board of Management to appoint examiners who do not fulfill the above stipulations.

d. **Qualifications:** The persons to be appointed as examiners should be Board Certified by the PGIM, with experience as stipulated in e. below or possess a postgraduate qualification such as MPhil/DM/PhD and post-qualification experience appropriate to the level of the examination as stipulated below in e.

e. **Duration of service:**

i. Selection/PgDiploma/Masters examinations: a person recommended for appointment should have completed a minimum period of service of five years after Board Certification.

ii. MD/Pre-Board Certification Assessments: for consideration as an examiner, the specialist concerned should have; Completed seven years of service after Board Certification or be eligible for privileges of Board Certification, and be currently working in a unit approved by the PGIM for training.

iii. Prior to being appointed an examiner, the trainer must have functioned as an observer at least once in respect of the relevant examination, unless the Board of Study deems otherwise, especially in the event of non availability of the required number of examiners, with the approval of the BOM.

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

- Selection/PgDiploma/Masters examinations: Doctoral degree (PhD, DM) and at least five years of post-qualification service, or Masters degree (MPhil) and at least 7 years of post-qualification service.

- MD/Pre-Board Certification Assessment: PhD/DM and seven years of post-qualification service.

v. From 1st of January 2016 onwards, successfully completing the Examiner Training Workshops conducted by the PGIM will be a prerequisite to being appointed as an examiner. This regulation will not apply to those who have previously been appointed as examiners.

vi. Under exceptional circumstances, the Board of Study/Specialty Board may recommend examiners who do not fulfill the above stipulations, if such examiners are not available

f. **Confidentiality**: on appointment, all examiners shall be required to sign a Conflicts of Interest and Confidentiality Declaration Form.

### 9.1.3 Chief Examiner

a. The Board of Study shall nominate a Chief Examiner for each examination. The Chairperson of the Board of Study will be an ex-officio member of the Board of Examiners if not already an Examiner or the Chief Examiner.

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

### 9.1.4 Examination Coordinators and Invigilators

a. The Board of Study will nominate with the approval of the Board of Management the Coordinator or Coordinators for the clinical/practical/viva components as well as invigilators for the written papers of the examination.

b. Examination coordinators may or may not be examiners of the relevant examination.

c. All invigilators must be examiners of the relevant examination.

### 9.1.5 Observers

a. The Board of Study will nominate and approve the Observers at each examination/components of the examination.

b. In order to be an Observer, the specialist concerned should have the following experience:

i. Selection/PgDiploma/Masters examination: completed a minimum period of service of three years after Board Certification. In the case of para-clinical subjects or basic sciences, if the examiner has an MPhil/DM/PhD or equivalent research degree, the minimum period of service after obtaining the qualification shall be three years.

ii. MD Examination and Pre Board Certification Assessment: for consideration as an Observer in MD Examination and Pre Board Certification Assessment, the specialist concerned should have completed five years of service after Board Certification or eligibility for privileges of Board Certification and be currently working in a unit approved by the PGIM for training. If the examiner has a PhD/DM research degree, the minimum period of service after obtaining the qualification shall be five years.

c. Observers are not allowed to participate in the setting of theory papers.

d. An observer will be allowed in the Clinical/practical and/or viva component of the examination. Observers should silently observe the discussion on marking and are not

allowed to take part in the allocation of marks nor are they allowed to discuss marks with the examiners.

e. The candidate should be informed regarding the presence of the observer. A candidate has the right to request that an observer is not allowed to participate at his/her examination.

f. ***Confidentiality***: on appointment, all observers shall be required to sign the Conflicts of Interest and Confidentiality Declaration Form.

### 9.1.6 External examiner - (Annexure IV)

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

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

c. This document should be mailed to the external examiner together with the appointment letter, and the guidelines and the format of the examination, well in advance of the examination.

d. Where relevant, the past questions could be included in the above letter.

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

### 9.1.7 Scrutiny Board Meeting

a. At the commencement of the Scrutiny Board meeting, the Director/Deputy Director and/or the Chief Examiner should brief all examiners, including the external examiner, about the format of the examination and the method of allocation of marks at each component of the examination and the requirements to pass the examination. The function of the results board shall also be explained at this meeting.

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

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

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

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

### 9.1.8 Written Papers

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

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

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

### 9.1.9 Multiple Choice Question Papers

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

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

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

d. The printing of the required copies should be done on the day of the examination or the day preceding the examination.

### 9.1.10 Clinical/practical/oral examinations

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

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

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

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

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

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

g. Once identified, the examiners of a clinical/oral examination (including the Chief Examiner) should strive to refrain from teaching of the candidates of the said examination for at least three months prior to the examination.

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

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

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

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

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

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

### 9.1.11 Timetables

Timetables should be prepared by the Examinations Branch of the PGIM in concurrence with the Board of Examiners.

### 9.1.12 Finances

If the whole or part of the examination is to be held out of Colombo, the Board of Study will nominate a person (Chief Examiner or Co-ordinator) who should obtain an advance of funds through the subject clerk of the PGIM. This nominee should submit bills, accounts and balance to the subject clerk within two weeks of completion of the examination and accounts settled with the Deputy Bursar of the PGIM.

## 9.2 DURING EXAMINATION

### 9.2.1 Written examination

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

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

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

### 9.2.2 Clinical/Oral / Practical Examinations

At the end of clinical examinations, signed and sealed marks/notes should be handed over to the Senior Assistant Registrar/Examinations or nominee after the end of each session. Examiners are not allowed to take away mark sheets or marking books or rough paper from the examination venue. All remaining candidates' and examiners' notes should be destroyed.

a. Examiners can call for marking books/rough paper to continue on the next day. New mark sheets should be used each day.

b. When candidates are marked by two or more independent examiners, the agreed optimum mark for each case completed by the candidate should be agreed upon immediately after the candidate has been examined. The marks shall be entered in ink in the marks sheet.

c. The clinical/oral examiners should not communicate with candidates just prior to the examination, especially after seeing the cases.

d. Clinical material used during the examination should not be discussed with candidates after the examination until results are released.

### 9.2.3 At the end of an examination or a part of an examination

a. The sealed packet of answer scripts should be handed over by the examination supervisor/invigilator/coordinator to the SAR/Examinations.

b. It is the responsibility of the examiner to collect the packet of answer scripts from the Senior Assistant Registrar/Examinations, mark them and return the paper packet to him/her with the marks sheets under sealed cover as soon as possible. The examiner must make notes which he/she thinks necessary to be discussed with the co examiner before the final mark is decided. These notes should be sealed and handed over with the mark sheets.

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

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

### 9.2.4 Entry of marks

a. Entry of marks is the sole responsibility of the examiners and should be done carefully.

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

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

d. After item analysis of the MCQ paper has been carried out, if the pass level of the candidates is very low, the Chief Examiner may consider reviewing the questions. The Board of Examiners may then decide on removal of certain questions or items. This should be done before entry of marks to the final mark sheet.

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

f. The final mark should be calculated to the full integer and decimal places rounded off accordingly.

### 9.2.5 Cross checking computer printout

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

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

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

### 9.2.6 Results Board Meeting

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

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

c. After the final mark sheet with agreed marks for each component of the examination are tabulated and presented at the results board the entered agreed mark referred to in sections 9.2.2.b, 9.2.4.d and 9.2.4.e should not be changed or discussed.

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

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

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

## 9.3 POST EXAMINATION

### 9.3.1 Post examination entry on MCQ Cards

a. MCQ examiners should make relevant entries on the MCQ cards.

b. The MCQ Core Group Coordinator and the Chief Examiner should re-distribute MCQ Cards into the different categories after the examination is over.

### 9.3.2 Examination Report

a. The Chief Examiner, together with the other examiners should present a report to the Director/PGIM on completion of the examination.

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

c. Any examiner may submit his/her independent observations on the examination directly to the Director/PGIM.

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

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

### 9.3.3 Counselling for failed candidates (giving feedback)

a. The Board of Study should appoint one or more members of the Board of Examiners to counsel failed candidates.

b. Failed candidates should be counselled within four weeks of release of examination results.

c. Counsellors should inform candidates of their performance overall and the performance in separate sections/components (but not specific subcomponents), using the terms 'outstanding', 'very good', 'good', 'clear pass', 'pass', 'bare fail', 'clear fail', or 'bad fail'.

d. Counsellors should not divulge the marks obtained by any candidate at the relevant examinations.

## 9.4 PROBLEMS ENCOUNTERED AT EXAMINATIONS

**9.4.1** The Chief Examiner should report immediately any problem that arises at the examination, to the Director or Deputy Director/PGIM and the SAR/Examinations, and discuss action to be taken.

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

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

## 9.5 IRREGULARITIES INVOLVING EXAMINERS/INVIGILATORS

**Procedure**

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

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

**9.5.3** In such instances, the Director shall obtain relevant information and take appropriate action.

# 10 CODE OF CONDUCT FOR EXAMINERS

## 10.1 GENERAL

The PGIM expects all examiners to:

**10.1.1** Treat all candidates with dignity and respect.

**10.1.2** Ensure that each candidate is treated equitably and fairly with even application of academic standards.

**10.1.3** Judge each candidate on the basis of performance without being influenced by any extraneous factors.

**10.1.4** Assess each candidate in accordance with prevailing regulations and accepted guidelines and conventions.

**10.1.5** Be devoid of conflicts of interest and adhere to examination rules and principles of natural justice.

**10.1.6** Avoid participating in workshops, seminars and discussions targeting the examination and candidates organized by Professional Organizations, Universities or others within a minimum period of three months before the scheduled date of the examination.

## 10.2 EXAMINERS

**10.2.1** The PGIM expects examiners to:

a. Sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as an examiner. **(Annexure V)**

b. Familiarize themselves with the format, scheme of marking, scoring system and pass-fail criteria of the relevant examination (e.g., make sure whether 50% or 60% is the pass mark.)

c. Make sure that the material (including patients) to be examined is of reasonable quality and is suitable for use in the exam consistent with the objectives of the course.

d. Have at hand all the material necessary for examining the candidates.

e. Attend the briefing sessions conducted by the Chief Examiner.

f. Arrive at the examination centre before the commencement of the examination allowing sufficient time to familiarize with the location, material and organizational arrangements.

g. Switch off all communication equipment (cell phones, pagers etc.) and hand over these items to the support staff.

h. Remain in the examination premises throughout the period of the examination where the examiner’s services are needed.

**10.2.2** The examiners should;

a. Introduce themselves and co-examiner/s and observers to the candidate prior to commencement.

b. Greet the candidate and put him/her at ease and create a non-stressful environment.

c. Request the candidate to sit if appropriate (e.g. orals/case discussion).

d. Give clear instructions of what the candidate is required to do.

e. Indicate the time available and avoid exceeding the time limit.

f. Allow a brief moment for clarification whenever required or requested.

g. Allow the candidate to respond to the questions without unnecessary interruption.

h. Ensure that grades or marks awarded are compatible with the candidate's academic performance and it is not influenced by non-academic factors.

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

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

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

l. Report any incident to the Chief Examiner.

m. Ensure that suitable provisions are made for differently-abled candidates and appropriate translations where necessary.

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

**10.2.4** The examiners should not

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

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

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

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

e. Discriminate unfairly between candidates.

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

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

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

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

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

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

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

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

**10.2.6** With regard to confidentiality, the examiners should not;

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

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

## 10.3 CHIEF EXAMINER

The Chief Examiner is required to:

**10.3.1** Have a preliminary meeting with all examiners before the examination, and go through guidelines and the format of the examination with them.

**10.3.2** Be responsible for entering the questions sent by the external examiner into the question bank.

**10.3.3** Be available during all components of the examination.

**10.3.4** Inform the observers of their conduct and responsibilities when they report for the examination; and certify to the Board of Study regarding satisfactory completion of the observer ship.

**10.3.5** With the Director or the Deputy Director of the PGIM, brief local and external examiners at the scrutiny board about the format of the examination with the different components, marking schemes and requirements to pass the examination.

**10.3.6** Ensure the nomination of a scrutiny expert with the concurrence of the Board of Study to check the accuracy of wording in the question papers.

**10.3.7** Explain the examination procedures to the candidates prior to each component of the examination just before commencement of such component.

**10.3.8** Be responsible for the conduct of the examination in compliance with the PGIM guidelines and regulations.

**10.3.9** Ensure that computer entries and printouts of marks are cross-checked against the original mark sheets.

**10.3.10** Delegate duties to another examiner for a particular component of the examination, if necessary.

**10.3.11** Ensure that all examiners switch off their mobile phones and other communication equipment when entering the examination venue. Such equipment could be handed over to designated support staff.

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

**10.3.13** Submit a comprehensive report on the examination within four weeks of completion of the examination.

## 10.4 OBSERVERS

The Observers should;

**10.4.1** Sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as an observer.

**10.4.2** Not divulge any matters relating to the examination to the candidates or to any other person.

**10.4.3** Refrain from bringing cellular phones and other communication equipment when entering the examination venue. Such equipment could be handed over to designated support staff.

**10.4.4** Be seated unobtrusively behind the candidates and not behind the examiners.

**10.4.5** Be present at the time of commencement of examinations, and remain until completion of the relevant component.

**10.4.6** Leave the examination area if any candidate requests that he/she prefers the examination/viva voce be conducted without the observer.

# 11 EVALUATION OF PGIM TRAINERS

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

**11.1** The system for trainees to provide feedback regarding their trainers would comprise a self administered structured questionnaire.

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

**11.3** Feedback would be anonymous and confidential.

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

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

**11.6** The appraiser would generally be a colleague consultant.

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

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

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

# 12. GUIDELINES FOR SUPERVISORS OF DISSERTATIONS AND THESES

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

**Roles and responsibilities**

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

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

**12.3** Ensure that the administrative requirements are met with.

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

**12.5** Should have knowledge of a student's subject area.

**12.6** If a student's work goes outside the supervisor's field the student should be put in touch with another specialist who could help.

**12.7** The nature of the supervision can be face-to-face, meetings, contact via e-mail/fax/telephone, and reading of submitted material.

**12.8** However, there should be regular face to face supervisory sessions between the student and supervisor.

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

**12.10** There will probably be a need for more intensive supervision in the initial planning stage and at the writing-up stage. However, the supervisor should meet the student at least 2-4 weeks or more frequently when required.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 13. GENERIC GUIDANCE TO BOARDS OF STUDY/SPECIALITY BOARDS FOR EVALUATION OF RESEARCH PROPOSALS FOR MD PROGRAMES

All PGIM trainees are expected to undertake a research project, either during pre-MD or post MD training or both. Such a study should not include case reports, but may take the form of a well-designed audit.

The time frame for submission of proposals after commencement of pre-MD or post-MD training should be specified in the relevant prospectus.

The research proposal must be submitted to the Board of Study for approval before commencing the study. **A generic format for such proposals is shown in 13.1**

The proposal should be evaluated by at least one reviewer (preferably two) nominated by the Board of Study. **A generic format for reviewers to report on research proposals is shown in 13.2**.

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

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

The trainee is required to nominate a primary supervisor for the project, usually the trainee's current trainer. **Generic guidance to supervisors is provided in 13.3.**

The trainee must submit 6 monthly progress reports through the primary supervisor to the BOS.**A generic format for progress reports are shown in 13.4.** Feedback would be provided to the candidate as to whether the project is progressing satisfactorily.

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

- Publication of the research findings as an **original full paper** (not case reports) in a **peer-reviewed journal** (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper which is already peer-reviewed.
- Submission of a detailed project report to the BOS. **A generic format for such project reports is shown in 13.5.** This should be evaluated by 2 assessors nominated by the BOS, and marked as either satisfactory, or unsatisfactory.

    - If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the BOS, be asked to extend the same research project or undertake a new research project which will have to go through the same procedure of approval as the initial project.
    - If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.

- Presentation of the research findings at a recognized scientific congress, either local or international, as oral or poster presentation, with a published abstract, with the trainee as first author, should be given credit during the assessment process.

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

### 13.1 Generic format for writing a research proposal

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

Time frame: the research proposal should be approved within the time period stipulated by the Board of Study.

Format:

In general, the research proposal should be limited to 3000 words. The following structure is suggested:

- Title of the study
- List of investigators
- Collaborating institutions
- Background/introduction: this should include an overview of the subject related to the research project, with a relevant review of the literature.
- Justification: This section should provide a brief justification of the importance and relevance of the study proposed, including the feasibility of the study.
- Objectives: general and specific objectives of the study should be clearly defined.
- Methods: The methodology to be adopted to achieve the listed objectives should be given in detail; the following sub-sections are suggested as a guide:
  - Study design
  - Study period
  - Study population
  - Sample size calculation
  - Sampling technique
  - Study instruments
  - Data collection
  - Proposed statistically analysis
  - Ethic clearance and consent, and confidentiality of data
  - Proposed methods for dissemination of findings

- Annexes: the following annexes should be provided:
  - Data proforma/s
  - Consent forms, where relevant in all three languages
  - Other relevant supporting documents

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

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

### 13.2. Generic format for reviewers to report on research proposals

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

| Section | Satisfactory or Unsatisfactory | Remarks |
|---|---|---|
| Background | | |
| Justification | | |
| Objectives | | |
| Methods | | |
| Overall | | |

Recommendation: Accept as is / Revise and resubmit / reject

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

### 13.3 Generic guidance to supervisors

- The supervisor should guide the student in planning, carrying out research methodology and in presentation of the work, including the writing of the dissertation.
- The supervisor should obtain recommendation of the research proposal from a reviewer.
- The supervisor should forward progress report(s) in the prescribed form at the end of three months after the trainee commences work on the research project and three months after completing the project work.
- The objective of the dissertation is to prove the trainee's capability to plan, carry out and present his/her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.
- The dissertation should comprise the trainee's own account of his / her research.
- It should be satisfactory as regards literary presentation.

- The dissertation should be certified by the supervisor as suitable for submission.
- General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the problem (both international and local) should be comprehensively covered and critically evaluated. The research methodology should achieve the objectives stated. The results should be presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work and theoretical / practical applications of the results, if any. The conclusions should be valid and be based on the results obtained on the study.
- Ethics: The candidate should confirm and document that procedures followed were approved by the Ethics Review Committee of the institution where the work was carried out and ethical approval is obtained by a recognized Ethics Review Committee.
- If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the BOS. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the BOS.

### 13.4 Generic format for progress reports

The progress reports should have the following components:

- By the trainee: Description of work carried out to date
- By the supervisor:
  - Whether the research project is progressing satisfactorily
  - Constraints
  - Whether the dissertation writing is on schedule
  - Whether overall progress is satisfactory

### 13.5 Generic format for project reports / dissertations

The following format should be adopted for project reports or dissertations

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

- Title page
  <Title of dissertation>
  <Author's name>
  MD (subject)
  Post Graduate Institute of Medicine
  University of Colombo
  <Year of submission>
- Statement of originality: This is a declaration that the work presented in the dissertation is the candidate's own, and that no part of the dissertation has been submitted earlier or concurrently for any other degree. The statement should be signed by the author, and countersigned by the supervisor.
- Abstract: This should consist of a brief summary of not more than 350 words describing the objectives of the work, the materials and methods used, the results obtained, and the conclusions drawn. This may be in a structured format if helpful.

- Table of contents: The table of contents immediately follows the abstract and lists in sequence, with page numbers, all relevant divisions of the dissertation, including the preliminary pages.
- List of tables: This lists the tables in the order in which they occur in the text, with the page numbers.
- List of figures: This lists all illustrative material (maps, figures, graphs, photographs etc) in the order in which they occur in the text, with the page numbers.
- Acknowledgments

**Text**

The dissertation should be divided into clearly defined sections. Sections may be subdivided.

Introduction: The aim of this section is to state briefly the current position and the reasons for carrying out the present work. Generally, only a few references should be cited here.

Literature Review: This section should be reasonably comprehensive, and most of the references to be quoted normally occur here. The relevant references dealing with the general problems should be reviewed first and this is followed by a detailed review of the specific problem. The review is in many cases approached as a historical record of the development of knowledge of the subject. This chapter should conclude with a brief statement of what you propose to find out.

Materials and Methods: These should be described so that a reader could repeat all the experiments. Where specific details are available in the literature, reference should be made to the original papers, and comments kept to a minimum. If modifications have been made to the published techniques, these should be described in full.

Results: Much of the data should be given in tables and figures and these should be inserted in the text at the appropriate place. The results must be fully described in the text. It is not sufficient to merely present the tables and figures without any comment. The tables and figures should be clear without references to the text, and this requires concise explanations in legends. Where possible, data presented in the text should have already been analyzed and the complete 'raw' figures should not be included in this section but should be contained in tables in the Appendix.

Only data from the present work should be included in this section and in particular no comparison should be made at this stage with results from other workers.

Discussion: The discussion is the most difficult part of the dissertation to write because the author has to compare **critically** the present results with those of other workers and to draw valid conclusions from these studies. Descriptions of other workers findings which already appear in the Literature Review should not be repeated in the Discussion. Instead, refer to the Review.

The limitations of the study and recommendations for future research on the subject should also be included in this chapter.

As your project proceeds, keep notes of your thoughts and discussions relevant to this section.

**References**

All references should be cited in the text. The Vancouver style should be used for references, and should be listed in the order of citation. Endnote ®, Reference Manager® or Mendelay® referencing software should be used for citations.

# 14. DISCIPLINARY CODE FOR TRAINERS, SUPERVISORS AND EXAMINERS

Discipline is considered an important aspect of training, and the trainers/supervisors/examiners (as defined in the Ordinance and the General Regulations and Guidelines of the PGIM) must adhere to the guidelines approved by the Board of Management of the PGIM, 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.

This Disciplinary Code is applicable in relation to all PGIM trainers/supervisors/examiners. They are also subject to the guidelines of the local statutory bodies such as the SLMC and the Employer.

## 14.1. The main types of inadequacies/offences are as follows.

### 14.1.1 Minor

a. Poor interpersonal relationships
b. Poor attitudes

### 14.1.2 Major

c. Professional incompetence
    i. Repetition of minor inadequacies/offences in spite of a “letter of warning”
    ii. Evidence of seriously deficient or incompetent training.
    iii. Poor standards of medical care
d. Professional misconduct
    i. Gross neglect of patients
    ii. Abuse of professional privileges
    iii. Degrading comments on professional colleagues
    iv. Derogatory professional conduct/Act in a manner to bring the PGIM into disrepute
    v. Examination irregularities
    vi. Divulging confidential information
    vii. Dishonesty/ Misappropriation of funds
    viii. Personal abuse of alcohol and other drugs
    ix. Indecent or violent behavior
    x. Criminal offences

## 14.2. The PGIM will entertain written complaints being made by the following persons

**14.2.1** PGIM Trainees
**14.2.2** PGIM Trainers
**14.2.3** PGIM Examiners
**14.2.4** Any Consultant from the hospital to which the trainer is posted
**14.2.5** Administrator of the training hospital
**14.2.6** Patient or relatives of patient/s who has/have been under the care of the trainer
**14.2.7** Staff of the PGIM
**14.2.8** Any other persons/authority acceptable to the Board of Study (BOS)/BOM

## 14.3. Procedure for the inquiry

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

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

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

The BOM shall appoint a Committee of Inquiry consisting of the following members:

### 14.3.1 Preliminary inquiry:

a. Chairman of another BOS

b. One member of the BOS concerned or a Trainer nominated by that BOS

c. A member of the BOM

### 14.3.2 Recommended disciplinary action to be instituted by the BOM following the Preliminary inquiry

If there is no prima facie evidence against the Trainer/Supervisor/Examiner the complaint shall be dismissed.

If there is prima facie evidence the following actions can be recommended

a. Letter of Reprimand to be sent by the Director/PGIM, on the recommendation of the BOM.

b. Recommend Formal Inquiry.

### 14.3.3 Formal inquiry:

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

a. Dean of a Medical Faculty

b. A member of the Board of Management from among the members appointed by the UGC

c. A person who is not a member of the BOM and who is competent in conducting formal inquiries

### 14.3.4 Recommended disciplinary action following the Formal Inquiry

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

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

a. Letter of Reprimand to be sent by the Director/PGIM, on the recommendation of the BOM.

b. Suspension as a trainer/supervisor/examiner for a period decided by the BOM.

c. Any other form of disciplinary action as determined by the BOM.

d. Discontinuation as a trainer/supervisor/examiner.

Action shall be taken to discontinue the trainer/supervisor/examiner on account of Major inadequacies/offences listed in 14.1.2 above.

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

### 14.3.5 Informing the SLMC and Employer

The decision of the BOM in 14.3.4(d) shall be conveyed to the SLMC and the employer concerned for necessary action.

### 14.3.6 Issue of Letters of Good Standing or recommendations

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

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

## 15 .UPDATES ON RULES AND REGULATIONS

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

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

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

**Annexure I**

## ESTABLISHMENT OF NEW TRAINING PROGRAMMES AND ACADEMIC ENTITIES

When the need is perceived for establishment of a new postgraduate programme (PG Certificate or Diploma / MSc / MD / Board Certification) in the PGIM, it is expected that one or more members of the relevant Board of Study will write up a **preliminary proposal** that sets out the need for that particular programme in Sri Lanka, the type of qualification envisaged, etc, for simultaneous approval by the PGIM Board of Management and the Ministry of Health.

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

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

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

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

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

a. There is a **separate** (stand-alone) **training programme** leading to a separate MD examination, and post-MD training with Board Certification in the relevant specialty.
b. There are at least **10 Board Certified Specialists** currently in service in Sri Lanka in the relevant specialty, who are also qualified to be **trainers and examiners.**
c. There are at least **6 accredited training units** in Sri Lanka in the relevant specialty.

**Annexure II**

## APPLICATION FOR ACCREDITATION AS A PGIM TRAINING UNIT/ CENTRE

**PART 1**

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

**PART 2**

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

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

**PART 3**

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

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

---

Signature of applicant (trainer) and date

**PART 4** (for use by PGIM)

| | **Date of approval** | **Signature of Chairperson** |
|---|---|---|
| Board of Study/ Specialty Board | | |
| AAAED | | |
| Board of Management | | |
| Senate | | |

**Annexure III**

# PGIM POLICY ON SETTING AND MARKING OF DIFFERENT EXAMINATION COMPONENTS

## Preamble

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

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

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

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

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

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

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

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

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

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

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

## D. Essay Questions / Data Interpretation Questions / Grey Cases

1. All essay questions, including long essays and Structured Essay Questions (SEQs), presented to a PGIM Exam Scrutiny Board should be accompanied by a marking scheme / grid and model answer prepared by the examiner who sets the question.
2. It is recommended that the marking scheme should encompass a range of 0 to 100 marks for each question. The pass marks are best decided using an appropriate standard setting method. If this is not feasible, it is recommended that the pass mark be set at 50% (or some other agreed threshold) for all examinations.
3. The practice of marking each weighted part of a SEQ according to a closed marking scheme is strongly discouraged, since it results in an undesirable upward bias in determining final outcome.
4. Each question should be independently marked by at least two examiners, or adopting conference marking, using the marking scheme which has been agreed upon at the Scrutiny Board.
5. When questions are marked by two independent examiners, if there is a discrepancy of more than 15%, the marks should be reviewed by the two examiners concerned in the presence of the chief examiner, and the marks adjusted so that the discrepancy is less than 15%. In the event that the two examiners cannot agree, a third examiner may be consulted.

## E. Assessment of competencies in a clinical or laboratory setting

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

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

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

## G. Use of closed marking schemes

Closed marking schemes may be considered similar to rating scales. While rating scales with anchoring descriptors are recommended for use in clinical and laboratory settings, written, essay type examinations should be marked as recommended above.

## H. Combining marks from open marking with rating scales

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

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

**Annexure IV**

# PGIM EXTERNAL EXAMINERS

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

**Reasons for including international external examiners**

A. To ensure maintenance of the quality and standards

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

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

**Expected responsibilities of external examiners**

**1. Before arrival in Sri Lanka**

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

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

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

1.1.3. Perusal of documents

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

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

**2. While in Sri Lanka**

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

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

2.1.2 Make necessary suggestions for appropriate coverage

2.2. Participate in all scrutiny meetings

2.3. Observe the steps taken to ensure confidentiality

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

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

2.5. 1 Try to examine all candidates in selected components

2.5.2 May act as an observer in selected components

2.6. Participate in the results board

2.7. Discuss the observations with the Board of Examiners

2.8. Visit training centers if possible

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

**3. After departure from Sri Lanka**

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

3.1.1. Comment on the

a. The examination process

b. Reliability and validity of the assessment

c. Suggestions for further improvement

3.1.2.Adhere to deadlines

3.1.3. Ensure confidentiality

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

**Criteria for selecting external examiners**

Take into consideration the following

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

**Annexure V**

**To be filled by all examiners**

## Conflicts of Interest and Confidentiality Declaration Form

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

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

3. I confirm that I have no conflicts of interest in functioning as an examiner and that if I come to know at any point of time of any conflicts of interest I will bring it to the attention of the Chief Examiner/Director PGIM and withdraw from the examination process.

4. I declare that I have the following conflicts of interest in functioning as an examiner.

   a) Close relative

   b) Trainer of a candidate

   c) Close association with trainee/s of professional and/or personal nature

   d) Other

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

5. I declare that I have conflicts of interest in functioning as an examiner and will be refraining from being an examiner.

……

Signature of the Examiner

……..……

Name and Signature of the Chief Examiner Date:

**Postgraduate Institute of Medicine**
**University of Colombo**

**Annexure VI**

## Trainer evaluation form

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

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