



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

**GENERAL REGULATIONS AND GUIDELINES
FOR
TRAINEES**

2022

This document gives the general regulations and guidelines for PGIM Trainees updated to 1st January 2022. At the PGIM, decisions of Boards of Study are vetted by the Academic Affairs, Accreditation & Examinations (AAAEC) 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.

**Amendment made during 2021
to the General Regulations and Guidelines for Trainees 2022**

Amendments	Section	Page Number	Date of Approval		
			Board of Management	Senate	Council
Involvement of PGIM trainees in private practice	23.2	39	03.04.2021	31.05.2021	14.07.2021
Availing of leave for overseas training leave prior to completion of local post MD training	15.1	26	03.04.2021	28.04.2021	
Candidates who do not join the training programme after passing the selection examination	7.14.11	18	03.04.2021	31.05.2021	14.07.2021
Change of post MD Specialty	13.2	24	08.05.2021	31.05.2021	14.07.2021
Orientation Programme on PGIM Library Resources and Services	7.18	19	05.06.2021	30.06.2021	-
Guidelines for special interest training programmes	13.3	24	07.08.2021	25.08.2021	08.09.2021
Training fellowships for non-Sri Lankan nationals	9	19	11.09.2021	29.09.2021	22.11.2021

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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, MRCPPath, 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, the PGIM Ordinance No: 1 of 1980 made under the provisions of the Universities Act referred to above came into force on the 10th of April, 1980. 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, Professor H. Janaka de Silva in 2014, and Professor Senaka Rajapakse in 2020. The post of Deputy Director was established in 2011, and this post has been held by Professor Jayantha Jayawardana, followed by Professor Prashantha Wijesinghe, Professor Chrishantha Abeysena, Professor Senaka Rajapakse and Professor S Sivaganesh. The current Deputy Director is Professor Chandanie Wanigatunge. Amendments to the PGIM Ordinance No.1 of 1980 took effect on the 1st of July 2014 and 23rd of February 2018. Current By-Laws for the PGIM were enacted with effect from 22nd April 2016.

2. CURRENT STATUS OF THE PGIM

The PGIM is the sole institute in Sri Lanka that is responsible for the specialist training of medical and dental practitioners. It has been the responsibility of the PGIM to provide specialists required by the Ministry of Health and the Faculties of Medicine and Dental Sciences. The PGIM is affiliated to the University of Colombo and is recognized internationally. Several of its training programmes have reciprocity with the Royal Colleges of the UK and professional bodies in Australia and New Zealand. The PGIM currently conducts 135 programmes of study under the purview of 23 Boards of Study and 37 Specialty Boards.

3. THE VISION, MISSION, GOALS AND OBJECTIVES

Vision

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

Mission

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

Goals

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

Objectives

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

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- Arrange in-service programmes where preventive and curative care and nursing care are well integrated.
- Develop educational links with foreign institutions for mutual benefit in order to maintain high standards of postgraduate medical education in Sri Lanka.
- Be a financially and administratively independent institute.
- Be an internationally recognized centre of excellence, producing specialists of high professional standards to meet the health needs of the country and to contribute to regional and world health in a responsive manner.

4. AUTHORITIES OF THE INSTITUTE

4.1 Board of Management

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

Ex-Officio Members

Director / PGIM (Chief Executive Officer)

Deputy Director / PGIM

Secretary / Higher Education or nominee

Secretary / Health or nominee

Secretary /Finance or nominee

Director General of Health Services

Nominee / Medicine, University of Colombo

Nominee / Medicine, University of Peradeniya

Nominee / Medicine, University of Jaffna

Nominee / Medicine, University of Ruhuna

Nominee / Medicine, University of Kelaniya,

Nominee / Medical Sciences, University of Sri Jayawardenepura

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

Nominee / Health Care Sciences, Eastern University of Sri Lanka

Nominee / Dental Sciences, University of Peradeniya

(Nominee of any new Faculties of Medicine that are established under the Act in the country)

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

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

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

4.2 Boards of Study

The Board of Study is the main academic body of a given medical/dental 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 stipulated 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 is the Council of the University of Colombo.

4.4 Channels of Communication

- 4.4.1 When communications are made by trainees to the PGIM, these should be addressed to the Director/PGIM.
- 4.4.2 All correspondence being sent from the PGIM to supervisors, examiners, trainers, trainees or to other institutions should be under the signature of the Director/PGIM unless otherwise delegated.
- 4.4.3 Chairpersons/Secretaries of Boards of Study, Conveners of Committees/Sub Committees may attend to correspondence and official work with the subject clerks concerned and prepare drafts of letters etc. However, these drafts should be forwarded to the Director under the supervision of the relevant DR, DB, SAR, SAB, SAL or AR. All letters will be signed by the Director and an office copy will be retained.
- 4.4.4 The Director/PGIM can by letter of authority delegate designated officers to handle certain correspondence.
- 4.4.5 The Medical Education Resource Centre (MERC), will function directly under the direction of the Director/PGIM.
- 4.4.6 The Deputy Director and academic staff of the PGIM will function directly under the Director/PGIM.
- 4.4.7 The preferred mode of correspondence and submissions to and from the PGIM, by trainees, trainers, staff is email. Only bulky documents which cannot be scanned and emailed will be accepted as hard copies.
- 4.4.8 Current trainees must use their official email address (provided to them by the PGIM which is linked to the individuals SLMC number) Only bulky documents which cannot be scanned and emailed will be accepted as hard copies.
- 4.4.9 All minutes and correspondence related to Board of Study and other PGIM meetings will be provided as soft-copies.

5. ACADEMIC PROGRAMMES

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

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

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

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

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

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

5.1 New Academic Programmes

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

6. ELIGIBILITY CRITERIA

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

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

6.1.1 A medical/dental degree registered with the Sri Lanka Medical Council (SLMC).

6.1.2 Satisfactory completion of internship acceptable to the SLMC.

6.1.3 Satisfactory completion of one year of post internship in Medical/Dental practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM on or before the date of closure of applications.

6.1.4 Provide a self declaration of good standing with the SLMC.

6.1.5 Provide a self declaration of health status.

6.1.6 Any other requirements which are stipulated in the relevant Prospectus and amendments which have been approved by the Board of Management.

Notes:

6.1.6.1 Where a short-fall has occurred due to any reason in 6.1.3, including sick, maternity or other leave, the doctor concerned should complete the shortfall in order to become eligible to apply for the Selection Examination.

6.1.6.2 Foreign nationals applying to register for selection examinations should refer to section 9. Lateral entry to training programmes, based on other qualifications, is not permitted.

6.2 Limitation of the number of attempts at Selection Examination

6.2.1 The number of attempts for a particular MD Selection Examination is limited to six (06).

6.2.1.1. Those who have already exhausted four (04) or more attempts as at 27 May 2020 (date of the Senate decision) would be allowed only two (02) more attempts.

6.2.1.2. Those who have sat less than 4 attempts as at 27 May 2020 (date of the Senate decision) would be allowed up to a maximum total 6 attempts.

- 6.2.2 Unlimited attempts are allowed at Selection Examinations for PG Certificate, PG Diploma and Masters programmes conducted by the PGIM.
- 6.2.3 When the entry point of an MD training programme is the Selection Examination for Masters/Postgraduate Diploma, in order to proceed for the MD after being successful at the Masters/Postgraduate Diploma examination, the candidate should have passed the respective Selection Examination for Masters/Postgraduate Diploma within 6 attempts.
- 6.2.4 Trainees would be allowed up to a maximum of six attempts at any barrier examination within the training programme/course of study.
- 6.3 Counting the number of attempts and withdrawal of the examination application
- 6.3.1 Prospective applicants may withdraw their examination applications or be absent from the examination due to unavoidable circumstances.
- 6.3.2 The following stipulations will apply in such situations.
Application for a selection examination will not be counted as an attempt provided that:
- The candidate withdraws his/her application from the Selection Examination in writing prior to commencement of the examination.
 - The candidate absents himself/herself **from the whole or component/s of the selection test/** without a prior intimation but submits a medical certificate from a Specialist acceptable to the Board of Study, in support of his/her illness.
 - The candidate absents himself/herself from the whole or component/s of the selection test/s** due to sudden unavoidable circumstances which are acceptable to the Board of Study and Board of Management.

7. SELECTION FOR TRAINING PROGRAMMES

- 7.1 The PGIM issues circular letters and calls for applications for selection exams on its website <http://www.pgim.cmb.ac.lk>, in accordance with the Calendar of Examinations of the PGIM which is published annually. Prospective applicants need to respond to such advertisements. Candidates are required to submit completed application forms with payment slips on or before the closing date to the PGIM. **Late applications will not be entertained.**

All applications should be forwarded through the relevant employer except in those who are self employed. Any application not forwarded through the proper channels will be rejected.

- 7.2. Application Forms received in response to such notices, along with payments, will be scrutinized by the Senior Assistant Registrar/Examinations in consultation with the respective Boards of Study.

Candidates will be selected for training programmes on the basis of performance at relevant selection examinations **and** the number of training positions available (as published in the relevant examination circular).

- 7.3 Examination Assessment Format: The assessment of all candidates would be based on the most recent approved assessment format. Guide notes for candidates when answering MCQ papers are given in **Annexure 1**

7.4 Award of PGIM Medals for Selection Examinations

7.4.1 All medals funded through the PGIM endowment fund will be awarded at a General Convocation of the University of Colombo

7.4.2 Medals for selection examinations will be awarded only after awardees obtain the relevant degree.

7.5 Training will be carried out in units accredited by the Boards of Study, the Board of Management and the Senate of the University of Colombo. Allocation of trainees to training units will be done based on criteria laid down by the Boards of Study and the Board of Management. This may be subject to change from time to time.

7.6 A list of trainees is submitted to the primary employer concerned for release of trainees to follow training programmes. The responsibility to release trainees to the PGIM rests with the primary employer concerned.

7.7 Trainees should register with the PGIM for the entire duration of the training programme and will be required to pay the stipulated registration /course fee at the commencement of the programme.

7.8 Release of Medical Officers for Postgraduate Training

7.8.1 A trainee following a PG Certificate or PG Diploma or MSc or MD programme shall not be permitted to sit another selection examination for a PG Certificate or PG Diploma or MSc or MD.

7.8.1.1 The above new regulation would not be applicable for those trainees who have successfully completed a Selection Examination to join a PGIM programme (PG Diploma/Masters) on or before the 4th of May 2019.

7.8.2 If the trainee leaves the course before completion of a programme/course of study, he/she shall not be permitted to sit for another selection examination for a minimum period of two years from the date of leaving the programme/course of study.

7.8.2.1 This rule shall not apply for online and part time courses.

7.9 A Medical Officer, Dental Officer or any other person who has enrolled in a PG Certificate or PG Diploma or Masters shall be permitted to sit for a selection examination for a MD course at any time after completing the PG Certificate or PG Diploma or Masters study programme.

7.10 MD and Board Certification as a specialist will be restricted to one discipline (i.e Dual Board Certification is **not** allowed)

7.11 There will be no restriction on trainees obtaining more than one PG Diploma or Masters Degree. However, a trainee will be allowed to follow only one full time PG programme at a given time.

7.12 No student shall sit for an examination, if they have exhausted the number of attempts that they are allowed to sit that particular examination.

7.13 Granting of leave to follow PGIM training programmes is the prerogative of the trainee's employer.

7.14 Selection for Training Programmes

Selection for training programmes, will be in accordance with the number of training places indicated in the circular letter calling for applications for the selection examinations. The allocation of training units for Medical Officers in the Ministry of Health, other Government Ministries, Universities, Armed Forces/Police, Sri Lankan non-state-sector and Foreign Candidates, will be done as described below:

- 7.14.1 There shall be one “merit list” for selection of medical officers from all categories for the training programme.
- 7.14.2 There shall be one “list for allocation of training units” for medical officers from all categories after selection to the training programme.
- 7.14.3 The principle of not compromising on the maximum number of Ministry of Health doctors possible to be selected for training programmes and allocated to training units will be respected.
- 7.14.4 There shall be six categories as listed below:
- Category 1: Medical Officers attached to the Ministry of Health
 - Category 2: Medical Officers attached to other Government Ministries
 - Category 3: Medical Officers attached to Universities
 - Category 4: Medical Officers attached to Armed Forces/Police
 - Category 5: Medical Officers in the non state sector
 - Category 6: Foreign nationals
- 7.14.5 The number of vacancies for applicants from the Ministry of Health will be determined by the Board of Study and stated in the circular letter.
- 7.14.6 A merit list of successful candidates will be prepared based on the final mark (arranged in descending order) at the selection examination obtained by candidates in all six categories.
- 7.14.7 In the above merit list, depending on the maximum number of trainees permitted to be selected from category 1 (Medical Officers attached to Ministry of Health), a “cut off line” will be drawn. Candidates from other categories who rank above this cut-off line will be selected for training. The total number selected for training will be a combination of those from all categories who rank above the cut-off line.
- 7.14.8 The allocation order will be divided into two segments, as follows:
- Segment 1: Candidates from the Ministry of Health, other Government Ministries, Universities and Armed forces will be listed in descending order based on the final marks and number of attempts, irrespective of the category.
 - Segment 2: Candidates from categories 5 and 6 will be listed based on the final marks and number of attempts, commencing below segment 1.

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- 7.14.9 If the available training positions are less than the total number in the above “list for allocation of training units” supernumerary training posts will be decided by the Board of Study before the allocation meeting, and trainees will be informed. The allocation should be done commencing from the trainee who is first in the merit list. Where a common selection exam is held for multiple subspecialties, the above rules will apply.
- 7.14.10 Trainees would not be permitted to train in the same unit where a first degree relative (parents, siblings or spouse) is a trainer, even if eligible according to merit.
- 7.14.11 If a trainee does not attend the allocation meeting to accept the training appointment on successful completion of a selection examination, he/she can be allowed to sit another selection examination without waiting for two years.
- 7.14.12 In selected specialities trainees are permitted to change the speciality during pre MD training in accordance with the relevant prospectuses.
- 7.14.13. Appointments made at the allocation meeting cannot be changed, except for reasons of non availability of a designated trainer/unit or due to personal illness of the trainee. Any PG trainee who requests a change of an appointment based on a medical condition will be required to appear before a Medical Board in order to justify the request for such a change, and also to decide on the fitness of the trainee to continue training.

7.15 Selection of Non-State Sector Trainees

- 7.15.1 All non state sector trainees will be accountable to the PGIM and the Ministry of Health/Universities for the purpose of administrative and other regulations of the respective institutions. They will be under the administrative control of the Head of the Institution where they are attached to, and the trainer. All non state sector trainees will have to comply with PGIM/University/Ministry of Health rules and regulations and code of conduct.
- 7.15.2 Non state sector Sri Lankan trainees will pay 50% more than the fees stipulated for state sector trainees

7.16. Regulations applicable to PG trainees at different stages of their training

- 7.16.1. New rules for Selection Examinations, Pre-MD training and MD examinations are applicable only for students who are yet to sit the Selection Examination (rules have to be approved by the Senate before the date on which the Selection Exam is advertised).
- 7.16.2. Pre-MD training and MD examination regulations cannot be changed for a trainee once that trainee is in the Pre-MD programme.
- 7.16.3. However, new post-MD training regulations can be made applicable to any trainee who is yet to sit or/and pass the MD examination. Post-MD regulations cannot be changed for trainee after they pass the MD examination.

7.17 Professionalism Strand

All candidates who are selected for the MD programmes should undergo the Professionalism Strand organized by the PGIM. Please note that this is compulsory for all MD trainees and should be completed within the first two years of Pre MD training. A certificate will be issued to trainees who complete this strand successfully.

7.18 Orientation Programme on PGIM Library Resources and Services

The PGIM Library has been conducting orientation programmes for trainees on library resources.

This orientation programme on 'PGIM library resources and services' is a mandatory programme for all postgraduate trainees who enter training programmes, especially for trainees who undertake research as part of their training.

7.19 Research Projects

All MD trainees are required to conduct a supervised research project that leads to a first author original article in a peer reviewed journal or an accepted dissertation based on mandatory research project prior to Board Certification.

7.20 Plagiarism

Plagiarism will be considered as an offence.

All documents submitted for evaluation (casebooks, research proposals and reports, dissertations etc.) will be subjected to a similarity check. A similarity index of more than 20% will result in non acceptance. Please refer **Annexure VI**

7.21. Training Units with more than one trainer

Trainees who are undergoing training in units where there are two or more trainers appointed by the MOH are to be supervised by all trainers during the period of training, provided that they are eligible trainers holding consultant posts, or in the case of universities, holding a post of Senior Lecturer or above. On satisfactory completion of the training, trainees are required to obtain the signatures of all trainers.

8. ENGLISH TEST

Post MD trainees are required to obtain a stipulated grade in English language competency tests such as IELTS or OET in order to obtain overseas training placements in certain countries.

9. TRAINING OPPORTUNITIES FOR NON- SRI LANKAN NATIONALS

9.1. Doctors who are specialists in another country seeking specialist certification in Sri Lanka should apply to the SLMC for recognition of their qualifications.

9.2 Non-Sri Lankan nationals may follow PG certificate, PG Diploma, Masters and MD programmes. In order to enter such programmes, they must pass the relevant selection examination by obtaining the minimum pass mark. Such candidates will be placed as supernumerary for their training rotations. Such training will end with the completion of the first eligible exit examination, and if they are unsuccessful they will be allowed to resit the examination in line with the current rules and regulations. The PGIM will arrange a preparatory course upto six months for non- srilankan nationals intending to sit the selection examination, if they so request.

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9.3 Non-Sri Lankan nationals may apply for fellowships in subspecialties for a duration equivalent to or less than the duration of post MD training in the relevant field. They will be required to have a postgraduate qualification acceptable to the relevant BOS. They will not be granted board certification, but will be awarded a certification of completion of the said fellowship. The process of obtaining such a fellowship is given below:

- 9.3.1 An application is made by a non srilankan national specifying the specialty and duration of fellowship required, and the purpose for which this fellowship is sought
- 9.3.2 The respective Board of Study evaluates the application, and recommends whether the applicant is eligible to be offered a fellowship
- 9.3.3 The Board of Study will decide at which level the applicant can be place in the training programme, based on their qualifications and experience
- 9.3.4 Once approval is granted by the Board of Study, the trainee will be allocated to a suitable training rotation by the Board of Study
- 9.3.5 The trainee is required to pay the relevant fees applicable to overseas applicants, based on the duration of training
- 9.3.6 The trainee is not eligible to claim a specialist qualification or board certification based on this training
- 9.3.7 The Trainee will be issued a certificate of completion of the fellowship by the PGIM
- 9.3.8 The Board of Study will appoint a coordinator, to coordinate the appointments of the fellow.

10. LEAVE

10.1 Annual Leave

- 10.1.1 Trainees are entitled for 14 days of leave per year. If this is exceeded, it will be considered **unauthorized** leave and the primary employer will be informed.
- 10.1.2 Any shortfall in a component of training resulting from **authorized** annual leave, will have to be completed in accordance with the prospectus, as determined by the BOS.
- 10.1.3 In the case of pre-MD/Masters/Pg Diploma/ Pg Certificate training, any shortfall resulting from **unauthorized** leave must be completed in full (in accordance with the prospectus) prior to sitting the next examination. Any missed examinations will be considered as an attempt, when calculating the number of remaining attempts, and the merit order.
- 10.1.4 In the case of post-MD local / **overseas** training, any such **unauthorized** leave will be added to the date of board certification, and any shortfall in training must be completed in full prior to Board Certification.

10.2 Medical Leave/ Maternity Leave

- 10.2.1 Trainees are eligible for medical leave, on submission of a valid medical certificate acceptable to the respective Board of Study.
- 10.2.2 Trainees are eligible for maternity leave under the Government Establishments Code.

- 10.2.3 In the case of pre- MD/Masters/Pg Diploma/ Pg Certificate training, loss of training due to absence in each component/appointment of the training programme would have to be repeated. When completing the shortfall, the maximum possible training before the exam has to be completed, with 80% being the minimum.
- 10.2.4 In the case of post- MD local training, the shortfall in training must be completed in full prior to Board Certification. However, the date of Board Certification will not be delayed.
- 10.2.5 In the case of Post-MD overseas training the trainee must complete the minimum period of 42 weeks if the prescribed overseas training period is one year, and 84 weeks if the prescribed overseas training period is two years, to be **allowed only under exceptional circumstances**. The shortfall of the overseas training should be completed locally. However, the date of Board Certification will not be delayed.

10.3 Personal Leave

- 10.3.1 Following registration for a training programme a trainee is entitled to a maximum of two years personal leave from the training programme (excluding medical leave and maternity leave) for personal reasons acceptable to the PGIM as determined by the BOS.
- 10.3.2 Once the leave is approved by the relevant Board of Study, trainee will be reverted back to the primary employer for the duration of leave obtained.
- 10.3.3 Following such leave the trainee will rejoin the PGIM under the prospectus, General Regulations and Guidelines for Trainees and any other regulation approved by the Board of Management/Senate which are in operation **at the time of rejoining the training programme**.
- 10.3.4 **Any shortfall in training must be completed in full.**
- 10.3.5 In the case of pre MD/Masters/Pg Diploma/ Pg Certificate training,
- any exams that have been missed by the trainee due to obtaining personal leave will be counted as attempts when preparing the merit order (refer section 12.3).
 - the trainee will be entitled to sit the examination for a total of 6 attempts within 8 years.
 - the attempts must be consecutive, except when occurring during the period of personal leave.
- 10.3.6 In the case of post MD training,
- the shortfall in training must be completed in full.
 - the relevant Board of Study may recommend, with clear justification, whether the trainee requires an additional period of training to allow for changes in the relevant prospectus. This extra training will be limited to a maximum period of three months. Such extension of training will require approval of the BOM.
 - only the period of personal leave taken will be added to Date of Board Certification.

10.4 Paternity Leave

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

11. ATTENDANCE

In order to be eligible to sit examinations, following criteria must be fulfilled:

- 11.1 Attendance at clinical and practical training should be completed in full in accordance with the prospectus and section 10 above.
- 11.2 A minimum of 80% attendance at organized teaching sessions.

12. MD/MASTERS/ PG DIPLOMA/PG CERTIFICATE EXAMINATIONS

12.1 Assessments

- 12.1.1 A comprehensive assessment will be held at a defined point of the prescribed training programme to test knowledge, skills, competencies and attitudes of the trainees in most courses of study. Some courses utilize continuous assessments and module examinations.
- 12.1.2 For all these assessments, the assessment of all candidates would be based on the most recent approved assessment format.
- 12.1.3 Those who are already scheduled to sit an examination in an older format within 12 months of a change of examination format will be given one more attempt based on the older format at the next scheduled examination, if they so request.
- 12.1.4 The structure and method of assessment shall be in accordance with the relevant prospectus.
- 12.1.5 Trainees who have reached the stipulated standard for a pass in the prescribed components and fulfill other relevant criteria will be conferred the relevant postgraduate degrees by the University of Colombo in accordance with the relevant prospectus.

12.2 Submission of Journal Publications in lieu of a Thesis : MD by Thesis programmes

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

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

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

12.3 Number of Attempts at MD, Masters, PG Diploma, Pg Certificate Examinations

- 12.3.1 The permitted number of attempts at all MD, Masters, PG Diploma, Pg Certificate shall be six (6). All six attempts should be completed within a period of eight years from the date of the first scheduled attempt.

- 12.3.2 Trainees, on completion of the prescribed training programme should sit the first scheduled examination which will be counted as the first attempt.
- 12.3.3 For trainees who are unable to sit any scheduled examination due to a valid reason acceptable to the relevant BOS, that examination will not be counted as an attempt. Such trainees should inform the director/PGIM that they do not intend to apply for the scheduled examination, giving reasons and documentary justification on or before the closing date of applications.
- 12.3.4 In instances where reasons given by trainees for not sitting the first scheduled or subsequent examinations are not acceptable to the Board of Study, the number of examinations held in between will be counted when determining the number of attempts, and the order of merit determined accordingly. Fees paid will not be refunded.
- 12.3.5 When a trainee is unsuccessful at one of the prerequisites/module examinations/ assessments during pre MD training, and therefore is not eligible to sit for the next scheduled MD Examination, and the said MD Examination shall be counted as an attempt.
- 12.3.6 When all attempts are exhausted, re-entry to the same programme will not be permitted, nor will the trainee be permitted to sit for the selection examination of the same training programme.
- 12.3.7 A trainee who fails the MD examination in the fifth attempt is recommended to satisfy the following conditions before the sixth attempt.
- a. To be appointed to a training unit for further fulltime training of twelve months with a satisfactory report.
 - b. To undergo competency evaluation every three months with satisfactory reports.
- 12.3.8 Trainees who are unsuccessful after their sixth attempt will not be permitted to sit the exit examination again for any reason whatsoever. However, a 'Letter Certifying Completion of Training' will be issued by the PGIM indicating the different components of the training programme completed with their duration.

12.4 Counting the Number of Attempts and Withdrawal from the MD, Masters, PG Diploma, Pg Certificate examinations

- 12.4.1 Prospective applicants may withdraw their examination applications or be absent from the examination. However, the reasons should be accepted to the relevant BOS.
- 12.4.2 Application for an examination will not be counted as an attempt only if a candidate is absent for the whole or a component/s of the examination in the following circumstances:
- a. Illness / maternity leave supported by a valid medical certificate issued by a specialist
 - b. Other exceptional circumstances acceptable to the Board of Study and Board of Management.
- 12.4.3 Carry over of components passed to subsequent examinations will be subject to the provisions of the relevant prospectus.

13. SPECIALIZATION

13.1 The under mentioned general policies will be applicable in relation to specialization:

- 13.1.1. The period of pre MD training upto the MD examination is considered core training in the speciality. The period of post MD training upto board certification is considered higher specialist training. Such higher specialist training may be in either the base specialty or specialties approved by the PGIM at that time.
- 13.1.2. The number of post MD training placements will be subject to change as per the MOH requirement, and will **not** be indicated in the examination circular calling for applications for the selection or MD examination.
- 13.1.3. The training placements in the base specialty or subspecialties will be made available at the time of post MD allocation and be determined in accordance with:
 - a) the subspecialties approved by the PGIM
 - b) the available training units, and
 - c) the vacancy list provided by the Ministry of Health
- 13.1.4. The selection of higher speciality training placements (base or subspecialty) should be done at the first scheduled post-MD allocation and cannot be deferred to future allocations.
- 13.1.5. Allocation of trainees is done strictly according to the merit list. The merit list is prepared according to procedures laid down by the University Senate.
- 13.1.6. University, military or non-state sector trainees are permitted to choose a subspecialty or base specialty based on their merit rank.
 - a) In the case of a university/military/non-state sector trainee who is low in the merit list and if only a sub-specialty is available which the Department of that university/institution does not require, the trainee will be allowed to be trained in the base specialty on supernumerary basis.
 - b) He/she will be allocated to an available training unit in accordance with his/her merit rank.

13.2 **Changing of a selected specialty within a discipline during post MD local training**

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

- 13.2.1. Post-MD trainees will not be permitted to change to the base or a new subspecialty after commencement of training in that training cycle.
- 13.2.2. If they wish to change, this will be only permitted after the next scheduled MD examination at 6 months or one year, depending on the program.
- 13.2.3. In such circumstances, they will be placed at the end of the merit list and be eligible to select from the specialties available at that point.

13.3 **Guidelines for special interest training programmes**

- 13.3.1. Board certification will only be awarded in the specialty concerned.
- 13.3.2. This will be awarded upon satisfactory completion of the mandatory period of postMD training of 2-3 years specified in the prospectus of the specialty.

- 13.3.3. Special interest training in a specialty will be optional for post-MD trainees.
- 13.3.4. This optional training in the special interest will be for an additional period of one year, in an overseas center recognized for such training and subject to approval by the Board of Study.
- 13.3.5. The PGIM will recommend leave but not funding for the additional year of special interest training to the primary employer provided that the total duration of overseas leave does not exceed two (02) years.
- 13.3.6. The date of board certification will be based on the mandatory post-MD training period required for specialty training, including for those who opt for the additional year of special interest training.
- 13.3.7. Completion of special interest training will be certified in an academic transcript provided by the PGIM, but not indicated in the board certification.

14. MONITORING OF THE PROGRESS OF TRAINEES

- 14.1 Progress of all PGIM trainees will be monitored closely by trainers, both local and overseas, and Boards of Study.
- 14.2 Appropriate assessment and appraisal mechanisms are in place for trainees at Registrar and Senior Registrar level. Boards of Study will determine the format of these assessments.
- 14.3 Trainees are expected to submit two multisource feedback assessments, one during pre-MD training and one during local post MD training. These two multisource feedback assessments are essential components of the portfolio submitted for PBCA.
- 14.4 A trainee may have to repeat a part or the entire training programme if he/she has not shown satisfactory progress as determined by the Board of Management.
- 14.4.1 In the case of pre-MD training and Masters and PG Diploma training, this may result in the trainee not being permitted to sit the exit examination and with a loss of an attempt.
- 14.4.2. In the case of post MD training, this will delay the date of Board Certification.
- 14.5 If a trainee's conduct has been found to be unprofessional his/her trainee status may be terminated or other actions taken in accordance with the provisions of the applicable Disciplinary Code. Note that this may affect the date of Board Certification.
- 14.6 A mentoring programme for postgraduate training is operational. Details are in **Annexure IX**

15. OVERSEAS POST MD TRAINING

A period of overseas training is mandatory prior to board certification. The minimum period of local and overseas training is stipulated in the relevant prospectus. It is the responsibility of the trainee to obtain the required leave and the scholarship, if required, from the employer.

Documents required for proceeding for overseas training are listed in **Annexure III**.

15.1 Availing of Leave for Overseas Training Prior to Completion of Local Post MD Training

Satisfactory completion of the local component of training after passing the MD examination is a requirement to apply for overseas training and study leave. However, at the discretion of the BOS such overseas leave may be approved before completion of post MD local training, **provided that at least six (06) months of post MD local training have been completed.** In such an event, the balance local training period as determined by the Board of Study, has to be completed in a training unit allocated by the BOS for the trainee to be eligible to apply for Board Certification.

15.2 Commencement of Post MD Overseas Training

15.2.1 Post-MD trainees should commence their post-MD overseas training within two (02) years of the scheduled date of completing their local post-MD training. Any delay beyond this will be added to the date of effective Board Certification.

15.2.2 Post-MD trainees who fail to commence their overseas post-MD training within four (04) years of the scheduled date of completing their local post-MD training will have their trainee status terminated.

Conditions and details of Funding for PGIM Trainees proceeding for POST-MD Overseas Training is referred to in **Annexure II**

16. BOARD CERTIFICATION AND PRIVILEGES OF BOARD CERTIFICATION

16.1 Board Certification

After obtaining the degree of MD, trainees are required to undergo further training as stipulated in the relevant prospectus to be eligible for Board certification in the chosen specialty.

The following are the eligibility criteria for Board Certification of PGIM trainees

- a. Completion of the prescribed local and overseas components of post MD training.
- b. Completion of all other requirements stipulated in the prospectus. *
- c. Pass the PBCA
- d. Resumption of duties with the primary employer in Sri Lanka.

*It is desirable that all trainees possess a first author original article in a peer reviewed journal or an accepted dissertation based on their mandatory research project prior to Board Certification. Please see **Annexure V**

16.2 The minimum stipulated period of overseas training required for Board Certification is defined in the relevant prospectus and is not less than one (1) year.

16.2.1 The maximum period of leave granted for overseas training is two (02) years.

16.2.2 All overseas training leave is granted subject to approval of the Board of Study and Board of Management.

16.2.3 Any extension beyond two years will result in Board Certification being delayed by an equivalent period.

16.3 Pre board certification assessment (PBCA)

Trainees who satisfy the eligibility criteria defined in the relevant prospectus will be required to appear for the pre-board certification assessment. The format of the PBCA is given in the generic guidance (**Annexure X**) and the relevant prospectus. The trainee must pass the PBCA to qualify for Board Certification.

Trainees are invited to provide feedback of their trainers as per **Annexure VII**

16.4 Board Certification of Medical Officers who are in Service with Foreign Specialist Qualifications

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

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

16.5 Date of Board Certification

16.5.1 The effective date of board certification is determined by adding the duration of the mandatory local and overseas post-MD training components to the effective date of the MD results.

The above effective date is subject to the following:

- a. The local training is commenced on the first scheduled date after passing the MD Examination.
- b. Overseas training is commenced within two years of completion of post MD local training.
- c. The application for Board Certification is submitted within one (1) month of the date of completion of the stipulated post-MD (local & overseas) training (Please refer **Annexure IV** for requirements to apply for board certification)
- d. The PBCA is passed in the first or second scheduled attempt (Please see **Annexure X** generic guidance for PBCA)
- e. There has been no overstay beyond the maximum period of post-MD overseas study or training leave of two (2) years.
- f. There has been no leave granted and/or extension or additional period of training prescribed for any reason, beyond the scheduled training program, by the BoS or BoM.

16.5.2 In the event of 16.5.1 (a) to (f) not being fulfilled, the extra period will be added to the due date of Board Certification, and the effective date of board certification will be delayed.

16.5.3 Under no circumstances can Board Certification be made effective prior to completion of the prescribed training in full.

16.6. Delays in board certification

Board certification will be delayed

16.6.1 by a period equivalent to the delay in commencement of local or overseas post-MD training as stipulated in 16.5.1 (a) & (b)

16.6.2 by a period equivalent to the delay in application for Board Certification as stipulated in 16.5.1 (c)

16.6.3 if the candidate fails to pass the PBCA in the first and second scheduled attempts as stipulated in 16.5.1 (d)

16.6.4 by a period equivalent to the period of overstay beyond two (2) years of post-MD overseas training as stipulated in 16.5.1 (e).

If the period of overstay stated in 16.6.4 exceeds one year the trainee status will be terminated except under exceptional circumstances acceptable to the Board of Management

16.6.5 Board certification will be delayed by a period equivalent to any additional period of training prescribed, as stipulated in 16.5.1 (f), for reasons including but not restricted to personal leave, poor performance, and disciplinary action

16.6.6 if there are complaints regarding the trainee during the training period which has resulted in extension of the training period.

16.6.7 If the requirements laid down in the prospectus such as the case book, portfolio and dissertation have been completed within the stipulated training period.

a. The stipulated training period ends at the point when the trainee has completed local and overseas training components and has resumed duties at their original place of employment.

b. The effective date of Board Certification shall be prospective, if the trainee has not fulfilled all the requirements stipulated in the prospectus. It will be effective from the date of the decision of the Board of Management approving Board Certification, as stated in the PBCA & requirements for Board certification)

16.6.8 If the Board of Management, on the recommendation of the Board of Study, has decided otherwise.

16.6.9 Trainees who do not complete the prescribed post MD Overseas Training within the stipulated maximum time period referred to in section 15.2 will not be eligible for board certification unless they undergo remedial training approved by the Board of Study/Board of Management.

16.6.10 All trainees are required to report back to their employer and to the PGIM for purposes of Board Certification.

a. A letter from Director General of Health Services/Vice Chancellor/Commander of

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the respective Armed Force/Inspector General of Police has to be produced to confirm that the trainee has reported for work and assumed duties in the appointed post.

- b. In the PGIM, trainees have to follow the stipulated process for this purpose (sign and date a register specifically maintained for this purpose, or inform the PGIM by an email sent through the trainee's official PGIM email address.)
- c. In the event of any delay in reporting back to their employer or in signing the PGIM register, without a valid reason, the period of delay will be added to calculate the effective date of Board Certification.

16.6.11 Requests for Board Certification by trainees who have resigned or vacated post are considered only after such trainees have:

- a. Settled the bond with their employer and provided written evidence to that effect along with the original receipt.
- b. Paid the applicable training cost to the PGIM .
- c. Completed all other criteria to be eligible for Board Certification (Please refer **Annexure IV**).
- d. The prospectus and General Regulations and Guidelines current at the time of re joining the programme will apply for these trainees.
- e. For those who resign, the date of Board Certification will be determined as detailed in 16.5.1.
- f. For those who have vacated their post, the effective date of Board Certification would be the date of the decision of the Board of Management approving Board Certification.

17. FEES

Information on course fees and examination fees payable by trainees for training programmes or courses of study and PGIM examinations is given in the PGIM Fee Structure Book available on the website.

All fees are subject to review and revision every two (2) years.

17.1 Refund of course fees

- 17.1.1 Refund of course fees (minus the administrative fee) may be considered if a trainee withdraws within six (6) weeks of the date of commencement of the course of study or training programme.
- 17.1.2 The PGIM will retain a 10% administrative fee from the course fees when refunds are made.
- 17.1.3 Course fees will not be refunded to trainees who withdraw from the course of study/ training programme six weeks after commencement.

17.2 Refund of examination fees

- 17.2.1 A refund of the examination fee will be considered if a candidate withdraws his/her application
- before the closing date of application for the examination, a refund of 75% of the fee will be considered.
 - if a candidate withdraws his/her application after the closing date but before commencement of the examination a refund of 50% of the fee will be considered.
 - provided the reasons given by the candidate acceptable to the Board of Study
- 17.2.2 When an application is rejected by the PGIM due to nonfulfillment of the eligibility requirements stipulated in the General Regulations and Guidelines or in the relevant prospectus, only a 50% refund will be made.
- 17.2.3 Refund of examination fees will not be made for other reasons except under exceptional circumstances acceptable to the Board of Management.
- 17.2.4 No refund will be made after the examination commences.
- 17.2.5 Requests for refunds of examination fees which do not conform to the above stipulations will not be entertained unless under exceptional circumstances.
- 17.2.6 Examination fees already paid cannot be transferred for subsequent examinations.

18. HEALTH AND FITNESS

- 18.1 Trainees should be of sound physical and psychological health to undertake courses of study or training programmes.
- 18.2 In case of significant illness, impairment or disability that interferes with the training, performance or welfare of the trainee, or patient care the trainee and/or the trainer shall inform the Director/PGIM.
- 18.3 Trainees will be required to submit a self declaration on their physical and psychological status of health at the time of application for selection examinations.
- 18.4 The PGIM will strive to provide all opportunities and facilitate training in the desired speciality for differently abled individuals, wherever possible.
- 18.5 In instances where a trainee has difficulties in joining or continuing a training programme due to physical or psychological impairment, a medical board will be appointed to provide recommendations to the Board of Management. The decision of the Board of Management based on these recommendations will be final.
- 18.6 Any PG trainee who requests a change of an appointment based on a medical condition should be made to appear before a Medical Board in order to justify the request for such a change, and also to decide on the fitness of the trainee to continue training.
- 18.7 Trainees are expected to adhere to health and safety guidelines issued by the Ministry of Health and the PGIM during the training programme.

19. RULES FOR PGIM EXAMINATIONS

- 19.1 Candidates shall be present at the examination hall at least 15 minutes before the commencement of the examination but shall not enter until they are requested to do so by the supervisor or invigilator.
- 19.2 Candidates shall occupy the seat allotted to them in the hall and not change it except on the specific instructions of the supervisor or invigilator.
- 19.3 Candidates shall not be admitted to the examination hall for any reason after half-an-hour of commencement of the examination.
- 19.4 Candidates shall not be allowed to leave the hall until at least half-an-hour has lapsed after the commencement of the examination and during the last 15 minutes of the examination.

19.5 Documents to be provided at the examinations

19.5.1 The PGIM only accepts the following types of photographic identification along with the admission card for admission to examination halls or centres.

- i. National Identity Card
- ii. Passport
- iii. SLMC Identity Card
- iv. Driving Licence

19.5.2 Failure to present one of the above will lead to exclusion from the examination hall or centre.

His candidature is liable to be cancelled if he does not produce any one of these documents.

19.6 Candidates shall not submit a practical or field book, dissertation, project report or answer script which has been done wholly or partly by anyone other than the candidate

19.7 Conduct during examinations

19.7.1 Candidates shall not have in their possession any material or device which could aid their performance at the examination. This includes, but are not limited to, books, notes, parcels, handbags, electronic communication equipment including any smart devices such as cellular phones etc. All such items brought by the candidates should be placed at a location outside the examination hall indicated by the supervisor or the invigilator.

19.7.2 Candidates may be required by the supervisor to declare any item in their possession or person.

19.7.3 Candidates shall not copy or attempt to copy from any book, paper, notes, electronic devices or similar material or from the scripts of another candidate.

19.7.4 Candidates shall neither help nor obtain help from another candidate or third person whomsoever.

19.7.5 Candidates shall not be negligent so as to provide an opportunity to another candidate to observe or copy at any written or practical examination.

19.7.6 Candidates shall not use any other unfair means to obtain or render improper assistance at the examination.

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- 19.8 Candidates shall bring their own pens, ink, mathematical instruments, erasers, pencils, or any other equipment or stationary when they have been instructed to do so.
- 19.9 Examination stationery (i.e. writing paper, graph paper etc.) will be supplied as necessary. No other papers shall be used by candidates.
- No stationary supplied to a candidate may be torn, crumpled, folded or otherwise mutilated.
 - Log tables or any other material provided by the PGIM shall be used with care and left behind on the desk, such material remains the Institute property.
 - Any material supplied, whether used or unused, shall be left behind on the desk and not removed from the examination hall.
- 19.10 Candidate must enter their index number on the answer book and on every continuation book. They must also enter all necessary particulars as indicated in the cover of the answer book. Candidates who insert on their scripts an Index Number other than their own is liable to be considered as having attempted to cheat. An answer book that bears no or an illegible index number will be rejected. Candidates shall not write their names or any other identifying mark on the answer script.
- 19.11 All calculations and rough work shall be done only on paper supplied for the examination and shall be cancelled and attached to the answer script. Such work should not be done on admission card, timetable, question paper, Identity Card or on any other paper. Any candidate who disregards these instructions will be considered as having written notes or answers with the intention of cheating.
- 19.12 Any answer or part of an answer which is not to be considered for the purpose of assessment must be clearly crossed out. If the same question has been answered in more than one place the answer or answers that are not to be counted must be clearly crossed out.
- 19.13 Candidates must comply with the instructions of the supervisor and the invigilators at all times during the period of examination.
- 19.14 Candidates must conduct themselves in the examination hall and its precincts in an orderly manner so as not to cause disturbance or inconvenience to the Supervisors or their staff or to other candidates. In entering and leaving the hall, they shall conduct themselves as quietly as possible. A candidate is liable to be excluded from the examination hall for disorderly conduct. Candidates must stop work promptly when ordered by the supervisor or invigilator to do so.
- 19.15 Absolute silence must be maintained in the examination hall and its precincts.
- 19.16 A candidate is not permitted for any reason whatsoever to communicate with or have any dealings with any person other than the supervisor or invigilator. Candidates may draw the attention of the supervisor or invigilator by raising their hand.
- 19.17 Candidates must not be permitted to leave the examination hall temporarily during the course of an examination. In case of an emergency, the supervisor or invigilator will grant permission to do so under their supervision.
- 19.18 Candidates must not engage a third person to impersonate them at an examination.
- 19.19 Candidates must not obtain or attempt to obtain prior information on questions or examination material.
- 19.20 Candidates should refrain from obtaining dishonest assistance from any person.

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- 19.21 If circumstances arise which in the opinion of Supervisors render the cancellation or postponement of the examination necessary, they shall stop the examination, collect the scripts already written and then report the matter as soon as possible to the Director/Senior Assistant Registrar/Examinations.
- 19.22 The supervisor or invigilator is authorised to request a candidate to make a statement in writing on any matter which may have arisen during the course of the examination and such statement shall be signed by the candidate. No candidate shall refuse to make such statement or to sign it.
- 19.23 Candidates shall hand over answer scripts personally to the supervisor or invigilator or remain in their seats until it is collected. Candidates shall not hand over their answer scripts to any other staff member or another candidate.
- 19.24 Candidates who register for an examination shall be deemed to have sat the examination unless they withdraw from the examination within the specified period (section 12.3) or submit a medical certificate prior to the commencement of the examination. The medical certificate shall be issued by a medical or dental specialist registered with the SLMC. Such medical certificate will require the acceptance by the Board of Study and the candidate may be required to appear before a medical board appointed by the PGIM, if the necessity arises.
- 19.25 When candidates are unable to appear for any component of an examination, they shall notify the Director immediately. This should be confirmed by email or in writing with supporting documents within 48 hours.
- 19.26 Any complaints by candidates regarding the content of the examination must be made in the feedback form within 48 hours of the close of the examination.
- 19.27 The results of an examination announced by the PGIM and confirmed by the Board of Management and the Senate of the University of Colombo will be final. No complaints or representations will be entertained regarding the results.
- 19.28 The PGIM has guidelines to ensure that candidates are not subjected to undue disadvantage as a result of a condition, disability or impairment that they may experience. Please refer **Annexure VIII**.
- 19.29 Under exceptional circumstances, based on a request from a trainee, an interpreter will be provided for Sinhala or Tamil patients where all possible attempts to provide English speaking patients have failed. Such requests must be made at the time of applying for the examination. Applications made after the date of applying for examinations will not be entertained.

20. POST EXAMINATION COUNSELLING OF UNSUCCESSFUL CANDIDATES AND TRAINEES POSTGRADUATE INSTITUTE OF MEDICINE

Candidates who are unsuccessful at examinations will be provided with appropriate feedback as determined by the relevant BOS and the BOM.

21. EXAMINATION OFFENCES AND PUNISHMENTS

21.1 Offences

Cheating

Disorderly Conduct

- 21.1.1 Candidates who violate Rules in 19.6, 19.7, 19.9, and 19.19 shall be deemed guilty of the following offences and shall be liable to,

- i. cancellation of their candidature
- ii. prohibition from sitting any examination of the PGIM for a specified period and to any further punishment that the Board of Management and/or the University Senate may decide.

Candidates who violate the following rules as stated below are liable to cancellation of their candidature for a specified period and to any further punishment that the Board of Management and/or the University Senate may decide.

- 21.1.2 Candidates who violate rule 19.7.1 and 19.7.2 shall be deemed guilty of the offence of **possession of unauthorized articles**
- 21.1.3 Candidates who violate rule 19.7.3, 19.7.4, 19.7.5 and 19.7.6 shall be deemed guilty of the offence of **copying**
- 21.1.4 Candidates who violate rule 19.6 and 19.19 shall be deemed guilty of the offence of **cheating**
- 21.1.5 Candidates who violate rule 19.9 shall be deemed guilty of the offence of **theft**
- 21.1.6 Candidates who violate one or more of the rules in 19.7, 19.14, 19.5, 19.16, 19.17 or 19.18 shall be deemed **guilty of the offence of disorderly conduct**
- 21.1.7 Candidate who violates Rule 19.18 shall be guilty of the offence of **impersonation**. He shall also be liable to any punishment under the Penal Code/Criminal Law.
- 21.1.8 Any candidate who violates Rule 19.20 shall be guilty of an examination offence
- 21.1.9 Candidates found aiding and abetting in the commission of any of the above examination offences shall be deemed to have committed that offence and be liable to the same punishment.
- 21.1.10 Canvassing or attempting to canvass an examiner will disqualify the candidate and his/her candidature at the particular examination will be cancelled and he/she will be prohibited from sitting any examination of the Institute for such period as may be specified by the Board of Management and/or the University Senate.

22. DISCIPLINARY CODE FOR TRAINEES

Discipline is considered an important aspect of training, and the trainees must adhere to the guidelines approved by the Board of Management, the Senate and the Council of the University of Colombo. Acts of indiscipline will be dealt with under the provisions of the Disciplinary Code of the PGIM. All trainees are also subject to the guidelines of local statutory bodies such as the SLMC, the employer and that of foreign organizations/statutory bodies during overseas training.

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

22.1 Types of Inadequacies/Offences

22.1.1 Minor:

- a. Poor attendance
- b. Insubordination
- c. Poor interpersonal relationships
- d. Poor quality documentation
- e. Poor attitudes
- f. Poor skills
- g. Inability to achieve set standards within the specified time period as indicated in the approved assessment forms/appraisal forms/guidelines/prospectuses.

22.1.2 Major:

- a. Professional incompetence
 - Repetition of minor inadequacies/offences despite a “letter of warning”
 - Three adverse assessments during the local training period
 - Two adverse assessments during the overseas training period
 - Unsatisfactory performance during an extended period of either local or foreign training
 - Evidence of seriously deficient or incompetent performance or skills
- b. Professional misconduct
 - Gross neglect of patients or poor standards of medical care
 - Abuse of professional privileges
 - Making degrading comments on professional colleagues
 - Derogatory professional conduct/ Acting in a manner to bring the PGIM into disrepute
 - Examination irregularities
 - Divulging confidential information
 - Dishonesty/ misappropriation of funds
 - Personal abuse of alcohol and other drugs
 - Indecent or violent behavior
 - Criminal offences

22.2 The PGIM will entertain written complaints being made by the following persons

- Local trainers
- Foreign trainers
- Any consultant from the hospital to which the trainee is posted for training
- Administrator of a hospital to which the trainee is posted for training

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- Patients who have been under the care of the trainee, or their relatives
- Any other persons/authorities acceptable to the Board of Study/Board of Management

22.3 Procedure for the Inquiry

When a complaint is received, the under mentioned procedure shall be followed to determine whether the PGIM should take disciplinary action against a trainee.

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

22.3.1 The Process to be Followed by the Board of Study

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

Disregard the complaints/allegations/poor progress reports.

Appoint a three member committee from among members of the Board of Study for a fact finding process. Following this fact finding process if there is *prima facie* evidence against the trainee, the Board of Study could:

- a. Request the Director to issue a Letter of Warning. The Director/PGIM, on the recommendation of the Board of Study concerned, shall issue such letter of warning.

OR

- b. Refer the matter to the Board of Management recommending an inquiry.

The Board of Study shall, at this stage, recommend to the Director PGIM whether the trainee should be allowed to continue his training or whether training should be suspended until the inquiry is completed.

22.3.2 The Process to be Followed by the Board of Management

The Board of Management shall appoint Committees of Inquiry as given below.

(a) Preliminary Inquiry:

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

Recommended disciplinary action to be instituted by the BOM following the preliminary inquiry

If there is no *prima facie* evidence against the trainee, the complaint will be dismissed.

If there is prima facie evidence against the trainee, a Formal Inquiry shall be instituted.

(b) Formal Inquiry:

The Board of Management shall appoint a committee consisting of the following members to conduct a Formal Inquiry.

- Dean of a Medical Faculty
- A member of the Board of Management from among the members appointed by the UGC
- A person who is not a member of the Board of Management, who is competent in conducting formal inquiries

22.4 Recommended Disciplinary Action to be Instituted by the Board of Management following the formal inquiry

If there is no evidence of wrong doing on the part of the trainee, the complaint shall be dismissed.

If there is evidence of wrong doing, the following actions can be recommended:

- (a) Letter of Reprimand to be sent by the Director/PGIM on the recommendation of the BOM
- (b) Extension of the Training Period with loss of seniority. This should be decided by the Board of Management in consultation with the Board of Study, based on the report of the Formal Inquiry.

Local Training

- This shall initially be in the same unit, disregarding the training period already completed, provided the trainer is willing to accommodate the trainee in his/her unit for the extended period of training.
- If the trainer is not willing to accommodate the trainee, the Board of Study in Consultation with the Board of Management at their discretion shall appoint the trainee to another unit for the extended period of training,
- If the training is still found to be unsatisfactory the Board of Management/Board of Study shall appoint the trainee to another training unit. The period of training hitherto undergone shall be disregarded.

Overseas Training

- If recalled before overseas training could be completed:
The trainee shall be required to continue the training locally, for a period equivalent to twice the period of prescribed overseas training in the capacity of a Senior Registrar under two different trainers for the said period.
- If overseas training has been completed, but found to be unsatisfactory:
The trainee shall be required to undergo the prescribed period of overseas training locally in the capacity of a Senior Registrar under a trainer for the said period.

In either instance,

- The option of finding a new training post overseas would be given to the trainee.
 - This overseas training post should be approved by the Board of Study.
 - The cost involved in such overseas training shall be borne by the trainee.
 - The period of training that was previously completed but was found to be unsatisfactory would be disregarded.
- (c) Termination of trainee status and/or withholding Board Certification. Action shall be taken to terminate trainee status and/or withhold Board Certification of the trainee on account of:
- Major inadequacies/offences listed in 22.1.2 above.
 - Serious major physical or mental disability which in the opinion of the specifically constituted Medical Board would prevent the trainee from continuing the training programme.
 - Non-completion of training and examinations within the stipulated period as indicated in the Prospectus/Regulations/Guidelines.
 - Serious examination offences and misconduct as listed in the University of Colombo Regulations and By-Laws.

A letter conveying the decision of the BOM shall be issued by the Director/PGIM to the trainee.

22.5 Informing the SLMC and the employer

A decision taken by the Board of Management under Section 22.4 (c) shall be conveyed to the Sri Lanka Medical Council and the employer concerned for necessary action.

22.6 Issue of letters of good standing or recommendations

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

Action shall be taken to terminate trainee status in instances where the Sri Lanka Medical Council has struck off the name of the trainee concerned from the Medical Register for a criminal offence.

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

23. ENGAGEMENT IN PRIVATE PRACTICE BY PG TRAINEES

23.1 No PGIM trainee is permitted to engage in private practice during normal official working hours and when the trainee is officially on-call to the unit. However, in emergency situations, if they are required to do so, they should not receive a special payment for such work.

23.2 Postgraduate trainees should not engage in private practice in the capacity of specialists, until they are board certified.

24. UPDATES ON RULES AND REGULATIONS

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

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

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

**GUIDE NOTES FOR CANDIDATES WHEN ANSWERING
MULTIPLE CHOICE QUESTION PAPER**

1. Your index number is given on your examination admission card. Please indicate the index number on the question book and answer script. **No other identification marks should be made on the answer scripts.**
2. Candidates who arrive more than 30 minutes after the commencement of the examination will not be admitted under any circumstances. No candidate shall be allowed to leave the Examination Hall during the first 30 minutes or during the last 15 minutes of an examination.
3. Calculators, books, notes, bags or papers or any electronic communication equipment, such as, cellular phones, smart devices including smart watches etc. are not allowed in the examination venue. You should bring only your admission documents and an acceptable form of photographic identity (see admission document).
4. Use the pencil provided to clearly mark your answers on the appropriate circle of the answer sheet. Use of correction fluid (@Tipp-ex) is prohibited.
5. Only one answer script is provided. Do not make additional marks on the answer script.
6. Attempt all questions.
7. Time allowed will be stipulated in the question paper.
8. No extra time to transfer the responses to the answer script will be allowed.
9. A script that bears no index number, or an incorrect or illegible index number is liable to be rejected.
10. Questions should not be copied, or the paper removed from the Examination Hall.
11. Candidates should remain seated until all question papers and answer sheets have been collected by the Invigilator/s.
12. Breach of these instructions or behavior in any other way, including continuing to write after the allotted time, may lead to suspension from the examination.

FUNDING FOR PGIM TRAINEES PROCEEDING FOR POST-MD OVERSEAS TRAINING

In order to complete the mandatory overseas training component of the post MD training, three categories of training schemes are awarded to PGIM trainees by foreign institutes:

- 1) Non- salaried posts
- 2) Full salaried posts
- 3) Part salaried (part funded) posts

Depending on the training schemes awarded by the foreign institutes, the following payments and benefits are offered to trainees.

1) Non- salaried posts

- Award of a full scholarship by the primary employer including
 - i. a monthly living allowance (as determined by the Ministry of Finance or any revisions made from time to time)
 - ii. return air passage to the destination
 - iii. registration fee of the foreign medical council
 - iv. reimbursement of visa fee, embarkation fee
 - v. educational allowance of 1000 USD
 - vi. any other mandatory fees

2) Full salaried posts

- Full salary is offered by the foreign institute
- No monthly living allowance or benefits offered under section (1) ii to v

3) Part salaried (part funded) posts

- A percentage of the salary/funding is paid by the foreign institute
- The primary employer will pay the shortfall of the designated salary upto a maximum of the full monthly living allowance mentioned in section (1) i.
- No benefits mentioned under section (1) ii. to v. will be offered

**DOCUMENTS TO BE SUBMITTED FOR APPROVAL OF
OVERSEAS TRAINING**

1. Personal details of trainee.
2. Current place of work in Sri Lanka.
3. Documents with regard to the offer of the placement (letter or e-mail).
4. Proposed date of commencement of appointment.
5. Details of overseas training placement
 - a. Status of job ie. paid/part paid/ honorary
 - b. Name and address of Institutions
 - c. Name and designation of primary overseas supervisors
 - d. Short CV of the Overseas Supervisor
 - e. Institutional profile (a download from the internet is sufficient)
 - f. The job profile/contract, including the case load of the unit
 - e. Completed Accreditation Form
6. A letter from the Board of Study to the effect that progress reports of local training has been satisfactory.
7. The IELTS certificate – it is a requirement by the PGIM that all trainees must have at least a “Band-7” pass in the IELTS irrespective of the country in which they plan to do their overseas training (some countries may require a higher band).
8. Overseas contact details of the Trainee (address, telephone numbers, e-mail).
9. Documents, if any, to indicate that Board of Study approval has been obtained for the placement.
10. A statement pertaining to additional expenditure, if any, to be incurred by the Trainee/PGIM for securing the training placement (Eg. medical council registration, medical/health insurance, indemnity insurance, work permit), indicating whether funds will be forthcoming from the institutions concerned.

DOCUMENTS TO BE SUBMITTED FOR BOARD CERTIFICATION

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

Notes:

- PBCA report and detail on date of passing the PBCA assessment need to be submitted by the overseas training unit to the relevant BOS
- Local and overseas progress reports shall be submitted by the relevant trainer directly to the Director/PGIM
- On receipt of the above documents, action will be taken to confer Board Certification, which will normally take 4 to 6 months.
- A letter by the Director to certify Board Certification will be issued only after confirmation of the decision by the Board of Management.
- The Formal Certificate will be issued only after confirmation of the decision by the Senate of the University.

GENERIC GUIDANCE TO BOARDS OF STUDY / SPECIALTY BOARD FOR EVALUATION OF RESEARCH PROJECTS FOR MD PROGRAMMES

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 (a).**

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 (b).**

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 / Speciality 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 (c).**

The trainee must submit 6 monthly progress reports through the primary supervisor to the Board of Study. **A generic format for progress reports is shown in (d).** 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:

1. 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.
2. Submission of a detailed project report to the Board of Study. **A generic format for such project reports is shown in (e).** This should be evaluated by 2 assessors nominated by the Board of Study, and marked as either satisfactory, or unsatisfactory.
 - a. 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 Board of Study, 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.

- b. 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.
- c. 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 Board of Study, the trainee should be encouraged to submit the research findings to a suitable conference or journal, if not already done.

(a) 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:
 - i. Study design
 - ii. Study period
 - iii. Study population
 - iv. Sample size calculation
 - v. Sampling technique

- vi. Study instruments
 - vii. Data collection
 - viii. Proposed statistically analysis
 - ix. Ethic clearance and consent, and confidentiality of data
 - x. Proposed methods for dissemination of findings
- Annexes: the following annexes should be provided:
 - i. Data proforma/s
 - ii. Consent forms, where relevant in all three languages
 - iii. 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.

(b) 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.

(c) Generic guidance to supervisors

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

2. The supervisor should obtain recommendation of the research proposal from a reviewer.
3. The supervisor should forward progress report(s) in the prescribed form at the end of 3 months after the trainee commences work on the research project and 3 months after completing the project work.
4. 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.
5. The dissertation should comprise the trainee's own account of his / her research.
6. It should be satisfactory as regards literary presentation.
7. The dissertation should be certified by the supervisor as suitable for submission.
8. **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.
9. **Ethics:** The candidate should confirm and document that procedures followed were approved by the Ethical Committee of the institution where the work was carried out and ethical approval is obtained by a recognized Ethical Committee.
10. 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 Board of Study. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the Board of Study.

(d) 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:
 - i. Whether the research project is progressing satisfactorily
 - ii. Constraints
 - iii. Whether the dissertation writing is on schedule
 - iv. Whether overall progress is satisfactory

(e) 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:

1. Title page
<Title of dissertation>
<Author's name>
MD (subject)
Post Graduate Institute of Medicine
University of Colombo
<Year of submission>
2. 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.
3. 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.
4. 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.
5. List of tables:
This lists the tables in the order in which they occur in the text, with the page numbers.
6. 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.
7. 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.

Note:

Theses/Dissertations /Case Reports/Research Reports to the PGIM Institutional Digital Repository.

- With the consent of researchers, the full text of theses/dissertations/Case Reports/Research Reports submitted by postgraduate trainees will be published in the PGIM Digital Repository, after a period of one year from the acceptance of the Thesis/Dissertation/Case Report/Research Report
- Until the researcher grants consent, and one year has elapsed from the date of acceptance, only the title and abstract will be published in the PGIM Digital Repository
- The consent form to be given to trainees

PLAGIARISM: GUIDELINES FOR POSTGRADUATE TRAINEES

Introduction

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

Definition of terms

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

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

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

Definition of Plagiarism

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

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

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

Types of plagiarism

There are two types of plagiarism,

1. Intentional plagiarism
2. Unintentional plagiarism

In either event, the PGIM will strictly abide by the rules and regulation dealing with plagiarism and it is the sole responsibility of trainees to avoid such academic irresponsibility at all times.

What can constitute an event of plagiarism?

Plagiarism can take place in many situations and the trainees should be vigilant of such situations. The following are instances where an act of plagiarism can take place.

- Quotations from other intellectual works without due acknowledgement of such work.
- Cutting and pasting from the Internet without due acknowledgement and full reference.
- Citation errors: It is strongly advised to follow accurate citation techniques as misdirected citations or inadequate citations can lead to an event amounting to plagiarism.
- Failure to acknowledge. Any assistance received by a trainee in substantiating and developing the content should be acknowledged.
- Use of professional agencies: Making use of another individual or a professional agency to develop or write student assignments, write-ups and other academic material will be considered an act of plagiarism.
- Autoplagerism: The PGIM also considers re-submission of past self written content to a different event related to the same course of study or to a different course of study an act of plagiarism unless requested. Therefore, content intended for a particular course or examination should not be re-submitted for assessment at any other examination or event.

(Reference: University of Oxford, Educational Policy and standards, plagiarism,

Originating URL: <http://www.admin.ox.ac.uk/epsc/plagiarism/index.shtml>)

Paraphrasing

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

Example of Acceptable & Unacceptable Paraphrasing

Original

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

Unacceptable Paraphrase

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

Acceptable Paraphrase

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

OR

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

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

How can you avoid plagiarism?

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

Before writing

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

When writing

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

After writing

- Allow someone else to go through your work and give feedback related to citation errors and other instances of missing references and citations
- Maintain a bibliography of all your references and citation material
(Reference: Duke University's Writing Studio, Avoiding Plagiarism. PowerPoint presentation)

Penalties for acts of plagiarism

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

- Instruction to re-submit the work with appropriate changes
- Calling for explanation with regard to the act of plagiarism
- Reporting to the other relevant bodies dealing with disciplinary matters at the

PGIM

- **To consider it a non-submission. The date of submission will be the date on which the non-plagiarized document is submitted.**
- Failing the assessment for which the plagiarized content was intended
- Suspension from the course of study after a disciplinary inquiry according to PGIM regulations
- Or any other disciplinary action according to PGIM regulations as decided by the relevant authority

Conclusion

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



**Postgraduate Institute of Medicine
University of Colombo**

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:	Strongly Disagree				Strongly Agree
Speciality:					
Training period:	1	2	3	4	5
During my training period, my trainer:					
1. was attentive to my training					
2. created a conducive learning environment					
3. discussed the goals and objectives of my training at the beginning					
4. provided me adequate contact hours with him/her					
5. provided me with adequate practical/clinical insights					
6. made an appropriate effort towards stimulating me to learn					
7. referred me to appropriate sources of additional information					
8. was well prepared and organized for the training sessions/clinical activity					
9. utilized instructional time efficiently					
10. was fair and objective in assessing my abilities					
11. provided me with useful feedback					
12. interacted and communicated with me in a mutually respectful way					
13. was an effective role model					

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What did you like about this particular trainer?				
What could have been done better / differently by the trainer?				
What is your overall rating of the trainer's competency in training?				
Not competent competent				Extremely
1	2	3	4	5
Name:			Signature:	

Reasonable accommodation guidelines for the PGIM

Preamble

The Postgraduate Institute of Medicine (PGIM), University of Colombo strongly believes that all candidates taking part in examinations at the PGIM should not be subjected to undue disadvantage as a result of a condition, disability or impairment that they may experience. Thus, the PGIM has adopted the following guidelines in determining candidates needing specific adaptations/adjustments during their examinations at the PGIM. It is expected that this would allow candidates to be assessed more accurately based on their knowledge, skills and competencies by minimizing the potential influence of any disability that may affect any candidate's performance.

Guidelines

1. Reasonable Accommodations should be considered for a candidate with a temporary, permanent or long-term disability that interferes with his or her performance.
2. In order to be considered for accommodations at examinations, the candidate applying for support must show independent evidence of the disability and/or the reason for the request.
3. Each application for reasonable accommodations will be considered on a case-by-case basis, with reference to the individual impairment and the special arrangements requested.
4. The Reasonable Accommodations offered should not endanger the integrity of the examination.
5. The Reasonable Accommodation(s) should aim to eliminate or minimize the potential influence of the disability on the candidate's performance at examinations to enable the accurate display of his or her knowledge, skills and competence.
6. The Reasonable Accommodations are not meant to compensate for limited knowledge, skills or competence resulting from a disability.
7. All accommodations at examinations must be fair and equitable to all candidates and should not offer the particular candidate with disabilities an advantage over the other candidates.
8. If a candidate is offered an exemption from a mode of assessment, an alternative assessment process is to be stated. However, this alternative process should not undermine the aim of the assessment or provide an undue advantage to the candidate in question over the other candidates of the same examination.
9. Any exemptions from assessments or adjustments to the mode of assessment should be documented as an explanatory note on the candidate's transcript. These changes to assessments will not affect the final outcome of the examination (e.g. grade, GPA).
10. The PGIM may be able to provide Reasonable Accommodation in the form of allocation of extra time, improved accessibility of question papers and assignments, alternative mode of response, alternative examination hall arrangements, and other arrangements that would minimize the potential disadvantages experienced by candidates with disability.

Disclaimer

These guidelines shall not function as automatic criteria for a candidate to be eligible for Reasonable Accommodation but as a guide for the candidates' to apply for such facilities from the PGIM. Based on the application, an authorized body of the PGIM will decide the possibility of accommodating such requests on a case by case basis.

Application form for Reasonable Accommodation at the PGIM examinations

(to be filled by the candidate)

Reasonable Accommodation at PGIM examinations refers to adaptations/adjustments made at such examinations in order to minimize the potential effect of a disability experienced by a particular candidate on his or her knowledge, skills and competencies. This application form should be used by candidates who consider themselves eligible to be considered for Reasonable Accommodation at PGIM examination in accordance with the PGIM guidelines on providing Reasonable Accommodation. The application should be submitted at least three weeks prior to the scheduled date of the examination along with the relevant support documents to be considered by the PGIM.

1. Name:
2. Candidate Number (if available):
3. Examination title:
4. Date of examination:
5. Nature of the examination (e.g. Essay, MCQ, viva)
.....
6. Describe your temporary, permanent or long-term impairment, condition or disability and how it hampers your ability to complete the examination in the standard time allocated and/or under the standard examination conditions (Please attach extra sheet if needed).
7. Describe specifically the accommodation(s) requested for. The applicant must attach supporting documentation from his/her doctor, consultant psychiatrist and/or from any relevant professional (Please attach extra sheet if needed).
8. Provide details of any reasonable accommodations you have requested and received and/or was denied at previous examinations at the PGIM. Please attach supporting documentation (Please attach extra sheet if needed).

Signature

Date

Mentoring Framework for Postgraduate Training

Background:

During postgraduate training in medical specialities, trainees may face many challenges. In addition to the cognitive challenge, the trainees must also negotiate with challenges pertaining to professional and personal lives. While some trainees may be able to cope with these challenges effectively, some may not be able to do so and may feel isolated. Although PGIM emphasizes on allocating trainers and supervisors depending on the educational requirements of the programme, they may not be able to provide trainees with continued support throughout the training programme particularly in terms of personal and professional development, addressing emotional needs, and career guidance. The mentoring framework proposed herein shall provide this additional support for the postgraduate trainees.

Objectives:

The mentoring framework proposed aims to achieve the following objectives.

- Guide trainees towards personal and professional development through continuous monitoring of progress
- Early identification of struggling trainees as well as high achievers
- Early detection of trainees who are at risk of emotional and psychological disturbances
- Provide career guidance

Role of a Mentor:

A mentor is expected to develop a long-term professional relationship with the assigned mentee (e.g. the trainee) and provide guidance in achieving personal and professional development. The mentor shall be able to create a non-threatening environment for the mentee to share experiences, express concerns, and clarify issues.

Assigning Mentors:

Each Board of Study may have a pool of mentors selected taking into consideration the following.

- Expertise & Experience in the field (Mentee should be able to respect the mentor and accept)
- Professional integrity
- Honesty
- Accessibility & approachability
- Ideally the person should be considered as a 'Role Model' in the field.
- Willingness & Commitment to Mentoring programme

A trainee shall be provided with the opportunity to select the mentor from the pool of mentors. The Board shall also consider the following when making the allocation upon selected by the mentee.

- Avoid allocating the mentee's supervisor or the trainer as a mentor
- Maximum number of mentees allocated per mentor to be less than 6

Schedule for Mentor-Mentee Meetings:

Following is a brief guide for scheduling a mentor-mentee meeting.

1. First meeting to take place within the first two months of starting the programme.
2. The focus of the first meeting may be on getting acquainted, background, the interests, hobbies, obtaining contact details including email and telephone numbers, and best times for scheduling future meetings.
3. Subsequent meetings may be held every one to two months at mutually convenient dates and times during the first year of training.
4. After the first year, the mentor and mentee may agree on meeting depending on the need.
5. Mentee should be given contact details of the mentor so that he or she may contact when there is a need.
6. Each meeting is suggested to be at least 30 minutes.
7. The trainee may be requested to include a schedule of meetings with the mentor in the portfolio.

Focus of a Mentor-Mentee Meeting:

Mentor-Mentee meetings may focus on following areas during the discussion.

- Academic achievements, performances, and work schedules (e.g. rotations, upcoming evaluations and preparedness)
- Career goals, success of achieving the same and pathways.
- Emotional distress and difficulty in coping.
- Professional and personal life balance.
- Conflict resolution

Support Structure:

Helpline:

A helpline will be setup at the PGIM providing trainees an opportunity to talk with a senior member of the academic staff of the PGIM in an emergency. The calls will be forwarded to the senior academic members who would be able to provide trainees with guidance on resolving the problems they may endure during training. This service would be additional to the mentoring programme and the

mentors would be able to convey the availability of this service to their mentees in addition to making themselves available for the mentees.

Psychological Support Service:

The PGIM would also establish a psychological support service. The support service would be run by designated counsellors who are trained in providing psychological support for trainees during times of emotional distress. The pathway to access the psychological support service may be through the helpline or through their respective mentors.

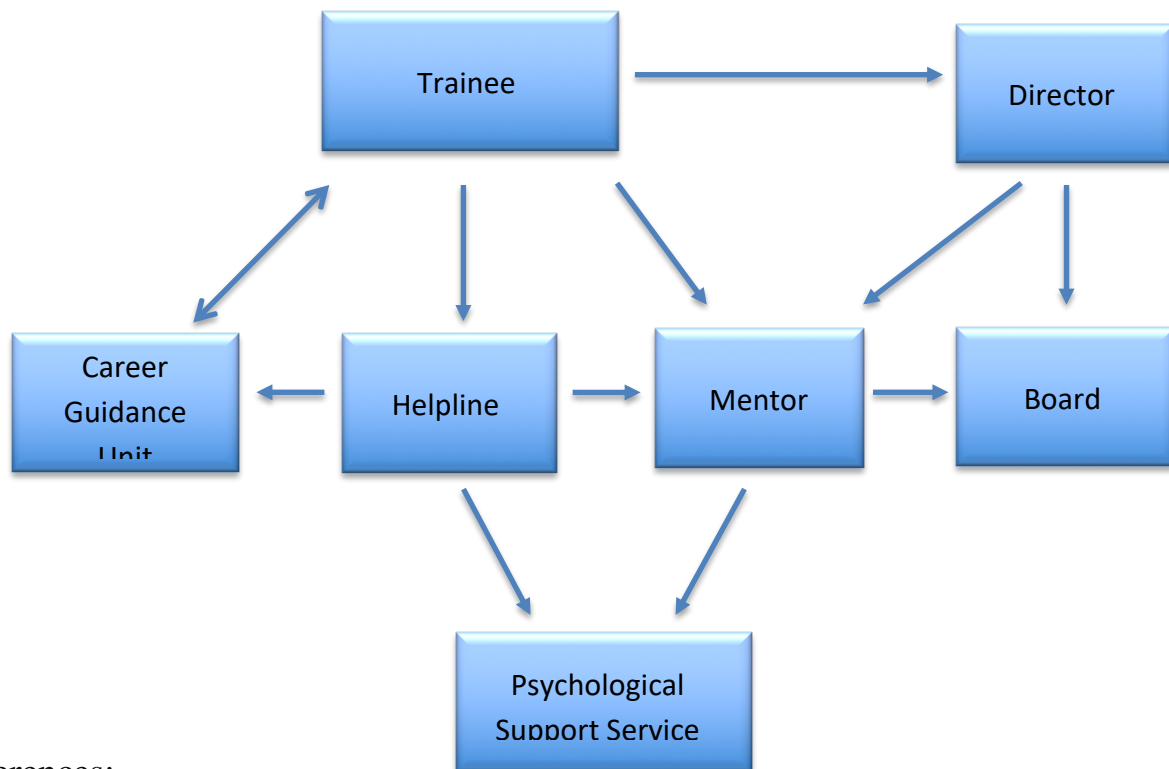
Mentor – Mentee Training

The PGIM shall also provide training for both mentors and newcomer trainees. These training programmes would be arranged for the mentors selected by a particular board of study prior to establishing the mentorship programme. The MERC shall coordinate the programme.

A mentor training programme may expect to achieve following outcomes (extracted from the mentor training workshop of the RCP):

- Identify the qualities, skills and behaviours of an effective mentor
- Outline the basic structure of a successful mentoring relationship
- Use appropriate techniques, including objective setting and reviewing, to establish and sustain an effective mentoring relationship
- Recognise the ethical dilemmas that can arise in mentoring relationships
- Reflect on your own personal development needs as a mentor.

Mentoring Programme Framework:



References:

Andrades, M., Bhanji, S., Valliani, M., Majeed, F., & Pinjani, S. K. (2013). Effectiveness of a formal mentorship program in family medicine residency: the residents' perspective. *J Biomed Educ*, 2013, 1-3.

Keane, M., & Long, J. (2015). Mentoring in post-graduate medical education and specialist training, https://www.lenus.ie/bitstream/handle/10147/556404/HRB_Mentoring_in_post-graduate_medical_education_and_specialist_training.pdf?sequence=1

RCP mentoring skills, <https://www.rcplondon.ac.uk/events/mentoring-skills>

Resident Mentoring Handbook, University of Ottawa, https://www.med.uottawa.ca/des/assets/documents/handbook_residents.pdf

GENERIC GUIDANCE FOR THE PRE-BOARD CERTIFICATION ASSESSMENT

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

For all specialties and subspecialties, the PBCA should take the form of a final, summative assessment of the trainee's portfolio, carried out by 2 (or 3) independent examiners appointed by the relevant Board of Study or Speciality Board and approved by the Senate of the University of Colombo. The 3rd examiner should be from outside the discipline to improve objectivity.

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

- 1 Subject expertise
- 2 Teaching
- 3 Research and audit
- 4 Ethics and medico-legal issues
- 5 Information technology
- 6 Life-long learning
- 7 Reflective practice

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

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

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

- g. postgraduates
- h. ancillary health staff
- 3. Research and Audit relevant to speciality or subspeciality
 - i. Dissertations / theses
 - j. Research papers published or accepted for publication
 - k. abstracts of presentations
 - l. Clinical audit
- 4. Ethics and Medico-legal Issues
 - m. Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
 - n. Completed PTR forms during post-MD training
- 5. Information Technology
 - o. Participation in training programmes / workshops
 - p. Evidence of searching for information and application of findings in practice
- 6. Life-long learning
 - q. Participation in conferences and meetings
- 7. Reflective practice
 - r. narration of at least one learning event experienced by the trainee, in relation to each of the above outcomes, with reflection on what and how the trainee learned from this experience

The portfolio should be reviewed at least every 6 months by the local supervisor(s), with regular feedback to the trainee on how the portfolio may be improved. When the trainee is eligible for PBCA, 3 copies of the completed portfolio should be submitted to the PGIM Examinations Branch.

The trainee should be called for an oral examination, during which he/she will be questioned on the portfolio. The trainee may be required to start with a presentation of 10 – 15 minutes, on the post-MD training if the Board deems it appropriate.

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

If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee should not be given immediate Board Certification, the examiners must provide the trainee with written feedback on how the portfolio should be improved in order to reach the required standard. The trainee should then re-submit the portfolio within a specified period of time (up to 3 – 6 months), and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this 2nd oral examination, the date of Board Certification should be backdated as done routinely. If unsuccessful again, the date of Board Certification will be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the Board of Study.