POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

GENERAL REGULATIONS AND GUIDELINES
FOR
TRAINERS, SUPERVISORS AND EXAMINERS

2021

This document gives the general regulations and guidelines for PGIM Trainers, Supervisors and Examiners updated to 01st January, 2021. At the PGIM, decisions of Boards of Study are vetted by the Academic Affairs Accreditation Examinations (AAAE) Committee before being approved by the Board of Management. Decisions taken by the Board of Management of the PGIM are then ratified by the Senate and Council of the University of Colombo.

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

Amendment made during 2020 to the General Regulations and Guidelines for Trainers Supervisors and Examiners

This will be incorporated into the General Regulations and Guidelines for Trainers, Supervisors and Examiners with effect from 01.01.2021.

Amendments	Section	Date of Approval		
		Board of Management	Senate	Council
Appointment of examiners Conflict of interest (COI) in examinations	9.1.2 (h)	05.12.2020	30.12.2020	
Chief Examiner	9.1.3 (a)	05.12.2020	30.12.2020	
Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM	Annexure VII	05.12.2020	30.12.2020	
Composite Evaluation Framework and Descriptors for Assessing Dissertations and Theses	Annexure XI	03.10.2020	28.10.2020	

CONTENTS

1. HISTORICAL BACKGROUND

Medical education in Sri Lanka commenced in 1870 with the establishment of the Ceylon Medical College, which became the Faculty of Medicine in 1942 when the University of Ceylon was established. No postgraduate medical examinations were conducted by the University of Ceylon until 1952 when examinations for the degrees of MD and MOG commenced, followed by the degree of MS the next year.

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

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

In order to achieve the objectives of the institute, it was re-established in 1979 under the provisions of the Universities Act No. 16 of 1978, and renamed the Postgraduate Institute of Medicine (PGIM). Dr. S.A. Cabraal was appointed as its first Director. Accordingly, PGIM Ordinance No: 1 of 1980 made under the provisions of the Universities Act referred to above came into force on the 10th of April, 1980. Boards of Study for various specialties were re-organized and courses of instruction and examinations were arranged for different specialties. Professor R.G. Panabokke was appointed Director in 1990 followed by Dr. J.B. Peiris 1995, Professor Lalitha Mendis in 2002, Professor Rezvi Sheriff in 2006, Professor Jayantha Jayawardana in 2012 and Professor H. Janaka de Silva in 2014. The post of Deputy Director was established in 2011, and this post has been held by Professor Jayantha Jayawardena, followed by Professor Prashantha Wijesinghe, Professor Chrishantha Abeysena and Professor Senaka Rajapakse. Amendments to the 1980 Ordinance took effect on the 1st of July 2014. New By - Laws for the PGIM were enacted with effect from 22nd April 2016.

2. CURRENT STATUS OF THE PGIM

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

The PGIM currently conducts 133 programmes of study under the purview of 23 Boards of Study and 33 Specialty Boards.

3. VISION, MISSION, GOALS AND OBJECTIVES

Vision

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

Mission

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

Goals

- Achieve consistently high standards in teaching-learning, training and research
- Enhance training programmes to meet national health care needs
- Contribute to formulate health and medical educational policies of the country
- Extend and expand the activities of the institution in postgraduate medical education and research
- Expand infrastructure facilities to ensure quality and accommodate the growing educational needs of the institute

Objectives

- Produce human resources for health of high quality and sufficient quantity to meet the national demand.
- Maintain and improve skills and competencies of health personnel through continuing education.
- Innovate and design methodology that will facilitate in continuing education of medical personnel.
- Inculcate constructive attitudes and promote the habit of self-learning among the medical personnel.
- Promote the use of available resources and appropriate technology with regard to postgraduate education.
- Inculcate the concept of using a health care team approach in solving health problems.
- Evaluate medical education programmes in order to obtain information with regard to flaws and pointers for improvement.
- Arrange in-service programmes where preventive and curative care and nursing care are well integrated.
- Develop educational links with foreign institutions for mutual benefit in order to maintain high standards of postgraduate medical education in Sri Lanka. To be a financially and administratively independent institute, internationally recognized centre of excellence, producing specialists of high professional standards to meet the health needs of the country and contribute to regional and world health in a responsive manner.

4. AUTHORITIES OF THE INSTITUTE

4.1 Board of Management

The Board of Management is the principal administrative, financial and academic 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 organ of a given medical discipline. The Board will plan programmes of study, draft and review curricula, plan clinical or laboratory training, plan and carry out examinations, select resource persons, recommend training centers for approval and nominate examiners subject to approval by the Board of Management and the Senate of the University of Colombo. Each Board of Study will recommend to the Board of Management and the Senate of the University of Colombo candidates for certification as specialists.

Boards of Study are also responsible for monitoring progress of trainees through progress reports being submitted by trainers and other appropriate mechanisms.

Reconstitution of Boards of Study/Specialty Boards is done every three years in terms of the provisions of the PGIM Ordinance No. 01 of 1980 and its subsequent amendments.

4.3 The University Senate and the University Council

The final authority on academic matters is the Senate and on administrative matters the Council of the University of Colombo.

4.4 Channels of Communication

4.4.1 When letters are sent by trainees to the PGIM, these should be addressed to the Director. If necessary the letters may be copied to Chairpersons of BOS. E-mails and SMS messages will not be entertained.

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

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

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

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

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

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

5. ACADEMIC PROGRAMMES

Boards of Study	Certificates/Diplomas/Masters/Degrees/ Subspecialities
Anaesthesiology	Certificate of Competence in Anaesthesiology
	PG Diploma in Critical Care Medicine
	MD and Board Certification in Anaesthesiology
	MD and Board Certification in Anaesthesiology with special training in
	Cardiothoracic anaesthesia
	Neuro-anaesthesia
	Obstetric anaesthesia
	Paediatric anaesthesia
	Intensive Care
	Pain Management
	Transplant and Critical Care
	Board Certification in Critical Care Medicine
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
	Board Certification subspecialties
	Paediatric Clinical Oncology
	Haemato-Oncology
Dental Surgery	PG Diploma in Hospital 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

Family Medicine	PG Diploma in Family Medicine (Full time - Face to Face)
	MD and Board Certification in Family Medicine by thesis
	MD and Board Certification in Family Medicine by Clinical Training
Forensic Medicine	Master of Forensic Medicine (Awaiting UGC approval)
	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
	Board Certification in subspecialties
	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

	Board Certification in subspecialty
	Mycology
	Immunology
	MD and Board Certification in Medical Parasitology
	MD and Board Certification in Medical Virology
Multidisciplinary Courses	PG Certificate in Medical Education
	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 (Awaiting UGC Approval)
	MD and Board Certification in Emergency Medicine
	MD and Board Certification in Medical Education
	MD and Board Certification in Health Informatics
	Board Certification in Clinical Pharmacology and Therapeutics
	MD and Board Certification in Clinical Nutrition
	MD and Board Certification in Laboratory Molecular Medicine (Awaiting Senate approval)
Obstetrics and Gynaecology	PG Diploma in Reproductive Health
	MD and Board Certification in Obstetrics and Gynaecology
	Board Certification in subspecialties
	Gynaecological Oncology
	Subfertility
	Urogynaecology (Awaiting MOH concurrence)
	Fetal Medicine (Awaiting MOH concurrence)
Ophthalmology	MD and Board Certification in Ophthalmology
	Board Certification in subspecialties

	Vitreo-Retinal Surgery
	Paediatric Ophthalmology
	General 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
	Board Certification in subspecialties
	Paediatric Neonatology & Perinatal Medicine
	Paediatric Cardiology
	Paediatric Nephrology
	Paediatric Neurology
	Paediatric Intensive Care
	Paediatric Endocrinology
	Paediatric Pulmonology
	Community Paediatrics
	Clinical Genetics
Pathology	PG Certificate in Basic Laboratory Sciences
	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
	Board Certification in subspecialties
	Forensic Psychiatry
	Child and Adolescent Psychiatry

	Old Age Psychiatry
	Addiction Psychiatry
Radiology	MD and Board Certification in General Radiology
	Board Certification in subspecialties
	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
	General Surgery with a Special Interest in
	Upper gastrointestinal surgery
	Hepato-pancreato-biliary surgery
	Lower gastrointestinal surgery
	Vascular surgery
	Breast surgery
	Endocrine surgery
	Trauma surgery
	Board Certification in subspecialties
	Surgical Oncology
	Cardiothoracic Surgery
	Gastrointestinal Surgery
	Paediatric Surgery
	Plastic Surgery
	Urological Surgery
	Vascular Surgery
	Neuro surgery
	Thoracic Surgery
Venereology	PG Diploma in Venereology
	MD and Board Certification in Venereology

5.1 New Academic Programmes

- Master of Forensic Medicine (Awaiting UGC approval)
- MSc in Military Medicine (Awaiting UGC Approval)
- MD and Board Certification in Laboratory Molecular Medicine (Awaiting Senate approval)
- Board Certification in Clinical Genetics

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

6. ELIGIBILITY CRITERIA TO BECOME TRAINERS AND EXAMINERS

6.1 Trainer

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

It would be compulsory for all medical and dental specialists to be certified as having followed this 'Training of Trainers Programme' in order to be eligible to be trainers of the PGIM, from January 2019 onwards. Those who are already trainers of the PGIM would also be allowed to participate in the programme voluntarily.

6.2 Examiner

6.2.1 Diploma, MSc and Selection Examinations for MD:

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

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

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

AND

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

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

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

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

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

7 ACCREDITATION OF TRAINING UNITS/CENTRES

The PGIM requires that new training units/ centres should be accredited by a standard process in order to ensure quality of training.

7.1 The steps to be followed in the accreditation process for local Training Unit/Centre and the required documentation are laid out in this document.

7.1.1 Applications should be made on the relevant form **(Annexure I1)** which will be available from the Academic Branch of the PGIM.

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

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

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

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

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

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

7.1.7.1 CV of trainer (particularly period since Board Certification as a specialist).
7.1.7.2 Audit of work load in training unit/ centre during the preceding year and facilities for trainees.
7.1.7.3 Hospital/ institutional profile.
7.1.7.4 Job descriptions for Registrars and Senior Registrars.
7.1.7.5 Support form Hospital/ Institutional Director.
7.1.7.6 Report on site inspection.

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

7.1.9 The AAAEC should submit its recommendation to the Board of Management.

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

7.1.11 Continuation of accreditation of the training units when the trainer is changed due to a transfer or a retirement, with amendments.

7.1.11.1 When the trainer transfers or retires, the existing accreditation of a given unit will continue for a maximum period of 1 year, subject to the following.

a. Fresh audits of clinical and academic work must be submitted at 06 months and 12 months by the new trainer, to extend the validation and continue the accreditation of that unit.
b. If the audit at 6 months is found to be unsatisfactory, the trainee allocated to the unit will be re-allocated to a different training unit.
c. At the end of one year, the BOS will determine whether the training unit can continue to be accredited based on both audit reports.

7.2 The required details regarding from Training Units/Centres of overseas training centres should be submitted in the specified form **(Annexure III)**.

7.3 Training Units with two Trainers

Trainees who are undergoing training in units where there are two trainers appointed by the MOH are to be supervised by both trainers during the period of training, provided that both are eligible trainers. On satisfactory completion of the training, trainees are required to obtain signatures of both the trainers.

8. PREPARATION OF PROSPECTUSES

https://pgim.cmb.ac.lk/index.php/curriculum-development-tools/

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

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

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

Notes

8.1.1 Nomenclature

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

8.1.2 Background and Justification / Introduction:

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

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

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

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

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

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

8.1.3 Eligibility for entry into training programme:

This section may be worded as follows*:*

Prospective applicants must satisfy the following requirements:

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

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

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

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

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

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

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

8.1.4 Selection Examination:

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

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

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

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

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

8.1.5 Number to be selected for training

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

8.1.6 Outcomes, competencies and learning objectives:

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

8.1.7 Content areas:

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

8.1.8 Structure of pre-MD training programme:

Specify length of training programme in months.

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

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

8.1.9 Learning activities during pre-MD training:

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

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

8.1.10 Trainers and training units:

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

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

8.1.11 Monitoring progress:

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

This should also include provision for Peer Team Rating.

8.1.12 MD Examination

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

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

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

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

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

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

8.1.13 Post MD training

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

8.1.14 Eligibility for Pre Board Certification Assessment:

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

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

8.1.15 Format of PBCA:

See separate PGIM Guidelines regarding portfolio for PBCA.

8.1.16 Board Certification:

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

8.1.17 Recommended reading

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

8.1.18 Contributors to development / revision of prospectus

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

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

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

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

Notes

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

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

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

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

Board of Study in..... and Board of Management in consultation with the Ministry of Health".

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

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

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

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

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

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

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

8.2.11 **Eligibility for Pre Board Certification Assessment**: specify conditions to be met by trainees before they can apply for the PBCA. Normally, this would include the following:

a. Completion of the required period of training
b. Satisfactory progress reports to cover the entire period of training
c. Submission of portfolio

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

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

9. GUIDELINES FOR CONDUCT OF EXAMINATIONS

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

9.1 PREPARATION

9.2 DURING EXAMINATION

9.3 POST EXAMINATION

9.4 PROBLEMS

9.5 EXAMINATION OFFENCES

9.1 PREPARATION

9.1.1 Core groups for preparation of question banks

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

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

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

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

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

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

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

h. The question bank shall be stored as hard copies on separate cards in sealed envelopes, or as password-protected electronic copies on a flash drive, in CDs or any other appropriate method approved by the PGIM. The questions entered into the bank should be considered highly confidential and kept under lock and key in the Confidential Room of the PGIM. This key shall be in the custody of the SAR/Examinations in the PGIM

and handed over only to authorized persons. i.e. Core Group Coordinator, Chief Examiner, Director PGIM, or his/her nominee.

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

9.1.2 Appointment of examiners

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

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

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

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

e. Duration of service:

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

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

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

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

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

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

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

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

g. If an examiner, who has been appointed and agreed to be an examiner, fails to participate at the said examination without valid reason and/or prior approval of the Director or Deputy Director/PGIM, he/she will be suspended from being appointed an examiner at PGIM examinations for the next 2 years.

h. Conflict of interest (COI) in examinations

This regulation is applicable to all personnel taking up, or currently holding the following positions in the PGIM:

1. Chairperson of Board of Study/Specialty Board
2. Members of Board of Study/Specialty Board
3. Prospective examiners
4. Coordinators and members of question banks
5. Members of curriculum development committees
6. Any other position which provides access to examination material or results

Prior to accepting their appointment, the personnel nominated to the positions above will be required to sign a declaration stating if conflicts of interest (COI) that may compromise examination related impartiality and integrity exist. It will be deemed a prohibitive conflict of interest (COI) if any of the following categories are currently in the postgraduate training program or plan to sit for the selection examination within 3 years in the relevant specialty or an allied specialty where the personnel may be appointed as an examiner:

1) Immediate family: spouse, sibling, child

2) First / second degree relative – niece, nephew, cousin

3) Other individual with close personal relationship

Where such a prohibitive-COI has been identified, the personnel concerned will not be permitted to engage in any examination related activity that includes, but is not restricted to:

1) Appointment as a chief examiner or an examiner

2) Attendance of scrutiny or results board

3) Question setting in written (MCQ/SEQ), clinical (OSCE) and viva voce (OSVE) examinations

4) Maintenance of or access to examination question banks or repositories

If any person is found to violate the aforesaid regulations on COI, disciplinary action will be taken in line with the by-laws and general regulations of the PGIM.

Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM - **Annexure VII**

9.1.3 Chief Examiner

a. The Board of Study shall nominate a Chief Examiner for each examination.

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

9.1.4 Examination Coordinators and Invigilators

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

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

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

9.1.5 Trainee Examiners

a. An individual who obtains training at a particular examination/component will be eligible to examine only at the examination/component in which he/she has undergone training for, unless otherwise determined by the BoM on the recommendation of the respective BoS.

b. The Board of Study will nominate and approve the Trainee Examiner at each examination/components of the examination.

c. In order to be a Trainee Examiner, the specialist concerned should have the following experience:

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

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

d. Trainee Examiners are not allowed to participate in the setting of theory papers.

e. A Trainee Examiner will be allowed in the Clinical/practical and/or viva component of the examination. Trainee Examiners should silently observe the discussion on marking and are not allowed to take part in the allocation of marks nor are they allowed to discuss marks with the examiners.

f. The candidate should be informed regarding the presence of the Trainee Examiner.

g. ***Confidentiality***: on appointment, all Trainee Examiners shall be required to sign the Conflicts of Interest and Confidentiality Declaration Forms.

9.1.6 External examiner - (Annexure VIII & IX)

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

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

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

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

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

9.1.7 Scrutiny Board Meeting

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

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

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

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

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

9.1.8 Written Papers

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

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

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

9.1.9 Multiple Choice Question Papers

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

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

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

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

9.1.10 Clinical/practical/oral examinations

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.11 Timetables

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

9.1.12 Finances

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

9.2 DURING EXAMINATION

9.2.1 Written examination

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

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

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

9.2.2 Clinical/Oral / Practical Examinations

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

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

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

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

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

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

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

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

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

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

9.2.4 Entry of marks

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

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

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

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

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

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

9.2.5 Cross checking computer printout

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

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

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

9.2.6 Results Board Meeting

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

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

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

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

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

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

9.3 POST EXAMINATION

9.3.1 Post examination entry on MCQ Cards

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

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

9.3.2 Examination Report

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

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

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

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

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

9.3.3 Counselling for failed candidates (giving feedback)

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

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

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

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

9.4 PROBLEMS ENCOUNTERED AT EXAMINATIONS

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

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

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

9.5 IRREGULARITIES INVOLVING EXAMINERS/INVIGILATORS

Procedure

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

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

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

10 CODE OF CONDUCT FOR EXAMINERS

10.1 GENERAL

The PGIM expects all examiners to:

10.1.1 Treat all candidates with dignity and respect.

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

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

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

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

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

10.2 EXAMINERS

10.2.1 The PGIM expects examiners to:

a. Sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as Examiner, Coordinators, Members of Core-Group.
(Annexure V & Annexure VI)

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

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

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

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

f. Arrive at the examination centre before the commencement of the examination

allowing sufficient time to familiarize with the location, material and organizational arrangements.

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

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

10.2.2 The examiners should;

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

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

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

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

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

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

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

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

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

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

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

l. Report any incident to the Chief Examiner.

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

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

10.2.4 The examiners should not

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

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

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

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

e. Discriminate unfairly between candidates.

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

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

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

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

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

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

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

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

10.2.6 With regard to confidentiality, the examiners should not;

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

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

10.3 CHIEF EXAMINER

The Chief Examiner is required to:

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

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

10.3.3 Be available during all components of the examination.

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

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

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

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

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

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

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

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

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

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

10.4 TRAINEE EXAMINERS

The following process to be followed during the examination.

10.4.1 The Trainee Examiners should sign the Conflicts of Interest and Confidentiality Declaration Form at the time of appointment as a Trainee Examiner.

10.4.2 The Trainee Examiners should not divulge any matters relating to the examination to the candidates or to any other person.

10.4.3 The Trainee Examiners should refrain from bringing cellular phones/smart devices and other communication equipment when entering the examination venue. Such equipment could be handed over to designated support staff.

10.4.4 The Trainee Examiners shall be seated unobtrusively behind the candidates and not behind the examiners.

10.4.5 At the commencement of the examination the Chief Examiner should brief the Trainee Examiner regarding the conduct of the examination.

10.4.6 The Trainee Examiner shall not be permitted to question the candidate or comment on the marks given, or in any way interfere with the conduct of the examination.

10.4.7 The Trainee Examiner should be present for all components of the examination. Attendance in at least 80 percent of the sessions will be required.

10.4.8 Be present at the time of commencement of examinations and remain until completion of the relevant component.

10.4.9 Dummy mark sheets shall be provided to the Trainee Examiner, who shall mark each candidate independently. At the end of each marking session, the Trainee Examiner may discuss this mark with the examiners.

10.4.10 At the end of the examination, the Chief Examiner shall discuss with the Trainee Examiner his learning experience and review the mark sheets.

10.4.11 If the Chief Examiner is of the opinion that the Trainee Examiner has obtained

sufficient training, he shall then sign off the Trainee Examiner as ready to examine independently.

10.4.12 The Trainee Examiner is not entitled to complain or comment regarding the conduct of the examination.

10.4.13 The Trainee Examiner shall not attend the Results Board**.**

11 EVALUATION OF PGIM TRAINERS

The Board of Management considered and approved the system for "Evaluation of Trainers" as follows. **(Annexure X)**

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

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

11.3 Feedback would be anonymous and confidential.

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

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

11.6 The appraiser would generally be a colleague consultant.

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

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

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

12. GUIDELINES FOR SUPERVISORS OF DISSERTATIONS AND THESES

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

Composite Evaluation Framework and Descriptors for Assessing Dissertations and Theses is given in **Annexure XI**

Special Note:

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

A minimum of two (2) publication 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, with other training and evaluation components.

a. Both journal publications and thesis submission will be accepted during the interim period of two years (02) commencing on 14.02.2019.

b. Preference will be given for submission of two journal publications, rather than a thesis, even during the interim period.

c. The interim period ends on 14.02.2021 and only journal publications will be accepted from then onwards.

12.2 Roles and responsibility

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

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

12.2.3 Ensure that the administrative requirements are met with.

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

12.2.5 Should have knowledge of a student's subject area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13. GENERIC GUIDANCE 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:

a. Subject expertise
b. Teaching
c. Research and audit
d. Ethics and medico-legal issues
e. Information technology
f. Life-long learning
g. 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.

13.1 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

13.2 Teaching

a. undergraduates
b. postgraduates
c. ancillary health staff

13.3 Research and Audit relevant to speciality or subspeciality

a. Dissertations / theses
b. Research papers published or accepted for publication
c. abstracts of presentations
d. Clinical audit

13.4 Ethics and Medico-legal Issues

a. Completed Professionalism Observation Forms (from integrated learning cmponent of Professionalism Strand)
b. Completed PTR forms during post-MD training

13.5 Information Technology

a. Participation in training programmes / workshops
b. Evidence of searching for information and application of findings in practice

13.6 Life-long learning

a. Participation in conferences and meetings

13.7 Reflective practice

a. 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.

14. GENERIC GUIDANCE TO BOARDS OF STUDY/SPECIALTY BOARDS FOR EVALUATION OF RESEARCH PROPOSALS FOR MD PROGRAMES

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

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

The research proposal must be submitted to the Board of Study for approval before commencing the study. **A generic format for such proposals is shown in 14.1**

The proposal should be evaluated by at least one reviewer (preferably two) nominated by the Board of Study. **A generic format for reviewers to report on research proposals is shown in14.2**.

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

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

The trainee is required to nominate a primary supervisor for the project, usually the trainee's current trainer. **Generic guidance to supervisors is provided in 14.3.**

The trainee must submit 6 monthly progress reports through the primary supervisor to the BOS.**A generic format for progress reports are shown in 14.4.** Feedback would be provided to the candidate as to whether the project is progressing satisfactorily.

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

- Publication of the research findings as an **original full paper** (not case reports) in a **peer-reviewed journal** (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper which is already peer-reviewed.
- Submission of a detailed project report to the BOS. **A generic format for such project reports is shown in 14.5.** This should be evaluated by 2 assessors nominated by the BOS, and marked as either satisfactory, or unsatisfactory.
    - If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the BOS, be asked to extend the same research project or undertake a new research project which will have to go through the same procedure of approval as the initial project.
    - If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.
    - Presentation of the research findings at a recognized scientific congress, either local or international, as oral or poster presentation, with a published abstract, with the trainee as first author, should be given credit during the assessment process.

The research report must be accepted prior to the completion of the study period defined in the prospectus (for example, in the case of a 2 year post MD study programme, the research project

must be completed and accepted at the point when both local and overseas components of training are completed.) Once the research report is accepted by the BOS, the trainee should be encouraged to submit the research findings to a suitable conference or journal, if not already done.

14.1 Generic format for writing a research proposal

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

Time frame: the research proposal should be approved within the time period stipulated by the Board of Study.
Format:
In general, the research proposal should be limited to 3000 words. The following structure is suggested:

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

The trainees are advised to use Microsoft Word® for formatting documents. The software Endnote®, Reference Manager® or Mendeley® 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.

14.2. Generic format for reviewers to report on research proposals

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

Section	Satisfactory or Unsatisfactory	Remarks
Background		
Justification		
Objectives		
Methods		
Overall		

Recommendation: Accept as is / Revise and resubmit / reject

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

14.3 Generic guidance to supervisors

- The supervisor should guide the student in planning, carrying out research methodology and in presentation of the work, including the writing of the dissertation.
- The supervisor should obtain recommendation of the research proposal from a reviewer.
- The supervisor should forward progress report(s) in the prescribed form at the end of three months after the trainee commences work on the research project and three months after completing the project work.
- The objective of the dissertation is to prove the trainee's capability to plan, carry out and present his/her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.
- The dissertation should comprise the trainee's own account of his / her research.
- It should be satisfactory as regards literary presentation.
- The dissertation should be certified by the supervisor as suitable for submission.
- General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the problem (both international and local) should be comprehensively covered and critically evaluated. The research methodology should achieve the objectives stated. The

results should be presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work and theoretical / practical applications of the results, if any. The conclusions should be valid and be based on the results obtained on the study.

- Ethics: The candidate should confirm and document that procedures followed were approved by the Ethics Review Committee of the institution where the work was carried out and ethical approval is obtained by a recognized Ethics Review Committee.
- If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the BOS. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the BOS.

14.4 Generic format for progress reports

The progress reports should have the following components:

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

14.5 Generic format for project reports / dissertations

The following format should be adopted for project reports or dissertations

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

- Title page
  <Title of dissertation>
  <Author's name>
  MD (subject)
  Post Graduate Institute of Medicine
  University of Colombo
  <Year of submission>
- Statement of originality: This is a declaration that the work presented in the dissertation is the candidate's own, and that no part of the dissertation has been submitted earlier or concurrently for any other degree. The statement should be signed by the author and countersigned by the supervisor.
- Abstract: This should consist of a brief summary of not more than 350 words describing the objectives of the work, the materials and methods used, the results obtained, and the conclusions drawn. This may be in a structured format if helpful.
- Table of contents: The table of contents immediately follows the abstract and lists in sequence, with page numbers, all relevant divisions of the dissertation, including the preliminary pages.
- List of tables: This lists the tables in the order in which they occur in the text, with the page numbers.

- List of figures: This lists all illustrative material (maps, figures, graphs, photographs etc) in the order in which they occur in the text, with the page numbers.
- Acknowledgments

Text

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

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

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

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

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

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

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

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

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

References

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

15. DISCIPLINARY CODE FOR TRAINERS, SUPERVISORS AND EXAMINERS

Discipline is considered an important aspect of training, and the trainers/supervisors/examiners (as defined in the Ordinance and the General Regulations and Guidelines of the PGIM) must adhere to the guidelines approved by the Board of Management of the PGIM, Senate and the Council of the University of Colombo. Acts of indiscipline will be dealt with under the provisions of the Disciplinary code of the PGIM.

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

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

15.1.1 Minor

a. Poor interpersonal relationships
b. Poor attitudes

15.1.2 Major

c. Professional incompetence
   i. Repetition of minor inadequacies/offences in spite of a "letter of warning"
   ii. Evidence of seriously deficient or incompetent training.
   iii. Poor standards of medical care

d. Professional misconduct
   i. Gross neglect of patients
   ii. Abuse of professional privileges
   iii. Degrading comments on professional colleagues
   iv. Derogatory professional conduct/Act in a manner to bring the PGIM into disrepute
   v. Examination irregularities
   vi. Divulging confidential information
   vii. Dishonesty/ Misappropriation of funds
   viii. Personal abuse of alcohol and other drugs
   ix. Indecent or violent behavior
   x. Criminal offences

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

15.2.1 PGIM Trainees
15.2.2 PGIM Trainers
15.2.3 PGIM Examiners
15.2.4 Any Consultant from the hospital to which the trainer is posted
15.2.5 Administrator of the training hospital
15.2.6 Patient or relatives of patient/s who has/have been under the care of the trainer
15.2.7 Staff of the PGIM
15.2.8 Any other persons/authority acceptable to the Board of Study (BOS)/BOM

15.3. Procedure for the inquiry

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

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

The Process to be followed by the Board of Management.

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

15.3.1 Preliminary inquiry:

a. Chairman of another BOS

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

c. A member of the BOM

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

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

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

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

b. Recommend Formal Inquiry.

15.3.3 Formal inquiry:

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

a. Dean of a Medical Faculty

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

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

15.3.4 Recommended disciplinary action following the Formal Inquiry

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

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

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

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

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

d. Discontinuation as a trainer/supervisor/examiner.

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

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

15.3.5 Informing the SLMC and Employer

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

15.3.6 Issue of Letters of Good Standing or recommendations

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

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

16. MONITORING OF THE PROGRESS OF TRAINEES

Progress of all PGIM trainees will be monitored closely by trainers and Boards of Study. The overseas component of the post MD training programme will be monitored by the overseas trainer. Appropriate assessment and appraisal mechanisms are in place for trainees at Registrar and Senior Registrar level. Boards of Study will determine the format of these assessments. These will include progress reports and multisource feedback assessments. Trainees are expected to submit two multisource feedback assessments, one during Registrar training and one during local Senior Registrar training. These two multisource feedback assessments are an essential component of the portfolio submitted for PBCA.

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

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

Documents are available in the PGIM Web Site http://pgim.cmb.ac.lk/?page_id=7077

17. UPDATES ON RULES AND REGULATIONS

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

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

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

Annexure I

ESTABLISHMENT OF NEW TRAINING PROGRAMMES AND ACADEMIC ENTITIES

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

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

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

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

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

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

a. There is a **separate** (stand-alone) **training programme** leading to a separate MD examination, and post-MD training with Board Certification in the relevant specialty.
b. There are at least **10 Board Certified Specialists** currently in service in Sri Lanka in the relevant specialty, who are also qualified to be **trainers and examiners.**
c. There are at least **6 accredited training units** in Sri Lanka in the relevant specialty.
d. The trainers should show clearly demonstrable benefits in selection, training and assessment of trainees over the existing mechanism.
e. Consideration be given to the administrative capacity and financial resources of the PGIM.

Annexure II

APPLICATION FOR ACCREDITATION AS A PGIM TRAINING UNIT/ CENTRE

PART 1

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

PART 2

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

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

PART 3

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

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

Signature of applicant (trainer) and date

PART 4 (for use by PGIM)

	Date of approval	**Signature of Chairperson**
Board of Study/ Specialty Board		
AAAEC		
Board of Management		
Senate		

Annexure III

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka.

As you are aware, your institution / unit has kindly hosted Sri Lankan postgraduate trainees of the MD in ..... program over the past years. This was to fulfil their mandatory requirement of a year of advanced overseas training. The PGIM greatly appreciates the continued support extended by you and your institution in this regard.

The PGIM is keen to maintain this link and send future trainees to your institution/unit as well. In order to do this the PGIM is required to formally recognize and register your institution/unit as a postgraduate training centre for the MD in .....program.

Therefore, I would be most grateful if you could kindly submit the requested details in the attached form and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Janaka de Silva
Director
Postgraduate Institute of Medicine
University of Colombo

Annexure III

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka.

The PGIM has received details of your institution / unit from a postgraduate trainee who wishes to undertake a placement at your institution/ unit for the purpose of fulfilling the mandatory overseas training requirement for the MD in.....program.

As this is a first instance a Sri Lankan postgraduate trainee is to be attached to your institute / unit, the PGIM is required the recognize and register your institute/ unit as a postgraduate training centre for the MD in ..... program.

Therefore, I would be most grateful if you could kindly submit the requested details in the attached form and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Janaka de Silva
Director
Postgraduate Institute of Medicine
University of Colombo

Annexure III

POSTGRADUATE INSTITUTE OF MEDICINE (PGIM)
UNIVERSITY OF COLOMBO
SRI LANKA

RECOGNITION OF OVERSEAS TRAINING CENTRES IN

<Specialty>

Dear Professor/Dr,

The Postgraduate Institute of Medicine (PGIM) of the University of Colombo is the national apex body responsible for postgraduate medical education and Board Certification of medical specialists in Sri Lanka. It is in the process of expanding the potential overseas training centres for its postgraduate trainees in the MD in .....program.

These trainees have successfully completed their MD examination and are required to complete a mandatory period of one year overseas training in a recognized institution/unit. Following completion of the overseas training, they would be eligible to be Board Certified in
.....

The PGIM recognises your institution /unit for MD ……..... trainees to complete their overseas training requirement. In order to formalize this process and register your institution / unit with the PGIM, I would be most grateful if you could kindly complete the form below and return it to me at your earliest convenience.

Thank you in advance for your support and co-operation.

Yours sincerely,

Professor Janaka de Silva
Director
Postgraduate Institute of Medicine
University of Colombo

Please be kind enough to fill this form and forward the same to the Director/PGIM via director@pgim.cmb.ac.lk. For more information, please contact the overseas training unit of the PGIM via email pgimint@pgim.cmb.ac.lk or call Assistant Registrar Overseas Training on +94 11 2696258.

PART 1

Name of the trainer	Click here to enter text.
Designation	Click here to enter text.
Primary institution/unit name	Click here to enter text.
Address	Click here to enter text.
City	Click here to enter text.
Postal code	Click here to enter text.
Country	Click here to enter text.
Phone	Click here to enter text.
Fax	Click here to enter text.
Website	Click here to enter text.
Email	Click here to enter text.

PART 2

Please state the services offered by your institution/unit:

Click here to enter text.

Please indicate the different roles/tasks a trainee would be able to undertake at your institution/unit during an attachment (e.g., clinical work, laboratory work, observerships, teaching, research, managerial/administrative work or any other roles/tasks relevant to the trainee's specialty)

Click here to enter text.

Is your institution/unit accredited by a national/international body as a training centre for postgraduate medical education in this field?

○ Yes ◉ No

If yes, please state the accreditation body.

PART 3

Please state the resources available at your institution/unit, which would be accessible to a trainee during a period of attachment (e.g., library resources, simulators, high end laboratory equipment, IT facilities, etc.).

Click here to enter text.

Report submitted by: Click here to enter text.

Date: Click here to enter text.

Annexure IV

PGIM POLICY ON SETTING AND MARKING OF DIFFERENT EXAMINATION COMPONENTS

Preamble

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

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

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

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

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

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

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

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

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

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

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

D. Essay Questions / Data Interpretation Questions / Grey Cases

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

E. Assessment of competencies in a clinical or laboratory setting

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

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

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

G. Use of closed marking schemes

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

H. Combining marks from open marking with rating scales

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

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

Annexure V

Conflicts of interest and Confidentiality Declaration Form for Coordinators/ Members of Core Groups

Part A (To be filled by the Coordinators and Members of the Core Groups)

1. I Prof/ Dr. …… (Name) appointed by the Postgraduate Institute of Medicine (PGIM) of the University of Colombo as a Coordinator/Member of the core group in ..... (Name of the core group) herby undertake to abide by the Rules and Regulations with respect to the examination set out by the PGIM and the Senate of the University of Colombo.
2. In particular, I confirm that I shall maintain strict confidentiality of proceedings/ discussions at core group Meetings.

Please select one of the following with regard to conflict of interest:

☐ I confirm that I have no conflicts of interest in functioning as a Coordinator/Member of the core group and that if I come to know at any point of time of any conflicts of interest, I will bring it to the attention of the Chairperson o f BOS/ Director PGIM and withdraw from the process.

☐ I declare that I have the following conflicts of interest in functioning as a Coordinator/Member of the core group (Please tick in the relevant cage)

a) Close relative ☐
b) Trainer of a candidate ☐
c) Close association with trainee/s of professional nature ☐
d) Other (Specify) ☐

Please use the space below to explain the nature of the conflict of interest declared above:

……

……

(While certain Conflicts of Interest will prohibit a person from functioning as a Coordinator/Member (eg. Immediate relative of a candidates, son or daughter), in other instances alternate arrangements may be made while remaining as a Coordinator/Member with the approval of the Chairperson of BOS.)

In the event you have declared a conflict of interest, please select the following:

☐ I declare that I have conflicts of interest in functioning as a Coordinator/Member and will abide by the decision taken by the Board with regard to my eligibility to continue as a Coordinator/Member of the core group for this examination.

…… ……...

Name and signature (coordinator/member) Name and signature (chairperson/BOS)

Part B - Record of Resolution

To be filled by the Chairperson Board of Study in the event the coordinator/core group member declares a conflict of interest

With respect to the conflict of interest declared by the coordinator/member of the core group, following resolution has been made:

☐ Prof/Dr ……. should refrain from taking part in the .....(name of the core group) as the coordinator/a member, which may give rise to a conflict.

☐ Prof /Dr …… may continue to be the coordinator/a member for the ……. (core group name), provided that there is no change in the information declared above.

Additional comments:

……

……

……

……

……..
Name and Signature of the Chairperson of the BOS

Annexure VI

Confidentiality and Conflict of Interest Declaration for Examiners
Part A and B to be filled by the examiner

Confidentiality Declaration (Part A)

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

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

If Selection Examination - I will not take part in any teaching activity which involves prospective candidates of the Selection Examination in ……

…….

Conflict of Interest Declaration (Part B)

Please tick the appropriate box:

☐ I declare that to the best of my knowledge and belief I do not have any conflicts of interest in becoming an examiner for this exam. Furthermore, if I come to know at any point of time of any conflict of interest, I will bring it to the attention of the Chief Examiner/Director PGIM and withdraw from the examination process.

☐ I declare possible conflicts of interest below for consideration and agree to abide by the decision of the Board of Study / Director regarding my eligibility to be an examiner for this exam. I certify that the information included is, to the best of my knowledge and belief, accurate and complete.

If you have declared a conflict of interest, please select the type of conflict of interest.

- Close relative ☐
- Trainer of a candidate ☐
- Close association with trainee/s of professional and/or personal nature ☐
- Other ☐

Please use the space below to describe the nature of the conflict of interest you have declared.

……

……

……

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

…….. ……..

Signature of the Examiner Name and signature of the chief examiner

Record of Resolution (Part C)

Part C to be filled by the Chief examiner/Chairperson Board of Study in the event the examiner declares a conflict of interest

With respect to the conflict of interest declaration, the following resolution has been made:

☐ Prof/Dr ..... should refrain from taking part in the ……. (name and component of the examination) as an examiner, which may give rise to a conflict.

☐ Prof/Dr .....may continue to be an examiner for the ……. examination (name and component of the examination), provided that there is no change in the information declared above.

Additional comments:

……

……

……

……

……

Name and Signature of the Chief Examiner

Date:

……...

Name and Signature of the Chairperson Board of Study

Date:

Annexure VII

Acceptance and Declarations for members of Boards of Study/Specialty Boards of the PGIM

Name			
Appointment	**Member / co-opted member**		
Board	**Board of Study / Specialty Board in:**		
Phone		**Email**	
Bank & account no*:			

**For the purpose of crediting payments*

I hereby accept the above appointment.

Members appointed to Boards of Study/Specialty Boards of the PGIM are required to declare any competing interests during their tenure. Please tick ONE of the following:

☐	I have no competing interests.
☐	I have the following potential competing interests: ☐ Immediate family: spouse, sibling, child ☐ First / second degree relative – niece, nephew, cousin ☐ Other individual with close personal relationship participating in the relevant training programme/s during my tenure. Give details of trainee/s

I hereby confirm that in the event that a new competing interest arises during my tenure, I will bring this to the notice of the PGIM.

In the event that I retire, take long leave, or cease to be in active service for whatever reason, or there is a change of my position based on which I became eligible for membership of the Board of Study/Specialty Board, I will bring this to the notice of the PGIM immediately, in writing.

I hereby confirm that I will treat all matters related to the Board of Study as strictly confidential.

Signature: _____

Date: / / 20

For office use only:

	No competing interests
	Competing interests preclude the member from participating in assessment and examinations, and in decisions related to the relevant trainee. With these caveats, the individual may be appointed as a member, chairperson or secretary of the Board.

Annexure VIII

PGIM EXTERNAL EXAMINERS

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

Reasons for including international external examiners

A. To ensure maintenance of the quality and standards

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

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

Expected responsibilities of external examiners

1. Before arrival in Sri Lanka

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

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

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

1.1.3. Perusal of documents

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

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

2. While in Sri Lanka

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

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

2.1.2 Make necessary suggestions for appropriate coverage

2.2. Participate in all scrutiny meetings

2.3. Observe the steps taken to ensure confidentiality

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

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

2.5. 1 Try to examine all candidates in selected components

2.5.2 May act as an observer in selected components

2.6. Participate in the results board

2.7. Discuss the observations with the Board of Examiners

2.8. Visit training centers if possible

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

3. After departure from Sri Lanka

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

3.1.1. Comment on the

a. The examination process

b. Reliability and validity of the assessment

c. Suggestions for further improvement

3.1.2.Adhere to deadlines

3.1.3. Ensure confidentiality

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

Criteria for selecting external examiners

Take into consideration the following

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

Annexure IX

EXTERNAL EXAMINER REPORT
POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

Please use this template to provide your report as the external examiner. If you have any additional comments that would not be captured through the template, please be kind enough to use the comments section at the end of the report template for this purpose. If you have any queries regarding filling this form, please contact the Senior Assistant Registrar – Examinations at the PGIM through examinations@pgim.cmb.ac.lk. We thank you for your cooperation.

Name of the examination	
Academic year	
EXTERNAL EXAMINER DETAILS	
1. Full name and title	
2. Affiliated institution	
3. Are you a returning examiner?	Yes ☐ No ☐
4.	If 'Yes', which year (s) did you examine the same exam?
5. Official address	
6. Email address	

PREPARATION PRIOR TO ARRIVAL

In this section, you will be able to comment on the pre-arrival preparation related to the examination particularly regarding the opportunities that you received to familiarize yourself with the programme and the examination process at the PGIM. Please answer the following questions and type your comments in the cage provided at the end of this section.

7. Did you receive an e-copy of the relevant prospectus prior to arrival?	Yes ☐ No ☐
8. Did you receive information related to following aspects of PGIM examination process prior to arrival?	
• PGIM guidelines for examiners	Yes ☐ No ☐
• Code of conduct for examiners	Yes ☐ No ☐
• Previous external examiners report	Yes ☐ No ☐
• Link to PGIM website	Yes ☐ No ☐
9. Were you requested to develop and submit questions for the examination?	Yes ☐ No ☐
10. If you were invited to develop questions, which type of questions did you develop?	
• Multiple Choice Questions (True/False type)	Yes ☐ No ☐ N/A ☐
• Single Best Answer questions	Yes ☐ No ☐ N/A ☐
• Extended Matching questions	Yes ☐ No ☐ N/A ☐
• Structured Essay Questions	Yes ☐ No ☐ N/A ☐
• Essay Questions	Yes ☐ No ☐ N/A ☐
• Objective Structured Clinical Examinations (OSCE)	Yes ☐ No ☐ N/A ☐

11. Any other (please specify)	
12. Were you able to understand how the practical/clinical examination components are executed prior to your arrival?	Yes ☐ No ☐ N/A ☐
13. How would you classify your contribution to the setting up of the examination prior to your arrival?	Absent ☐ Minimal ☐ Moderate ☐ Significant ☐
14. Were you provided with information related to logistical arrangements for your visit well in advance?	Yes ☐ No ☐
15. Were you queries promptly answered by the PGIM staff prior to arrival?	Yes ☐ No ☐
16. Additional comments (please provide your overall assessment of the preparation prior to arrival and any suggestions for improvement):	

ACADEMIC STANDARDS	
Please answer the questions below by ticking the appropriate check box and by providing comments using the cage provided at the end of this section.	
17. Is the curriculum current?	Yes ☐ No ☐ N/A ☐
18. Are the academic standards and achievements of candidates comparable with those in other higher education institutions at which you have experience?	Yes ☐ No ☐ N/A ☐
19. Was the standard of examinations consistent with those at other higher education institutions at which you have experience?	Yes ☐ No ☐ N/A ☐
20. Do the assessment processes measure candidate achievement rigorously and fairly against the intended learning outcomes of the programme and are they conducted in line with PGIM's policies and regulations?	Yes ☐ No ☐ N/A ☐
21. In general, are the types of assessments appropriate for the programme, the candidates, the respective level of study and expected outcomes?	Yes ☐ No ☐ N/A ☐
22. Are the standards and achievement of candidates across different parts of the programme of comparable standard?	Yes ☐ No ☐ N/A ☐
23. Additional comments (Please provide your rationale for the inferences made with regard to the academic standards including students' performance):	

PREPARATION OF THE QUESTION PAPER(S) AND CONDUCT AND OPERATION OF THE SCRUTINY BOARD	
In this section, you can provide details related to your role in the preparation of the question paper and the overall operation related to the same. External examiners are expected to be part of the scrutiny board and therefore your observations within the scrutiny board will be useful in completing this section.	
24. Did you participate in all scrutiny boards?	Yes ☐ No ☐ N/A ☐
25. Were you able to meet the chief examiner well ahead of the first scrutiny board	Yes ☐ No ☐ N/A ☐
26. Did you receive all draft examination papers for approval?	Yes ☐ No ☐ N/A ☐
27. Did you receive draft papers in good time?	Yes ☐ No ☐ N/A ☐
28. Were the nature, spread and level of questions satisfactory?	Yes ☐ No ☐ N/A ☐
29. Were you able to discuss the extent of coverage of the curriculum by the selected questions?	Yes ☐ No ☐ N/A ☐
30. Were you invited to make suggestions for appropriate coverage?	Yes ☐ No ☐ N/A ☐
31. Were suitable arrangements in place to consider your comments on the draft questions?	Yes ☐ No ☐ N/A ☐
32. Did you receive feedback on your comments on the draft questions?	Yes ☐ No ☐ N/A ☐
33. Are you satisfied with the measures taken to ensure confidentiality?	Yes ☐ No ☐ N/A ☐
34. Additional comments (Please provide a brief account of your participation in the preparation of the question paper and how you suggest to improve the said participation, if necessary):	
PARTICIPATION IN AND CONDUCT OF THE EXAMINATION	
This section intends to gather information related to your active participation in the examination of candidates and the observations you made during this stage.	
35. Were you able to examine all candidates in selected components?	Yes ☐ No ☐ N/A ☐
36. Did you take part as an observer for selected components?	Yes ☒ No ☐ N/A ☐
37. Were you satisfied with the role you had been given in one-to-one assessment of the candidates?	Yes ☐ No ☐ N/A ☐
38. Were you satisfied with regard to the validity and reliability of the assessment (s)?	Yes ☐ No ☐ N/A ☐
39. Do you think the examination was conducted in a fair manner from the candidates' point of view?	Yes ☐ No ☐ N/A ☐
40. Were you satisfied with the facilities provided to the candidates during the assessment?	Yes ☐ No ☐ N/A ☐

41. Addition comments (Please provide rationale for your assertions made with regard to your participation and the conduct of one-to-one examination of the candidates, if necessary)	
THE CONDUCT AND OPERATIONS OF THE RESULTS BOARD	
As an external examiner, you are expected to take part in the results board. Please use this section to evaluate the conduct and operations related to the results board.	
42. Were you invited to attend the meeting(s)?	Yes ☐ No ☐ N/A ☐
43. Were you able to attend the meeting(s)?	Yes ☐ No ☐ N/A ☐
44. Were you given sufficient notice of the meeting(s)?	Yes ☐ No ☐ N/A ☐
45. Was the meeting(s) conducted to your satisfaction?	Yes ☐ No ☐ N/A ☐
46. Were you satisfied with the recommendations of the Board of Examiners?	Yes ☐ No ☐ N/A ☐
47. Were suitable arrangements made to consider your comments on the decisions made by the Board of Examiners?	Yes ☐ No ☐ N/A ☐
48. Did you have sufficient access to, and the power to call upon, any material needed to make the required judgments?	Yes ☐ No ☐ N/A ☐
49. Were all candidates with mitigating circumstances given full and appropriate consideration according to PGIM's procedures?	Yes ☐ No ☐ N/A ☐
50. Were you invited to comment on any alleged cases of exam irregularities?	Yes ☐ No ☐ N/A ☐
51. Was the meeting(s) of the Board of Examiners conducted appropriately?	Yes ☐ No ☐ N/A ☐
52. Additional comments (Please provide a brief narrative about how you engaged with the Board of Examiners during the results board and your observation with regard to its functioning particularly paying attention to efficiency, fairness, adherence to PGIM guidelines and policies, and international standards):	
OVERALL COMMENTS	
Please use the spaces given to provide any additional feedback to the PGIM, which you were unable to provide in the previous sections. You can also use this section to summarize your feedback.	
53. Administration of the examination process:	

54. General conduct of the examination:
55. Good practices:
56. Action recommended:
57. Feedback regarding the external examiner process:

Submitted by:	
Date:	
Signature	

Postgraduate Institute of Medicine **Annexure X**

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

Annexure XI

Postgraduate Institute of Medicine
Composite Evaluation Framework and Descriptors for Assessing Dissertations and Theses

Purpose

The purpose of this document is to provide Boards of Study with a composite evaluation framework and generic descriptors for desk evaluation and viva components of project dissertations/theses assessment. The AAAEC is of the view that project dissertations/theses should be assessed using a pass or fail criteria and Boards should avoid giving marks or grades in assessing the same. This will provide examiners the ability to evaluate a research dissertation/thesis on the merit of its overall ability to achieve the expected learning outcomes and reach the standard expected at the relevant SLQF level. The examination process will also be simplified and would avoid complications that arise as a result of varied assessment criteria creating procedural inconsistencies across Boards.

Guidance on customizing the Pass/Fail descriptors

Given that different programmes expect the trainees to demonstrate strengths in different aspects of the research carried out (e.g. literature review, methodology, analysis, etc.), Boards are advised to modify the descriptors to fit the needs of the programme.

Following adoption of the pass/fail descriptors and the composite evaluation framework, the Boards are expected to communicate the same to all trainees, supervisors and the examiners in order to effectively implement the new evaluation method.

Proposed Composite Evaluation Framework

The project dissertation/thesis evaluation shall be carried out in several steps.

Step 1 – Desk Evaluation

The thesis/dissertation shall be sent to two examiners for a desk evaluation. Depending on the result of the desk evaluation, the Board shall decide on inviting the candidate for the viva. In case the two examiners are not in agreement, the two examiners must discuss the evaluation with the chief examiner and arrive at an agreed result depending on which the candidate may be invited to the viva. Table 1 below illustrates the possible scenarios during the first step of assessment.

Table 1 : Possible scenarios during the first step in the assessment

Scenario	Examiner 1	Examiner 2	Agreement between examiners	Proceed to Viva
1	Qualified	Qualified	-	Yes
2	Qualified	Not-Qualified	Qualified	Yes
3	Qualified	Not-Qualified	Not-Qualified	No
4	Qualified	Not-Qualified	Uncertain*	Yes
5	Not-Qualified	Not-Qualified	-	No

* The examiners may conclude that they are unable to decide 'Qualified' or 'Not-Qualified' status after discussing with each other in instances where they originally disagree on the desk evaluation.

Candidates who are 'Not Qualified' to proceed to the viva stage may be offered one of the following options depending on the evaluation by the examiners.

1. Re-submit a revised dissertation/thesis based on the original study.
2. Submit a dissertation/thesis on a new study, if there are fundamental flaws in the methodology of the original study.

The Board shall decide on the time period allowed for the candidates to re-submit.

Step 2 – Viva

During the viva, the focus should be on assessing the originality of the work done by the candidate and to provide the candidate the opportunity to clarify any deficiencies observed during the desk review. The viva would provide the examiners the ability to understand the candidates own perception about the material presented in the dissertation/thesis. Following scenarios are expected following the viva. It should also be used as an opportunity to provide feedback to the candidate to improve the dissertation/thesis further.

Table 2 : Viva voce examination - possible scenarios

Scenario	Agreement between the examiners after the desk evaluation	Agreement between the examiners on the outcome of the viva	Composite Evaluation Result
1	Qualified	Pass	Pass
2	Uncertain	Pass	Pass
3	Uncertain	Fail	Fail
4	Qualified	Fail*	Fail

* Failure at the viva when the candidate was evaluated as 'Qualified' at the desk evaluation by both examiners may occur only in exceptional circumstances. This could include instances of scientific misconduct, fraud or plagiarism, noticed at the viva. The examiners are required to clearly justify their reason for failing the candidate in these circumstances.

Candidates who fail the composite evaluation must re-submit the dissertation/thesis as per the comments made by the examiners with a subsequent batch or as determined by the Board.

Step 3 – Defining the re-submission timeline for candidates who Pass

Following arriving at the composite evaluation result, the examiners are expected to determine whether the dissertation/thesis can be accepted as it is or whether the candidate should be requested to revise the dissertation/thesis based on the professional judgement of the examiners. Following scenarios may take place at this stage.

Table 3 : Scenarios based on level of corrections requested

Scenario	Composite evaluation result	Level of correction requested	Effective Date of Degree	Re-submission timeline
1	Pass	No corrections	Date of Submission	-

2	Pass	Minor*	Date of Submission	4 – 6 weeks***
3	Revision	Major**	Date of Successful Submission following revisions	3 - 4 months***

* Minor Corrections: When the candidates work is of sufficient merit to grant the degree and only factual or typographic errors or incomplete referencing of limited nature are present, the candidate may be offered to submit after minor-corrections within 4 – 6 weeks. In such instances, no major re-working or re-interpretation of intellectual content of the thesis should be necessary. Candidates must handover the revised thesis incorporating the minor corrections and a document stating how the minor corrections have been incorporated in the revised thesis. The revised thesis will be sent to one of the examiners who initially assessed the thesis along with the suggestions made by both examiners for checking whether the minor corrections made are acceptable. If the corrections made are not acceptable, the Board shall decide on a suitable measure on a case by case basis.

** Major Corrections: When the candidates work requires corrections that may affect the structure, presentation, and substantiating the claims made, the candidate may be offered to revise and submit after major-corrections within 3 - 4 months. Major corrections should not entail significant amount of further research or analysis. This situation may also occur when the candidate was able to justify the validity of the research during the viva but failed to do so in the write-up. The effective date of degree in this instance shall be the date of successful submission following revisions. Candidates must handover the revised thesis and a document stating how the comments received have been incorporated in the revised thesis. Following submission, the revised thesis and the explanation document shall be sent to the two examiners who initially assessed the thesis to determine whether the corrections made are acceptable. If the corrections made are not acceptable, the Board shall decide on a suitable measure on a case by case basis.

*** Submitting after the Re-submission Timeline: The effective date of degree for a candidate who fails to submit on or before the re-submission deadline following minor or major corrections shall be the data of final submission after the corrections have been made.

*** The Boards are expected to adopt a suitable re-submission deadline falling within the given period.

Descriptors for assessing Qualified/Not Qualified and Pass/Fail

Following descriptors with or without modifications may be used in assessing Qualified/Not-Qualified status and Pass/Fail at the desk evaluation and the viva respectively.

Desk Evaluation Descriptors

The examiners must read through the pass and fail descriptors prior to evaluating the dissertation/thesis. In some instances, a candidate may demonstrate attributes that have been mentioned in both Qualified and Not-Qualified categories in which case the examiners must use their professional academic judgement to arrive at a conclusion. The examiners may also discuss the matter with the co-examiner and the chief examiner in arriving at a final decision.

Table 4 : Descriptors for Desk Evaluation of a dissertation/thesis

Qualified	**Overall:** The work demonstrates the candidate's ability to articulate personal judgements based on the evidence gathered. The candidate has a good comprehension of the task and presents the work in an organized manner. The arguments made are coherent and the presented evidence is critically evaluated and have been drawn from variety of quality resources. Stemming from the analysis and discussion, conclusions are firmly articulated, comprehensive and relevant to the objectives that were laid down. **Process:** Data methodology adopted is sufficiently rigorous, technically accurate and has been presented clearly and coherently. Appropriate level of comprehension and good evaluation of the data are evident. Sound professional standards and ethical practices have been demonstrated in carrying out the research. Evidence of sufficient engagement with academic debate and appropriate use of scholarly material and referencing are evident. **Outcomes:** The candidate demonstrates sufficient understanding of the specialist area discussed in the dissertation/thesis along with good level of reflection. The conclusions made are comprehensive, clear and substantiated. The recommendations and/or contribution to science and practice are evident.
Not-Qualified	**Overall:** The work demonstrates partial awareness and comprehension of the task, write-up is largely descriptive and demonstrates limited ability to plan, organize and execute a research project. Some awareness regarding literature and theoretical issues may be evident. However, the candidate has presented largely unsubstantiated claims and opinions as part of the evaluation (the analysis, discussion, conclusions). Crucial factual inaccuracies may also exist in the write-up. The dissertation/thesis is also based on a restricted range of sources, which may also be poor in quality. **Process:** The data and evidence collection may show substantial deficits in terms of the methodology adopted and/or the amount of gathered data. The analysis may also lack rigor and is done without much alignment with the research objectives or the topic of the research. Tendency is more towards reporting gathered data as it is rather than transform the data into relevant pieces of information (evidence). The references may also be incomplete. **Outcomes:** The work demonstrates some or little relevance to the task or the objectives laid down. Substantiated arguments may be absent or are unclear and incoherent.

Viva Descriptors

As with the desk evaluation descriptors, the two examiners are expected to make use of their professional academic judgement when arriving at a final conclusion regarding the 'Pass' or 'Fail' status in case overlapping attributes are noted or disagreements arise following the evaluation.

Table 5 : Descriptors for Viva Voce Evaluation of a dissertation/thesis

Pass	The candidate has demonstrated sufficient ownership of the work that was presented and discussed in the dissertation/thesis. In doing so, he or she was able to clearly and concisely present the research. The candidate was also able to clarify the unclear statements made or reasons for adopting a particular method or technique in gathering and analyzing the data when such questions are posed. The candidate was also able to link study findings with real world applications, practice contributions and/or theoretical contributions.
Fail	The candidate failed to demonstrate sufficient ownership of the work that was presented and discussed in the dissertation/thesis. The presentation was unclear, poorly organized and may also be deviating from the written work. The candidate is also unable to clarify the unclear statements made or reasons for adopting a particular method or technique in gathering and analyzing the data when such questions are posed. The candidate also failed in linking study findings with real world applications, practice contributions and/or theoretical contributions.