POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
SRI LANKA

GENERAL REGULATIONS AND GUIDELINES
FOR
TRAINEES

2020

This document gives the general regulations and guidelines for PGIM Trainees updated to 1st January 2020. At the PGIM, decisions of Boards of Study are vetted by the Academic Affairs, Accreditation & Examinations (AAAEC) Committee before being approved by the Board of Management. Decisions taken by the Board of Management of the PGIM are then ratified by the Senate and Council of the University of Colombo.

Please note that these General Regulations and Guidelines may change from time to time. If clarifications are required, seek assistance from PGIM staff.

Amendment made during 2019
to the General Regulations and Guidelines for Trainees 2020

Amendments	Date of Approval			
	Section	Board of Management	Senate	Council
Change of Appointments on Medical Grounds	7.16.15	09.03.2019		
Submission of Journal Publications in lieu of a Thesis: MD by Thesis	12.1	04.05.2019	29.05.2019	10.07.2019
Release of Medical Officers for Postgraduate Training	7.9	04.05.2019	29.05.2019	
Training Units with two Trainers	7.19	04.05.2019		
Overstay of Overseas Leave/Vaction of Post	16.6.2	04.05.2019		
Withdrawal of Selection Examination applications	6.3.2 (a)	04.05.2019		
Commencement of Post MD Overseas Training	15.2	01.06.2019	07.08.2019	23.10.2019
Limitation of the number of attempts at Selection Examination	6.2	06.07.2019	05.09.2019	
Examination Assesment Format	7.3	06.07.2019	05.09.2019	

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 PGIM Ordinance No. 1 of 1980 took effect on the 1st of July 2014 and 23rd of February 2018. 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 (which include base specialty, sub specialty, special interest and special training programmes) under the purview of 23 Boards of Study and 33 Specialty Boards.

3. THE VISION, MISSION, GOALS AND OBJECTIVES

Vision

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

- Expand the adoption of information, communication technology (ICT) and simulation in providing postgraduate training.

- Diversify the academic programmes to meet the emerging national health care needs.

- Play a key role in formulating medical education and related policies of the country and its implementation.

- Internationalise the academic programmes in view of gaining regional and global recognition towards becoming a centre of excellence.

- Provide leadership in establishing a formal programme for Continuous Professional Development (CPD) among medical/dental doctors in Sri Lanka.

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)
- Clinical Genetics

6. ELIGIBILITY CRITERIA

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

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

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

6.1.2 Satisfactory completion of internship acceptable to the SLMC.

6.1.3 Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.

6.1.4 The criteria prescribed in paragraphs 6.1.1 to 6.1.3 must have been satisfied by the applicants as at the date of closure of applications. Where a short-fall has occurred due to any reason, including sick, maternity or other leave, the doctor concerned should complete the shortfall in order to become eligible to apply for the Selection Examination.

6.1.5 Any other requirements stipulated by the Board of Study, relevant to a particular field of study, which have been approved by the Board of Management.

Notes:

Foreign nationals applying to register for selection examinations should possess a medical degree registrable with the SLMC. The decision of the Board of Management will be final in all such applications.

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

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

6.2 Limitation of the number of attempts at Selection Examination

The number of attempts at a particular selection examination is limited to four (04), but one (01) more attempt will be allowed within a period of one year from the date the new regulation comes into effect for those who have already attempted the examination on more than four (04) occasions.

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

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

6.3.2 The following stipulations will apply in such situations.
Application for a selection examination will not be counted as an attempt provided that:

a. If a candidate withdraws his/her application from the Selection Examination in writing prior to commencement of the examination.

b. The candidate absents himself/herself **from the whole or component/s of the** selection test/screening examination without a prior intimation but submits a medical certificate from a Specialist acceptable to the Board of Study, in support of his/her illness.

c. **The candidate absents himself/herself from the whole or component/s of the selection test/screening examination** due to sudden unavoidable circumstances which are acceptable to the Board of Study and Board of Management.

7. SELECTION FOR TRAINING PROGRAMMES

7.1 The PGIM issues circular letters and calls for applications for selection exams on its website http://www.pgim.cmb.ac.lk, in accordance with the Calendar of Examinations of the PGIM which is published annually. Prospective applicants need to respond to such advertisements.

7.2. Application Forms received in response to such notices, along with payments, will be scrutinized by the Senior Assistant Registrar/Examinations in consultation with the respective Boards of Study. Candidates will be selected for training programmes on the basis of performance at relevant selection examination and the number of training positions available (as published in the relevant examination circular).

7.3 Examination Assessment Format; assessment of all candidates would be based on the most recent approved assessment format.

7.4 Award of PGIM Medals for Selection Examinations

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

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

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

7.6 A list of trainees is submitted to the Ministry of Health, University or the employer concerned for release of trainees to follow courses of study/training programmes. The responsibility to release trainees to the PGIM rests with the Ministry of Health/University/private sector employer concerned.

7.7 Trainees who are selected will be required to pay the specified Registration Fee as a once and for all payment, and should register with the PGIM for the entire duration of the training programme/course of study.

7.8 A doctor who has been served with a vacation of post notice or has vacated post or who has resigned from service should complete one year of obligatory service after re-employment before he/she can be enrolled for a PGIM training programme/course of study.

7.9 Release of Medical Officers for Postgraduate Training

A trainee following a PG Certificate or PG Diploma or MSc or MD programme shall not be permitted to sit another selection examination for a PG Certificate or PG Diploma or MSc **or MD**. If the trainee leaves the course before completion of a programme/course of study, he/she shall not be permitted to sit for another selection examination for a minimum period of two years from the date of leaving the programme/course of study. This rule shall not apply for online and part time courses.

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

7.10. A Medical Officer, Dental Officer or any other person who has obtained a PG Certificate or PG Diploma or MSc shall be permitted to sit for a selection examination for a MD course at any time after obtaining the PG Certificate or PG Diploma or MSc qualification.

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

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

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

7.14 A medical officer in the Ministry of Health should have completed a minimum period of 5 years service before the officer is enrolled for the PG Diploma in Reproductive Health, where obtaining such a qualification is a requirement for grade promotion in the Ministry of Health. The minimum period of prior service specified in relation to other study/training programmes is stipulated in the specific regulations.

7.15 Selection for Training Programmes
Selection for training programmes, according to the number of training places indicated in the circular letter calling for applications for the selection examinations, and the allocation of training units for Medical Officers in the Ministry of Health, other Government Ministries, Universities, Armed Forces/Police, non state sector (Sri Lankans) and Foreign Candidates, will be done as described below:

7.15.1 There shall be one "merit list" for selection of medical officers from all categories for the training programme.

7.15.2 There shall be one "list for allocation of training units" for medical officers from all categories after selection to the training programme.

7.15.3 The principle of not compromising on the maximum number of Ministry of Health doctors possible to be selected for training programmes and allocated to training units will be respected.

7.15.4 There shall be six categories as listed below:

Category 1:	Medical Officers attached to the Ministry of Health
Category 2:	Medical Officers attached to other Government Ministries
Category 3:	Medical Officers attached to Universities
Category 4:	Medical Officers attached to Armed Forces/Police
Category 5:	Medical Officers in the non state sector
Category 6:	Medical Officers with CCST qualifications or equivalent who will enter through the lateral entry route
Category 7:	Foreign nationals

7.15.5 The number of vacancies for applicants from the Ministry of Health will be stated in the circular letter, as determined by the Board of Study.

7.15.6 A merit list of successful candidates will be prepared based on the final mark (arranged in descending order) at the selection examination obtained by candidates in all seven categories

7.15.7 In the above merit list, depending on the maximum number of trainees permitted to be selected from category 1 (Medical Officers attached to Ministry of Heath), a "cut off line" will be drawn. Candidates from other categories who rank above this cut-off line will be selected for training. The total number selected for training will be a combination of those from all categories who rank above the cut-off line.

7.15.8 The allocation order will be divided into two segments, as follows:

Segment 1:   Candidates from the Ministry of Health, other Government Ministries, Universities and Armed forces will be listed in descending order based on the final marks and number of attempts, irrespective of the category.

Segment 2:   Candidates from the categories 5,6 and 7 will be listed based on the final marks and number of attempts, commencing below segment 1.

7.15.9 If the available training positions are less than the total number in the above "list for allocation of training units" supernumerary training posts will be decided by the Board of Study before the allocation meeting and trainees will be informed. The allocation should be done commencing from the trainee who is first in the merit list. Where a common selection exam is held for multiple subspecialties, the above rules will apply

7.16 Selection of Non-State Sector Trainees

Candidates from the Non-State Sector who wish to enter PGIM training programmes should possess a medical or dental degree registrable with the SLMC (foreign nationals) or be registered with the SLMC (Sri Lankan Citizens) at the time of application to the PGIM. To be eligible to sit a screening/selection/Part I examination they should have completed an internship acceptable to the SLMC and one year service after internship at a state sector hospital, private sector healthcare institution or private hospital recognized by the relevant Board of Study of the PGIM. They should also fulfill other entry requirements specified by individual Boards of Study and the Board of Management.

7.16.1 Non state sector trainees who are Sri Lankan citizens will have priority over non state sector trainees who are foreign citizens. Government to government arrangements (such as Memorandums of Understanding) will be honored, if necessary on a supernumerary basis. The principle of not compromising on the number of training slots for the Sri Lankan state sector doctors will be respected.

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

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

If a non-state sector trainee fails the relevant examination for the award of degree in his/her first attempt, the allowances will be suspended until he/she passes the relevant examination.

7.16.3   A contract will be signed between non state sector trainees and the Ministry of Health. The contract will include terms relating to obligations of the trainee towards the PGIM training programme, including but not restricted to the following

      a.   Leaving the programme midstream

      b.   Not fulfilling PGIM/Board of Study requirements

      c.   Professional misconduct

      d.   Financial misconduct

7.16.4   Training placements available will be identified and notified to prospective trainees before the allocation meeting along with the guidelines. Allocation of trainees for training units will be done according to 7.16 above.

7.16.5   Training in the PGIM should not be regarded as an avenue of employment in the Ministry of Health for non-state sector doctors.

7.16.6   All non state sector trainees will be accountable to the PGIM and the Ministry of Health for the purpose of administrative and other regulations of the two institutions. They will be under the administrative control of the Head of the Institution where he/she is attached to and the trainer. All non state sector trainees will have to comply with PGIM/University/Ministry of Health rules and regulations and code of conduct.

7.16.7   Non state sector Sri Lankan trainees will pay 50% more than the fees (includes registration, course, examination, certification and all other PGIM payments) paid by state sector doctors and will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course fees and examination fees paid by non state sector candidates will not be refunded by the PGIM. All other general guidelines regarding refunding of fees will apply to non state sector candidates.

7.16.8   Non state sector foreign trainees will pay fees according to the PGIM Fee Structure Book. However the fee structure may be changed from time to time by the Board of Management. They will be required to obtain medical defense/indemnity insurance acceptable to the PGIM and Ministry of Health. Course fees and other fees paid by non-state sector foreign candidates will not be refunded by the PGIM or the government. All other general guidelines regarding refunding of fees will apply to non-state sector foreign candidates.

7.16.9   All non state sector trainees will be governed by the same academic, administrative, disciplinary and examination rules that apply to all trainees.

7.16.10 Neither the Ministry of Health nor the PGIM will provide funding for foreign training of non state sector trainees if this is required. It is the responsibility of non state sector trainees to find overseas placements for the foreign training component, acceptable to the relevant Board of

Study. Thereafter, the PGIM will extend the same facilities available to state sector trainees with regard to documentation and monitoring. On the recommendation of the Board of Study, the flexible training option may be made available to non-state sector candidates.

7.16.11 All non-state sector trainees should sign two separate agreements with the Ministry of Health and the PGIM regarding the terms and conditions under which their training is provided. Before starting training, they will be required to sign two separate financial bonds with the PGIM and the Ministry of Health.

7.16.12 The above conditions and stipulations will apply to all trainees but will apply in particular to trainees entering MD programmes where there is a clinical training component. In the case of Certificate, Diploma and MSc programmes with some clinical exposure, trainees maybe given observer status for short clinical training components.

7.16.13 Non state sector trainees will adhere to the accepted channels of communication with respect to all their dealings with the PGIM.

7.16.14 The decisions of the Board of Management in relation to matters on training, allocation of training units, examinations, leave and discipline will be final.

7.16.15. Any PG trainee who requests a change of an appointment based on a medical condition should be made to appear before a Medical Board in order to justify the request for such a change, and also to decide on the fitness of the trainee to continue training.

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

7.17.1. New rules for Selection Examinations, Pre-MD training and MD examinations are applicable only for students who are yet to sit the Selection Examination (rules have to be approved by the Senate before the date on which the Selection Exam is advertised).

7.17.2. Pre-MD training and MD examination regulations cannot be changed for a trainee once that trainee is in the Pre-MD programme.

7.17.3. However, new post-MD training regulations can be made applicable to any trainee who is yet to sit or/and pass the MD examination. Post-MD regulations cannot be changed for a trainee after the trainee sits or/and passes the MD examination.

7.18 Professionalism Strand

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

7.19. 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 the signatures of both trainers.

8. ENGLISH TEST

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

9. EXEMPTIONS ON THE BASIS OF FOREIGN QUALIFICATIONS

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

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

9.1 Training requirements already satisfied, or

9.2 Other postgraduate qualifications already obtained in the relevant specialty

10. LEAVE

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

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

10.3 Whatever the type of leave taken (inclusive of maternity/sick leave) loss of training due to absence in each segment of the programme would have to be repeated if 80% attendance is not fulfilled. Even with 80% attendance, trainees can be requested by Boards of Study to repeat any segment of the training programme that they have not satisfactorily completed.

10.4 Following registration for a training programme a trainee is entitled to a maximum of two years personal leave (excluding medical leave supported by a medical certificate) for acceptable personal reasons. It would be the responsibility of the trainee to obtain approval for such leave from his/her employer (Ministry of Health or University as the case may be). **Leave from the PGIM study programme will become effective only when leave from the primary employer is approved, and the letter confirming leave is received by the PGIM.** Following such leave the trainee will join the PGIM under the prospectus in operation at the time of rejoining the training programme.

10.5 Maternity Leave

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

Trainees are entitled to maternity leave as per Government Establishment Code/Public Administration Circulars. However, loss of training due to absence in each segment of the programme would have to be repeated if 80% attendance is not fulfilled. The candidate has to complete the shortfall in training even if this results in her sitting the examination with a subsequent batch of trainees.

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

10.6 Paternity Leave

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

11. ATTENDANCE

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

12. EXIT EXAMINATIONS

A comprehensive assessment will be held at the end of the prescribed training programme to test knowledge, skills, competencies and attitudes of the trainees in most courses of study. Few courses utilize continuous assessments and module examinations. For all these assessments, the assessment of all candidates would be based on the most recent approved assessment format. Those who are already scheduled to sit an examination in an older format within 12 months of a change of examination format will be given one more attempt based on the older format at the next scheduled examination if they so request.

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

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

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

12.1 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.

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

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

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

12.2 Number of Attempts at Exit/Final Examinations

12.2.2 The permitted number at all exit examinations (MD/MSc/ PG Diploma/Certificate) shall be six (6). All six attempts should be completed within a period of eight years from the date of the first attempt. In reckoning the number of attempts, all scheduled examinations from the first attempt will be considered whether or not the   trainee attempted successive examinations. However, in the event the trainee has not attempted a scheduled examination due to an acceptable reason, such as an illness substantiated by a medical certificate to the Board of Study/Board of Management or due to any other valid reason acceptable to the BOM and University Senate, such an attempt will not be counted in the determination of the number of attempts. When all attempts are exhausted, re-entry to the same programme will not be permitted, nor will the trainee be permitted to sit for the selection examination of the same training programme.

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

a. To be appointed to a training unit for further fulltime training of twelve months with a satisfactory report**.**

b. To undergo RITA**/**Portfolio Assessment evaluation every three months with satisfactory reports**.**

c. To sit for a MD mock examination **(**organized prior to the MD examination**)** and obtain a pass mark**.**

12.2.4   Trainees who are unsuccessful after their sixth attempt will not be permitted to sit the exit examination again for any reason whatsoever**.** However, a 'Letter Certifying Completion of Training' will be issued by the PGIM indicating the different components of the training programme completed with their duration**.**

12.3   Counting the Number of Attempts and Withdrawal of the Examination Application at exit examinations

12**.**3**.**1   Prospective applicants may withdraw their examination applications or be absent from the examination due to unavoidable circumstances.

12**.**3**.**2   The following stipulations will apply in such situations.

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

a. The candidate withdraws his/her application after the date of closure of applications but prior to commencement of the examination for reasons that are acceptable to the Board of Study.

b. The candidate absents himself/herself from the **whole or component/s of the** examination without a prior intimation but submits a medical certificate from a Specialist acceptable to the Board of Study, in support of his/her illness.

c. **The candidate absents himself/herself from the whole or component/s of the examination** due to sudden unavoidable circumstances which are acceptable to the Board of Study and Board of Management.

12.4   Determination of Number of Attempts in Respect of Certificate/ Diploma/ MSc/ MD Examinations

12**.**4**.**1 Trainees, on completion of the prescribed training programme should sit the first scheduled examination which will be counted as the first attempt.

12**.**4**.**2 For trainees who are unable to sit the first scheduled examination due to a valid reason the next scheduled examination will be considered the first attempt. If successful, they will be placed in the merit list at the position appropriate to their final mark.

12**.**4**.**3 It is the trainees' responsibility to inform the PGIM with reasons if they do not plan to sit a scheduled examination, one month before the scheduled date of the examination.

12**.**4**.**4 Trainees who have delayed sitting examinations due to reasons which are not acceptable to the Board of Study and the Board of Management will be subject to the examination rules and regulations which are in place at the time they sit the examination.

12.4.5 In instances where reasons given by trainees for not sitting the first scheduled or subsequent examinations are not acceptable to the Board of Study, the number of examinations held in between will be counted when determining the number of attempts, and the order of merit determined accordingly. Fees paid will not be refunded.

12.4.6 When a trainee is unsuccessful at one of the prerequisites/module examinations/ assessments during Pre MD training, and therefore is not be eligible to sit for the next scheduled MD Examination, and the said MD Examination shall be counted as an attempt.

13.   SPECIALIZATION

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

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

13.1   Introduction of New Specialties

New specialties will be introduced only after:

13.1.1   A written request made by the Secretary/Ministry of Health based on the needs of the country.

13.1.2   Approval for the above request is granted by the BOM and/or the relevant BOS.

13.1.3   Preparation of the relevant prospectus and by-law as per UGC guidelines by the Boards of Study/ Specialty Board.

13.1.4   Approval for above by the AAAEC/Board of Management/Senate/Legislation Committee/University Council/University Grants Commission.

13.2   Changing of a Selected Specialty by Senior Registrars within a General Specialty

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

13.2.1   Requests for change of a selected specialty will be allowed only within the first three months of Senior Registrar (post-MD) training, provided that training positions are available in the requested specialty.

13.2.2   Requests for such changes will be allowed only once.

13.2.3   The period of training the trainee has undergone in the first chosen specialty will not be considered for purposes of Board Certification.

13.2.4   The effective date of Board Certification will be calculated from the date of commencement of training in the specialty to which the trainee changes.

13.2.5   Such changes have to be approved by the Board of Study and Board of Management.

14. MONITORING OF THE PROGRESS OF TRAINEES

Progress of all PGIM trainees will be monitored closely by trainers and Boards of Study. The overseas component of the post MD training programme will be monitored by the overseas trainer. Appropriate assessment and appraisal mechanisms are in place for trainees at Registrar and Senior Registrar level. Boards of Study will determine the format of these assessments. These will include progress reports and 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

15. REQUIREMENTS BEFORE PROCEEDING ON OVERSEAS POST MD TRAINING

Period of Post MD Training: The minimum period of local and overseas training is stipulated in the relevant prospectus. It will be the responsibility of the trainee to obtain the required leave and the scholarship if required from the employer.

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

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

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

15.2 Commencement of Post MD Overseas Training

1. Post-MD trainees should commence post-MD overseas training within two (02) years of the expected date of completing local post-MD training. Any further delay will be added to the date of effective Board Certification.

2. Post-MD trainees who delay commencing overseas post-MD training by more than four (04) years after the expected date of completing local post-MD training will have their trainee status terminated.

15.3 The Minimum Period of Post-MD Training that should be completed by a Trainee during the Overseas Training

The minimum period of Post-MD training that should be completed by a trainee during the overseas training is 42 weeks if the prescribed overseas training period is one year, and 84 weeks if the prescribed overseas training period is two years, to be **allowed only under exceptional circumstances** acceptable to the Board of Study and Board of Management such as maternity leave, approved medical leave, etc. The shortfall of the overseas training should be completed locally.

16. BOARD CERTIFICATION AND PRIVILEGES OF BOARD CERTIFICATION

16.1 Board Certification

After obtaining the degree of MD, trainees are required to undergo further training as stipulated in the relevant prospectus to be eligible for Board certification in the chosen specialty. In exceptional circumstances, a trainee shall request permission to undergo all or part of the period of requisite overseas training in Sri Lanka. Such requests will be considered on a case-by-case basis, by a committee appointed by the Board of Management for this purpose.

16.2 The minimum stipulated period of overseas leave required for Board Certification is as defined in the relevant Prospectuses. The maximum period of leave granted for overseas training for purposes of Board Certification is two (02) years, subject to approval of the Boards of Study/ Board of Management. Any extensions beyond two years will results in the Board Certification being delayed by that period.

16.3 Pre Board Certification Assessments (PBCA)

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

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

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

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

16.5 Board Certification of Re-employed/Employed Medical Officers

Board Certification of re-employed/employed medical officers could be made effective on successful completion of the MD examination in the relevant specialty and on fulfillment of all other requirements of the Post MD training programme stipulated in the relevant prospectus.

16.6 Date of Board Certification

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

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

b. Completion of all other requirements stipulated in the prospectus.

   c. Pass the Pre Board Certification Assessment

   d. Return to Sri Lanka and assumption of duties in the Ministry of Health/University/Public Sector Institution.

   e. There has been no overstay beyond the period of overseas study leave required by the PGIM for purposes of board certification (i. e. a maximum of 2 years).

16.6.2.

   a. If a PG trainee does not report back to the PGIM within one year of completion of overseas leave, his/her trainee status will be terminated unless the delay is due to exceptional circumstances acceptable to the Board.

   b. Trainee status of trainees who have been served Vacation of Post by their employer will be suspended pending inquiry/appeal.

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

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

   a.   The local training commenced immediately after passing the MD Examination.

   b.   Overseas component(s) of training commenced within five years after passing the MD examination.

   c.   A valid reason is given for any delay for a. and b. above.

   d.   There have been no complaints regarding the trainee during the training period which has resulted in extension of the training period.

   e.   There has been no delay in sitting for the PBCA and passing it as stipulated in the prospectus.

   f.   The trainee has applied for Board Certification within one month after completing all requirements.

   g.   All requirements laid down in the prospectus such as the case book, portfolio and dissertation have been completed within the stipulated training period. The stipulated training period ends at the point when the trainee has completed local and overseas training components and has resumed duties at their original place of employment. Application for Board Certification must be made within one month of the date on which the stipulated training period ends. If not, effective date of Board Certification would be prospective, and effective from the date of the decision of the Board of Management approving Board Certification.

   h.   The Board of Management, on the recommendation of the Board of Study, has   not decided otherwise.

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

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

16.6.5   Trainees who do not complete the prescribed MD Overseas Training within the stipulated maximum time period referred to in section 15.2 will be considered as not being eligible for Board Certification unless they are undergoing training approved by the Board of Study/Board of Management.

16.6.6   Trainees who have, after obtaining the degree of MD, either resigned or vacated their posts could re-join the respective training programmes for completion of training leading to Board Certification under existing rules (one year obligatory service in Sri Lanka prior to re-joining the PGIM training programmes - vide section 7.6) of the Ministry of Health/ University/Public Sector Institutions. In such instances, the effective date of Board Certification would be prospective, following completion of all the requirements to be eligible for Board Certification, and effective from the date of the decision of the Board of Management approving Board certification.

16.6.7   All trainees are required to report back to their employer and to the PGIM for purposes of Board Certification. A letter from Director General of Health Services/Vice Chancellor /Commander of Armed Forces/Inspector General of Police has to be produced to confirm that the trainee has reported for work and assumed duties in the appointed post. In the PGIM, trainees have to sign and date a register maintained specifically for this purpose. In the event of any delay in reporting back to their employer or in signing the PGIM register, without a valid reason, the period of delay will be added to calculate the effective date of Board Certification.

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

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

b.   Paid the full cost of training to the PGIM (applicable for requests for Board Certification being made after 1st January 2009).

c.   Completed all other criteria to be eligible for Board Certification **(Annexure IV).**

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

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

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

17. FEES

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

All fees will be subject to review and revision every 2 years. A PGIM Fee Structure Book has been updated in 2019 and is available in the PGIM Web Site https://pgim.cmb.ac.lk/index.php/fees-structure/.

17.1   Refund of Course Fees

17.1.1   Refunding course fees (minus the administrative costs) may be considered if the trainee withdraws from a training programme/course of study within a period of six weeks from the date of commencement of the course of study/training programme.

17.1.2   Course fees will not be refunded to trainees who withdraw from the course of study/ training programme six weeks after commencement.

17.1.3   The PGIM will retain a 10% institutional charge from the course fees when refunds are made.

17.2   Refund of Examination Fees

17.2.1   Requests for refund of examination fees will be considered:

      a. if the candidate has withdrawn his/her application before the closing date of applications – a 75% refund of fees will be considered.

      b. if the candidate has withdrawn his/her application after the closing date of applications but before commencement of the examination for reasons acceptable to the Board of Study – a 50% refund of fees will be considered.

17.2.2   When an application is rejected by the PGIM due to non fulfillment of the eligibility requirements stipulated either in the General Regulations and Guidelines or in the relevant prospectus only a 50% refund of fees will be made.

17.2.3   Refunds of examination fees will not be made for other reasons except under exceptional circumstances acceptable to the Board of Management.

After the examination commences, no refund will be made. Such an application will be considered an attempt, unless a valid excuse is submitted and is acceptable to the Board of Study/Board of Management.

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

18. HEALTH AND FITNESS

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

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

19. RULES FOR PGIM EXAMINATIONS

19.1 Candidates shall be in attendance outside the examination hall at least 15 minutes before the commencements of each paper, but shall not enter the hall until they are requested to do so by the Supervisor/Invigilator.

19.2 On admission to the hall a candidate shall occupy the seat allotted to him and shall not change it except on the specific instructions of the Supervisor/Invigilator.

19.3 No candidate shall be admitted to the examination hall for any reason whatsoever after the expiry of half-an-hour from the commencement of the examination, nor shall a candidate be allowed to leave the hall until half-an-hour has lapsed from the commencement of the examination or during the last 15 minutes of the paper.

19.4 A candidate shall have his Student Identity Card/National Identity Card/other valid identity card and the Admission Card with him in the examination hall on every occasion he presents himself for a paper. His candidature is liable to be cancelled if he does not produce any one of these documents. If he fails to bring any one of these documents on any occasion, he shall, sign a declaration in respect of the paper for which he had not produced the document, and produce the same on the next occasion when he appears for the examination. If it is the last paper or the only paper he is sitting, he shall produce the Identity document to the Senior Assistant Registrar/Examinations on the following day.

19.5 No candidate shall in his person or clothes, or on the admission card, time table or identity, document any notes, signs or formula etc. No candidate shall have in his person or with him or anywhere near him any other material whatsoever. Books, Notes, Parcels, Hand bags, electronic communication equipment including any smart devices, such as, cellular phones etc. which a candidate has brought with him should be placed at a place indicated by the Supervisor or the Invigilator.

19.6 If the Supervisor so requires every candidate shall declare everything he has in his person.

19.7 No candidate shall copy or attempt to copy from any book or paper or notes or similar material or from the scripts of another candidate, nor shall any candidate either help another candidate or obtain help from another candidate or person whomsoever. Nor shall any candidate conduct himself so negligently that an opportunity is given to any other candidate to read anything written by him or to watch any practical examination conducted by him. Nor shall any candidate use any other unfair means or obtain or render improper assistance at the examination.

19.8 No candidate shall submit a practical or field book or dissertation or project study or answer script which has been done wholly or partly by anyone other than the candidate himself.

19.9 Candidate shall bring their own pens, ink, mathematical instruments, erasers, pencils, or any other equipment or stationary which the candidates have been instructed to bring.

19.10 Examination stationery (i.e. writing paper, graph paper etc.) will be supplied as and when necessary. No sheet of paper or answer book supplied to a candidate may be torn, crumpled, folded or otherwise mutilated. No other papers shall be used by candidates. Log tables or any other material provided by the Institute shall be used with care and left behind on the desk, such material remains the Institute property. Any material supplied, whether used or unused, shall be left behind on the desk and not removed from the examination hall.

19.11 Every candidate shall enter his Index Number on the answer book and on every continuation book. He shall also enter all necessary particulars as indicated in the cover of the answer book. A candidate who inserts on his script an Index Number other than his own is liable to be considered as having attempted to cheat. A script that bears no Index Number or an Index Number which cannot be

identified is liable to be rejected. No candidate shall write his name or any other identifying mark on the answer script.

19.12 All calculations and rough work shall be done only on paper supplied for the Examination and shall be cancelled and attached to the answer script. Such work should not be done on admission card, time table, question paper, Identity Card or on any other paper. Any candidate who disregards these instructions will be considered as having written notes or answers with the intention of copying.

19.13 Any answer or part of an answer which is not to be considered for the purpose of assessment shall be neatly crossed out. If the same question has been attempted in more than one place   the answer or answers that are not to be counted shall be neatly crossed out.

19.14 Candidates are under the authority of the supervisor and shall assist him by carrying out his instructions and those of his invigilators, during the examination and immediately before and after it.

19.15 Every candidate shall conduct himself in the Examination Hall and its precincts so as not to   cause disturbance or inconvenience to the Supervisor or his staff or to other candidates. In entering and leaving the hall, he shall conduct himself as quietly as possible. A candidate is liable to be excluded from the examination hall for disorderly conduct. Candidates shall stop work promptly when ordered by the Supervisor/Invigilator to do so.

19.16 Absolute silence shall be maintained in the examination hall and its precincts. A candidate is not permitted for any reason whatsoever to communicate or have any dealings with any person other than the Supervisor/Invigilator. In case of urgent necessity the candidate may communicate with Supervisor/Invigilator. The attention of the Supervisor/Invigilator shall be drawn by raising his hand from where he is seated.

19.17 During the course of answering a paper no candidate shall be permitted to leave the examination hall temporarily. In case of an emergency, the Supervisor/Invigilator will grant permission to do so but the candidate will be under his surveillance.

19.18 No person shall impersonate a candidate whether in the examination hall or before or after the examination, nor shall any candidate allow himself to be impersonated by another person.

19.19 No candidate shall obtain or attempt to obtain prior knowledge of questions.

19.20 Serious notice will be taken of any dishonest assistance given to a candidate, by any person.

19.21 If circumstances arise which in the opinion of the Supervisor render the cancellation or postponement of the examination necessary, he shall stop the examination, collect the scripts already written and then report the matter as soon as possible to the Director/Senior Assistant Registrar/Examinations.

19.22 The Supervisor/Invigilator is empowered to require any candidate to make a statement in writing on any matter which may have arisen during the course of the examination and such statement shall be signed by the candidate. No candidate shall refuse to make such a statement or to sign it.

19.23 Every candidate shall handover the answer script personally to the Supervisor/Invigilator or remain in his seat until it is collected. On no account shall a candidate handover his answer script to the attendant, a minor employee or other candidate.

19.24 Every candidate who registers for an examination shall be deemed to have sat the examination unless he withdraws from the examination within the specified period or submits a medical certificate prior to the commencement of the examination. The medical Certificate shall be from a Specialist. Such Medical Certificate will require the   acceptance by the Board of

Study. The candidate may have to appear before a "Medical Board" appointed by the PGIM, if the necessity arises.

19.25 When a candidate is unable to present himself for any part/section of an examination, he shall notify or cause to be notified this fact to the Director immediately. This should be confirmed in writing with supporting documents within 48 hours by Registered Post.

19.26 No student shall sit for an examination, if he has exhausted the number of attempts that he is allowed to sit that particular examination.

19.27 The results of an examination announced by the Institute and confirmed by the Board of Management and the Senate of University of Colombo will be final and no complaints or representations will be entertained regarding the results.

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

20.1 Introduction

In modern educational circles the need to discuss the performance of candidates at examinations with them is considered important for many reasons and the process is considered   as a good practice. There is also a justifiable demand by the candidates that they have a right to know how they have performed at examinations. In some Universities it is the practice to discuss with each candidate the answer to each question and the manner marks have been awarded.

At PGIM there is no formal process or procedure to discuss the performance of candidates and counsel them. However some Boards of Study do practice this to some extent. Some of the PGIM trainees in their letters addressed to the PGIM have expressed certain reservations regarding   their examination results and has indicated that there has to be a formal mechanism for counselling of the failed candidates. The overseas examiners too have addressed this issue in their   reports   and   have indicated the need to have a formal process for counselling.

20.2 Advantages and Benefits

20.2.1 Provide an opportunity for the examiners to know the expectations of the candidates.

20.2.2 Provide an opportunity for the candidates to know the expectations of the examiners.

20.2.3 Provide an opportunity for the examiners/trainers to improve the quality of questions and expected answers based on feedback from candidates and other examiners/trainers.

20.2.4 The Board of Study/Trainers will be able to identify the deficient areas in the training programme which will need improvement.

20.2.5 The candidates will be able to identify the reasons why they have failed the examination.

20.2.6 The candidates will be able to identify their deficiencies and decide on remedial action in consultation with the trainers at the meeting.

20.2.7 Provide an opportunity to discuss the relevant sections of the examiner's report.

20.3 Logistics

20.3.1 It is desirable to organize a workshop 2-4 weeks after the release of the results for this purpose.

20.3.2 The duration will depend on the components and the total duration of the examination. (But as a guide for theory papers/OSCE 50% of the total duration of the examination, clinicals 1-2 hours and viva 1 hour)

20.3.3 All failed candidates must attend.

20.3.4 If necessary other trainees in the programme are invited to attend as this will be a leaning exercise for them.

20**.**3**.**5 The Chairperson, Secretary, Chief Examiner to be present, and the meeting to be chaired by the Chairperson of the Board of Study.

20**.**3**.**6 At least 50% of the examiners of different sections of the examination to represent the examiners. They should have information that would enable them to discuss the relevant sections and questions with the candidates.

20**.**3**.**7 The trainers who are not examiners may also be invited to participate.

20**.**3**.**8 To conduct a successful workshop it will be a prerequisite to have model/expected answers for each question and a marking grid.

However due to practical difficulties or if the number of candidates are very limited instead of the workshop, each failed candidate can be counselled and their performance discussed by a team of examiners appointed by the Board of Study.

20.4   Objectives

20**.**4**.**1 To discuss with the candidates the expected answers for the questions/OSCE using model answers prepared at the time of setting of questions and obtain their views.

20**.**4**.**2 To discuss the marking grid.

20**.**4**.**3 To highlight deficient and neglected sections in the answer which may have been the cause for a low mark.

20**.**4**.**4 To discuss the positive aspects and strengths of the answers.

20**.**4**.**5 To discuss the strengths and weaknesses of the clinical and viva examinations.

20**.**4**.**6 If desirable the range of marks scored for different sections to be discussed so that the failed candidates will be able to judge their performance.

20**.**4**.**7 Unless it is very essential, individual performance and marks given for a candidate should not be discussed at the workshop but may be considered at a counselling session by a team of examiners of a failed candidate.

20**.**4**.**8 No indication to be given to candidates how the different examiners have given marks to candidates.

21. EXAMINATION OFFENCES AND PUNISHMENTS

21.1 Offences

21.1.1 Any candidate who violates Examination Rule 19.5 shall be deemed guilty of the offence of possession of ***unauthorized documents*** and shall be liable to cancellation of his/her candidature from the examination and to any further punishment that the Board of Management and/or the University Senate may decide.

21.1.2 Candidate who violates Rule 19.7 shall be deemed guilty of the offence of copying and shall be liable to cancellation of his/her candidature from the examination and to be prohibited from sitting any examination of the Institute for a period as may be specified and to any other punishment that may decide by the Board of Management and/or the University Senate.

21.1.3 Candidate who violates Rule 19.8 shall be deemed guilty of the offence of having cheated at the examination and shall be liable to cancellation of his/her candidature from the examination and to be prohibited from sitting any examination of the Institute for a period as may be specified and to any other punishment that may decide by the Board of Management and/or the University Senate.

21.1.4 Candidate who is detected of removing examination stationary and other material provided for the examination (Rule 19.10) shall be deemed guilty of an examination offence and shall be liable for punishment including cancellation and/or prohibition from sitting any examination of the Institute for a period as may be specified by the Board of Management and/or the University Senate.

21.1.5 Candidate who violates any one or more of the rules in 19.6, 19.14, 19.15, 19.16, 19.17 or 19.18 shall be deemed ***guilty of the offence of disorderly conduct*** and shall be liable for punishment including cancellation/ or prohibition from any examination of the Institute for a period as may be specified by the Board of Management and/or the University Senate.

21.1.6 Candidate who violates Rule 19.19 shall be guilty of the offence of impersonation and shall be liable to cancellation of candidature from the examination and to be prohibited from sitting any examination of the Institute for a period as may be specified by the Board of Management and/or the University Senate. He shall also be liable to any punishment under the Penal Code/Criminal Law.

21.1.7 Any candidate who violates Rule 19.20 shall be guilty of an examination offence and shall be liable to cancellation of candidature from the examination and to any further punishment that the Board of Management and/or the University Senate may decide.

21.1.8 Any candidate found aiding and abetting in the commission of any of the above examination offences shall be deemed to have committed that offence and shall be liable to the same punishment.

21.1.9 Canvassing or attempting to canvass an examiner will disqualify the candidate and his/her candidature at the particular examination will be cancelled and he/she will be prohibited from sitting any examination of the Institute for such period as may be specified by the Board of Management and/or the University Senate.

21.2   Classification of Offences

Examination offences may be broadly classified as follows:-

21.2.1 Possession of unauthorized documents or removal of examination stationary.

21.2.2 Disorderly conduct of a grave nature.

21.2.3 Copying.

21.2.4 Attempting to obtain/obtaining improper assistance or cheating.

21.2.5 Impersonation.

21.2.6 Aiding and abetting in the commission of these offences.

21.3   Punishments

The minimum punishments for examination offences shall be as follows:-

21.3.1 Possession of unauthorized documents or removal of examination stationary:

Cancellation of candidature from the examination in which the offence was committed.

21.3.2 Disorderly conduct of a grave nature, copying and attempting to obtain or obtaining improper assistance:

Cancellation of candidature for a period as may be specified by the Board of Management and/or the University Senate including the one in which the offence was committed.

21.3.3 Impersonation:

Cancellation of candidature for a period as may be specified by the Board of Management and/or the University Senate including the one in which the offence was committed.

The punishment for aiding and abetting or the commission of one or more of the examination offences shall be the same as the punishments for the offence.

The punishments recommended by the respective Board of Study shall be submitted to the Board of Management, and the decision of the University Senate shall be the final and conclusive.

22. DISCIPLINARY CODE FOR TRAINEES

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

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

22.1 Types of Inadequacies/Offences

22.1.1 Minor:

a. Poor attendance

b. Insubordination

c. Poor interpersonal relationships

d. Poor quality documentation

e.   Poor attitudes

f. Poor skills

g. Inability to achieve set standards within the specified time period as indicated in the approved assessment forms/appraisal forms/guidelines/prospectuses.

22.1.2 Major:

a. Professional incompetence

- Repetition of minor inadequacies/offences despite a "letter of warning"
- Three adverse assessments during the local training period
- Two adverse assessments during the overseas training period
- Unsatisfactory performance during an extended period of either local or foreign training
- Evidence of seriously deficient or incompetent performance or skills

b. Professional misconduct

- Gross neglect of patients or poor standards of medical care
- Abuse of professional privileges
- Making degrading comments on professional colleagues
- Derogatory professional conduct/ Acting in a manner to bring the PGIM into disrepute
- Examination irregularities
- Divulging confidential information
- Dishonesty/ misappropriation of funds
- Personal abuse of alcohol and other drugs

- Indecent or violent behavior
- Criminal offences

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

- Local trainers
- Foreign trainers
- Any consultant from the hospital to which the trainee is posted for training
- Administrator of a hospital to which the trainee is posted for training
- Patients who have been under the care of the trainee, or their relatives
- Any other persons/authorities acceptable to the Board of Study/Board of Management

22.3 Procedure for the Inquiry

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

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

22.3.1 The Process to be Followed by the Board of Study

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

Disregard the complaints/allegations/poor progress reports.

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

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

OR

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

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

22.3.2 The Process to be Followed by the Board of Management

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

(a) Preliminary Inquiry:

- Chairman of another Board of Study

- One member from the Board of Study concerned

- A trainer from a different specialty.

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

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

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

(b) Formal Inquiry:

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

- Dean of a Medical Faculty

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

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

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

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

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

(a) Letter of Reprimand to be sent by the Director/PGIM on the recommendation of the BOM

(b) Extension of the Training Period with loss of seniority. This should be decided by the Board of Management in consultation with the Board of Study, based on the report of the Formal Inquiry.

Local Training

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

- If the trainer is not willing to accommodate the trainee, the Board of Study in Consultation with the Board of Management shall appoint the trainee to another unit for the extended period of training, at their discretion.

- If the training is still found to be unsatisfactory the Board of Management/Board of

Study shall appoint the trainee to another training unit. The period of training hitherto undergone shall be disregarded.

Overseas Training

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

- If overseas training has been completed, but found to be unsatisfactory:
  The trainee shall be required to undergo the prescribed period of overseas training locally in the capacity of a Senior Registrar under a trainer for the said period.

In either instance,
- The option of finding a new training post overseas would be given to the trainee.

- This overseas training post should be approved by the Board of Study.

- The cost involved in such overseas training shall be borne by the trainee.

- The period of training that was previously completed but was found to be unsatisfactory would be disregarded.

(c) Termination of trainee status and/or withholding Board Certification. Action shall be taken to terminate trainee status and/or withhold Board Certification of the trainee on account of:

- Major inadequacies/offences listed in 22.1.2 above.

- Serious major physical or mental disability which in the opinion of the Board of Study would prevent the trainee from continuing the training programme.

- Non-completion of training and examinations within the stipulated period as indicated in the Prospectus/Regulations/Guidelines.

- Serious examination offences and misconduct as listed in the University of Colombo Regulations and By-Laws.

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

22.5 Informing the SLMC and the employer

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

22.6 Issue of letters of good standing or recommendations

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

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

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

23. UPDATES ON RULES AND REGULATIONS

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

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

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

GUIDE NOTES FOR CANDIDATES WHEN ANSWERING
MULTIPLE CHOICE QUESTION PAPER

1. Your examination number is given on your examination admission documents and on the question booklet. Please indicate the number on the question book and answer script. Please check that they are all the same. **No other identification marks should be made on the answer scripts.**

2. Candidates who arrive more than 30 minutes after the commencement of the examination will not be admitted under any circumstances. No candidate shall be allowed to leave the Examination Hall during the first 30 minutes or during the last 15 minutes of the paper.

3. No calculators, books, notes, bags or papers or any Electronic Communication equipment, such as, Cellular Phones etc. are allowed at your desk. You should bring only your Signature Card and Identity Card/Passport. No other papers will be allowed to be taken into the Examination Hall.

4. You may use the pen to record your answers completely and boldly on the appropriate circle of the answer sheet. Using "Correction Fluid" (Tippex) is prohibited.

5. Do not make any marks on the Answer Script except in the space provided. Only one Answer Script is provided.

6. All questions (45, 60 or 90 as the case may be) should be attempted.

7. Time allowed will be stipulated in the question paper.

8. It is recommended that initially you indicate your answers against the questions in the question book. You should leave sufficient time (say 30 minutes) to transfer your answers to the answer script. No extra time to transfer the responses to the answer script will be allowed.

9. Every candidate shall enter his Index Number on the answer script. A candidate who inserts on his script an Index Number other than his own is liable to be considered as having attempted to cheat. A script that bears no Index Number or an Index Number which cannot be identified is liable to be rejected. No candidate shall write his name or any other identification mark on the answer script.

10. It is strictly forbidden for candidates to talk, or attempt to communicate in any other way with each other while the examination is in progress.

11. Questions should not be copied or the paper removed from the Examination Hall.

12. Candidates should remain seated until all question papers and answer sheets have been collected by the Invigilator/s.

13. Breach of these instructions or behavior in any other way, including continuing to write after the allotted time, may lead to suspension from the examination.

FUNDING FOR PGIM TRAINEES PROCEEDING FOR POST-MD OVERSEAS TRAINING

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

1) Non- salaried posts

2) Full salaried posts

3) Part salaried (part funded) posts

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

1) **Non- salaried posts**
   - Award of a full scholarship by the MOH or PGIM including

      i. a monthly living allowance

      ii. return air passage to the destination

      iii. GMC registration fee

      iv. reimbursement of visa fee, embarkation fee

      v. book allowance of 1000 USD

2) **Full salaried posts**
   - Full salary is offered by the foreign institute
   - No monthly living allowance or benefits are offered by the MOH or PGIM under section 1) ii to v

3) **Part salaried (part funded) posts**
   - A percentage of the salary/funding is paid by the foreign institute
   - The MOH or PGIM will pay only the balance of the salary/funding offered by the foreign institute OR the full monthly living allowance mentioned in section 1) i. whichever is less.
   - No benefits mentioned under section 1) ii. to v. will be offered

DOCUMENTS TO BE SUBMITTED WHEN APPROVAL IS SOUGHT FOR OVERSEAS TRAINING

1. Personal details of the Trainee.

2. Present place of work in Sri Lanka.

3. Documents with regard to the offer of the placement (letter or e-mail).

4. Proposed date of commencement of appointment.

5. (i) A statement pertaining to the status of the placement offered (whether)

       a. A paid job

       b. A job requiring completion of an orientation period and the period (with documentary evidence)

       c. An attachment based on a PGIM scholarship

       d. Observer status, if relevant

  (ii) Details of the placement offered

       a. Hospital and the names of Overseas Supervisors

       b. Short CV of the Overseas Supervisor

       c. Hospital profile (a download from the internet is sufficient)

       d. The job profile/contract, including the case load of the unit

       f. Completed Accreditation Form

6. A letter from the Board of Study to the effect that progress reports of local training has been satisfactory.

7. The IELTS certificate – it is a requirement by the PGIM that all trainees must have at least a "Band-7" pass in the IELTS irrespective of the country in which they plan to do their overseas training (some countries may require a higher band).

8. Overseas contact details of the Trainee (address, telephone numbers, e-mail).

9. Documents, if any, to indicate that Board of Study approval has been obtained for the placement.

10. A statement pertaining to additional expenditure, if any, to be incurred by the Trainee/PGIM for securing the training placement(Eg. medical council registration, medical/health insurance, indemnity insurance, work permit), indicating whether funds will be forthcoming from the institutions concerned.

DOCUMENTS TO BE SUBMITTED FOR BOARD CERTIFICATION

1. A letter requesting Board Certification.

2. The "paying-in-slip" (pink) duly certified by the bank to confirm payment of the processing fee.

3. Report/s from the overseas trainer to confirm satisfactory completion of overseas training.

4. Report/s from the local trainer to confirm satisfactory completion of local training.

5. Confirmation that the trainee has signed the "Register of Overseas Training" before departure from the country and on arrival in the country with dates.

6. A letter from the employer (DGHS / Vice Chancellor/ Commander of Armed Forces or other) to confirm resumption of duties following completion of all training requirements of the PGIM.

7. A no claim certificate from the Deputy Registrar, PGIM.

8. A no claim certificate from the Librarian, PGIM.

9. A no claim certificate from the Deputy Bursar, PGIM in the case of a recipient of a PGIM Scholarship.

10. A trainee from state sector who has resigned or vacated post before or after returning to the country following overseas study leave should submit a "letter of clearance" from the Head of the relevant institution (DGHS/Vice Chancellor/ Commander of Armed Forces or other) to confirm the repayment of the bond and the settlement of all other dues.

11. Evidence of completion and acceptance of all other requirements stipulated in the prospectus or approved by the Board of Management/Senate as eligibility criteria to sit for the Pre Board Certification Assessment (PBCA) and Board Certification.

12. The Pre Board Certification Assessment (PBCA) report and date of passing the Pre Board Certification Assessment. (applicable to trainees who completed the MD Part II Examination from August 2011 or before this date if stipulated in the relevant prospectus)

Notes:

- On receipt of the above documents, action will be taken to confer Board Certification, which will normally take 4 to 6 months.

- A letter by the Director to certify Board Certification will be issued only after confirmation of the decision by the Board of Management.

- The Formal Certificate will be issued only after confirmation of the decision by the Senate of the University.

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

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

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

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

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

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

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

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

The trainee must submit 6 monthly progress reports through the primary supervisor to the Board of Study. **A generic format for progress reports is shown in (d).** Feedback would be provided to the candidate as to whether the project is progressing satisfactorily.

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

1. Publication of the research findings as an **original full paper** (not case reports) in a **peer-reviewed journal** (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper which is already peer-reviewed.

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

   a. If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the Board of Study, be asked to extend the same research project or undertake a new research project which will have to go through the same procedure of approval as the initial project.

b.   If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.

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

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

(a) Generic format for writing a research proposal

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

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

Format:

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

- Title of the study
- List of investigators
- Collaborating institutions
- Background/introduction: this should include an overview of the subject related to the research project, with a relevant review of the literature.
- Justification: This section should provide a brief justification of the importance and relevance of the study proposed, including the feasibility of the study.
- Objectives: general and specific objectives of the study should be clearly defined.
- Methods: The methodology to be adopted to achieve the listed objectives should be given in detail; the following sub-sections are suggested as a guide:

  i.   Study design
  ii.   Study period
  iii.   Study population
  iv.   Sample size calculation
  v.   Sampling technique
  vi.   Study instruments

    vii.   Data collection

    viii.   Proposed statistically analysis

    ix.   Ethic clearance and consent, and confidentiality of data

    x.   Proposed methods for dissemination of findings

- Annexes: the following annexes should be provided:

    i.   Data proforma/s

    ii.   Consent forms, where relevant in all three languages

    iii.   Other relevant supporting documents

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

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

(b)   Generic format for reviewers to report on research proposals

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

Section	Satisfactory or Unsatisfactory	Remarks
Background		
Justification		
Objectives		
Methods		
Overall		

Recommendation: Accept as is / Revise and resubmit / reject

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

(c)   Generic guidance to supervisors

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

2. The supervisor should obtain recommendation of the research proposal from a reviewer.

3. The supervisor should forward progress report(s) in the prescribed form at the end of 3 months after the trainee commences work on the research project and 3 months after completing the project work.

4. The objective of the dissertation is to prove the trainee's capability to plan, carry out and present his/her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.

5. The dissertation should comprise the trainee's own account of his / her research.

6. It should be satisfactory as regards literary presentation.

7. The dissertation should be certified by the supervisor as suitable for submission.

8. General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the problem (both international and local) should be comprehensively covered and critically evaluated. The research methodology should achieve the objectives stated. The results should be presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work and theoretical / practical applications of the results, if any. The conclusions should be valid and be based on the results obtained on the study.

9. Ethics: The candidate should confirm and document that procedures followed were approved by the Ethical Committee of the institution where the work was carried out and ethical approval is obtained by a recognized Ethical Committee.

10. If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the Board of Study. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the Board of Study.

(d) Generic format for progress reports

The progress reports should have the following components:

- By the trainee: Description of work carried out to date

- By the supervisor:
    i. Whether the research project is progressing satisfactorily

    ii. Constraints

    iii. Whether the dissertation writing is on schedule

    iv. Whether overall progress is satisfactory

(e) Generic format for project reports / dissertations

The following format should be adopted for project reports or dissertations

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

1. <u>Title page</u>
   <Title of dissertation>
   <Author's name>
   MD (subject)
   Post Graduate Institute of Medicine
   University of Colombo
   <Year of submission>

2. <u>Statement of originality</u>:
   This is a declaration that the work presented in the dissertation is the candidate's own, and that no part of the dissertation has been submitted earlier or concurrently for any other degree. The statement should be signed by the author, and countersigned by the supervisor.

3. <u>Abstract</u>:
   This should consist of a brief summary of not more than 350 words describing the objectives of the work, the materials and methods used, the results obtained, and the conclusions drawn. This may be in a structured format if helpful.

4. <u>Table of contents</u>:
   The table of contents immediately follows the abstract and lists in sequence, with page numbers, all relevant divisions of the dissertation, including the preliminary pages.

5. <u>List of tables</u>:
   This lists the tables in the order in which they occur in the text, with the page numbers.

6. <u>List of figures</u>:
   This lists all illustrative material (maps, figures, graphs, photographs etc) in the order in which they occur in the text, with the page numbers.

7. <u>Acknowledgments</u>
   Text

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

<u>Introduction</u>:

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.

<u>Literature Review</u>:

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.

PLAGIARISM: GUIDELINES FOR POSTGRADUATE TRAINEES

Introduction

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

Definition of terms

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

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

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

Definition of Plagiarism

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

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

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

Types of plagiarism

There are two types of plagiarism,

1. Intentional plagiarism
2. Unintentional plagiarism

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

What can constitute an event of plagiarism?

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

- Quotations from other intellectual works without due acknowledgement of such work.

- Cutting and pasting from the Internet without due acknowledgement and full reference.

- Citation errors: It is strongly advised to follow accurate citation techniques as misdirected citations or inadequate citations can lead to an event amounting to plagiarism.

- Failure to acknowledge. Any assistance received by a trainee in substantiating and developing the content should be acknowledged.

- Use of professional agencies: Making use of another individual or a professional agency to develop or write student assignments, write-ups and other academic material will be considered an act of plagiarism.

- Auto plagiarism: The PGIM also considers re-submission of past self written content to a different event related to the same course of study or to a different course of study an act of plagiarism unless requested. Therefore, content intended for a particular course or examination should not be re-submitted for assessment at any other examination or event.

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

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

Paraphrasing

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

Example of Acceptable & Unacceptable Paraphrasing

Original

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

Unacceptable Paraphrase

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

Acceptable Paraphrase

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

OR

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

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

How can you avoid plagiarism?

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

Before writing

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

When writing

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

After writing

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

Penalties for acts of plagiarism

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

- Instruction to re-submit the work with appropriate changes

- Calling for explanation with regard to the act of plagiarism

- Reporting to the other relevant bodies dealing with disciplinary matters at the PGIM

- Failing the assessment for which the plagiarized content was intended

- Suspension from the course of study after a disciplinary inquiry according to PGIM regulations

- Or any other disciplinary action according to PGIM regulations as decided by the relevant authority

Conclusion

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

Postgraduate Institute of Medicine
University of Colombo

Trainer Evaluation Form

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

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

13. was an effective role model					

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:

Application form for Reasonable Accommodation at the PGIM examinations

(to be filled by the candidate)

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

1. Name: ....

2. Candidate Number (if available): ....

3. Examination title: ....

4. Date of examination: ....

5. Nature of the examination (e.g. Essay, MCQ, viva)
   …………………………………………………………………………

6. Describe your temporary, permanent or long-term impairment, condition or disability and how it hampers your ability to complete the examination in the standard time allocated and/or under the standard examination conditions (Please attach extra sheet if needed).

7. Describe specifically the accommodation(s) requested for. The applicant must attach supporting documentation from his/her doctor, consultant psychiatrist and/or from any relevant professional (Please attach extra sheet if needed).

8. Provide details of any reasonable accommodations you have requested and received and/or was denied at previous examinations at the PGIM. Please attach supporting documentation (Please attach extra sheet if needed).

Signature   Date