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UNIVERSITY OF COLOMBO



**POSTGRADUATE INSTITUTE
OF MEDICINE OF SRI LANKA**

**Regulations and Guidelines
for
Postgraduate Diploma in
Family Medicine
MD in Family Medicine**

2008

07

REGULATIONS AND GUIDELINES
for

Postgraduate Diploma in Family Medicine
MD Family Medicine

Postgraduate Institute of Medicine of Sri Lanka
University of Colombo, Sri Lanka

In accordance with the decision of the Board of Study in Family Medicine & General Practice and the approval of the Board of Management of the PGIM, this prospectus and training programme in Family Medicine will be effective from the beginning of the DFM and MD Course – 2005.

REGULATIONS & GUIDELINES FOR FAMILY MEDICINE

1. INTRODUCTION

The Board of Study in Family Medicine & General Practice conducts the training programmes and the examinations leading to the Postgraduate Diploma in Family Medicine (DFM) & the MD in Family Medicine.

2. THE POSTGRADUATE DIPLOMA IN FAMILY MEDICINE

2.1 The Postgraduate Diploma in Family Medicine Course

a. Eligibility

Prospective applicants must satisfy the following requirements.

- (a) A medical/dental degree registered * with the Sri Lanka Medical Council.
- (b) Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- (c) Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.
- (d) The criteria prescribed in paragraphs (a) to (c) must have been satisfied by the applicants as at the date of closure of applications, provided that where a short-fall has occurred due to any reasons including Sick, Maternity or Other leave, the doctor concerned should complete such shortfall in order to become eligible to apply for the Selection examination.
- (e) Any other requirement/s stipulated by the Board of Study relevant to a particular field of study concerned that has/have been approved by the Board of Management.

* foreign nationals who seek to apply to register for selection examinations should possess a medical degree registrable with the Sri Lanka Medical Council. The decision of the Board of Management will be final in all such applications.

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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 presently available for most courses.

Entry into this course of study is based on a qualifying examination which will consist of a Multiple Choice Question paper.

b. Course content

The Postgraduate Diploma in Family Medicine (DFM) course will consist of:

- i. Approximately 250 teaching sessions on topics related to Family Medicine
and
- ii. Clinical sessions, each of at least two hours duration, in the following specialities:

Subject	Clinical Teaching Sessions
Family Practice	(30)
General Medicine	(08)
General Surgery	(04)
Paediatrics	(08)
Obstetrics & Gynaecology	(08)
Clinical Pathology	(04)
Radiology	(04)
Ear, Nose & Throat (ENT) Surgery	(04)
Ophthalmology	(04)
Dermatology	(08)
Orthopaedics	(04)
Accident Surgery	(04)
Emergency Medicine	(04)
Psychiatry	(08)
Community Medicine	(08)
Legal Medicine	(04)
Rheumatology	(04)
Rehabilitation	(04)
Sexually Transmitted Diseases	(04)
Neurology	(08)
Cardiology	(08)
Chest Medicine	(04)

The course teaching /learning activities may take the form of lectures, seminars, group discussions and clinical demonstrations. These would be conducted on three days of the week as far as possible as follows:

Friday	2.00 p.m.	-	5.15 p.m.
Saturday	2.00 p.m.	-	5.15 p.m.
Sunday	8.30 a.m.	-	11.45 a.m.

The teaching sessions will be repeated annually. They could be completed by the candidate in a minimum period of one year or a maximum period of three years.

Family Practice clinical sessions will be under the supervision of family physicians in at least five approved family practices in Sri Lanka. Not more than six sessions should be done in a single family practice. Approval of the teaching practices will be made by the Board of Study of the PGIM. Other clinical sessions will be held under the supervision of specialists in the relevant fields in hospitals in Sri Lanka, approved by the Board of Study.

A candidate has to provide evidence of attendance at the clinical sessions in the clinical appointment booklet provided by the PGIM.

2.2. The Postgraduate Diploma in Family Medicine (DFM) Examination

a. Eligibility

Satisfactory completion of the DFM course, attending at least 80% of the formal teaching sessions and all clinical sessions, as stipulated by the Board of Study.

Acquisition of competence in cardiopulmonary resuscitation and other skills stipulated by the Board from time to time, is necessary.

Competence in cardiopulmonary resuscitation should be certified by trainers approved for the purpose by the Board of Study.

b. The format of the examination

The DFM examination will consist of three components; a written examination, a clinical / practical examination and a viva -voce based on a log diary.

Components of the Examination

- **Written examination – 40% of the final marks**
 - i. MCQ – 20% of the marks
Total 60 questions with 50 ‘true/false’ type and 10 ‘single best’ type (*Duration 2 ½ hours*)
 - ii. MEQ/SEQ – 20% of the marks
* Two problem solving MEQ exercises
* One SEQ on the principles and practice of Family Medicine
(*Duration 3 hours*)
- **Clinical/practical examination – 50% of the final marks**
 - i. OSCE – 40% of the marks
There will be 8 stations
(*10 minutes at each station*)
 - ii. IOP/OSPE – 10% of the marks
There will be 12 stations
(*3 minutes at each station*)
- **Viva voce examination based on the candidate’s Log Diary - 10% of the final marks**

A candidate will be interviewed on the log diary submitted. The log diary should include 20 clinical records that demonstrate the following aspects of family practice

Personalized care
Comprehensive care
Continuity of care
Co-ordination of care
Family care
Prevention and opportunistic health promotion
(*The duration of the interview will be 15 minutes.*)

To pass a candidate should score an aggregate of at least 50% whilst, scoring a minimum of 40% in the written examination, clinical and practical examinations, and the viva.

If a candidate obtains the aggregate pass mark but fails because of having failed one component (written, clinical, practical and viva) he/she will be permitted to sit only that component once within a period of three years.

The gold medal for the Postgraduate Diploma in Family Medicine is awarded to a candidate who is successful at the first attempt and obtains a distinction mark of 65% or more whilst obtaining 60 marks or more in each component.

If two or more candidates qualify, then the highest marks obtained in the clinical / practical component will be the criterion of selection.

3. MD IN FAMILY MEDICINE

This degree could be obtained either by following the training programme and examination as in 3.1 or by submitting a thesis on research done and defending it at an interview as in 3.2.

3.1 MD Family Medicine by Training and Examination

3.1.1 Eligibility for registration

A candidate should have passed the DFM examination and have a minimum of three years active professional experience in General/Family Practice as approved by the Board of Study, during the 10 years preceding the date of application.

3.1.2 The training programme (*Detail is given in the ‘Hand book’ for trainees and trainers*)

A trainee’s programme would include a minimum of 20 hours per week and will be organized by the course co-ordinator. A trainee will also be supervised by a trainer appointed for each training attachment mentioned below.

i. Nine months of training in Family Practices approved by the Board of Study, which would include.

- * Five months in a university family practice centre.
- * Four months rotation in general/family practices in the community for a minimum period of 2 weeks in each.

Note – Training in the University practice will include the following

- Computer skills
- Research methods
- Statistics
- Epidemiology
- Teaching

ii. Fifteen months of training in hospital specialities as stipulated below in hospital units approved by the Board of Study.

Medicine including Rheumatology and Cardiology	03 months
Paediatrics	03 months
Psychiatry	02 months
Accident & Emergency services	06 weeks
Obstetrics & Gynaecology	02 months
Surgery	01 month
Eye, Nose & Throat (ENT) Surgery	02 weeks
Ophthalmology	02 weeks
Dermatology	01 month
Sexually Transmitted Diseases	02 weeks

This component of the training in any hospital speciality could be modified, according to the previous experience of the trainee, with approval of the Board of Study, and he/she could be exempted from one or more of the above components of training, up to a maximum of six months.

The whole training programme should be completed within a period of 3 years, and the candidate should prepare and compile a portfolio of learning, according to guidelines provided in the ‘Hand Book for Trainees and Trainers.’

3.1.3 Research Project and submission of dissertation

A proposal for research on a topic relevant to Family Medicine should be submitted within the first six months after registration, for Board of Study approval. The research should be conducted in a General/Family Practice and should run parallel with the training programme over a minimum period of one year.

The dissertation could be either on research done by the candidate as stated above or an ‘Evidence Based Medicine Assessment task’.

A dissertation of about 4000 – 6000 words should be submitted by the candidate at least six months before the end of the training programme.

The candidate could name a supervisor who would have to be approved and appointed by the Board of Study.

3.1.4 The Examination

A candidate is eligible to sit the MD (Family Medicine) examination when the components of training have been completed, and the dissertation on the research done by the candidate has been submitted, as stipulated above.

The examination would have three components and will be held once a year. The written and clinical components of the examination will be held first and then followed by the research component.

A Board of examiners nominated by the Board of Study will be appointed by the PGIM.

A candidate should pass in all components of the examination with a minimum of 50% of the marks, and one component cannot compensate for another.

A candidate will be allowed a maximum of five years from the date he/she finishes the training program to complete the MD.

Components of the Examination

• Portfolio of learning – 10% of the examination marks

At the end of the period of training (to be completed within 3 years) the portfolio of learning certified by the trainers must be presented for review by a panel appointed by the PGIM. This should be done 4 weeks before the date on which the examination is scheduled.

- **Written examination – 20% of the final marks**

This component will consist of four essay/structured essay questions. The questions will cover the conceptual basis, principles and core values of family practice and also aspects of practice management.

- **Clinical examination – 40% of the final marks**

OSCE – There will be ten objectively structured clinical examination (OSCE) stations (10 minutes at each station)

- **Research dissertation and the viva-voce examination – 30% of the final marks**

This component would include the dissertation submitted by the candidate and a viva examination based on it.

The viva for defense of the dissertation would be a part of the MD Family Medicine examination process.

The candidate's supervisor will be invited to be present as an observer at this examination.

The marks for the dissertation and the viva will be given at the first formal interview before the corrections recommended by the examiners are made.

The trainee could make a presentation based on the dissertation to a 'research group' of the Board of Study in Family Medicine before the formal viva.

3.2. MD Family Medicine by Thesis

3.2.1 Eligibility for registration

A candidate should have passed the DFM examination and have a minimum of 5 years active professional experience in General/ Family Practice as approved by the Board of Study, during the ten years preceding the date of application.

3.2.2 Research project and submission of thesis

Candidates who wish to appear for the MD in Family Medicine by thesis should first submit a brief proposal including the following:

- The title
- Clear statement of the problem
- Rationale and objectives
- Method

This proposal would be reviewed by the Board of Study and if approved the supervisor/s would be appointed with due consideration to the candidates choice of a supervisor.

The candidate would then have to obtain the guidance of the supervisor/s and submit a detailed protocol for a research project to the Board of Study. This protocol would be reviewed by the committee appointed for review of research protocols for the MD Family Medicine and recommended for approval by the Board of Study.

The protocol for a research project should include the following items:-

- i. Title
- ii. Introduction
- iii. Hypothesis (wherever relevant)
- iv. Objectives of study
- v. Review of relevant literature
- vi. Methods including proposed data analysis
- vii. Time based research plan
- viii. Budget
- ix. References
- x. Approval of project by a relevant ethics review committee.

The research should be conducted in a General/Family Practice and the supervisor/s should be consulted and guidance obtained during the conduct of the research.

The candidate must submit quarterly progress reports, through a supervisor, to the Director, PGIM.

At the end of a minimum period of two years and a maximum period of three years the candidate shall submit a thesis on the research done, to the Director, PGIM.

PGIM approved guidelines for the preparation and submission of a thesis are as follows:-

It is recommended that the thesis should contain 15,000 to 20,000 words. It should be type-written using double-spacing on good quality A4 size paper on one side only. A margin of not less than 40 mm should be allowed on the left hand side to facilitate binding, and margins of 20 mm should be left on the top, right hand side and the bottom.

Chapter headings should be capitalized and centred, whilst subdivision headings should be typed from the left hand margin in lower case type and underlined.

Tables and figures should be placed as near as possible to the part of the text to which they refer.

The contents of the thesis should be given under the following headings:-

- i. Title, author's name and degrees
- ii. A declaration that the work presented in the thesis is the candidate's own and that no part of the thesis has been submitted earlier or concurrently for any other degree
- iii. Summary
- iv. Table of contents
- v. List of tables
- vi. List of figures
- vii. Introduction
- viii. Review of literature
- ix. Methods
- x. Results
- xi. Discussion
- xii. Conclusions
- xiii. Recommendations
- xiv. Limitations of study
- xv. Acknowledgements
- xvi. References (use the system laid down for the Ceylon Medical Journal)

The supervisor/s should guide the candidate in the preparation of the thesis and also approve of the final draft before the thesis is submitted.

Three copies of the thesis should be submitted unbound (i.e. loose leaf form) for the examination.

This will facilitate corrections which may be recommended by the examiners to be incorporated into the final form of the thesis to be submitted to the PGIM after the examination.

The final form of the thesis should be a copy bound in a hard black cover. The front of the cover should carry the title at the top, the author's name in the centre and the year at the bottom. The author's name and degree and year should be on the spine (top to bottom).

3.2.3 Examination

A Board of Examiners nominated by the Board of Study will be appointed by the PGIM, and the candidate shall defend the thesis at a viva voce examination.

The candidate's supervisor/s would be invited to be present as observer/s.

3.3 Board Certification

A candidate will be Board Certified as a specialist in Family Medicine when he/she has obtained the MD in Family Medicine by following a training programme and passing an examination as in 3.1 or by submitting and successfully defending a thesis as in 3.2

4. Interpretation and Amendments

In any matter relating to interpretation of the above regulations, the decision of the Board of Study duly approved by the Board of Management of the PGIM will be final. The Board of Study shall have the right to amend any provisions in the above regulations with the approval of the Board of Management of the PGIM from time to time.

5. General Regulations of the PGIM

General Regulations of the PGIM which are applicable to the postgraduate trainees on all courses conducted by the PGIM are in a separate booklet. All trainees are expected to buy a copy and make themselves familiar with the General Regulations in addition to the specific regulations in this booklet.