

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

OBSTETRICS AND GYNAECOLOGY

GUIDELINES
PERTAINING TO THE
TRAINING PROGRAMME
LEADING TO THE
DEGREE OF
MD (OBSTETRICS AND GYNAECOLOGY)
BOARD CERTIFICATION IN OBSTETRICS AND GYNAECOLOGY
BOARD CERTIFICATION IN GYNAECOLOGICAL ONCOLOGY

2005

CONTENTS

- I. Postgraduate training programme leading to MD (Obstetrics and Gynaecology)
2. Objectives of Postgraduate training programme
3. Eligibility
 - 3.1 MD (Obstetrics and Gynaecology) Part 1 Examination
 - 3.2 MD (Obstetrics and Gynaecology) in service training
 - 3.3 MD (Obstetrics & Gynaecology) Part II Examination
 - 3.4 Board certification training programme
 - 3.5 Clinical competence programme
4. In service training for MD (Obstetrics and Gynaecology) part II examination
5. In service training for board certification
6. Allocation of training units for clinical training
7. In service training for clinical competence
8. Examination format
9. Log book
10. Dissertation
11. Assessment of trainees
- I2. Number of attempts
13. Guidelines for MD Part I examination
14. Guidelines for MD Part II training programme
15. Guidelines for preparation of dissertation
16. Guidelines for preparation of log book
17. In service Training Programme Stage 4 and Stage 5
18. Subspeciality training in Gynaecological Oncology

I. Postgraduate training programme in MD Obstetrics and Gynaecology)

- a. The Postgraduate in-service training programme (stages 1,2,3) of the Postgraduate Institute of Medicine of the University of Colombo will lead to the degree of MD (Obstetrics and Gynaecology) awarded by the University of Colombo.
- b. The successful completion of post MD (Obstetrics and Gynaecology) training programme (stages 4 and 5) will entitle the trainee to be eligible for certification by the board of study as a specialist in Obstetrics and Gynaecology.

2. Objectives of the training programme

- a) To ensure that the trainee gains clinical, operative, and communicative skills, knowledge, attitudes and basic research methodology, which will enable him to; manage pregnancy and its complications, manage disorders affecting the female genital tract and problems in relation to human reproduction.
- b) To be an effective leader and a manager in the provision of reproductive health care, information, and organization of its services.

3. Eligibility

3.1 MD (Obstetrics and Gynaecology) Part I Examination: (This is to select candidates who possess adequate knowledge in the basic sciences to proceed with further training in the programme).

- a) Should be a medical graduate registered with the Sri Lanka Medical Council
- b) Should have completed a six month clinical appointment in Obstetrics and Gynaecology after graduation under the supervision of a consultant

3.2 MD (Obstetrics and Gynaecology) in service training programme:

- a) Should have passed the MD (Obstetrics and Gynaecology) Part I examination of the Postgraduate Institute of Medicine
- b) Should have completed one year of service as a medical officer after completion of internship

3.3. MD (Obstetrics and Gynaecology) Part II examination:

- a) Should have completed Stages 1,2 and 3 of the in-service training programme
or
- b) Should have passed the Membership examination of the Royal College of Obstetricians and Gynaecologists (Old examination format) and successfully completed stage 3 of the in service training programme
or
- c) Should have passed the Membership examination of the Royal College of Obstetricians and Gynaecologists (new examination format) and successfully completed stages 2 and 3 of the in - service training programme
or

d) Should have obtained the Certificate of Completion of Specialist training (CCST) from the Royal College of Obstetricians and Gynaecologists.

3.4 Board Certification Training Programme:

- a) Registration with the Sri Lanka Medical Council
- b) Successful completion of MD (Obstetrics and Gynaecology) Part II examination

3.5 Clinical Competence Programme

- a) Limited / Provisional Registration with the Sri Lanka Medical Council
- b) Successful completion of MD (Obstetrics and Gynaecology) Part II examination

4. In service training for MD (Obstetrics and Gynaecology) Part II examination:

Stage 1:

This will consist of a 24 - month period of in-service training during which the trainees will hold the post of Registrar in units allocated by the board of study in (Obstetrics and Gynaecology). During this period it is essential to maintain a logbook to record the clinical work done in the unit.

Stage 2:

This will consist of three modules of which Gynaecological Oncology will be compulsory. The other two modules are optional; and the trainee will have to select these two from the list of modules approved by the board of study. All modular training should be under the supervision of a named consultant.

Stage 3:

This stage involves preparation and presentation of a dissertation. The dissertation should be submitted to the PGIM for assessment at the end of the stage I of the in-service training.

5. In - service training for board certification

Stage 4:

A 12 - month period of supervised training to be spent at a centre abroad which has been approved by the board of study.

A candidate with the Membership I of the Royal College of Obstetricians and Gynaecologists who has passed the MD (Obstetrics and Gynaecology) Part II Examination may be allowed by the Board of study to complete stage 4 in an approved centre in Sri Lanka as a Senior Registrar under supervision, provided the candidate has worked for a period exceeding one year at a centre abroad after passing the MRCOG Part 2 and this training is accepted by the board of study as being appropriate for stage 4.

Stage 5:

Completion of a 12 - month period of supervised training in Sri Lanka as a Senior Registrar in a unit approved by the board of study.

Stage 4 and 5 may be interchanged.

6. Allocation of units for clinical training

Allocation of training appointments will be done by the allocation committee on the guidelines made by the board of study.

a. The total period of training in Sri Lanka will be three and a half years. The trainee will have to undergo training for a minimum period of one year in one of the training units in each of the following three circuits.

Circuit 1: Training units in Galle, Kandy, Peradeniya and Jaffna.

Circuit 2: Training units in Ragama, Kalubowila and Sri Jayewardenepura General Hospital.

Circuit 3: Training units in De Soysa and Castle Street Maternity Hospitals.

7. In - service training for certification in clinical competence

Completion of a 12 - month period of supervised training in Sri Lanka as a Senior Registrar in a unit approved by the board of study.

This is available for **non Sri Lankan** trainees who have only limited or provisional registration with the Sri Lanka Medical Council. At the end of the specified training period the Postgraduate Institute of Medicine shall issue a certificate certifying the successful completion of the training.

8. Format of examinations

8.1 MD (Obstetrics and Gynaecology) Part I examination:

- a) Multiple question paper: A three hour paper with 60 questions. (Only those who are successful in the Multiple Choice Question paper will proceed to the rest of the examination)
- b) Written question paper: A three hour paper with one essay type question for one hour and four structured type questions for two hours.
- c) Structured oral assessment examination: A circuit consisting of six stations each lasting ten minutes.

8.2 MD (Obstetrics and Gynaecology) Part 11 Examination:

- a) Essay type question paper - A three hour paper with three questions.
- b) Structured type question paper - A three hour paper with six questions.
- c) Structured oral assessment - A circuit consisting of eight stations each lasting fifteen minutes.
- d) Clinical examination - A case each in Obstetrics and Gynaecology. Thirty minutes will be given to obtain the history and examination of each patient. Two examiners will question the candidate on each case for 30 minutes.

9. Logbook

The clinical work done in the ward, clinics and theatre by the candidate is to be recorded in the logbook. It is the responsibility of the trainee to get the signature of the trainer at regular intervals and to submit the logbook to the board of study when required.

10. Dissertation

A dissertation on a topic from the field of Obstetrics and Gynaecology consisting of 8000 words with references must be submitted and approved by the board of study. The trainer must approve the topic. The work should be original. In the dissertation the candidate must demonstrate the ability to do scientific research, application of research methodology, knowledge in basic statistics and scientific writing. A proposal for the dissertation must be submitted for approval within sixty days of joining the training programme.

11. Assessment of trainees

The consultant of the trainee is required to send a progress report to the board of study every six months. If the reports are unsatisfactory the board of study will take appropriate action including the removal of the trainee from the training programme.

12. Number of attempts

The maximum number of attempts allowed for the MD (Obstetrics and Gynaecology) Part I should be four (4) within five years from the first attempt.

The maximum number of attempts allowed for the MD (Obstetrics and Gynaecology) Part II will be six (6) within seven years from the first attempt.

The candidate must attempt the Part II examination within four (4) years from completion of stage 1.

13. Guidelines for the MD (Obstetrics and Gynaecology) Part I Examination

The following information is intended to serve as a guide to the candidate and indicate the general scope of the examination.

13.1 The MD (Obstetrics and Gynaecology) Part I Examination is conducted in Anatomy, Physiology, Pathology, Pharmacology, Microbiology, Genetics, Immunology, Molecular Biology, Demography Statistics, Computing and Principles of Biomedical Engineering. Particular emphasis should be made on the importance of physiology in relation to Obstetrics and Gynaecology. It should be clearly understood that these subjects could not be rigidly separated from one another. Further, the candidate is expected to be familiar with any other aspects of basic sciences as applied to Obstetrics and Gynaecology.

13.2 The examination consists of a multiple choice question paper, theory paper and a structured oral assessment examination. The examination is concerned with those aspects of basic sciences that are of clinical and practical significance and those which demonstrate fundamental principles and processes in the medical sciences.

13.3 The candidate is expected to show that he understands the principles of scientific methods including the importance of controls, the evaluation of results by elementary statistical analysis and the use of modern research methods.

14 Guidelines for MD (Obstetrics and Gynaecology) Training Programme

14.1 Objectives

14.1.1 The overall objective is to ensure that the trainee gains skills, knowledge and attitudes which will enable him to manage normal pregnancy and disorders associated with pregnancy

(Obstetrics) and to manage disorders affecting the genital tract of the non pregnant women (Gynaecology).

In its wider sense the training should enable him meet the objectives of maternity care as defined by the WHO:

The objectives of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has normal delivery, and bears healthy children. Maternity care in the narrower sense consists of the care of the newborn infant and the maintenance of lactation. In the wider sense, it begins much earlier in measures aimed at promoting the health and well being of the young people who are potential parents and to help them to develop the right approach to family life and to the place of the family in the community. It should also include guidance in parent craft and in problems associated with infertility and family planning.

Towards achieving this broad aim, the following specific objectives must be fulfilled by each candidate at the end of his period of training.

14.2 Specific Objectives

14.2.1 Gain knowledge in the basic sciences related to the reproductive system and the changes during the different phases of life including pregnancy.

14.2.2 Gain adequate knowledge of the pathophysiological events of the diseases of the reproductive system.

14.2.3 Develop the skills in the diagnosis and management of pathological states presented in Obstetrics and Gynaecology practice by the application of the above knowledge.

14.2.4 Develop the correct attitudes for good clinical practice.

14.2.5 Develop the skills required for the organization of reproductive and gynaecological health care services and evaluate its outcome.

14.2.6 Develop the skill to conduct scientific research, with a view to contribute to the scientific knowledge in this field and to participate in the task of improving the obstetric and gynaecological services in the community.

14.2.7 Develop the skill as a medical teacher / resource person to impart medical education to medical personnel and the lay public.

14.2.8 With increasing experience the trainee would be expected to make clinical decisions pertaining to management, undertake undergraduate and paramedical training, train intern medical officers, develop abilities in clinical research and be equipped with knowledge on current developments and advances in the speciality.

14.3 In-service Training Programme

14.3.1 Stage 1

This is a 24 - month period of training to be spent in a full time resident in-service training appointment at units selected by the board of study. A continuous assessment of the candidate's performance attitudes and conduct during this period will be made by the supervising consultant and only those trainees successfully completing this part of the programme will be permitted to proceed with the rest of the training.

It is assumed that the trainee would be spending time in Obstetrics and Gynaecology concurrently. However, if the training is done separately in the disciplines of Obstetrics and

Gynaecology it would be desirable to spend half of the training period in each of these disciplines.

0—6 months “Introduction and Basic Training”

14.3.1.1 Routine care of pregnant women, gynaecological patients and neonates at outpatient clinics and wards. Develop an insight into clinic and ward administration.

14.3.1.2 Skills:

- Develop basic diagnostic skills
- Develop skills in appropriate organization of routine diagnostic procedures (such as pap smear, haematology and clinical investigations)
- Handle all Obstetric and Gynaecological emergencies of a non operative nature.
- Basic surgical skills (scrubbing, handling of instruments, knotting techniques etc.)
- Assist at all types of surgical operations.
- Perform routine labour room tasks such as normal deliveries and resuscitation of the new born.
- Perform forceps and vacuum deliveries, breech deliveries, induction of labour, manual removal of placenta etc.
- Perform opening and closing of abdomen.
- Perform family planning procedures under supervision including counselling.

It is recommended that all surgical procedures be supervised strictly and the trainee perform at least 5 (five) of each procedure satisfactorily before being considered as having mastered the technique.

7 months - 12 months

14.3.1.3 Routine care of pregnant women, gynaecological patients and neonates at outpatient clinics and wards.

14.3.1.4 Skills: While continuing with those listed in 1 .2 the following additional procedures are to be mastered.

- Vaginal hysterectomy and repair, abdominal hysterectomy and myomectomy
- Ectopic pregnancies, twisted ovarian cysts.
- Hysterosalpingogram
- Family planning procedures (eg.IUCD insertions, female sterilisation).
- Elective and the less complicated emergency caesarean sections.

It is strongly recommended that these procedures are done under strict supervision and at least five of each major operation be done by the trainee assisted by the supervising Consultant.

14.3.1.5 Special procedures. eg. ultrasound scanning, cardiotocography, colposcopy and use of a computer).

14.3.1.6 Dissertation: Write introduction and method of the dissertation and proceed with data collection.

14.3.1.7 Teaching medical students, trainee nurses and midwives.

13 - 24 months: While continuing with all procedures listed above

14.3.1.8 Skills:

- Perform all Obstetric procedures
- Perform all Gynaecological procedures except radical surgery.
- To be trained in and perform laparoscopy under supervision
- Assist in radical gynaecological surgery
- Assist and perform uncomplicated surgery on bowel and urinary systems.
- Assist at special procedures such as repair of vesico - vaginal fistula and tubal micro-surgery .

14.3.1.9 Dissertation: Proceed with complete preparation.

14.3.1.10 Preparation for examination:

- Answering past questions
- Case presentations, clinical examination, study days, journal clubs, clinical society meetings.

14.3.1.11 Study results to be presented at the sessions of a recognised academic body such as the SLCOG, SLMA, SLAAS etc.

NOTE: Continuous assessment of the trainee's knowledge, skills and attitudes would be made at 6, 12, 18 and 24 months of the training period.

14.3.2 In - service Training Programme - Modular training – stage 2

This will consist of three modules of which Gynaecological Oncology will be compulsory. The other two modules are optional; and the trainee will have to select these two from the list of modules approved by the board of study.

15. Guidelines for the preparation of the dissertation - stage 3

The objective of this exercise is to expose the trainee to the procedure of identification of a problem, conducting a literature search, planning an “experimental” protocol, conducting the study, management of data (collection, analysis and presentation) and presenting rational conclusions with discussion. The dissertation would consist of either an Obstetric or Gynaecological presentation limited to 8000 words and should include a minimum of 20 relevant recent references from the literature.

The following guidelines should be used in planning and preparation of the dissertation.

15.1 The book should be submitted in ring bound or plastic edge bound form. This facilitates correction, which may be recommended by the assessors. The final form of the book may be in the sewn and bound form with a hard cover and this final bound book should be handed over to the PGIM seven days before the commencement of the examination.

15.2 The book should be prepared in English. Trainees are strongly advised to ensure that correct grammar is used and to check the text in the book and correct spelling mistakes, typographic errors etc.

15.3 The book should be prepared on white A4 paper and typed on one side of the paper only, with minimum margins of 40 mm on the left - hand side (binding edge) and 20 mm on the other three sides (free edges). Use double spacing throughout the book. Any standard type of lettering is accepted but the same style and size should be used consistently throughout the book except when bold type for headings and italics for emphasis are used. Trainees are strongly advised to use a word processor for typing of the book.

15.4 Pages, subsections, tables and figures should be numbered using Arabic numerals.

15.5 Pages should be numbered consecutively.

15.6 Subsections should be numbered as indicated in this section. (15.1, 15.2, 15.3. and 15.4 are subsections of section 15)

15.7 Tables and figures should be numbered sequentially and arranged in the appropriate place in the text.

15.8 The only exception to using Arabic numerals is when quoting from other sources where Roman numerals may be used.

15.9 The contents and arrangement of pages:

The contents should be given under the following headings:

Title and Authors name

Declaration by candidate

Dedication - Optional

Abstract

Table of contents

List of Symbols, abbreviations (if any)

Rationale

Introduction

General and specific objectives

Review of literature

Materials and methods

Results

Discussion

Limitations of the study

Recommendations

Acknowledgments

References

15.9.1 Title: a brief and specific statement.

15.9.2 Abstract: This must be a structured abstract.

15.9.3 Rationale

15.9.4 Introduction: state the information and facts known on the topic / problem selected for study. This would include a literature survey and a critical comment on the various aspects of

these studies. From the information available the justification for the study can be stated. The objectives of the study should then be presented.

15.9.5 Materials and Methods: Describe exactly what was done in specific terms and in sufficient details so that the study could even be repeated by another investigator. The sections to be included are:

Study design

Setting

Subjects

Materials and equipment

Procedures and protocols

Types of measurements of observations

Methods of data analysis

15.9.6 Results and inferences: Summarise the data with a figure, table or by graph when necessary

15.9.7 Discussion: Interpret the results so as to provide answers to the study question(s). Comment on the relevance of these answers to the present knowledge of the subject. Consider alternate interpretations. Comment on interesting or unexpected observations and about the method. Always comment on further follow-up research available on the subject.

15.9.8 Conclusion: List the main points in the discussion section as conclusion.

15.9.9 Acknowledgements: Thank people for funding, facilities, equipment, materials or assistance.. This statement should be brief.

15.9.10 References: List all references that are cited in the text. The Vancouver system of listing references should be used.

Type the references double - spaced in the Vancouver style (using superscript numbers and listing full references at the end of the paper in the order in which they appear in the text). Online citations should include date of access. Use Index Medicus for journal names. If necessary, cite personal communications in the text but do not include in the reference list. Unpublished work will not be accepted. References should be listed in the following style:

Journal

Koreth J, Bakkenist CJ, McGee JO'D. Chromosomes, 11q and cancer: a review. *J Pathol* 1999; **187**: 28-38.

Book

Sadler TW. *Langman's Medical Embryology* (5th edn). Williams & Wilkins: Baltimore, 1985; 224-226.

Chapter in a book

Desmet VJ, Caller F. Cholestatic syndromes of infancy and childhood. In *Hepatology: a Text Book of Liver Disease*, Zakim D, Boyer TD (eds), vol 2. W.B. Saunders: Philadelphia, 1990; 1355-1395.

Website

The Oncology Website. <http://www.mit.com/oncology/> [24 April 1999].

Trainees are advised to consult the “uniform requirements for manuscripts submitted to biomedical journals” published in the New England Journal of Medicine 1997; **336**: 309-315, for further information.

15.10 Dedication of the dissertation to a person(s) is optional.

15.11 Acknowledgments should be limited to those who have significantly contributed to the training of the postgraduate and the preparation of the dissertation.

15.12 Table of contents: All sections of the book should be listed using Arabic numerals. The starting and end page numbers should be listed along the right margin.

15.13 List of symbols and abbreviations:

Trainees are strongly advised to use only symbols and abbreviations, which are accepted for use in scientific and medical literature. In the event of an uncommon symbol or abbreviation, which needs to be used, a brief explanatory note should be included in the list. All symbols and abbreviations with the complete terms or wording should be given in the respective lists in alphabetical order.

(Note: Units of measurements - Measurements of length, weight, and volume should be reported in metric units (meter, kilogram, litre) or their decimal multiples. Temperature should be given in degrees Celsius. Blood Pressure should be given in mm of mercury.

It is preferable if haematological and clinical chemistry measurements are reported in the metric system in terms of the International System of Units (SI). It is recommended that uniformity be maintained throughout the book. The candidate is advised to use conversion tables.

A panel nominated by the board of study will assess the candidate's dissertation and its acceptance will determine the successful completion of stage three of the training programme.

In the event of dissertation not being accepted the candidate will be notified whether a completely new dissertation is to be prepared or whether modification of the existing one will suffice for re-submission.

A copy of the dissertation submitted should be retained by the candidate as a safeguard in case of loss or damage to the original.

16. Guidelines for the preparation of the Log Book

The log book should be used as a daily record of the training period. Although it would be a brief record of the daily academic and clinical activities of the trainee it should reflect the breadth and depth of the experience obtained by the trainee. As it is an important indicator of deficiencies in the training period it would enable the trainee and supervisory consultant to take early remedial action to overcome such deficiencies.

The log book should be maintained from the commencement of the training programme and continued until board certification. The trainee should maintain the records in the log book on a daily basis and avoid retrospective entries. The progress of the log book should be discussed with the supervisory consultant at least once in two months and this evaluation would facilitate the continuous assessment of the trainee by the consultant

The log book maintained during the training as a Registrar should be brought for the MD (Obstetrics and Gynaecology) part II examination with the necessary certification by the supervisory consultant.

Candidates will not be allowed to attempt the MD Part II Examination until their log book and dissertation have been accepted by the Board of study. A period of six months between submitting the dissertation and the examination will give adequate time for all candidates to make necessary corrections listed by the assessors.

17 In-service Training Programme - Overseas training (Stage 4) and senior registrar training (Stage 5)

Stages four and five of the training programme are interchangeable. The overseas training appointment must be approved by the board of study.

18. Subspeciality training in Gynaecological oncology

18.1. Aims of subspeciality training

- To improve knowledge, practice and research.
- To promote specialised expertise in clinical management.
- To establish close relationships with other disciplines.
- To facilitate coordination of regional services.
- To promote research and audit.

18.2. Structure of the training programme

This will consist of clinical management, surgical training, lectures, tutorials, assignments and research. The core course will include clinical training, pathophysiology, carcinogenesis, genetics, tumour immunology, pharmacology, chemotherapy, radiotherapy, palliative care, research methods, teaching, administration, counselling, ethical and legal aspects.

18.3. Eligibility of the candidates

18.3.1. MD (Obstetrics & Gynaecology)

18.3.2. One year post MD training in Obstetrics & Gynaecology at Senior Registrar level in Sri Lanka.

18.4. Method of selection

Applications will be called each year by paper advertisement. The medical officers from the same batch (at entry point to the MD training) who have completed the requirements are eligible to apply. Each year one or two candidates will be selected for training.

The selection will be made on the basis of academic merit and the involvement of the candidate in the field of oncology.

18.5. Duration of training

A minimum of three - year period of training in a specialised oncology unit, at least one year of which should be in an approved institution abroad and the balance in an approved unit in Sri Lanka.

18.6. Board Certification as a Specialist

The Board Certification as a specialist in Gynaecological Oncology requires the following:

- The satisfactory completion of the training period.
- To be successful at an examination. This will consist of a written paper lasting three hours with three questions and a clinical examination lasting one hour.

The date of Board Certification will be determined as specified in the General Regulations of the PGIM.

Note:

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.