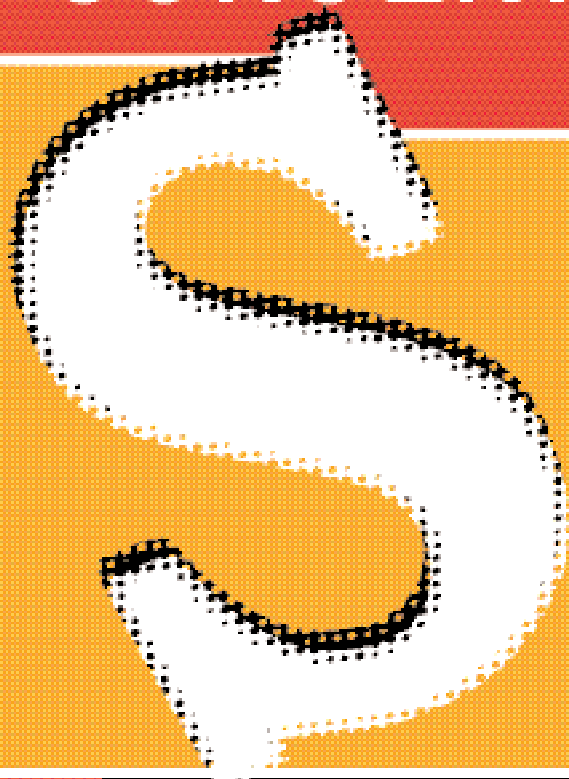


Requirements for Post IMM Fellowship Training

# GENERAL SURGERY



College of Physicians and Surgeons Pakistan

OFFICE COPY

2010



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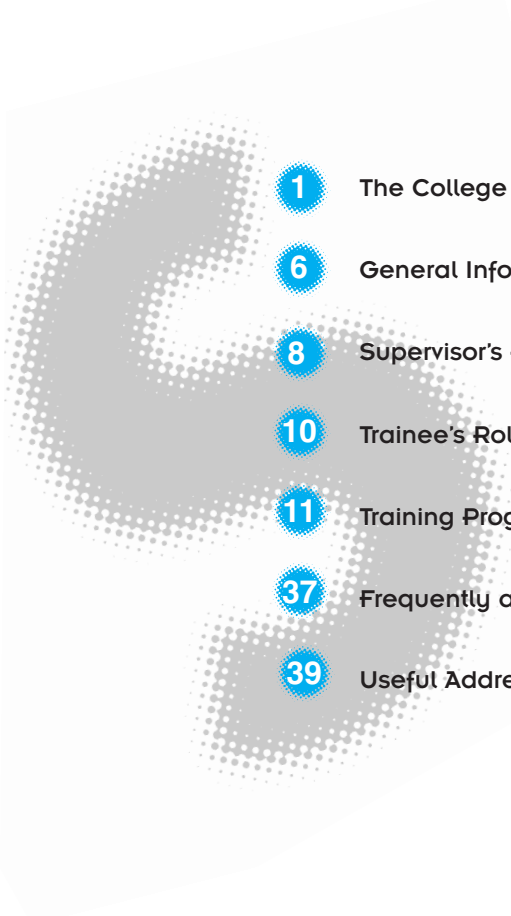
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# THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Dentistry, Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees, and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to fifty three.

After completing two years of training during IMM, the trainees are allowed to proceed to the advanced phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examinations before taking the FCPS-II exit examinations.

The prospectii of Post IMM phase of each discipline have been extensively revised and structured so as to delineate well defined competencies to be achieved along with the level of participation. These prospectuses have been complemented by color coded Structured Visual Curriculum Display (SVCD) charts to be placed at a prominent place in each training Unit. They help remind at a glance the trainees and the supervisors about the competencies and their levels to be achieved at a given time period along with the minimum number of cases. They also describe the rotations to be performed along with their duration and objectives, mandatory workshops to be attended, and the requirements and deadlines for submitting research synopsis and dissertation (or two research articles in lieu of the dissertation as per CPSP rules).

The work performed by the trainee is also to be recorded in the e-logbook. The purpose of the e-logbook is to ensure entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors. The College expects to enforce e-logbook system from July 2010. However, the manual logbook will also continue.

The average number of candidates taking CPSP examinations is over 13,000 every year. The College conducts examinations for FCPS I (11 disciplines), IMM, FCPS II (53 disciplines), MCPS (18 disciplines) and DCPS (2 non-clinical disciplines). A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. It is important to note that in the overall scenario of health delivery over 15,000 of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 12 Regional Centers (including five Provincial Headquarter Centres in the country).

The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work.

The training towards Fellowship can be undertaken in more than 130 accredited medical institutions throughout the country and 70 plus accredited institutions abroad. The total number of departments recognized in these institutions is over 1200 and the number of Supervisors engaged in the training has crossed the figure of 2000.

These continuous efforts of the College have contributed well over 90% of specialist medical manpower of Pakistan and even more importantly has developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and need 'based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

## Training and Examinations Summary

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The College lays down the training programs and holds examination for the award of Fellowship in the following disciplines:

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### Disciplines for 1st Fellowship

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- |                         |  |
|-------------------------|--|
| 1. Anaesthesia          | 24. Obstetrics and Gynaecology         |
| 2. Anatomy              | 25. Operative Dentistry                |
| 3. Biochemistry         | 26. Ophthalmology                      |
| 4. Cardiac Surgery      | 27. Oral Surgery                       |
| 5. Cardiology           | 28. Orthodontics                       |
| 6. Chemical Pathology   | 29. Otorhinolaryngology (ENT)          |
| 7. Community Medicine   | 30. Orthopedic Surgery                 |
| 8. Dermatology          | 31. Paediatrics                        |
| 9. Diagnostic Radiology | 32. Paediatric Surgery                 |
| 10. Family Medicine     | 33. Periodontology                     |
| 11. Forensic Medicine   | 34. Pharmacology                       |
| 12. Gastroenterology    | 35. Physiology                         |
| 13. General Surgery     | 36. Physical Medicine & Rehabilitation |
| 14. Haematology         | 37. Plastic Surgery                    |
| 15. Histopathology      | 38. Prosthodontics                     |
| 16. Immunology          | 39. Psychiatry                         |
| 17. Medical Oncology    | 40. Pulmonology                        |
| 18. Medicine            | 41. Radiotherapy                       |
| 19. Microbiology        | 42. Thoracic Surgery                   |
| 20. Nephrology          | 43. Urology                            |
| 21. Neurology           | 44. Virology                           |
| 22. Neurosurgery        |  |
| 23. Nuclear Medicine    |  |

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### Disciplines for 2nd Fellowship

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- |                                   |                                 |
|-----------------------------------|---------------------------------|
| 1. Cardiothoracic Anaesthesiology | 6. Paediatric Cardiology        |
| 2. Critical Care Medicine         | 7. Paediatric Ophthalmology     |
| 3. Endocrinology                  | 8. Rheumatology                 |
| 4. Infectious Diseases            | 9. Vitreo Retinal Ophthalmology |
| 5. Neonatal Paediatrics           |                                 |

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who have:

- a recognized medical degree
- completed a one year house job in a recognized institution
- passed the relevant FCPS Part I Examination
- registered with the Research, Training and Monitoring Cell (RTMC)
- undergone specified years of supervised accredited training
- submitted duly approved dissertation/published two original research papers in CPSP approved journals
- declared successful in examinations carried out by the Examination Department of the CPSP, and elected by the College Council

It is important to note that all applicants must undergo a formal examination before being offered fellowship of the relevant specialty, except in case of fellowship without examination and honorary fellowship.

## Training Enquiries and REGISTRATION

All trainees should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc) as soon as possible.



# GENERAL INFORMATION

## GENERAL REGULATIONS

The following regulations apply to all the candidates taking the FCPS-II Examination.

Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree and PMDC certificate. CPSP will not entertain any application for change of name on the basis of marriage / divorce /deed.

### ELIGIBILITY REQUIREMENTS FOR ENTERING THE POST IMM TRAINING PROGRAM IN SURGERY

- Passed FCPS Part I in General Surgery/allowed exemption
- Completed two years RTMC registered training as per Intermediate Module Curriculum

In all other cases, after proper scrutiny and processing, the College shall decide acceptance or rejection of the request for exemption from FCPS-I on a case to case basis.

All applicants who are allowed exemption will be issued an EXEMPTION CERTIFICATE on payment of an exemption fee. The date of issue of the exemption certificate will be considered as the date of passing FCPS I examination. A copy of this certificate will have to be attached with the application to the Research & Training Monitoring Cell (RTMC) of the CPSP, for registration as FCPS Part-II trainee and later with the application for appearing in FCPS Part-II examination.

### APPROVED TRAINING CENTRES

Training must be undertaken in units/departments/institutions approved by the College. A current list of approved locations is available from the College and its regional offices, as well as on the College website: [www.cpsp.edu.pk](http://www.cpsp.edu.pk).

## REGISTRATION AND SUPERVISION

All training must be supervised and Trainees are required to notify the RTMC in case of any change of supervisor. Any training undertaken without RTMC registration is not accepted as valid by the CPSP.

The supervisor will normally be a Fellow of the College. However another supervisor may be accepted if there is no Fellow available to offer appropriate supervision. Non-Fellows must be approved by the College as supervisor.

Normally, only one supervisor is nominated, and if the Trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The nomination of more than one supervisor is needed only if the Trainee divides the year between two or more unrelated units, departments or institutions.

## DURATION OF TRAINING IN SURGERY

- Total duration of the training is 4 years divided into two phases (IMM & advanced specialty training), all of which is to be undertaken after passing FCPS I, and after registration with RTMC and with an approved Supervisor at a CPSP accredited unit/institution.
- The first two years of training, inclusive of rotations, will constitute the Intermediate Module (IMM), at the end of which the trainee will have to appear in the Intermediate Module examination in Surgery.
- After completing training for IMM, trainee has to undergo post IMM advanced training in the specialty for years 3 & 4.
- Passing of IMM examination is one of the eligibility requirements to appear in FCPS-II examination.
- All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

# SUPERVISOR'S

## ROLE AND RESPONSIBILITIES

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP Fellow or a specialist with relevant postgraduate qualifications recognized by the CPSP.

Supervision is a multifaceted task and essential for the comprehensive grooming of a trainee. The task is arbitrarily divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance of order to this comprehensive yet abstract and versatile role of the supervisor.

### EXPERT TRAINER

- The most fundamental role of a supervisor is to ensure and monitor adequate training and also provide continuous helpful feedback (formative) to the trainee regarding the progress of the training.
- This entails observing the trainee's performance and rapport with all the people within his work environment.
- He / she should teach the trainee and help him / her overcome the hurdles during the learning process.
- It is the job of the supervisor to make the trainee develop the ability to interpret findings in his patients and suitably act in response.
- The supervisor must be adept at providing guidance in writing synopsis and dissertation / research articles (which are essential components of training).
- Every supervisor is required to participate in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/ skills in the training. It is his basic duty to keep abreast of the innovations in his field of expertise and ensure that this information percolates to trainees of all years under him/ her.

### LIAISON WITH CPSP

- The supervisor should maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses.
- It is expected that the supervisor will contact CPSP if any problem arises during the training process, including the suitability of a trainee.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that the trainees do not face any administrative problem hampering their training.

### PROFICIENT ADMINISTRATOR

- He/ she must ensure that the trainees have completed the logbooks and authenticate them on a regular basis.
- They are expected to provide assessment reports to the College at the end of each year or training period. These reports are used to evaluate a trainee's performance. It should indicate if training has been followed satisfactorily. The report must also contain positive and deficient aspects of the trainee's performance and any extra academic endeavors made by the trainees. Prolonged absences must also be mentioned in sufficient detail. It is essential that each report be discussed and signed both by the trainer and the trainee before it is sent to the College.
- The supervisors might be required to submit confidential reports on trainee's progress to the College.
- The supervisor should notify the College of any change in the proposed approved training program.
- In case the supervisor plans to be away for more than two months, he/ she must arrange satisfactory alternate supervision during the period.

# TRAINEE'S

## ROLE AND RESPONSIBILITIES

Given the provision of adequate resources by the institution, Trainees should accept responsibility for their own learning and ensure that it is in accord with the relevant requirements. The trainee should:

1. investigate sources of information about the program and potential Supervisor and play an informed role in the selection of the Supervisor.
2. seek reasonable infrastructure support from their institution and Supervisor, and use this support effectively.
3. ensure that they undertake training diligently.
4. accept responsibility for the dissertation, and plan and execute the research within the time limits defined (six months before final exams).
5. be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and documenting the progress. If the supervisor is not able/willing to meet the student on a regular basis, the student should notify the College.
6. provide the supervisor with word-processed dated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission.
7. ensure that the supervisor has all the relevant raw data prior to submission of dissertation.
8. ensure that no intellectual property rights have been violated at any time (i.e. plagiarisms is to be absolutely avoided).
9. submit the completed Dissertation or publish two research papers in the CPSP approved journal six months before final exams.
10. follow the Colleges complaint procedures if serious problems arise
11. complete all requirements for taking an examination.
12. feedback regarding the training post should be sent to the College on the prescribed Confidential form.

# TRAINING PROGRAM

## CURRICULUM

No academically sound institution would bank on a static curriculum. A curriculum should be documented, objective, evolving and sustainable (DOES). CPSP also endeavors to use a format which has scope for transition and yet is relevant to the needs of the time. The curriculum documented below is not rigid and all embracing. It is intended to give a holistic view of the requirements of the discipline in general. The Fellowship training program focuses on a few key pegs of viable training: knowledge, skills and attitudes. CPSP is inclined to follow an outcome based curricular format, which is a blend of behavioral and cognitive philosophies of curriculum development.

Following is a global and extensive, yet not total, list of learning outcomes recommended by the College.

### Learning outcomes relating to:

#### COGNITION

The learning outcomes will all be at the application level since that is the gold standard. Therefore, the candidate will be able to:

- relate how body function gets altered in disease states.
- request and justify investigations and plan management for medical disorders.
- assess new medical knowledge and apply it to their setting.
- apply quality assurance procedures in their daily work.

#### SKILLS

##### Written Communication Skills

The trainee will be able to:

- correctly write updated medical records, which are clear, concise and accurate.
- write clear management plans, discharge summaries and letters for outpatients after referral from a colleague.
- demonstrate competence in academic writing.

### Verbal Communication Skills

The trainee will be able to:

- establish professional relationships with patients and their relatives or caregivers in order to obtain a history, conduct a physical examination and provide appropriate management.
- demonstrate usage of appropriate language in seminars, bedside sessions, outpatients and other work situations.
- demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and the public.
- demonstrate competence in presentation skills.

### Examination Skills

The trainee will be able to:

- perform an accurate physical and mental state examination in complex medical problems often involving multiple systems.
- interpret physical signs after physical examination so as to formulate further management plans.

### Patient Management Skills

The trainee will be able to:

- interpret and integrate the history and examinations findings and arrive at an appropriate differential diagnosis and final diagnosis.
- demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources, interpretation of lab results and other investigations.
- prioritize different problems within an appropriate time frame.

### SKILLS IN RESEARCH

The trainee will be able to:

- use evidence based medicine and evidence based guidelines
- conduct research individually by using appropriate research methodology and statistical methods.
- correctly guide others in conducting research by advising about study designs, research methodology and statistical methods that are applicable.
- understand, interpret and use results of various research articles.

### ATTITUDES

#### Towards Patients

The trainee will be able to:

- establish a positive relationship with all patients in order to ease suffering.
- facilitate the transfer of information important to the management and prevention of disease.

- demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.
- demonstrate sensitivity in performing any examination. All such encounters should be chaperoned. It is important to explain to the patient why an intimate examination is necessary and what the examination will involve. The patient's permission must be obtained and, where possible, the patient should be invited to bring a relative or friend. The patient should have privacy to dress and undress. The discussion should be kept relevant and avoid unnecessary personal comments. Questions and feedback should be encouraged throughout and at the end of the session.
- consistently show consideration of the interests of the patient and the community as paramount, and these interests should never be subservient to one's own personal or professional interest.

#### Towards Self Development:

The trainee will be able to:

- demonstrate, consistently, respect for every human being irrespective of ethnic background, culture, socioeconomic status or religion.
- deal with patients in a non-discriminatory and prejudice-free manner.
- deal with patients honestly and with compassion.
- demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
- foster the habit and principle of self-education and reflection in order to constantly update and refresh knowledge and skills and as a commitment to continuing education.
- recognize stress in one self and others.
- deal with stress and support medical colleagues and allied health workers.
- handle complaints including self-criticism or criticism by colleagues or patients.
- understand the importance of obtaining and valuing a second opinion.

#### Towards Society:

The trainee will be able to:

- understand the social and governmental aspects of health care provision.
- offer professional services while keeping the cost effectiveness of individual forms of care in mind.
- apply an understanding of hospital and community-based resources available for patients and care givers in rural areas.
- demonstrate an understanding of health service management and health economics in rural areas.
- understand the use of 'telemedicine' in practicing health.



## OBJECTIVES

At the end of the training for FCPS in Surgery a trainee shall be able to:

1. Initially assess the patients seeking surgical treatment for their problems by:
  - obtaining pertinent history.
  - performing correct physical examinations.
  - formulating a working diagnosis.
  - deciding whether the patient requires:
    - ambulatory care or hospitalization.
    - referral to other health professionals.
    - emergency care including life saving measures.
2. Manage patients requiring surgical treatment as follows:
  - plan an enquiry strategy i.e. order appropriate investigations and interpret the results.
  - when required, perform specified surgical procedures independently and competently.
  - deal effectively and promptly with complications which may occur during the course of disease or treatment.
  - maintain records of patients including summarization and indexing.
  - seek consultation when needed.
  - carry out effective and efficient management of emergency situations.
3. undertake research and publish findings.
4. acquire new information; assess its utility and make appropriate applications.
5. recognize the role of teamwork and function as an effective member/ leader of the team.
6. advise the community on matters related to promoting health and preventing disease.
7. train para-professionals and other/ junior members of the team.

# CORE CURRICULUM

Attention to the topics listed will ensure that the trainee has covered, to a substantial degree, those areas of each discipline considered as essential core knowledge. The coverage that each discipline receives below is not indicative of the relative importance placed on each discipline in the training program, or in the Examination.

It is understood that each trainee will not have the opportunity to become proficient in all skills during a four-year training program. However each trainee should endeavor to at least observe every procedure being performed and, if possible, to participate in it as actively as possible.

## 1. Principles of Surgery

Homeostasis, hemorrhage, transfusion, shock, infection, trauma in general, endocrine and metabolic responses to injury, fluid, electrolyte and nutritional management, wound healing and care, burns, tissue transplantation, anaesthesia, complications of Surgery, physiological monitoring of patients, pre and post operative care.

## 2. Surgery of the head, neck and face and neurosurgery

Congenital anomalies, tumours of head and neck, infections, head injury, intracranial lesions, thyroid, parathyroid, lymph nodes and lymphatics, spinal cord, and peripheral nerves, cervical spine, oral cavity, salivary glands, teeth and gums.

## 3. Orthopaedics and trauma

Diseases of the skeleton including spine, fractures, dislocations, hand and foot conditions, amputations.

## 4. Genito-urinary system

Investigations, kidney, ureter, bladder, prostate, penis, urethra, scrotum, testes, epididymis, vas deferens, varicocele, congenital anomalies.

## 5. Thorax

Thoracic inlet, chest wall, breast, pleura, mediastinum, lungs, heart, large vessels, thymus, diaphragm, oesophagus.

## 6. Abdomen

- Anterior and posterior abdominal wall, omentum, mesentery, peritoneum including peritoneal cavity, hernias, retroperitoneum, pelvis. Gynaecology as related to surgical conditions.
- Liver, gall bladder, bile ducts, pancreas, spleen, stomach, duodenum, jejunum, small intestine, appendix, colon, rectum, anal canal and perineum.

## 7. Special Group

Vascular surgery (central and peripheral), lymphatics and lymph nodes. Paediatric surgery including congenital anomalies. Endocrine glands including suprarenals, skin and subcutaneous tissues. Principles of reconstructive surgery, organ transplantation, immunology and oncology.

# CORE COMPETENCIES

The clinical skills, which a specialist must have, are varied and complex. A complete list of the same necessary for trainees and trainers is given in the following pages. It is arranged year wise and the level of competence to be achieved is arranged as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

**Note:** Levels 4 and 5 for practical purposes are almost synonymous

COMPETENCIES	Third Year										Total Cases 3rd Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>A. Patient Management</b>											
Continue eliciting pertinent history	5	25	5	25	5	25	5	25	5	25	100
Performing physical examination	5	25	5	25	5	25	5	25	5	25	100
Ordering appropriate investigations	4	25	4	25	4	25	4	25	4	25	100
Interpreting the results of investigations	4	25	4	25	4	25	4	25	5	25	100
Assessing for fitness to undergo surgery	4	25	4	25	4	25	4	25	5	25	100
Deciding & implementing appropriate treatment	3	25	3	25	4	25	4	25	4	25	100
Postoperative management & monitoring	4	25	4	25	5	25	5	25	5	25	100
Presentation skills: 1 long case /week	5	5	5	5	5	5	5	5	5	5	20
Presentation skills: 2 short cases/week	5	10	5	10	5	10	5	10	5	10	40

COMPETENCIES	Third Year										Total Cases 3rd Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>B. Preparation for Surgery</b>											
Preoperative preparation for various surgical procedures	4	20	4	20	5	20	5	20	5	20	80
Aseptic techniques	5	20	5	20	5	20	5	20	5	20	80
Positioning of patient on operation table for: Perianal surgery, Thoracotomy, Laparotomy, Renal surgery, Head & neck surgery, Surgical procedure on the back	3	20	3	20	4	20	4	20	4	20	80
Common surgical instruments & appliances (including endoscopic instruments)	4	20	4	20	5	20	5	20	5	20	80
Suture materials used in different surgical procedures/ stappling devices and techniques	5	20	5	20	5	20	5	20	5	20	80

## COMPETENCIES

### Third Year

#### C-1. Surgical Procedures & Management

	3 Months		6 Months		9 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Airway maintenance and passing of endotracheal tube.	3	4	3	4	4	4	4	4	16
Management of head injury	2	6	3	6	3	6	4	6	24
IPPR and other methods of artificial respiration	3	4	3	4	4	4	4	4	16
CPR	5	3	5	3	5	3	5	3	12
Burn management	4	1	4	1	4	1	4	1	4
Controlling haemorrhage	4	10	4	10	5	10	5	10	40
Trauma management ATLS/ACLS	4	15	4	15	5	15	5	15	60
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves and tendons)	3	10	3	10	4	10	4	10	40
Application of splints, POP casts, skin traction	3	10	3	10	4	10	4	10	40
Tendon repairs	3	1	3	2	4	1	4	2	6
Incision and drainage of abscesses (excluding deep seated abscesses in peritoneum and other serous cavities)	4	10	4	10	4	10	4	10	40
Urethral catheterization using soft and hard catheters	5	10	5	10	5	10	5	10	40
Urethral dilatation	3	5	3	5	3	5	4	5	20
Suprapubic puncture	4	2	4	2	5	2	5	2	8
Meatotomy	3	2	4	2	5	3	5	3	10
Circumcision	4	5	4	5	5	5	5	5	20

## COMPETENCIES

	Third Year												Total Cases 3rd Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>C-2. Surgical Procedures &amp; Management</b>													
Lumbar puncture	4	1	4	1	5	1	5	1	5	1	5	1	4
Venesection	4	4	4	4	5	4	5	4	5	4	5	4	16
Placement of CVP line	4	1	4	1	4	1	4	1	4	1	4	1	4
Intercostal drainage	3	2	3	2	4	2	4	2	4	2	4	2	8
Biopsy of lymph nodes	3	2	3	2	4	2	4	2	4	2	4	2	8
Biopsy of skin lesions, subcutaneous lumps or swellings	4	2	4	2	5	2	5	2	5	2	5	2	8
Excision of soft tissue tumours and cysts	3	4	3	4	4	4	4	4	4	4	4	4	16
Split skin graft	2	1	2	2	3	1	3	1	3	2	3	2	6
Tracheostomy / Cricothyroidotomy	3	1	3	2	4	1	4	1	4	2	4	2	6
Opening and closing abdomen	3	2	3	2	4	2	4	2	4	2	4	2	8
Proctoscopy and interpretation of findings	3	2	3	2	4	3	4	3	4	3	4	3	10
Gastroscopy	2	2	2	2	2	2	2	2	3	2	3	2	8
Colonoscopy	2	1	2	2	3	1	3	1	3	2	3	2	6
Proctosigmoidoscopy	3	2	3	2	4	2	4	2	4	2	4	2	8
Liver biopsy	2	1	2	1	2	1	2	1	3	1	3	1	4
Percutaneous needle aspiration under ultrasound guidance / CT scan	3	1	3	1	4	1	4	1	4	1	4	1	4
Prostatectomy	2	1	2	1	2	1	2	1	3	1	3	1	4
Vesicolithotomy	3	1	3	1	4	1	4	1	4	1	4	1	4
Parotid surgery	3	1	3	1	4	2	4	2	4	2	4	2	6

## COMPETENCIES

	Third Year												Total Cases 3rd Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>D. Abdominal Operations</b>													
Hernia repair	3	3	3	3	4	4	3	4	3	4	3	3	12
Operations on scrotum & testis	3	3	3	3	3	3	3	3	3	4	3	3	12
Haemorrhoids, fissures, fistulae	3	3	3	3	4	4	3	4	3	4	3	3	12
Appendicectomy	4	5	4	5	5	5	5	5	5	5	5	5	20
Cholecystectomy	3	3	3	3	4	4	2	4	2	4	2	2	10
Oesophagectomy	2	1	2	1	2	1	2	1	2	1	2	1	4
Intestinal resection and anastomosis	3	2	3	2	4	2	4	2	4	2	4	2	8
Stoma formation	3	1	3	1	4	1	4	1	4	1	4	1	4
Fundamentals of Laparoscopic surgery	2	4	2	4	2	4	2	4	2	4	2	4	16
Laparoscopic Cholecystectomy	2	2	2	2	2	2	2	2	2	3	2	2	8
Laparoscopic Hernia repair	2	1	2	1	2	1	2	1	2	1	3	1	4
Use of stapling guns	2	1	2	1	2	1	2	1	2	1	2	1	4



COMPETENCIES	Third Year											
	3 Months		6 Months		9 Months		12 Months		Total Cases			
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	3rd Year			
<b>E. Thoracic Surgery</b>												
Chest intubation	2	3	3	3	3	3	4	3			12	
Emergency thoracotomy	1	2	2	2	2	2	3	2			8	
Rib resection	1	1	2	2	2	2	3	3			8	
<b>F. Vascular Surgery</b>												
Surgery for varicose veins	2	2	2	2	3	3	4	3			10	
Embolectomy	1	2	2	2	2	2	3	3			9	
Vascular repair	1	2	2	2	3	2	3	2			8	

COMPETENCIES	Third Year										Total Cases 3rd Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>G. Surgery of Head, Neck and other areas</b>											
Breast operations	3	4	3	4	4	4	4	4	4	4	16
Thyroid, Parathyroid	3	4	3	4	4	4	4	4	4	4	16
Salivary glands and jaws	3	2	3	2	4	3	4	4	3	3	10
<b>H. Anaesthesia</b>											
Local and regional anaesthesia	5	2	5	2	5	2	5	2	5	2	8
Spinal and epidural anaesthesia	2	1	2	1	2	1	2	1	3	1	4
Principles of GA/anaesthetic machines	4	-	4	-	4	-	4	-	4	-	-
Management of pain	5	-	5	-	5	-	5	-	5	-	-
Anaesthetic agents and muscle relaxant	5	-	5	-	5	-	5	-	5	-	-



COMPETENCIES	Fourth Year											Total Cases 4th Year
	15 Months		18 Months		21 Months		24 Months					
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases		
<b>B. Preparation for Surgery</b>												
Preoperative preparation for various surgical procedures	5	20	5	20	5	20	5	20	5	20	80	
Aseptic techniques	5	20	5	20	5	20	5	20	5	20	80	
Positioning of patient on operation table for: Perianal surgery, Thoracotomy, Laparotomy, Renal surgery, Head & neck surgery, Surgical procedure on the back	5	20	5	20	5	20	5	20	5	20	80	
Common surgical instruments & appliances (including endoscopic instruments)	5	20	5	20	5	20	5	20	5	20	80	
Suture materials used in different surgical procedures/ stapling devices and techniques	5	20	5	20	5	20	5	20	5	20	80	



## COMPETENCIES

	Fourth Year										
	15 Months		18 Months		21 Months		24 Months		Total Cases 4th Year		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
<b>C-2. Surgical Procedures &amp; Management</b>											
Lumbar puncture	5	1	5	1	5	1	5	1	5	1	4
Venesection	5	4	5	4	5	4	5	4	5	4	16
Placement of CVP line	5	1	5	1	5	2	5	2	5	2	6
Intercostal drainage	5	2	5	2	5	3	5	3	5	3	10
Biopsy of lymph nodes	5	2	5	2	5	3	5	3	5	3	10
Biopsy of skin lesions, subcutaneous lumps or swellings	5	2	5	2	5	2	5	2	5	2	8
Excision of soft tissue tumours and cysts	5	4	5	4	5	4	5	4	5	4	16
Split skin graft	4	2	4	2	5	2	5	2	5	2	8
Tracheostomy / Cricothyroidotomy	5	1	5	1	5	1	5	1	5	1	4
Opening and closing abdomen	5	2	5	2	5	3	5	3	5	3	10
Proctoscopy and interpretation of findings	5	3	5	3	5	3	5	3	5	3	12
Gastroscopy	3	1	4	1	5	2	5	2	5	2	6
Colonoscopy	4	1	4	1	5	1	5	1	5	1	4
Proctosigmoidoscopy	4	2	4	2	5	1	5	1	5	1	6
Liver biopsy	4	1	-	-	5	1	5	1	5	1	3
Percutaneous needle aspiration under ultrasound guidance / CT scan	5	1	5	1	5	1	5	1	5	1	4
Prostatectomy	3	1	4	1	4	1	4	1	5	1	4
Vesicolithotomy	4	1	5	1	5	1	5	1	5	1	4
Parotid surgery	5	1	5	1	5	1	5	1	5	1	4

COMPETENCIES	Fourth Year										Total Cases 4th Year
	15 Months		18 Months		21 Months		24 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>D. Abdominal Operations</b>											
Hernia repair	5	3	5	3	5	3	5	3	5	3	12
Operations on scrotum & testis	4	3	5	3	5	3	5	3	5	3	12
Haemorrhoids, fissures, fistulae	5	2	5	2	5	2	5	2	5	2	8
Appendicectomy	5	3	5	3	5	3	5	3	5	3	12
Cholecystectomy	4	3	4	3	5	2	5	2	5	2	10
Oesophagectomy	2	1	2	1	2	1	3	1	3	1	4
Intestinal resection and anastomosis	4	2	4	2	5	2	5	2	5	2	8
Stoma formation	5	1	5	1	5	1	5	1	5	1	4
Fundamentals of Laparoscopic surgery	3	2	3	2	4	2	4	2	4	2	8
Laparoscopic Cholecystectomy	3	1	3	1	4	1	5	1	5	1	4
Laparoscopic Hernia repair	3	1	3	1	3	1	3	1	3	1	4
Use of stapling guns	3	1	3	1	4	1	4	1	4	1	4

COMPETENCIES	Fourth Year										
	15 Months		18 Months		21 Months		24 Months		Total Cases		4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
<b>E. Thoracic Surgery</b>											
Chest intubation	5	4	5	4	5	4	5	4	5	4	16
Emergency thoracotomy	3	2	3	2	4	2	4	2	4	2	8
Rib resection	3	2	3	2	4	2	4	2	5	2	8
<b>F. Vascular Surgery</b>											
Surgery for varicose veins	5	3	5	3	5	3	5	3	5	3	12
Embolectomy	4	3	4	3	5	3	5	3	5	3	12
Vascular repair	4	2	4	2	5	2	5	2	5	2	8





## ROTATIONS

In the years 3 & 4 the trainee should spend Twenty Four months of residency training in a CPSP approved General Surgery Unit. However, during this period an optional rotation as an elective of THREE (03) months may be selected subject to the availability of slot, discretion of the supervisor, and willingness of the PG Trainee. Only one elective can be selected out of the list mentioned below:

1. Urology
2. Paediatric Surgery
3. Critical Care

Rotations will begin on the first of the month for prescribed time period

## LOGBOOK

Trainees are required to maintain a logbook in which entries of academic/ professional work done during the period of training should be made on a daily basis, and signed by the supervisor. Completed and duly certified logbook will form a part of the application for appearing in Surgery fellowship examination.

### E-LOGBOOK

The CPSP council has decided to introduce E-logbook system for all trainees in FCPS from January 2009. Upon registration with RTMC each trainee is allotted a registration number and a password to log on to the e-logbook on the CPSP website. The trainee is required to enter all work performed and the academic activities undertaken in the logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and vigilance of supervisors.

# RESEARCH & MANDATORY WORKSHOPS

## RESEARCH (DISSERTATION)

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or research papers must be approved from the Research & Training Monitoring Cell (RTMC) of CPSP before starting the research work. The dissertation or research paper must be submitted for approval to the RTMC during the beginning of fourth year of training program.

Five copies of the dissertation should be submitted to the RTMC. Three Copies with loose binding and two soft copies on good quality CD's along with a bank draft / cash receipt of the prescribed fee for dissertation. If the dissertation is found to be satisfactory a certificate to this effect will be issued by the College. This certificate will form a part of the documents to be submitted with the application form for taking the examination.

OR

The candidates can submit two research papers published/ accepted for publication in JCPSP or in other CPSP approved Journals, where the candidate must be either the first or second author. For second fellowship the candidate must submit one research paper on a relevant topic as first author, published/ accepted for publication in JCPSP or in other CPSP approved Journals. Synopsis of the article for second fellowship is not required to be approved by RTMC.

## MANDATORY WORKSHOPS

All mandatory workshops should have been attended during first two years of training (IMM), and therefore no workshop is mandatory during 3rd & 4th years of training. However, the trainee will be required to attend any workshop/s (ATLS/ACLS) as may be introduced by the CPSP and as available.

# ASSESSMENT

## ELIGIBILITY REQUIREMENTS

1. To have passed FCPS Part-I in Surgery and allied, or been granted official exemption.
2. To have undertaken four years of the specified training in Surgery, **all of which should be after passing FCPS Part-I** (a certificate testifying attendance is obligatory for admittance to examination) in an institution recognized by the CPSP
3. To provide a certificate of attendance of mandatory workshops.
4. To submit a completed and duly attested logbook.
5. To provide a certificate of having passed the Intermediate Module in Surgery.
6. To provide a certificate of approval of dissertation or acceptance of two research papers for publication in CPSP approved journals, synopsis of which were earlier approved by the RTMC.

## EXAMINATION SCHEDULE

- The FCPS Part-II theory examination will be held **thrice** a year.\*
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Multan, Peshawar, Quetta and Rawalpindi, centres. The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.\*
- English shall be the medium of examination for the theory/practical/clinical and viva examinations.
- The College will notify of any change in the centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if satisfied that such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.
- Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fees and other dues.

\*The CPSP reserves the right to alter dates, postpone examinations or change venue in the interest of safety and well being of its staff, invigilators and / or candidates.

## EXAMINATION FEES

- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/ absence/exclusion/ any other reason under normal circumstances.
- Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fees for change of centre, subject, etc. shall be notified before each examination.

## REFUND OF FEES

If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

## FORMAT OF EXAMINATIONS

Every candidate vying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. Since the College is continually seeking to improve its examinations, changes are likely from time to time and candidates will be notified in advance of such changes.

### Theory examination

Two papers each of 3 hours duration:

<b>Paper I</b>	10 Short essay questions (SEQs)	3 hours
<b>Paper II</b>	100 MCQs (75 Single Best, 25 Extended Matching)	3 hours

**Rationale:** Short essay questions are meant to increase the appropriateness of the examination by increasing the number of topics being tested. In this sense they are better than long essay questions that candidates might be used to. Further, short essay questions are more focused than long essay ones because they are meant to clearly specify what candidates are expected to write.

These types of questions assess higher order thinking, for example critical analysis of a given situation. It is hoped that these questions will encourage originality and creativity in answers. It is also hoped that these questions will discourage bluffing, rambling and undue advantage gained by proficiency in English language without the required level of clinical knowledge.

### Clinical examination

The Clinical section comprises two components, the long case and short cases, and TOACS (Task Oriented Assessment of Clinical Skills)

### Format of TOACS

TOACS will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet.

There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

### Format of long case

Each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

### Interviewing skills

- Introduces one self. Listens patiently and is polite with the patient.
- Is able to extract relevant information.

**Clinical examination skills**

- Takes informed consent
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

**Case presentation/ discussion**

- Presents skillfully.
- Gives correct findings.
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.
- During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

**Format of short cases**

- Candidates will be examined in at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time.

During this part of the examination, the candidate will be assessed in:

**Clinical examination skills**

- Takes informed consent.
- Uses correct clinical methods including appropriate exposure and re-draping.
- Examines systematically.

**Discussion**

- Gives correct findings.
- Gives logical interpretations of findings.
- Justifies diagnosis/es.

As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion.

**THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS**

Any decision taken by the College on the interpretation of these regulations will be binding on the candidate.

# FREQUENTLY ASKED QUESTIONS

## Q. Can you tell me what opportunities are available for a medical graduate to pursue postgraduate studies in Pakistan?

Students can opt for joining fellowship and membership programs offered by CPSP or join the programs offered by various universities such as M.S., M.D. and other diplomas.

## Q. Who can sit the FCPS Part I examination?

- Medical and Dental School Graduates - All applicants must have graduated from a dental/ medical college recognised by the PMDC.
- One (1) year of house job - All applicants, for FCPS I must complete a postgraduate clinical year in an approved institution.

## Q. How do I apply for FCPS I examination?

The application forms are available with the examination department at the CPSP - Karachi as well as all the regional centres of the College

## Q. What are the requirements for appearing in FCPS I examination ?

Requirements for a physician to enter into postgraduate fellowship training include:

- Medical School Graduates - All applicants must have graduated from a dental/ medical college recognised by the PMDC.
- One (1) year of house job - All applicants, for FCPS I must complete a postgraduate clinical year in an approved hospital.



**Q. What are the requirements to be completed before appearing in FCPS II examination ?**

1. Three (3) to five (5) years in a residency program -
2. In addition to a house job, all applicants must satisfactorily complete a residency training program including specified rotations accredited by the College of Physicians & Surgeons Pakistan.
3. Attendance of mandatory workshops
4. Submission of a completed logbook
5. Submission of approved dissertation

After successfully completing these requirements, a candidate may sit for the FCPS Part II examination.

**Q. Where can I get more information about specific postgraduate programs offered by the CPSP?**

All information pertaining to the training program is outlined in the relevant subject Prospectus. This is available at all regional centres of the College on payment of the prescribed fee.

**Q. I hold a foreign qualification. Do I need an equivalence certificate and from whom?**

A. If you hold a recognised specialist certificate confirming your specialist training in another country you should apply directly to the Pakistan Medical and Dental Council (PMDC) for an equivalence certificate. However, if your qualification is not recognised by the PMDC you could apply to be assessed as an overseas trained specialist.

# USEFUL ADDRESSES AND TELEPHONE NUMBERS

## 1. Regional Offices of the CPSP

### MUZAFFARABAD

CMH Muzaffarabad  
Azad Kashmir  
TEL: 058810 - 43307  
FAX: 058810 - 43902  
Email: ssgr-brehman@csp.edu.pk

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### ABBOTTABAD

Ayub Hospital Complex  
Abbottabad  
TEL: 0992-383330  
Email: rc\_abbottabad@csp.edu.pk

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### PESHAWAR

Hayatabad Medical Complex  
Phase IV, Hayatabad,  
Peshawar  
UAN: 091-111-666-666  
TEL: 091-9217011, 091-9217320-1  
FAX: 091-9217062  
Email: rc\_peshawar@csp.edu.pk

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### ISLAMABAD

P.I.M.S, Ravi Road, Sector G- 8/ 3  
Islamabad.  
UAN: 051-111-666-666  
TEL: 051-9262590-1,  
FAX: 051-9262592  
Email: rc\_islamabad@csp.edu.pk

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### FAISALABAD

Punjab Medical College  
Faisalabad  
UAN: 041-111-666-666  
TEL: 041-9210131, 9210366-8  
FAX: 041-9210224  
il:rc\_faisalabad@csp.edu.pk

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### LAHORE

Next to INMOL, Hospital  
New Muslim Town, Block-D  
Lahore.  
UAN: 042-111-666-666  
TEL: 042- 9231320-8  
FAX: 042- 9231327  
Email: rc\_lahore@csp.edu.pk

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### MULTAN

Nishtar Medical College,  
Distt. Jail Road, Opp Circuit House,  
Multan.  
UAN: 061-111-666-666  
TEL: 061-9200946, 9200952  
Email: rc\_multan@csp.edu.pk

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### BAHAWALPUR

Quaid-e-Azam Medical College  
Bahawalpur  
TEL: 062- 9250461  
Email: rc\_bahawalpur@csp.edu.pk

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### NAWABSHAH

Peoples Medical College for Girls  
Nawabshah  
TEL: 0244-9370271, 9370479  
FAX: 0244-9370478  
Email: rc\_nawabshah@csp.edu.pk

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### LARKANA

Chandka Medical College  
Larkana  
TEL: 074 – 9410726  
Email: rc\_larkana@csp.edu.pk

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## HYDERABAD

Liaquat University Hospital, Jamshoro  
Hyderabad

TEL: 022-3877393

Email: rc\_hyderabad@csp.edu.pk

## QUETTA

CPSP Bolan Medical College  
Sandeman Civil Hospital

TEL: 081- 9202424

Email: rc\_quetta@csp.edu.pk

## KARACHI

### 2. Departments of CPSP Karachi

UAN – 021-111-606-606

- **Examination** (FCPS Part I)  
9207100 -10 Ext: 311
- **Examination** (FCPS Part II)  
9207100 -10 Ext: 215
- **Department of Medical Education**  
9207100 -10 Ext: 305
- **Registration, Training & Monitoring Cell**  
9207100 -10 Ext: 320

For further Information visit the  
College website at:

[www.csp.edu.pk](http://www.csp.edu.pk)

## OVERSEAS CPSP CENTRES

### 3. Saudi Arabia

#### RIYADH

Saudi Commission for Health  
Specialities,

Diplomatic Quarter, P.O. Box 94656  
Riyadh -11614, KSA.

TEL: 966-1-4822415 Ext: 156/141

966-2-6401000 Ext: 25843

Email: medexam5@scfhs.org

### 4. Nepal

#### KATHMANDU

T.U. Institute of Medicine  
Maharajganj, Kathmandu, Nepal

TEL: 977-1- 416224

Email: csp@iomdit.org.np

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