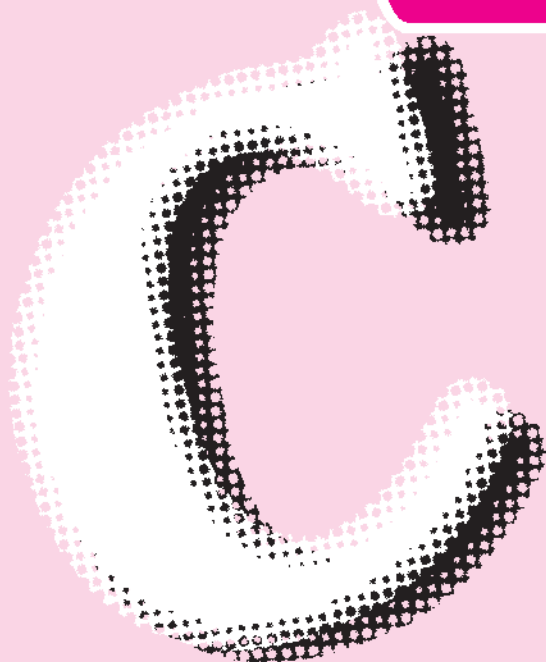


Requirements for Post IMM Fellowship Training

# COMMUNITY MEDICINE



College of Physicians and Surgeons Pakistan

## Office Copy



# 2012


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# About 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 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 sixty four. After completing two years of core 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 work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the 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 average number of candidates taking CPSP examinations each year is to a minimum of 25,000. The College conducts examinations for FCPS I (12 groups of disciplines), IMM, FCPS II (64 disciplines), MCPS 20 disciplines, including MCPS in HPE and also Diploma in Health Care System Management (DCPS-HCSM). 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 85% 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 14 Regional Centers (including five Provincial Headquarter Centers) 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 154 accredited medical institutions throughout the country and 100 plus accredited institutions abroad. The total number of trainees in these institutions is over 16202.

These continuous efforts of the College have even more importantly 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.

**Prof. Zafar Ullah Chaudhry**

President

College of Physicians  
and Surgeons Pakistan

## Training and Examinations Summary

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

### Disciplines for 1st Fellowship

- |                          |  |
|--------------------------|--|
| 1. Anatomy               | 24. Neurosurgery                       |
| 2. Anesthesiology        | 25. Nuclear Medicine                   |
| 3. Biochemistry          | 26. Obstetrics and Gynaecology         |
| 4. Cardiac Surgery       | 27. Operative Dentistry                |
| 5. Cardiology            | 28. Ophthalmology                      |
| 6. Chemical pathology    | 29. Oral Surgery                       |
| 7. Clinical Haematology  | 30. Orthodontics                       |
| 8. Community Medicine    | 31. Orthopedic Surgery                 |
| 9. Dermatology           | 32. Otorhinolaryngology (ENT)          |
| 10. Diagnostic Radiology | 33. Paediatric Surgery                 |
| 11. Emergency Medicine   | 34. Paediatrics                        |
| 12. Family Medicine      | 35. Periodontology                     |
| 13. Forensic Medicine    | 36. Pharmacology                       |
| 14. Gastroenterology     | 37. Physical Medicine & Rehabilitation |
| 15. General Medicine     | 38. Physiology                         |
| 16. General Surgery      | 39. Plastic Surgery                    |
| 17. Haematology          | 40. Prosthodontics                     |
| 18. Histopathology       | 41. Psychiatry                         |
| 19. Immunology           | 42. Pulmonology                        |
| 20. Medical Oncology     | 43. Radiotherapy                       |
| 21. Microbiology         | 44. Thoracic Surgery                   |
| 22. Nephrology           | 45. Urology                            |
| 23. Neurology            | 46. Virology                           |

### Disciplines for 2nd Fellowship

- |                                       |   |
|---------------------------------------|---|
| 1. Cardiothoracic Anesthesiology      | 10. Paediatric Gastroenterology- Hepatology and Nutrition |
| 2. Clinical Cardiac Electrophysiology | 11. Paediatric Haematology Oncology                       |
| 3. Critical Care Medicine             | 12. Paediatric Infectious Diseases                        |
| 4. Community & Preventive Paediatric  | 13. Paediatric Nephrology                                 |
| 5. Endocrinology                      | 14. Paediatric Neurology                                  |
| 6. Infectious Diseases                | 15. Paediatric Ophthalmology                              |
| 7. Interventional Cardiology          | 16. Rheumatology  |
| 8. Neonatal Paediatrics               | 17. Surgical Oncology                                     |
| 9. Paediatric Cardiology              | 18. Vitreo Retinal Ophthalmology                          |



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

- a recognized medical degree;
- completed 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 on whole time basis.
- passed IMM examination in Medicine and Allied
- obtained approval of dissertation/ two research articles (related to the specialty) published/ accepted for publication in CPSP approved journal(s):
- submitted complete logbook for the period of training; been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been 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.

## 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

## REGISTRATION AND TRAINING

### 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. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

### ELIGIBILITY REQUIREMENTS FOR ENTERING THE FCPS PART II TRAINING PROGRAM IN COMMUNITY MEDICINE

1. Passed FCPS-I in Medicine & Allied/ Community Medicine or granted exemption.
2. Completed two years of RTMC registered training of IMM in Community Medicine.

### EXEMPTION FROM FCPS PART-I

An application for exemption from FCPS Part-I must be submitted to the College with all the relevant documents and a bank draft for the prescribed fee.

After due verification, the College may grant exemption on individual basis from FCPS Part-I to those applicants who have acquired any of the following qualifications:

- Fellowship from any of the Royal Colleges of UK & Ireland
- Diplomate American Board of Specialties
- FCPS Part-I Bangladesh

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 case to case basis.

All applicants who are allowed exemption will be issued an EXEMPTION CERTIFICATE on payment of exemption fee. 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.

#### **DURATION OF TRAINING IN COMMUNITY MEDICINE:**

1. Total duration of the training is 4 years, divided into following two phases:
  - Intermediate Module in Community Medicine for first two years, after which the trainee is required to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet titled "Intermediate Module in Community Medicine" published separately by the College.
  - Last two years consists of FCPS-II training in Community Medicine.
2. All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

#### **RESEARCH**

One of the training requirements 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 & Evaluation Unit (REU) of CPSP before starting the research work. The dissertation or research paper must be submitted for approval to the REU before or during the first six months of fourth year of training program.

#### **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 undertaken on whole time basis. The trainees are required to register with the RTMC and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College. However, another supervisor may be accepted if no Fellow is available to offer appropriate supervision. Only that training will be accepted which is done under a CPSP approved 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. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and /or for another academic qualifications.

# 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 CPSP.

Supervision of a trainee is a multifaceted job. Arbitrarily the task is 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 to this abstract and versatile role.

### EXPERT TRAINER

- This is the most fundamental role of the supervisors. They have to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail 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 act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training).
- Every supervisor is expected to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/ skills in the training. It is a basic duty of the supervisors to keep abreast of the innovations in their field of expertise and ensure that this information percolates to trainees of all years under them.

### RELIABLE LIAISON

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

### PROFICIENT ADMINISTRATOR

- He/ she must ensure that the trainee's have completed the yearly logbooks and have submitted the summary sheets within these logbooks.
- They must 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 and should indicate if training has been followed satisfactorily. The report must also contain positive and negative aspects of the trainee's performance and any extra academic endeavors made by them. Prolonged absences must also be mentioned in sufficient detail. It is essential that each report be discussed and signed by both 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:

1. accept responsibility for their own learning and ensure that it is in accord with the relevant requirements;
2. investigate sources of information about the program and potential Supervisor, and play an informed role in the selection and appointment of the Supervisor;
3. seek reasonable infrastructure support from their institution and Supervisor, and use this support effectively;
4. ensure that they undertake training diligently.
5. work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the RTMC;
6. accept responsibility for the dissertation, and plan and execute the research within the time limits defined;
7. be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and document progress etc. If the supervisor is not able/willing to meet with the student on a regular basis, the student must notify the College;
8. provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission;
9. Prior to submission of dissertation, the student should ensure that the supervisor has all the raw data relevant to the thesis;
10. submit completed Dissertation to REU or evidence of publication/ acceptance for publication of two research papers in CPSP approved journal (s) or JCPSP six months before the completion of (last year of) training. The trainee should be the first or second author of both papers and the synopsis of both papers must have a prior approval of REU;
11. follow the Colleges complaint procedures if serious problems arise;
12. complete all requirements for sitting an examination;
13. provide feedback regarding the training post to the College on the prescribed confidential form;

# TRAINING PROGRAM

## INTRODUCTION

Health problems affecting men, women and children in Pakistan are largely preventable. Resource allocation for health in public sector is 1% or less of GNP, yet medical education focuses on curative care and neglects training in public health. When resources are limited, and the majority of health problems preventable, the most appropriate, relevant and cost-effective health practice is prevention of disease and promotion of health.

The most immediate challenge, which confronts the country and the region, is the lack of a cadre of dedicated and trained physicians who could take the responsibilities of teaching, designing, implementing and managing community based health programs. These programs are necessary for the training of students, gaining experience in community-oriented work, and in seeking effective and appropriate solutions for questions related to priority health problems in the community.

Keeping in mind the extreme paucity of well-trained public health physicians in Pakistan, it is imperative that structured training programs in Community Medicine are promoted. Community Medicine focuses on the health of populations. Community Medicine specialists should demonstrate knowledge and skills to collect and analyze data, plan, implement, manage and evaluate appropriate population-based interventions that effectively improve the health and well being of communities. Strategies should include inter-sectoral and inter-disciplinary partnerships with communities and health systems through a focus on promotion of health and prevention of disease. The focus of the program includes inter-disciplinary collaboration, development of public health concepts, values & problemsolving skills.



## 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; these are 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. The aim of Fellowship program is to equip physicians with public health skills, deal effectively with the common health problems of Pakistan and the region.

### GOALS:

At the end of training in Community Medicine Program, the graduate will be able to:

1. Develop, implement, manage and evaluate health programs and models of public health in the country and the region.
2. Manage and prevent common health problems of Pakistan.
3. Teach and train medical undergraduates, postgraduates, other health workers in the practice of public health.
4. Develop and conduct research in public health issues.

## OBJECTIVES

At the end of the training program, the graduates in the areas identified will be able to:

### HEALTH: DETERMINANTS, SERVICES AND SYSTEMS

1. Define and prioritize community needs and problems
2. Analyze health problems.
3. Apply principles of disease control to investigate and control communicable and non-communicable diseases.
4. Select, calculate and interpret screening tests.
5. Plan, design, implement, monitor and evaluate health programs

6. Identify and monitor risk factors and develop appropriate preventive programs for:
  - i. Environmental and occupational hazards.
  - ii. Communicable and non-communicable diseases.
  - iii. Injuries.
  - iv. Nutritional problems.
7. Apply principles of health economics to plan cost-effective, quality interventions.
8. Develop and work with teams.
9. Find and interpret population data.
10. Select and interpret appropriate health and social indicators.
11. Critically examine health policies and programs.
12. Apply principles of ethics to health services.

#### MANAGEMENT OF COMMON HEALTH PROBLEMS

1. Identify and manage common health problems (communicable and non-communicable) at the primary care level.
  - a) Take history, perform appropriate physical examination and develop reasonable management plan for patients presenting with common complaints of:
    - i. acute clinical syndromes including diarrhea, fever, headache, abdominal pain, painful ear, dysuria, and skin rash.
    - ii. pulmonary conditions including acute respiratory infection, asthma.
    - iii. injuries including sprains and soft tissue injuries, splinting and appropriate referral for fractures; wound care including, control of bleeding, assessing the wound & local suturing.
    - iv. chronic conditions including malnutrition, anemia, hypertension and diabetes.
    - v. reproductive tract infections according to the World Health Organization disease algorithm.
    - vi. childhood immunizations and childhood development assessment.
  - b) Manage primary medical problems common in Pakistan in an outpatient setting including:
    - i. family planning
    - ii. appropriate diagnosis, treatment and follow-up of tuberculosis

- iii. antenatal care including
    - anemia
    - maternal tetanus toxoid immunization
    - pregnancy induced hypertension
    - diagnosing breech presentation and transverse lie
- 2. Implement effective solutions, and plan preventive measures for the control of common communicable and non-communicable diseases at the individual, family and community level.
- 3. Stabilizing and transporting seriously injured patients.

## EDUCATION

1. Design curricula for health personnel.
2. Effectively teach and train health personnel.
3. Select appropriate teaching-learning methods for achieving specific objectives.
4. Use audiovisual aids effectively.
5. Use Internet to retrieve educational material.
6. Facilitate health promotion and disease prevention approach through health education by:
  - i. formulating learning objectives.
  - ii. developing key health education messages.
  - iii. developing and implementing appropriate health education programs.

## RESEARCH

1. Contribute to the body of knowledge of public health through scholarly work and research.
2. Critically appraise research and literature.
3. Select, design, analyze and interpret epidemiological studies.
4. Conceive appropriate research questions.
5. Select appropriate study designs.
6. Determine sample size.
7. Write research protocols.
8. Apply appropriate analytical methods.
9. Analyze, interpret, and present data in tables & graphs.
10. Prepare scientific manuscripts for publication, and other reports.
11. Demonstrate ethical attitudes and behavior, and a critical approach in work.
12. Apply principles of ethics to health research.

# SYLLABUS

## 1.0 INFERENCEAL EPIDEMIOLOGY

- 1.1 Description, analysis and presentation of epidemiological data:
  - Measures of Association and Risk
  - Statistical Association and Cause-Effect Relationship
  - Presentation and summarization of data
  - Analysis of epidemiological studies:
  - Evaluating the role of Chance
  - Evaluating the role of Bias
  - Evaluating the role of Confounding and Effect Modification
- 1.2 Sampling and Sampling Error:
  - Simple random sampling
  - Systematic sampling
  - Stratified sampling
  - Multistage sampling
  - Cluster sampling
  - Standard error of a mean
  - Standard error of difference of means
  - Standard error of a proportion
  - Standard error of difference of proportions
- 1.3 Sources of Systematic Errors:
  - Selection bias
  - Information bias
  - Confounding
- 1.4 Sample Size Estimation:
  - Standard error
  - Confidence interval
  - Testing hypothesis
- 1.5 Public Health Surveillance
- 1.6 Screening

## 2.0 INFERENCEAL BIostatistics

- 2.1 Null Hypothesis and Significance Testing
- 2.2 Test of Significance of Mean:
  - z and t test
  - Paired z and t test
- 2.3 Tests of Significance of Proportions:
  - Chi-square test
  - z test
- 2.4 Standardized Rates
- 2.5 Data processing methods: including use of personal computers and software packages for data entry and analysis

### **3.0 DEMOGRAPHY**

#### **3.1 Measures of Mortality:**

- Crude death rate
- Age specific death rates
- Infant mortality rate (IMR)
- Neonatal mortality rate
- Post-neonatal mortality rate
- 1-4 mortality rate
- Maternal mortality rate and ratio
- Perinatal mortality rate
- Standardized death rates: Direct and Indirect methods.

#### **3.2 Life Tables and Life Expectancy**

#### **3.3 Impact of demographic changes**

#### **3.4 Population control**

#### **3.5 Population Statistics:**

- Census
- Population growth and structure; population pyramids of developing and developed countries, with special reference to Pakistan; Demographic Trap.
- Demographic Transition
- Dependency Ratio

### **4.0 HEALTH POLICY AND PLANNING**

#### **4.1 Policy formulation**

#### **4.2 Strategic (macro) planning**

#### **4.3 District (micro) planning**

#### **4.4 Health Systems Research (HSR)**

#### **4.5 Health services utilization: including behavioral patterns in health and disease; medical beliefs and practices**

### **5.0 HEALTH FINANCING AND ECONOMICS**

#### **5.1 Macro-economic factors and their effect on health sector financing**

#### **5.2 Health sector financing and sustainability issues.**

#### **5.3 Methods for generating revenues i.e., user charges, Health Management Organizations (HMOs), social security & other insurance schemes**

#### **5.4 Cost-effective and cost-benefit analysis of health programs and projects**

## 6.0 HEALTH MANAGEMENT

- 6.1 Organization of the health system in Pakistan
- 6.2 Health services management
- 6.3 District health management
- 6.4 Hospital administration
- 6.5 Project management

## 7.0 HEALTH SYSTEMS

- 7.1 Urban health
- 7.2 Rural health
- 7.3 International health
- 7.4 Primary health care
- 7.5 Community participation
- 7.6 Private sector and NGOs in health

## 8.0 HUMAN RESOURCE DEVELOPMENT

- 8.1 Teaching methods
- 8.2 Curriculum development
- 8.3 Evaluation and assessment
- 8.4 In-service training

## 9.0 PRINCIPLES OF BIOMEDICAL ETHICS

## 10.0 DISEASE PREVENTION AND CONTROL

- 10.1 Epidemiology in Disease Control:
- 10.2 Epidemiological aspects of Infectious Diseases
- 10.3 Health education and Communication: Promotion of health and prevention of disease including injury prevention
- 10.4 Nutrition
- 10.5 Investigation of an outbreak
- 10.6 Application of the principles of disease control
  - Control strategy
  - Control organization
  - Control methods including Immunization
- 10.6 Emerging and re-emerging infections: such as HIV/AIDS, Tuberculosis, infections of animal origin affecting humans (e.g. Creutzfeldt-Jacob's or Mad-cow Disease)

## **11.0 NON-COMMUNICABLE DISEASES**

- 11.1 Cardiovascular diseases
  - Ischemic heart disease
  - Rheumatic fever
  - Hypertension
- 11.2 Diabetes mellitus
- 11.3 Malignant diseases and cancer prevention
- 11.4 Mental illness (including epilepsy)
- 11.5 Iodine deficiency disorders
- 11.6 Accidents and disasters
- 11.7 Substance abuse

## **12.0 ENVIRONMENTAL HEALTH**

- 12.1 Management of solid waste
- 12.2 Purification of water
- 12.3 Global warming and ozone layer depletion
- 12.4 Industrial waste
- 12.5 Air and water pollution
- 12.6 Management of coastal areas
- 12.7 Acid rain
- 12.8 Environmental impact assessment

## **13.0 PRINCIPLES OF OCCUPATIONAL HEALTH**

- 13.1 Common occupational diseases and injuries of Pakistan
- 13.2 Management and prevention of problems related to occupation
- 13.3 Setting up of occupational health services
- 13.4 Ergonomics

# **E- LOG BOOK**

The CPSP Council has made e-logbook mandatory for all residency programs trainees inducted in July 2011 and onwards. Upon registration with RTMC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-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.

## ASSESSMENT

### ELIGIBILITY REQUIREMENTS FOR FCPS PART-II EXAMINATION

The eligibility requirements for candidates appearing in FCPS Part II are:

- Passed FCPS Part-I in Community Medicine or granted exemption from FCSP Part-I by CPSP as per rules.
- To have completed four year CPSP approved and RTMC registered training program, including 1 year in a clinical specialty at an institution approved by CPSP and relevant to Community Medicine (normally general medicine, paediatrics, family medicine, obstetrics/gyneacology, psychiatry).
- To provide certificate of having passed the Intermediate Module Examination in Community Medicine.
- To submit a completed and duly attested logbook.
- To provide a certificate of approval of dissertation or acceptance of two research papers in CPSP approved journal (s).
- To provide a certificate of attendance of mandatory workshops.

### EXAMINATION SCHEDULE:

- The FCPS Part-II theory examination will be held twice a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Nawabshah, Multan, Peshawar, Quetta and Rawalpindi centers. 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 24 theory/ practical/ clinical and viva examinations.
- The College will notify of any change in the centers, 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 it is 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.



### EXAMINATION FEES:

- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/absence/exclusion.
- 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 withdrawal 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 center/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.

#### Theory Examination:

The written examination consisting of two papers:

**Paper I:** 10 Short Answer Questions (SAQs) 3 hours

**Paper II:** 10 Short Answer Questions (SAQs) 3 hours

**Note:** *Paper II is expected to be replaced with 100 MCQs in future. However any such changes will be made after notifying candidates well in advance.*

#### Clinical Examination:

Only those candidates who pass theory examination will be called for Clinical examination. Detailed instructions will be sent to successful candidates of theory examination regarding date and other particulars of clinical examination.

### **The Clinical examination consists of two components:**

1. Objective Structured Practical Examination (OSPE)
2. Viva voce.

#### **FORMAT OF OSPE**

OSPE will comprise of 12-15 stations of eight 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. The areas assessed will focus on public health, promotive and preventive aspects of clinical problems and communication skills related to pediatrics, reproductive health.

In addition history taking skills, data interpretation, anthropometry, data analysis and sampling etc. There will be two types of stations: static and interactive. On static stations the candidate will be presented with data related to public health, clinical problem, or a research study and will be asked to give written responses to questions asked. On the interactive stations the candidate will have to perform a procedure, for example, taking history, providing health education, counseling 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.

#### **VIVA VOCE**

The objective of the viva voce examination is to assess the analytic and decision making abilities of the candidate and his/her approach towards solving public health problems. Three panels of examiners with two examiners in each panel will question the candidates. For wider coverage of content, the areas to be questioned are distributed amongst the examiners.

**Note:** The candidate is required to fill a self explanatory 'feedback form at the end of the examination.

**The college reserves the right to alter/amend any rules/regulations.** It is, therefore, important that the candidates keep visiting CPSP website regularly to know of any changes notified by the college. Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

# USEFUL ADDRESSES AND TELEPHONE NUMBERS

## 1. Regional Offices of the CPSP

### MUZAFFARABAD

CMH Muzaffarabad  
Azad Kashmir  
TEL: 05822-920998  
Email: rc\_muzaffarabad@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  
Email: 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**

Adjacent to Sir Cowasji Jehangir  
Institute of Psychiatry,  
Hyderabad, Sindh.  
TEL: 022-3860056  
FAX: 022-3860057  
Email: rc\_hyderabad@csp.edu.pk

**KARACHI****2. Departments of CPSP Karachi**

UAN – 021-111-606-606

- **Department of Medical Education**  
99207100 -10 Ext: 235/240
- **Examination** (FCPS Part I)  
99207100 -10 Ext: 311
- **Examination** (FCPS Part II)  
99207100 -10 Ext: 215
- **Registration, Training & Monitoring Cell**  
99207100 -10 Ext: 345 & 324

For further Information:  
Phone: 99207100-10  
UAN 111-606-606  
Facsimile: 99266450  
Website: www.csp.edu.pk

**QUETTA**

Near Cenar Hospital,  
Off: Brewery Road, Quetta  
TEL: 081-9213434 & 081-2913435  
FAX NO.: 081-2853326  
Email: rc\_quetta@csp.edu.pk

**OVERSEAS CPSP CENTRES****3. Saudi Arabia****RIYADH**

Saudi Council for Health Specialities  
Diplomatic Quatre P.O.Box 94656,  
Riyadh - 11614.  
Kingdom of Saudi Arabia  
City: Riyadh  
Country: Kingdom of Saudi Arabia  
TEL NO.: 966-1-4822415 ext:156/141  
FAX NO.: 966-1-4884146

**4. Nepal****KATHMANDU**

Institute of Medicine, Maharajgunj,  
Kathmandu, Nepal  
City: Kathmandu  
Country: Nepal  
TEL NO.: 00977-1-4416224  
FAX NO.: 00977-1-4416224  
Email: csp\_kathmandu@yahoo.com

