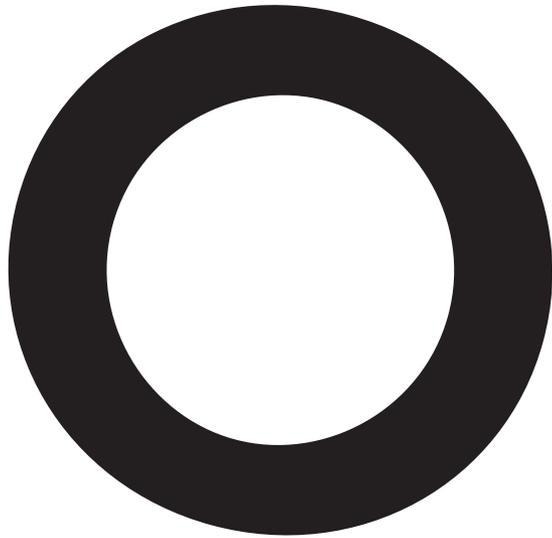


Requirements for Post IMM Fellowship Training

OBSTETRICS & GYNAECOLOGY



College of Physicians and Surgeons Pakistan



2016

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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 seventy three.

After completing two years of core training during IMM, the trainees are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The prospectii of IMM in each discipline have been extensively revised and structured so as to delineate well defined competencies to be achieved along with their level of participation. These have been complemented by color coded Structured Visual Curriculum Display (SVCD) charts to be placed at a prominent places 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 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 over 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (73 disciplines), MCPS 22 disciplines, including MCPS in Health Professions Education and Health Care System Management. 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. Since IMM examination is used merely as a midway assessment, it now includes TOACS (Task Oriented Assessment of Clinical Skills) only, which is more objective and standardized method to assess clinical skills. 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 198 accredited medical institutions throughout the country and 48 accredited institutions abroad. The total number of trainees in these institutions is over 17685 who are completing residency programs with around 3105 supervisors. 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 'needs 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 & Maxillofacial Surgery |
| 7. Clinical Haematology | 30. Orthodontics |
| 8. Community Medicine | 31. Orthopaedic 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. Child and Adolescent Psychiatry | 15. Paediatric Gastroenterology
Hepatology & Nutrition |
| 2. Cardio-Thoracic Anesthesiology | 16. Paediatric Haematology
Oncology |
| 3. Clinical Cardiac
Electrophysiology | 17. Paediatrics Infectious
Diseases |
| 4. Community and
Preventive Paediatrics | 18. Paediatric Nephrology |
| 5. Critical Care Medicine | 19. Paediatric Neurology |
| 6. Developmental and
Behavioural Paediatrics | 20. Paediatric Ophthalmology |
| 7. Endocrinology | 21. Pain Medicine |
| 8. Gynecological Oncology | 22. Reproductive Endocrinology and
Infertility |
| 9. Infectious Diseases | 23. Rheumatology |
| 10. Interventional Cardiology | 24. Surgical Oncology |
| 11. Maternal and Fetal Medicine (MFM) | 25. Urogynaecology |
| 12. Neonatal Paediatrics | 26. Vitreo Retinal Ophthalmology |
| 13. Orbit & Oculoplastics | 27. Vascular Surgery |
| 14. Paediatric Cardiology | |

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who are declared successful in examinations carried out by the Examination Department of the CPSP and elected by the College Council and have:

- A recognized medical degree
- Completed a one year housejob in a recognized institution
- Passed the relevant FCPS Part I Examination
- Registered with the R&RC
- Qualified in IMM exams
- Undergone specified years of supervised accredited training

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.

GENERAL INFORMATION

REGISTRATION AND TRAINING INFORMATION

Candidates are admitted in the residency program and 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 PROGRAMME IN ORTHOPAEDIC SURGERY

- Passed FCPS Part I in Obstetrics & Gynaecology/ allowed exemption

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 from FCPS Part-I to those applicants who have acquired any of the following qualifications in Obstetrics & Gynaecology:

- 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 Registration & Research Cell (R&RC) 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.

REGISTRATION AND SUPERVISION

All training must be supervised and trainees are required to register with the Registration & Research Cell (R&RC) within 30 days of starting their training for the intermediate module. In case of delay in registration, the start of training will be considered from the date of receipt of application by the R&RC. Registration forms are available with R&RC and at the Regional Centers. They can also be downloaded from the CPSP Website. Training is compulsorily monitored by an approved supervisor who is a CPSP fellow or a specialist with relevant postgraduate qualifications and experience and registered with the R&RC. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for other academic qualifications.

DURATION OF TRAINING IN OBSTETRICS & GYNAECOLOGY

- Total duration of the training is 4 years divided into two phases.
- The first two years of training, inclusive of rotations, will constitute the Intermediate Module (IMM), after which the trainee becomes eligible to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet “Intermediate Module in Obstetrics and Gynaecology” published separately by the College.
- Last two years consist of advance training in Obstetrics and Gynaecology, known as FCPS II.
- Upon completion of IMM training, trainee is eligible to appear in the Intermediate Module examination in Obstetrics and Gynaecology. But passing of IMM examination is one of the eligibility requirements before appearing in FCPS-II examination.
- All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

ROTATIONS

One rotation of three months has to be carried out from the list given below; during 3rd or 4th year of FCPS-II training, excluding the one done during IMM:

1. General Medicine
2. Paediatrics/ Neonatology
3. Diagnostic Radiology
4. Anesthesia
5. General Surgery

MANDATORY WORKSHOPS

All mandatory workshops should be attended during the first two years of training. Therefore no workshop is mandatory during the 3rd & 4th year of training. However the trainee will be required to take any workshop as may be introduced by the CPSP.

RESEARCH (DISSERTATION/TWO PAPERS)

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 & Evaluation Unit (R&RC) of CPSP before starting the research work. The Dissertation must be submitted for approval to the R&RC before or during first six months of 4th year of training program.

E-LOG BOOK

The CPSP council has made e-logbook system mandatory for all Residency program trainees inducted from July 2011. Upon registration with R&RC 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 a 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 the vigilance of the supervisors.

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 a supervisor. 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.
- They should teach the trainees and help them overcome the hurdles during the learning process.
- It is the job of the supervisor to ensure that the trainee develops the ability to interpret findings in the 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 should participate actively in supervisors' workshops, conducted regularly by CPSP, and do their best to implement the newly acquired information/ skills in the training. It is their basic duty to keep abreast of the innovations in the 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

- They must ensure that each trainee makes regular entries in e-logbook.
- Provide feedback regarding each trainee quarterly through e-log system.
- 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. The Trainees should:

- Accept responsibility for their own learning and ensure that it is in accord with the relevant requirements;
- Investigate sources of information about the program and potential supervisor, and play an informed role in the selection and appointment of the Supervisor;
- Seek reasonable infrastructure support from their institution and supervisor, and use this support effectively;
- Ensure that they undertake training diligently;
- Work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the R&RC;
- Accept responsibility for the dissertation, and plan and execute the research within the time limits defined;
- 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;
- Provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission;
- Prior to submission of dissertation, the student should ensure that the supervisor has all the raw data relevant to the thesis;
- Submit completed Dissertation to R&RC or evidence of publication/ acceptance for publication of two research papers in CPSP approved journal (s) or JCPS 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 R&RC;
- Follow the College complaint procedures if serious problems arise;
- Complete all requirements for sitting an examination;
- Provide feedback regarding the training post to the College on the prescribed confidential form;

TRAINING PROGRAMME

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 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:

KNOWLEDGE

1. Discuss etiology, pathogenesis, epidemiology and management of disorders in Obstetrics & Gynecology.
2. Understanding of Biostatistics and Epidemiology of health and disease in Pakistan.
3. Detailed knowledge of health status of Mothers and Neonates in Pakistan. MDGs and Pakistan's progress towards them.
4. Detailed knowledge of Obstetrical & Gynecological diseases in urban & rural settings, with ability to advise policy makers & stakeholders in Pakistan on aspects of such problem in the community.
5. Undertake research and publish findings.
6. Acquire new information, assess its utility and make appropriate applications.

SKILLS

1. Manage pregnant women, as they progress from conception to postnatal period by:
 - Obtaining pertinent history.
 - Counseling individuals in the preconception period.
 - Examining the pregnant women at appropriate intervals.
 - Detecting pre-existing problems in pregnant women.
 - Detecting and treating any complications occurring during the course of pregnancy which may be hazardous to the health of the mother or child.
 - Dealing with the problem of mother and child occurring during the post-natal period.
 - Advising methods regarding child spacing and family limitation.
2. Advise the community on matters related to promoting health and preventing diseases.
3. Train paraprofessionals and other junior members of the team.

ATTITUDES

Towards Patients

The trainee will be able to:

1. Establish a positive relationship with all patients in order to ease illness and suffering.
2. Facilitate the transfer of information important to the management and prevention of disease.
3. Demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.
4. Recognize the role of team work and function as an effective member /leader of the team.
4. 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 through out and at the end of the session.
5. Consistently show consideration of the interests of the patient & the community as paramount and these interests should never be subservient to one's own personal or professional interest.

Towards Self Development

1. Demonstrate, consistently, respect for every human being irrespective of ethnic background, culture, socioeconomic status or religion.
2. Deal with patients in a non-discriminatory and prejudice-free manner.
3. Be able to work in a team.
4. Deal with patients honestly, with compassion and empathy.
5. Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
6. 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.
7. Show initiative to become lifelong self-directed learner, tapping on resources including clinical material, faculty, library, internet and on-line learning programs.
8. Recognize stress in self and others.
9. Deal with stress and support medical colleagues and allied health workers.
10. Handle complaints including self-criticism or criticism by colleagues or patients.
11. Understand the importance of obtaining and valuing a second opinion.

Towards Society

1. Understand the social and governmental aspects of healthcare provision.
2. Offer professional services while keeping the cost effectiveness of individual forms of care in mind.
3. Apply an understanding of hospital and community-based resources available for patients and caregivers in rural areas.
4. Demonstrate an understanding of health service management and health economics in rural areas.
5. Understand the use of 'telemedicine' in practicing health.
6. Provide EMOC services in the community as defined by CPSP.

SPECIFIC LEARNING OUTCOMES (SLOS)

OBSTETRICS

Antenatal

- Preconceptional counseling (Folic acid, Vaccination, Hereditary issues)

Antenatal Care

- Book patients for confinement
- Identify and manage high risk pregnancy
- Involve inter-disciplinary referral where indicated
- Plan frequency of ante natal visits

- Perform Obstetric ultrasound
- Identify and manage patients with drug and substance abuse
- Understand principles of safe medication in pregnancy

Screening

- Perform 1st and 2nd trimester screening for fetal abnormalities
- Counsel and manage abnormal result on a screening or diagnostic test for fetal abnormality

Monitoring

- Critical evaluation of fetal growth and well being
- Diagnosis and management of fetal abnormality
- Manage pregnancies with fetal congenital anomalies appropriately
- Diagnose and manage IUGR

Pre term labor/PROM

- Diagnose and manage preterm labor and PROM

Ante partum Hemorrhage

- Diagnose types of APH
- Manage all severities of APH and subsequent complications

Intrauterine Death (IUD)

- Confirm etiology as much as possible
- Manage IUD pregnancy
- Perform appropriate follow-up/subsequent advice

Multiple Pregnancies

- Monitor multiple pregnancy and offer effective antenatal care
- Conduct appropriate labor
- Manage complications of multiple pregnancy

Prolonged pregnancy

- Manage and monitor prolonged pregnancy
- Induce labor effectively and appropriately

Hydramnios

- Investigate and manage pregnancy with hydramnios

Rh Incompatibility

- Understand and implement principles of prevention
- Manage and appropriately make in-utero or ex-utero transfer

Medical Disorders during Pregnancy specially Hypertension, Diabetes, Anemia and other hematological disorders, Cardiac Diseases, Asthma, Epilepsy, Tuberculosis, Renal diseases, Hepatitis and Jaundice, Thromboembolism, Thyroid disorders

- Diagnosis of disease and its risk factors
- Manage and deliver pregnancies thus affected
- Liaise with physicians

INTRAPARTUM

Normal labor and delivery

- Manage first stage of labor
- Offer labor analgesia
- Monitor labor effectively, identifying and managing clinical problems including emergencies, as and when they arise
- Evaluate CTG and take appropriate action
- Conduct normal vaginal delivery with and without episiotomy
- Manage third stage of labor

Operative Delivery

- Manage outlet forceps delivery
- Manage ventouse delivery
- Manage assisted breech delivery
- Manage mal presentations
- Carry emergency and elective Cesarean Section skillfully for medical and ethical indications
- Diagnose and manage complications of operative delivery

EmOC

- Have knowledge of principles of Emergency Obstetric care
- Advise policy makers and health organizations about EmOC

POST-DELIVERY

Puerperium

- Manage Postpartum hemorrhage
- Guide breast feeding and identify problems in relation to it
- Investigate and manage puerperal fever
- Detect, diagnose “post partum blues” and depression
- Detect and refer complicated Psychiatric issues.

Neonatal Care

- Manage basic resuscitation of newborn
- Undertake routine care of newborn

GYNECOLOGY

Reproductive Endocrinology Adolescent and Pediatric Gynecology

- Manage Intersex disorders
- Manage Primary amenorrhea
- Manage disorders of Puberty

Miscarriage, Ectopic and TOP (termination of pregnancy)

- Manage various types of miscarriages
- Evaluate and manage recurrent early pregnancy loss
- Diagnose and manage ectopic pregnancy
- Evaluate, select and manage TOP
- Manage septic abortion

Infertility and Assisted Reproduction

- Investigate the infertile couple
- Select appropriate management strategies for infertility
- Comprehend principles of Assisted Reproductive techniques

Hirsutism and PCO

- Investigate and manage hirsutism
- Diagnose and manage PCO
- Liaise with Dermatologist when indicated

Menopause

- Diagnose problems in relation to menopause
- Awareness of current concepts regarding feasibility of Hormone Replacement Therapy (HRT)

Menstrual disorders

- Investigate and manage menorrhagia in reproductive age group
- Manage Oligomenorrhea and Secondary amenorrhea
- Diagnose and manage Premenstrual Syndrome(PMS)

Psychosexual Medicine

- Understand and manage common psychosexual problems

Endometriosis

- Diagnose endometriosis
- Manage endometriosis medically and surgically

Lieomyomata

- Diagnose and manage uterine fibroids

Contraception and Family Planning

- Offer appropriate contraceptive method
- Perform all contraceptive procedures
- Knowledge of current contraceptive methods
- Manage side effects and complications of different contraceptive methods
- Knowledge of health statistics of Pakistan

GYNECOLOGIC ONCOLOGY

- Basic knowledge and concepts about epidemiology, genetics and molecular biology of gynecologic cancer
- Principles of Radiotherapy and Chemotherapy
- Manage Ovarian, Endometrial, Cervical, Vulval and Gestational Trophoblastic Disease
- Manage pre-invasive disease of Vulva and Cervix
- Manage adnexal cysts
- Provide supportive, terminal and palliative care to cancer patients

WOMEN'S REPRODUCTIVE HEALTH

Reproductive Health (RH)

- Apply concepts and components of RH according to local circumstances
- Knowledge of factors in Maternal morbidity & mortality
- Counsel and provide informational care in all situations demanding Psychosocial management, e.g. bereavement, breaking bad news, surgical complications.

Women's Rights to Sexual and Reproductive Health (WRSRH)

- Discuss concepts of WRSRH
- Counsel, protect, promote and advance Women's Rights to SRH
- Understand principles of management of Violence against women

Pelvic Pain and PID

- Diagnose and manage all types of Vaginal discharge
- Diagnose and manage acute and chronic PID
- Understand principles of management of HIV

UROGYNECOLOGY

Urinary Incontinence

- Evaluate and interpret varied urinary symptoms
- Order and interpret relevant Urodynamic investigations
- Manage Genuine Stress Incontinence and Detrusor Instability
- Understand principles of VVF repair

Uterovaginal prolapse

- Understand principles of prevention
- Evaluate types of UV prolapse
- Manage prolapsed conservatively and surgically
- Understand principles of management of Vault prolapse

Urinary tract infections

- Evaluate UTI
- Manage and follow-up UTI

CLINICAL COMPETENCIES

The clinical competencies, a specialist must have, are varied and complex. A list of the core procedural competencies including those required during training in the Department of Obstetrics and Gynaecology and the departments during rotations is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

LEVELS OF COMPETENCE

- Level1 Observer status
- Level2 Assistant status
- Level3 Performed under supervision
- Level4 Performed independently

COMPETENCIES

	Third Year												Total Cases Third Year
	3 Months		6 Months		9 Months		12 Months		12 Months		Total Cases Third Year		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
OBSTETRICS (Labour Room)													
Assessment on admission	4	30	4	30	4	30	4	30	4	30	4	30	120
Medical induction of labour	4	10	4	10	4	10	4	10	4	10	4	10	40
Surgical induction of labour	4	15	4	15	4	10	4	10	4	10	4	10	50
Management of normal labour	4	15	4	15	4	15	4	15	4	15	4	15	60
SVD with and without episiotomy	4	15	4	15	4	15	4	15	4	15	4	15	60
Repair of vaginal & perineal tears (excluding third degree tears)	4	4	4	4	4	4	4	4	4	4	4	4	16
Repositioning of inverted uterus (acute)	4	1	4	1	4	1	4	1	4	1	4	1	4
Repair of cervical tears	4	2	4	3	4	2	4	2	4	3	4	3	10
Prevention of PPH including use of misoprostol in doses recommended by FIGO	4	5	4	5	4	5	4	5	4	5	4	5	20
Immediate management of post-partum haemorrhage	4	5	4	5	4	5	4	5	4	5	4	5	20
Breech, twin delivery	4	3	4	4	4	4	4	4	4	4	4	4	15

COMPETENCIES

	Third Year												Total Cases Third Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
OBSTETRICS (Operative Skills)													
Repair of ruptured uterus	4	2	4	2	4	3	4	4	3	4	3	10	
Outlet forceps delivery	4	5	4	5	4	5	4	5	4	5	5	20	
Vacuum extraction	4	5	4	5	4	10	4	10	4	10	10	30	
Destructive operations, craniotomy, craniocentesis etc.	4	1	4	1	4	1	4	1	4	1	1	4	
Repair of third degree tears	4	1	4	1	4	1	4	1	4	1	1	4	
Caesarean section	4	10	4	10	4	15	4	15	4	15	15	50	
Caesarean hysterectomy	4	2	4	2	4	2	4	2	4	2	2	8	
OBSTETRICS (Postnatal)													
Resuscitation of neonate	4	20	4	10	4	10	4	10	4	10	10	50	
Contraception counseling/advice	4	50	4	50	4	50	4	50	4	50	50	200	
Postpartum family planning/IUCD	3	5	3	5	4	5	4	5	4	5	5	20	
Counseling for Breast feeding	3	50	3	50	4	50	4	50	4	50	4	200	

COMPETENCIES

	Third Year												Total Cases Third Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GYNAECOLOGY (OPD/WARD)													
Eliciting Pertinent history	4	40	4	40	4	40	4	40	4	40	4	40	160
Performing physical examination	4	40	4	40	44	40	44	40	44	40	44	40	160
Requesting appropriate investigations	4	40	4	40	4	40	4	40	4	40	4	40	160
Interpreting the results of investigations	4	40	4	40	54	40	54	40	54	40	54	40	160
Deciding and implementing appropriate treatment	3	40	3	40	4	40	4	40	4	40	4	40	160
Managing immediate complications	3	20	3	20	4	20	4	20	4	20	4	20	80
Maintaining follow-up	4	40	4	40	4	40	4	40	4	40	4	40	160
Taking Pap smears	4	5	4	5	4	5	4	5	4	5	4	5	20
Arranging assessment by an anesthetist	4	15	4	15	4	15	4	15	4	15	4	15	60
Colposcopy	3	3	3	3	3	3	3	3	3	3	3	3	10
(Hystero-salpingography (injection of dye	4	1	4	1	4	1	4	1	4	1	4	1	4
Cauterization of cervix/cryosurgery	3	2	3	2	4	3	4	3	4	3	4	3	10
Pipelle Sampling	3	5	3	5	3	5	3	5	3	5	3	5	20
Insertion of IUCD	4	3	4	3	4	3	4	3	4	3	4	3	15
GYNAECOLOGY-Operative Skills (General Skills) B1													
Scrubbing	4	15	4	15	4	15	4	15	4	15	4	15	60
Opening & Closing abdomen	4	10	4	10	4	10	4	10	4	10	4	10	50

COMPETENCIES

	Third Year												Total Cases Third Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GYNAECOLOGY-Operative Skills (Operations Skills) B2													
Evacuation of Retained products of conception	4	3	4	3	4	4	4	4	4	4	4	4	14
Dilatation & Curettage	4	3	4	3	4	4	4	4	4	4	4	4	14
Electronic Vacuum	3	5	3	5	3	5	3	5	3	5	3	5	
Cervical Biopsy/LLETZ	4	1	4	1	4	1	4	1	4	1	4	1	20
Cervical Cerclage	4	1	4	1	4	1	4	1	4	1	4	1	4
Polypectomy	4	1	4	1	4	1	4	1	4	1	4	1	4
Marsupialization of Bartholin's Cyst	4	1	4	1	4	1	4	1	4	1	4	1	3
Mini laparotomy (for tubal ligation)	4	2	4	2	4	2	4	2	4	2	4	2	3
Drainage of abscess (Pelvic)	4	1	4	1	4	1	4	1	4	1	4	1	6
Post-partum tubal ligation	4	1	4	1	4	1	4	1	4	1	4	1	4
Diagnostic laparoscopy	3	3	3	3	3	3	3	3	3	3	3	3	3
Hysteroscopy	3	5	3	5	3	5	3	5	3	5	3	5	10
Ovarian cystectomy	3	1	3	1	3	1	3	1	3	1	3	1	20
Laparotomy for ectopic pregnancy	3	2	3	2	3	2	3	2	3	2	3	2	4
Myomectomy	2	1	2	-	2	-	2	-	2	-	2	-	8
Abdominal hysterectomy	3	1	3	2	4	3	4	3	4	3	4	3	1

COMPETENCIES

	Third Year												Total Case Third Year
	3 Months		6 Months		9 Months		12 Months		12 Months		Cases		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
GYNAECOLOGY-Operative Skills(Operations Skills) B2													
Vaginal hysterectomy	3	1	3	2	3	2	4	2	4	2		7	
Repair of prolapse/AP repair/ sling/colpopexy	3	1	3	2	3	2	4	1	4	1		6	
Tuboplasty	1	1	1	-	2	1	2	-	2	-		2	
Repair of VVF	1	-	1	-	1	1	4	1	4	1		2	
Repair of Rectovaginal Fistula	1	-	1	-	1	-	4	1	4	1		1	
Vaginoplasty	1	-	1	-	1	-	4	1	4	1		1	
Wertheim's operation	1	-	1	-	1	-	4	1	4	1		1	
Vulvectomy	1	-	1	-	1	-	4	1	4	1		1	
Radical Vulvectomy	1	-	1	-	1	-	4	1	4	1		1	

COMPETENCIES

	Fourth Year										Total Cases Fourth Year
	15 Months		18 Months		21 Months		21 Months		21 Months		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
OBSTETRICS (Labour Room)											
Assessment on admission	4	30	4	30	4	30	4	20	4	20	80
Medical induction of labour	4	20	4	20	4	20	4	20	4	20	60
Surgical induction of labour	4	10	4	10	4	10	4	10	4	10	30
Management of normal labour	4	15	4	15	4	15	4	10	4	10	60
SVD with and without episiotomy	4	15	4	15	4	15	4	10	4	10	40
Repair of vaginal & perineal tears (including third degree tears)	4	4	4	4	4	4	4	4	4	4	12
Correction of inverted uterus (acute)	4	1	4	1	4	1	4	1	4	1	3
Manual Removal of placenta	4	1	4	1	4	1	4	1	4	1	4
Postpartum family planning/IUCD	4	5	4	5	4	5	4	5	4	5	20
Repair of cervical tears	4	2	4	2	4	2	4	1	4	1	5
Prevention & Immediate management of post-partum haemorrhage including use of misoprostol (use dose according to FIGO recommendation)	4	5	4	5	4	5	4	5	4	5	15
Breech, twin delivery	4	5	4	5	4	5	4	5	4	5	15

COMPETENCIES		Fourth Year							
		15 Months		18 Months		21 Months		Total Cases	
		Level	Cases	Level	Cases	Level	Cases	Fourth Year	Fourth Year
GYNAECOLOGY (OPD/WARD)									
Eliciting Pertinent history	4	35	4	35	4	35	4	35	105
Performing physical examination	4	35	4	35	4	35	4	35	105
Requesting appropriate investigations	4	35	4	35	4	35	4	35	105
Interpreting the results of investigations	4	35	4	35	4	35	4	35	105
Deciding and implementing appropriate treatment	4	25	4	25	4	25	4	25	75
Managing immediate complications	4	25	4	25	4	25	4	25	75
Maintaining follow-up	4	35	4	35	4	35	4	35	105
Taking Pap smears	4	10	4	10	4	10	4	10	30
Arranging assessment by an anesthetist	4	20	4	20	4	20	4	20	60
Colposcopy	3	5	4	5	3	5	3	5	15
Hystero-salpingography (injection of dye) and saline infusion sonography	4	2	4	2	4	2	4	2	6
Cauterization of cervix/cryosurgery	4	2	4	2	4	2	4	1	5
Pipelle Sampling	4	5	4	5	4	5	4	5	15
Insertion of IUCD/ Implants	4	5	4	5	4	5	4	5	15
GYNAECOLOGY-Operative Skills (General Skills) B1									
Scrubbing	4	20	4	20	4	20	4	20	60
Opening & Closing abdomen	4	15	4	15	4	15	4	20	50

COMPETENCIES

	Fourth Year								Total Cases Fourth Year
	15 Months		18 Months		21 Months		Total Cases Fourth Year		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
GYNAECOLOGY-Operative Skills (Operations Skills) B2									
Evacuation of Retained products of conception	4	5	4	5	4	4	6	6	16
Dilatation & Curettage	4	5	4	5	4	4	6	6	16
Cervical Biopsy/LLETZ	4	2	4	2	4	4	2	2	6
Cervical/Cerclage	3	1	4	1	4	4	22	4	4
Polypectomy	4	1	4	1	4	4	-	-	2
Marsupialization of Bartholin's Cyst	4	1	4	1	4	4	-	-	2
(Mini) laparotomy (for tubal ligation)	4	2	4	2	4	4	2	2	6
(Drainage of abscess)Pelvic	4	1	4	1	4	4	1	1	3
Post-partum tubal ligation	4	1	4	1	4	4	-	-	2
Diagnostic laparoscopy	4	2	4	2	4	4	2	2	6
Hysteroscopy	4	5	4	5	4	4	5	5	15
Ovarian cystectomy	4	1	4	1	4	4	1	1	3
Laparotomy for ectopic pregnancy	4	2	4	2	4	4	2	2	6
Myomectomy	3	1	3	-	3	-	3	-	1
Abdominal hysterectomy	4	3	4	4	4	4	3	3	10

COMPETENCIES		Fourth Year							
		15 Months		18 Months		21 Months		Total Cases	
		Level	Cases	Level	Cases	Level	Cases	Level	Cases
GYNAECOLOGY-Operative Skills (Operations Skills) B2									
Vaginal hysterectomy		4	2	4	2	4	2		6
Repair of prolapsed /Ap repair/SLING/ Colpopexy		4	2	4	2	4	2		6
Tuboplasty		2	1	2	-	2	-		1
Repair of VVF		2	1	2	1	2	-		2
Repair of Rectovaginal Fistula		2	1	2	-	3	-		1
Vaginoplasty		2	1	2	-	2	-		1
Wertheim's operation		2	1	2	-	2	-		1
Vulvectomy		2	1	2	-	2	-		1
Radical Vulvectomy		2	1	2	-	2	-		1v

ROTATIONS

Three Months Rotations

Level	Cases
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NEONATOLOGY

Neonatal Examination	1,2,3,4	10 each
Neonatal Resuscitation	1,2,3,4	5 each
Emergency drug dosage and side effects	1,2,3,4	5 each
I/V fluids in first seven days	1,2,3,4	5 each
Management of LBW	1,2,3,4	5 each
Recognition of Sepsis & emergency care	1,2,3,4	5 each
IMC I(Integrated management of Childhood illness)	1,2,3,4	5 each
Vaccination	1,2,3,4	
Recognition & emergency management of danger signs like.		
i. Jaundice	1,2,3,4	10 each
ii. Respiratory distress	1,2,3,4	10 each
iii. Convulsions	1,2,3,4	10 each
iv. CCT	1,2,3,4	10 each
v. Anaemia	1,2,3,4	10 each
vi. Peripheral Circulatory Failure	1,2,3,4	10 each

ROTATIONS

Three Months Rotations

Level	Cases
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MEDICINE

Medical problems relevant to OBG/GYN

History, examination, Appropriate investigation and treatment of

Diabetes Mellitus	1,2,3,4	10 each
Diabetes	1,2,3,4	10 each
Hypertension	1,2,3,4	10 each
Liver Disease	1,2,3,4	10 each
Anaemia	1,2,3,4	10 each
Renal Diseases	1,2,3,4	10 each
Thyroid Diseases	1,2,3,4	10 each
Epilepsy	1,2,3,4	10 each
Viral Diseases including Dengue in Pregnancy	1,2,3,4	10 each
Preventive Management	1,2,3,4	10 each
Minor medical procedures		
Paracentesis	1,2,3	5 each
Aspiration	1,2,3	5 each
Liver Biopsy	1	5
Case Presentation/Journal Club	4	3

ROTATIONS

Three Months Rotations

DIAGNOSTIC IMAGING

	Level	Cases
Basics of Ultrasound Scan	1,2,3,4	10 each
Diagnosis of Intra uterine Pregnancy	1,2,3,4	10 each
Fetal Biometry	1,2,3	10 each
Placental Localization	1,2,3	10 each
Biophysical profile (BPP)	1,2,3	10 each
Diagnosis of Ectopic pregnancy	1,2	10 each
Identification of normal ovary & Uterus	1,2	10 each
Ovarian Follicle	1,2,3	10 each
Ovarian Cyst along with its characteristics	1,2,3	10 each
Interpretation of X-Ray Chest	1,2,3,4	10 each
Interpretation of hysterosalpingogram (HSG)	1,2,3,4	10 each
Interpretation of CT (computed-tomography)	1	5 each
Interpretation of MRI (magnetic-resonance-imaging)	1	5 each
Saline Infusion Sonography	1,2,3,4	5 each

ROTATIONS

Three Months Rotations

Level	Cases
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GENERAL SURGERY

C-1. SURGICAL PROCEDURES & MANAGEMENT

Controlling hemorrhage	2	10
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves (and tendons	2	10
Incision and drainage of abscesses (excluding deep seated abscesses and in peritoneum and other (serous cavities	2	10
Urethral catheterization using soft and hard catheters	4	10
Suprapubic puncture	2	2

C-2. SURGICAL PROCEDURES & MANAGEMENT

Venesection / Femoral tap	2	4
Placement of CVP line	3	1
Biopsy of skin lesions, subcutaneous lumps or swellings	3	2
Excision of soft tissue tumors and cysts	2	4
Opening and closing abdomen	4	10
Proctoscopy and interpretation of findings	1	2
Proctosigmoidoscopy	2	2
Percutaneous needle aspiration under ultrasound guidance /CT scan	2	1

D. ABDOMINAL OPERATIONS

Intestinal resection and anastomosis	2	2
Stoma formation	2	1
Fundamentals of laparoscopic surgery	1	4
Use of stapling guns	2	1
Repair of Urinary bladder	2	4

ROTATIONS

Three Months Rotations
Level Cases

ANESTHESIA

A. CLINICAL SKILLS		
& History taking, Physical examination, interpretation of investigations, including Radiology for CXR X-ray cervical spine	4	20
Management of concurrent illness and medications for pre-op, assessment with relevance to anesthesia, advice on pre-op medications & preparation	3	20
Risk assessment, Anesthesia Plan & Administration of Anesthesia	2	20
Recovery and Post-op Care	3	20
Crisis Management & Resuscitation	3	5
B. PAIN MANAGEMENT		
a. Post-operative		
Systemic	2	20
b. Epidural for Labor Analgesia	1	5
C. PROCEDURAL SKILLS		
Intra-vascular Access and Interpretation of graphs		
1. Peripheral I/V Cannulation	3	40
2. Central I/V Cannulation	2	5
Airway Management		
1. Masks, Guided Airway, Nasal airways	3	40
2. Endotracheal Intubation	3	10
Regional Techniques		
Spinal/GA/general anaesthesia	2	10
Local Blocks (Miscellaneous)		
Use of Monitors & interpretation of information, Oximetry, Capnography, NIBP, ECG, Temperature, Peripheral Nerve Stimulator	2	10
	3	40

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FCPS-II IN OBSTETRICS AND GYNAECOLOGY EXAMINATION

The eligibility requirements for candidates appearing in FCPS-II examination in Obstetrics and Gynaecology are:

1. To have passed FCPS Part –I in Obstetrics and Gynaecology, or been granted official exemption.
2. To have undertaken four years of the specified training in Obstetrics and Gynaecology
3. To provide a certificate of attendance of mandatory workshops.
4. To have made regular entries and completed e-logbook.
5. To provide a certificate of having passed the Intermediate Module in Obstetrics and Gynaecology.
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 R&RC.

FORMAT OF EXAMINATIONS

Theory Examination

The written examination will comprise of two theory papers of 3 hours duration each:

Paper I	10 Short Answer Question–SAQs
Paper II	100 MCQs of single best type

Clinical Examination

Only those candidates who pass their theory will be eligible to appear in clinical examination.

Detailed instructions will be sent out to all candidates who pass the theory exam regarding the date and particulars of the clinical exam.

The clinical examination consists of:

1. TOACS (Task Oriented Assessment of Clinical Skills).15 to 20 stations
2. Long cases-Two: One case in obstetrics and one in Gynaecology

FORMAT OF TOACS

TOACS will comprise of 15-20 stations of 5-8 minutes each with a change time of one minute for the candidate to move from one station to the other.

There will be no static station.

At the interactive stations the candidate will have to demonstrate a competency, for example, taking history, performing a 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 CASES

Each candidate will be allotted two long cases (one of Obstetrics and the other of Gynaecology). They will be allowed 30 minutes for history taking and clinical examination for each case. 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 this period a pair of examiners will observe the candidate. Each examiner is provided separate assessment form for recording the performance of the candidate on the long case on a 5-point rating scale (excellent, good, adequate, inadequate and poor).

In this section the candidates will be assessed on the following areas:

Interviewing skills

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

Clinical examination skills

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

Case presentation/discussion.

1. Presents skillfully
2. Gives correct findings
3. Gives logical interpretations of findings and discusses differential diagnosis.
4. Enumerates and justifies relevant investigations.
5. Outlines and justifies treatment plan(including rehabilitation).
6. Discusses prevention and prognosis.
7. Has knowledge of recent advances relevant to the case.
8. 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.

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.

EXAMINATION SCHEDULE

- The 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 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 wellbeing of its staff, invigilators and /or candidates.

EXAMINATION FEES

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

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.

Note: The candidate is required to fill a self-explanatory 'feedback proforma at the end of the examination. This will help the College in making future examination more candidate friendly.

USEFUL ADDRESSES AND TELEPHONE NUMBERS

MUZAFFARABAD

CMH Muzaffarabad
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TEL: 05822-920998

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The College of Physicians and Surgeons Pakistan would appreciate any criticism, suggestions, advice from the readers and users of this document. Comments may be sent in writing or by e-mail to the CPSP at:

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FCPS

OBSTETRICS &
GYNAECOLOGY

**Guidelines for
formative assessment**

ASSESSMENT

FORMATIVE ASSESSMENT (*Mandatory from 1st March 2023*)

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

- WPBA tools are entirely formative tools of assessment and are to be accompanied with constructive feedback
- Each Mini-CEX / DOPS encounter extends for about 20 minutes with 05 minutes for feedback & further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- The topics given below are to be covered accordingly, focusing each time on a different area/procedure/topic (at least one Mini-CEX and one DOPS in each quarter).
- The resident has the onus to report to the supervisor when he/she is prepared to appear for either Mini-CEX or DOPS.
- The supervisor will arrange for the session of WPBA and after completing the session will retrieve online prescribed assessment form (sample given below), fill it and make entries online (e-portal)
- Non-compliance by the resident has to be reported in quarterly feedback

Topics' List for Mini-CEX

Mini-CEX encounters will be arranged to cover/assess skills essential to provision of good clinical care including History taking, Physical examination, Communication, Professionalism, Diagnosis and Management

1st Year:

- Antenatal care/Puerperium/Lactation
- Medical Disorders in Pregnancy
- Menstrual Problems
- Early Pregnancy issues (Ectopic/Gestational Trophoblastic Disease).
- Family Planning

2nd Year:

- Antenatal Care
- Normal Labour
- Abnormal Labour
- Normal Puerperium
- Abnormal Puerperium
- Menstrual problems of Menarche, Adolescence, Reproductive age and Menopause
- Problems of early Pregnancy

3rd Year:

- Hypertensive Disorders in Pregnancy
- Anaemia in Pregnancy
- Diabetes in Pregnancy
- Jaundice in Pregnancy
- Thyroid Disorders in Pregnancy
- Infectious Diseases in Pregnancy
- Fetal and Maternal Monitoring: Cardiotocography (CTG)
- Fetal and Maternal Monitoring: Partogram
- Fetal and Maternal Monitoring: Ultrasound
- Benign Tumors of Genital tract
- Vaginal Discharge
- Endometriosis
- Genital Tract Infections
- Dysmenorrhea and Pelvic Pain
- Prolapse
- Urinary Incontinence
- Urinary Tract Infections

4th Year:

- Intra Uterine Growth Restriction (Management)
- Ante-Partum Haemorrhage (Management)
- Post-Partum Haemorrhage (Management)
- Perinatal Infections (Management)
- Subfertility: Male and Female Contraception
- Rape and Sexual Assault
- Premalignant and Malignant Conditions of Genital Tract



MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: FCPS Obstetrics & Gynaecology

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: Ward Outdoor (Hospital/Community) Others: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Focus of Clinical Encounter: History taking Physical Examination Management

Communication Skills Other

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

Topics' List for DOPS

IMM (Years 1 & 2):

- Normal Vaginal Delivery with Episiotomy/Post-partum Intrauterine Contraceptive Device (PP-IUCD) Insertion
- Outlet Forceps Delivery/Vacuum Delivery
- New born Resuscitation
- Repair of 1st & 2nd degree Perineal Tears
- Opening and Closing Abdomen
- Scrubbing, Gowning, Gloving
- Evacuation Curettage/Dilation & Curettage (D&C)/Suction Curettage
- Cervical Smear/Cervical Biopsy/Cautery/Polypectomy
- Marsupialization of Bartholin Cyst/Abscess
- Intrauterine Contraceptive Device (IUCD) insertion/Jadelle Insertion
- Breech Vaginal Delivery/Twin Vaginal Delivery
- Caesarean section (excluding opening & closing of abdomen)
- Application of B-Lynch Suture
- Cervical Tear Repair
- Shoulder Dystocia
- Diagnostic Laparoscopy
- Cervical Cerclage
- Mini-Laparotomy Tubal Ligation
- Laparotomy for Ectopic Pregnancy

Post-IMM (Years 3 & 4):

- Correction of Inverted Uterus
- Cord Prolapse
- Repair of 3rd and 4th degree Perineal Tears
- Repair of Ruptured Uterus
- Ovarian Cystectomy
- Colposcopy
- Diagnostic Hysteroscopy
- Urodynamics/Cytometry procedure/Interpretation of Graphs
- External Cephalic Version
- Uterine Artery Ligation
- Myomectomy
- Abdominal Hysterectomy
- Repair of Prolapse
- Operative Laparoscopy/ Cystectomy/Salpingectomy



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: **FCPS Obstetrics & Gynaecology**

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: O.T. Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectation		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Clinical Knowledge						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis (Measures for infection control)						
Safe use of instruments						
Documentation and Post-procedure instructions to patient and staff						
Team interaction						
Use of accepted techniques (Technical skills)						
Management of unexpected event (or seeks help)						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature