



THE UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

REGULATIONS
FOR
POSTGRADUATE CLINICAL
PROGRAMMES

With effect from Academic Year 2016/2017 for St. Augustine
With effect from Academic Year 2013/2014 for Cave Hill & Mona



THE UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

**REGULATIONS
FOR
POSTGRADUATE CLINICAL PROGRAMMES**

**With effect from Academic Year 2016/2017 for St. Augustine
With effect from Academic Year 2013/2014 for Cave Hill & Mona**

Table of Contents

REGULATIONS FOR POSTGRADUATE CLINICAL PROGRAMMES	1
DOCTOR OF MEDICINE (DM)	1
DEGREE OF DOCTOR OF MEDICINE (MD)	2
DIPLOMA IN FAMILY MEDICINE	2
DIPLOMA IN THE MANAGEMENT OF HIV INFECTION	3
CLINICAL FELLOWSHIP	4
DM/PhD and DM/MD	4
DOUBLE REGISTRATION IN ELECTIVE YEAR	4
CLINICAL PROGRAMMES OFFERED IN THE FACULTY OF MEDICAL SCIENCES	5
SECTION I	7
GENERAL REGULATIONS FOR CLINICAL PROGRAMMES	7
Requirements for Entry	7
Date of Entry	7
Registration	7
Course of Study	8
Exemption	8
Vacation Leave	9
Leave of Absence	9
Assessment/Supervisors' Progress Reports	9
Examinations	10
Deferral	10
Case Books/Clinical Research Projects	11
Specialty Board	12
SECTION II	13
REGULATIONS FOR THE CLINICAL PROGRAMMES	13
DIPLOMA IN THE MANAGEMENT OF HIV INFECTIONS	13
Requirements for Entry	13
Qualifications for Entry	13
Course of Study	13
Course Supervision	14
Leave of Absence	14
Assessment	14
Examination	15
Case Report/ Research Project Report	15
Completion of the Programme	15
SECTION III	16

REGULATIONS FOR THE DOCTOR OF MEDICINE (DM)	16
I. ANAESTHESIA AND INTENSIVE CARE	16
Requirements for entry	16
Course of study	16
Exemptions	18
Clinical Research Project	19
Examinations	19
Part I	20
Part II	20
Completion of the Programme	21
II. FAMILY MEDICINE	22
Diploma in Family Medicine and Doctor of Medicine (D.M.) In Family Medicine	22
Requirements for Entry	22
Course of Study	22
Course Supervision	23
Exemption	23
Assessment	23
Examination	24
Portfolio Grading	24
III. INTERNAL MEDICINE	26
Requirements for Entry	26
Course of Study	26
Part I (Years 1 and 2)	26
Exemption	27
Assessment	27
Examination	27
Part I	27
Part II	27
IV. DM MICROBIOLOGY	29
Requirements for Entry	29
Course of study	29
Part I:	29
Part II:	29
Exemptions	30
Assessment	30
Deferral	31
Completion of the Programme	32

V. OBSTETRICS & GYNAECOLOGY.....	33
Requirements for Entry	33
Course of Study	33
Exemption	33
Assessment	33
Examination.....	34
VI. PAEDIATRICS	36
Requirements for Entry	36
Course of Study	36
Withdrawal	36
Assessment	36
Clinical Research Project	37
Examinations	37
Part I	37
Part II.....	37
Parts I and II	38
DOCTOR OF MEDICINE (DM) REGULATIONS.....	39
A. PATHOLOGY	39
Requirements for Entry	39
Course of Study	39
Part I	39
Part II.....	40
Exemption	40
Assessment	41
Examination.....	41
Completion of the Programme	42
B. CHEMICAL PATHOLOGY	42
Requirements for Entry	42
Course of Study	42
Part I	43
Part II.....	43
Exemption	43
Assessment	44
Examination.....	44
Completion of the Programme	45
C. DM HAEMATOLOGY AND MEDICAL ONCOLOGY	45
Requirements for Entry	45

Course of Study	45
Examination.....	46
VIII. MEDICAL ONCOLOGY	46
Requirements for Entry	46
Course of Study	47
Clinical Attachments	48
Non UWI Personnel	48
Assessment	48
IX. PSYCHIATRY	49
Course of Study	49
Part I (Year 1).....	49
Part I (Year 2).....	50
Part II (Year 3)	50
Institutions accredited for learning.....	50
Exemption	51
Assessment	51
Clinical Research Project	51
Examination.....	52
Part I Examinations (Years 1 and 2)	52
32. Details of the Part I Year 1 examination are provided in item 24. The Part I Year 2 examination is held at the end of the second year. In this examination, candidates are assessed in Neurology and Psychiatry.	52
The examination comprises:.....	52
A) A knowledge based examination in Neurology and Psychiatry consisting of two written papers	52
b) A clinical/oral examination in Neurology	52
c) A clinical/oral examination in Psychiatry.....	52
Part II Examination (Year 4).....	53
Failure of an Examination	53
Deferral.....	53
Registration for Examination	53
Completion of the Programme	53
X. RADIOLOGY.....	55
Requirements for Entry	55
Course of Study	55
Part I	55
Part II.....	55
Elective.....	56

Exemption	56
Examination.....	56
XI. SURGERY	58
A. GENERAL SURGERY	58
Requirements for Entry	58
Course of Study	58
Part I - Two years	58
Part II – Three years	58
Exemption	59
Assessment	59
Syllabus	60
Examination.....	60
Completion of the Programme	61
B. CARDIOTHORACIC SURGERY	61
Requirements for Entry	61
Course of Study	61
Part I – Two Years.....	61
Part II – Four Years	61
Requirements for Entry	62
Course of Study	62
Part I – Two Years.....	62
Part II – Four Years	62
D. OPHTHALMOLOGY	63
Requirements for Entry	63
Course of Study	63
Part I	63
Part II.....	63
Part III.....	63
Assessment	63
Log Book.....	64
Examination.....	64
Part I	64
Part II Examination	65
Part III Examination	65
E. ORTHOPAEDICS	66
Requirements for entry	66
Course of Study.....	66

Research	2
Assessment	2
F. OTOLARYNGOLOGY (ORL) / OTORHINOLARYNGOLOGY (STA).....	71
Requirements for Entry	71
Course of Study	71
Part I - Two years	71
Part II – Four years	71
Assessment	72
Part I	72
Part II.....	72
G. PAEDIATRIC SURGERY	73
Requirements for Entry	73
Course of Study	73
Part I - Two years	73
Part II – Three years	73
Examination.....	73
H. UROLOGY.....	74
Requirements for Entry	74
Course of Study	74
Exemption	74
Assessment	74
Part I	74
Part II.....	75
Examination.....	75
Part I	75
Part II.....	76
I. EMERGENCY MEDICINE	76
DM Emergency Medicine and Diploma in Emergency Medicine	76
Introduction	76
Requirements for Entry	76
Aims and Objectives of the Programme.....	77
Programme Structure and Curriculum	77
Course Modules.....	78
Rotations.....	78
Exemptions.....	80
Grand Rounds.....	80
Additional Courses	80

Teaching Methods	80
Assessment	81
Module Assessments	81
Continuous Assessment.....	81
The Case Book	81
Final Examinations.....	81
The Part I DM.....	81
The Written Examination	82
The Clinical Examination.....	82
The Oral Examination	82
The Part II DM	83
Candidates Who Fail All or Part of the Examination.....	83
Criteria for award of degree	83
DIPLOMA IN EMERGENCY MEDICINE.....	84
Introduction	84
Requirements for Entry	84
Aims and Objectives of the Programme.....	84
Programme Structure and Curriculum	85
Exemptions.....	85
Grand Rounds.....	85
Additional Courses	86
Teaching Methods	86
Assessment	86
Module Assessments	86
Continuous Assessment.....	86
Final Examinations.....	87
Candidates Who Fail All or Part of the Examination.....	87
Criteria for award of degree	87
SECTION III	92
REGULATIONS FOR THE DEGREE OF DOCTOR OF MEDICINE (MD)	92
Requirements for Entry	92
Course of Study.....	92
Examination.....	93
SECTION IV	94
REGULATIONS FOR CLINICAL FELLOWSHIPS	94
A. CARDIOLOGY	94
Requirements for Entry	94

Training in Cardiovascular Medicine	94
Course Supervision.....	94
The Content of Learning	94
Assessment	94
Award of Certificate	95
B. CARDIOVASCULAR MEDICINE (STA).....	96
Requirements for Entry	96
Objectives	97
Course of Study	97
Number of failures per semester	97
Re-sit examinations	98
Assessment procedures for courses, coursework, fieldwork, internships, or other.....	98
Admission into any semester exam	98
Assessment procedures for research in this programme	98
Time limits for completion of the (Fellowship in Cardiovascular Medicine) programme	98
Continuous assessment (formative assessment) and promotion from Year to Year	98
Promotion from one year to the next.....	99
Criteria for Award of Degree	99
C. CHILD AND YOUTH PSYCHIATRY	99
Requirements for Entry	99
Course of Study	100
Assessment	100
Completion of Programme	100
D. GASTROENTEROLOGY	101
Requirements for Entry	101
Date of Entry	101
Course of Study	101
Course Supervision.....	101
Content of Learning.....	101
Course Content and Objectives	102
Assessment	102
Clinical research project	103
Supervision and feedback.....	103
Completion of Programme	103
E. INFECTIOUS DISEASES	104
Entry Requirements	104
Date of Entry	104

Content of Learning.....	104
Supervision and Feedback.....	104
Assessment	104
Award of Certificate	105
F. NEONATOLOGY	105
Requirements for Entry	105
Course of Study	105
Course Supervision.....	105
Assessment	106
Completion of Programme	106
G. NEPHROLOGY	107
Requirements for Entry	107
Course of Study	107
Course Supervision.....	107
Assessment	107
Completion of Programme	108
APPENDIX	109
ACCREDITED HOSPITALS FOR GRADUATE TEACHING.....	109

UNIVERSITY OF THE WEST INDIES
Faculty of Medical Sciences

REGULATIONS FOR POSTGRADUATE CLINICAL PROGRAMMES

These regulations have been developed in accordance with the Graduate Degree Regulations as follows (from the Manual of Procedures for Higher Degrees):

112. University's Regulations for Graduate Diploma and Degrees may be supplemented by Faculty Regulations which have been approved by the Board. Faculty Regulations do not take precedence over the University's Regulations for Graduate Diplomas and Degrees.
113. Faculty Regulations govern those aspects of a degree programme which are specific to Departments or Faculties. These may include the mode of assessment by course work, the length of a Clinical Research Project or the deadline date for submission of the Clinical Research Project or Research Paper.
114. Candidates should consult the specific Faculty Regulations which the Board has approved for their degree programmes. Faculty Regulations are amended from time to time, and candidates should ensure that they refer to the regulations currently in force by consulting the Head of Department, Faculty Dean or Campus Registrar.

DOCTOR OF MEDICINE (DM)

The Doctor of Medicine (Specialist) graduate programme is offered by the Faculty of Medical Sciences and is designed to produce doctors with the skills and knowledge in the discipline at the academic level of Lecturer and the professional level of Consultant. It is offered in several specialties and subspecialties. The basic entry requirement is a medical degree with eligibility for registration in the country of study. Candidates will be required to register with the Medical Council prior to beginning the programmes.

The length of the programme ranges from 4 to 7 years depending on the discipline and is pursued through an academic and clinical programme specific to the discipline. For all disciplines it is necessary to be attached to an accredited hospital or service providing patient care. The general regulations of the Graduate School apply, but there are also specific regulations governing the programme in each discipline.

Award of the degree is made after satisfactory completion of the final examination which usually requires the presentation of a clinical research project and/or case book or thesis along with satisfactory performance in written, clinical and oral examinations. Entry into the final examination is dependent on satisfactorily completing the intermediate stages and clinical research project/case book/thesis requirements and is detailed in the individual regulations.

The intermediate stages vary by programme. The Part I is devoted to the upgrading of the basic knowledge and skills required to proceed to the more advanced part of the course and the acquiring of more advanced academic and research skills and is of varying duration. Entry to the Part II will be dependent on satisfying the requirements of the Part I, and the requirement of the Part II must be satisfied for entry to Part III (where there is a Part III).

See Regulations under Section II.

DEGREE OF DOCTOR OF MEDICINE (MD)

The MD by Thesis is a research degree in a specialist area to provide academic distinction and is governed by the University's Regulations for PhD degrees.

Candidates may conduct research in the clinical discipline having received approval from the Specialty Board. The programme is expected to last four years.

See Regulations under Section III.

DIPLOMA IN EMERGENCY MEDICINE

The Diploma in Emergency Medicine is designed to equip medical practitioners working in emergency situations with the core knowledge required to provide safe and effective emergency medical care in a variety of clinical settings.

See Regulations under Section II

DIPLOMA IN FAMILY MEDICINE

The Diploma in Family Medicine is designed for persons who wish to become or those who are practicing medical practitioners. It is aimed at improving the quality of primary health care in the English-speaking Caribbean by producing Family Physicians who deliver high quality comprehensive and continuous personal medical care to individuals and their families within a community context.

See Regulations under Section II

DIPLOMA IN THE MANAGEMENT OF HIV INFECTION

This is a taught part-time course with the instruction provided by local and international professionals with the necessary expertise in treatment, care and support of PLHA. This programme will enable candidates to acquire essential knowledge and skills that will prepare them to provide care services for people living with and affected by HIV and AIDS.

They will also understand the transmission of HIV and strategies that can be used to prevent its spread. They will be able to deliver the knowledge and skills for effective healthcare in relation to HIV [infection](#). The programme also will provide a range of policy perspectives and developments in treatment and care of PLHA.

See Regulations under Section I

CLINICAL FELLOWSHIP

Post-DM sub-specialization (Clinical Fellowships) are now offered in the Faculty by the Departments of Medicine, Child and Adolescent Health and Community Health and Psychiatry, Section of Psychiatry, Department of Surgery, Radiology, Anaesthesia & Intensive Care, Section Anaesthesia & Intensive Care, and Department of Obstetrics & Gynaecology. It is competency based and is one in which the course content focuses on knowledge, skills training, attitudes and behaviour relating to the subspecialty in a clinical setting.

At the end of the training, the clinician is expected to have a broad grounding in his/her specialty and is able to deliver effective patient-focused care in a variety of settings. Persons who have completed the required training will be awarded a certificate of competency from the University of the West Indies.

See Regulations under Section V.

DM/PhD and DM/MD

Candidates wishing to pursue research concurrently may, register for the PhD/MD after successful completion of Part I of the DM programmes. Candidates are required to complete the DM and then submit for the PhD, after receiving approval from the Specialty Board.

The PhD/MD is offered as an option to DM candidates and can be undertaken in the same area of study as the DM. This would allow for specialist medical training that provides both the clinical skills necessary and an understanding of the science and research in general. This will be of significant importance to those persons who are interested in having an academic career.

Persons who register for the PhD/MD degree will be guided by the University's Regulations for PhD degrees.

DOUBLE REGISTRATION IN ELECTIVE YEAR

Candidates pursuing the DM are permitted with the approval of Specialty Boards to register for relevant one year UWI programmes during the elective year provided the course will be completed prior to the start of the final year.

CLINICAL PROGRAMMES OFFERED IN THE FACULTY OF MEDICAL SCIENCES

Programmes	Duration (Years)	Commencement Dates
Doctor of Medicine (DM)		
Anaesthesia & Intensive Care	4	January (STA) or July
Family Medicine	4	July
Internal Medicine	4	January or July
Medical Microbiology	4	January or July
Obstetrics and Gynaecology	4-8	January or July, September (STA)
Paediatrics	4	January or July
Pathology:		
Anatomical	4	July
Chemical Pathology	4	July
Haematology & Medical Oncology	5	July
Medical Oncology	5	January
Psychiatry	4	July
Radiology	4	July
Surgery:		
General	5-8	January or July
Neurosurgery	6-9	July
Cardiothoracic	6	July
Orthopaedic Surgery	6-8	January or July
Otorhinolaryngology (ORL)	6-9	January or July
Paediatric Surgery	6	July
Urology	6-8	January or July
Ophthalmology	6-9	January or July
Emergency Medicine	4-8	January (STA) or July
Degree of Doctor of Medicine (MD)	5-7	September or January
Diploma in Family Medicine	2	July
Diploma Emergency Medicine	1 ½ -3	January

Diploma Management of HIV Infections	1	September
Clinical Fellowships	2	July and January

SECTION I

GENERAL REGULATIONS FOR CLINICAL PROGRAMMES

Requirements for Entry

1. The applicant to the Clinical programmes should be:
 - a) A graduate in medicine of a University or Medical School recognized by the University of the West Indies.
 - b) Registrable in the territory or territories in which the programme will be done. Criteria for registration should be obtained from the relevant medical council.
2. Applicants will be eligible for entry after completing their internship, and for some programmes relevant work experiences. Applicants are also required to complete the Senior House Officer programme where required by the Government.
3. Candidates will be required to submit a written application and relevant documentation (transcript, 2 current medical references, birth & marriage certificate, CV) and may be required to attend an interview to be eligible for selection to the programme.

Date of Entry

4. The date of entry will normally be January/July depending on the campus. Where applicable, it is determined by the date when the candidate begins to work in a recognized post in an accredited hospital. Application to enter the programme may be made before securing such a post. The applicant may then receive from the Office of Graduate Studies and Research, on the recommendation of the Faculty Committee for Graduate Studies, provisional acceptance for entry to the programme contingent on obtaining an accredited post. After the successful applicant has secured an accredited post, the date of entry will be fixed by the Office of Graduate Studies and Research and the applicant notified accordingly.
5. For the purpose of the above the successful applicant must furnish evidence of being in a recognized post.

Registration

6. Students are required to register for each year of the course of study.
Registration involves two components:

- Online selection of course(s) and approval of academic programme; and
 - Financial clearance.
7. Registration is every semester at STA and once per year for Semesters I and II at the other Campuses.
Students can complete the on-line registration process by accessing the Students Administration System (SAS) on the UWI's Website.
8. After completing the process students are advised to check for financial clearance and to ensure the registration process is complete.

Course of Study

9. The programme will normally take place at institutions accredited by the University for this purpose. Institutions may be accredited for all or part of the programme.
10. Up to one year's elective period may be spent at institutions in or out of the Caribbean approved by the appropriate Specialty Boards. Students on electives are required to register during their elective year.
11. The duration of all the **DM programmes** varies from a minimum of four years to a maximum of seven years – see individual regulations.
12. The duration of the **MD programme** is 5-7 years. This degree is research based and as such the regulations included in this book should be read in conjunction with the Regulations for Graduate Diplomas and Degrees.
13. The MSc, Diploma and Clinical Fellowships are offered over a period of two years by modules via distance mode, didactic sessions, workshops and clinical rotations, where applicable.

Exemption

14. Students who have completed studies in recognized hospitals or institutions and who want exemptions from a part of the course must apply to the appropriate Specialty Board (See Special Regulations). In general, exemptions from examinations are not considered.

Vacation Leave

15. Each DM student must spend 46 weeks each year in the programme. Students can have a total of six weeks leave per annum. Where the leave requested exceeds six weeks, students should apply for leave of absence for that semester.

Leave of Absence

(See Manual of Procedures for Graduate Diplomas and Degrees)

16. A student may apply for leave of absence from the programme for academic or personal reasons. Applications should be submitted through the Specialty Board and the FMS Committee for Graduate Studies to the Campus Committee for Graduate Studies and Research. The application must be accompanied by a statement of the reason for the application. Appropriate recommendations will be made by the Specialty Boards through the Faculty Committee for Graduate Studies, to the Campus Office.
17. Leave of absence shall not be granted for more than one academic year in the first instance. A candidate may apply to the Campus Committee for leave of absence for a second year through the Specialty Boards and the Faculty Committee for Graduate Studies, but further extensions will be at the discretion of the Specialty Board.
18. Candidates requesting Leave of Absence should submit their application **no later than the third week** of the semester.
19. Students who absent themselves without permission may have their names removed from the register of graduate students.
20. A student who has been absent from the programme for more than six weeks in any one year will be considered as NOT having fulfilled the programme's requirements for that year and will have to repeat six months..

Assessment/Supervisors' Progress Reports

21. In-course assessments of the student's performance will be carried out by his/her supervisor(s) or module leader at the end of each module and submitted every six (6) months. These results must be transmitted through the Head of the Department and the Faculty Committee for Graduate Studies to the Campus Committee for Graduate Studies, no later than January 31 and June 30 respectively.
22. The Supervisor shall supply the student with a copy of the report and the student shall be invited to verify that the report was seen.

23. The supervisor(s) will be a member(s) of the Specialty Board in each discipline.
24. The report should indicate the candidate's performance for the academic year. Students with unsatisfactory records will be encouraged to improve. If poor performance persists (i.e. three successive unsatisfactory reports) students will be asked to withdraw from the programme
25. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:
- a) Counseling and remedial work with the first failure
 - b) Repeat of the unsatisfactory rotation(s) and academic warning in writing with a second failure
 - c) Withdrawal from the programme, after a third failure

Examinations

26. Candidates shall be examined by means of one or more of the following:
- (a) Written examinations
 - (b) Coursework/rotations as set out in the individual regulations
 - (c) Oral examinations
 - (d) Clinical examinations
27. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant sections of the programme.
28. Each component of the examination must be passed in order to pass the whole examination.
29. Each part of the examination must be completed within one calendar year of the first attempt.
30. No candidate will be allowed more than two attempts at any one examination. Failure at the second attempt requires the candidate to withdraw.

Deferral

31. Deferral should be requested at least 6 weeks before the examination. Students who have deferred an examination must sit same within one year of the deferral being approved.

Case Books/Clinical Research Projects

32. Case books/Clinical Research Projects/theses are to be submitted to the Coordinator of the respective programme six months before the written examination as the acceptance of the project is a **prerequisite** to proceed to the final examinations. The case books/ Clinical Research Projects will be submitted to the FMS Committee for Graduate Studies, with the name of the external examiner, for distribution. The case books/Clinical Research Projects (soft and hardcopy) should be accompanied with the Certificate of Completion and the Turnitin report.

The work must be checked using the Turnitin software by both the student and the supervisor before it is submitted and must be signed as being accepted by the supervisor before it is submitted.

33. The regulations for their presentation will be those of the University which govern the preparations of these reports and those specified in the specialty regulations. It should be carried out under the guidance of a supervisor appointed by the Campus Committee for Graduate Studies on the recommendation of the Specialty Board

- a) should form a distinct contribution to the knowledge of the subject presented
- b) must be of satisfactory literary standard and should attain standards suitable for publication in a peer reviewed journal
- c) should not exceed 20,000 words but must not be less than 8,000 words and the review of literature should not comprise more than 25% of the report
- d) must follow the University's Guide for the Preparation of Theses, Research Papers and Project Reports
- e) must be typewritten and printed on one side only of good quality white bond paper (usually of 20lb. weight) 8½" 11" (Standard Letter Size), with left hand margin of 2". The top, bottom and right hand margins should not be less than 1". The same grade of paper should be used throughout the report

34. The submission dates are as follows:

- For Residents sitting the May/June examinations – December 15
- For Residents sitting the November/December examinations – June 15
- ***Please note the exception to this in the Family Medicine regulations - Item 27 c.***

35. Following the submission of the Clinical Research Project, the examiners may:

- a) Accept the project and the student proceed to the examinations, or
- b) Accept the project with modification, which must be carried out in the time specified and resubmitted to Graduate Studies, or

- c) Reject the project with recommendations regarding changes, additions, or revisions necessary for acceptance. A date for resubmission will be determined by the examination board.

36. If the work is found to be unsatisfactory and requires major changes, the student will NOT be allowed to sit the final examination and will be deferred until the next sitting provided the resubmission is accepted.

37. The case books/ Clinical Research Projects /theses will be returned to the candidates prior to the examinations with the recommendations for corrections, where applicable. Candidates are required to make all corrections and submit the final document, both as hard copies and on CDs, to the Coordinator of the programme. They will be verified and submitted to the FMS Committee for Graduate Studies for processing along with certification from supervisors, in order to be eligible for the award of the degree.

38. Residents will be informed by their HODs at least 6 weeks before the examination if they are eligible to sit same.

Specialty Board

39. The course will be under the general supervision of a Programme Director, nominated by the Head of each Department. The Programme Director will normally be the Chairperson of the Specialty Board. Each student will be assigned to a supervisor, who is a member of the Specialty Board. The supervisor will provide academic guidance as to the choice/assignment of rotations, placement during the elective period, the conduct of their research and mentorship.

40. The Specialty Board is in overall charge of the programme. The sole and final authority on all matters concerning the programme is the Board for Graduate Studies and Research and the University Senate.

41. The External Examiner for the final exit examination in the DM programmes must be a full Professor, unless agreed otherwise by the Board for Graduate Studies & Research

N.B. The Regulations for each Specialty must be read in conjunction with these General Regulations.

SECTION II
REGULATIONS FOR THE CLINICAL PROGRAMMES
DIPLOMA IN THE MANAGEMENT OF HIV INFECTIONS

Requirements for Entry

1. (See General Regulations)
2. Applicants must possess a bachelor's degree in the health related sciences or appropriate social science from an approved university, or equivalent qualification and work experience.
3. Applicants who may not have a first degree must demonstrate a body of relevant professional experience. In these instances where qualification and experience other than approved degree
4. Are being considered, a decision on enrolment will be based on a completed application form, recommendation from employer, a personal letter indicating interest in the field of study, CV information and interview with the potential candidate.

Qualifications for Entry

5. This programme is relevant for the following categories of individuals:
 - a) Medical doctors, pharmacists and dentists
 - b) Nurses with bachelor degrees from any recognized university
 - c) Registered Nurses with a minimum of three (3) years' experience
 - d) Social workers
 - e) Mid-level management staff from government ministries, private sector and NGOs, e.g. individuals working for at least three (3) years as managers of HIV/AIDS related NGOs, counsellors with training or experience in assisting PLHA
 - f) Tutors and lecturers in training institutions

Course of Study

6. This is a taught part-time course with the instruction provided by local and international professionals with the necessary expertise in treatment, care and support of PLHA. Teaching methods is through blended learning and shall include face-to-face, distance learning, debates and team presentations.
7. Candidates are expected to complete the programme in one year and are required to participate on a part-time basis in training for eight (8) hours per week for thirty (30) weeks. The candidates must complete six (6) core courses in addition to one (1) of the two (2) elective courses.

8. The six (6) core courses are as follows:
 - a) Research Methods and Designs
 - b) HIV Epidemiology, Pathogenesis Laboratory Support
 - c) General Management of HIV/AIDS
 - d) HIV Co-infections and Other Related Issues
 - e) HIV and Health Systems
 - f) Sexual and Reproductive Health
9. Candidates with medical, social work, pharmacy, dietetics and nursing background will be expected to complete the elective practicum on Treatment and Care, and submit a casebook OR complete a research project and submit a dissertation (see below). The practicum will be assessed on submission of a Case Report, together with a log of clinic attendance and cases treated.
10. Candidates without a medical/ clinical background will be expected to complete four (4) practicum rotations, a Research Project and submit a report/dissertation. A pre-requisite is the completion of the course on Research Methods and Designs. This will be assessed on submission of a research project report.
11. A detailed syllabus for the course is available from the Programme Coordinator.

Course Supervision

12. The programme will be under the general supervision of a Programme Coordinator, nominated by the Head of Department and appointed by the Specialty Board.

Leave of Absence

13. Being a distance learning programme, there is no scope for leave of absence. Deferment of a semester will only be considered in exceptional circumstances, subject to approval of the Specialty Board. Courses must be completed within the scheduled semester of the module/course.

Assessment

14. In-course assessments of the student's performance are built within the content of each unit of the courses and are marked by the lecturer supervising the unit and entered in the grade book on myelearning.
15. Students who fail the continuous assessment of any course (30% of the total final mark for the course) shall be allowed to repeat that course once. Students passing the continuous assessment but failing any end of course examinations (70% of the total final mark for the course) shall be eligible for one re-sit at the next available sitting of the examination.

Examination

16. Candidates must complete all the courses of the programme.
17. Each component of the examination must be passed in order to pass the whole examination
18. No candidate will be allowed more than two attempts at any one examination.
19. Failure at the second attempt requires the candidate to withdraw.
20. There are three (3) courses within the programme which require a final exit MCQ examination. This will be delivered online and will be held at the end of the programme. This examination will account for 70% of the total final mark for the programme.
21. No candidate will be allowed more than two attempts at the examination.

Case Report/ Research Project Report

22. Case report/ research project report must be submitted on or before the date specified to the Coordinator. The report (soft and hardcopy) should be accompanied with the Certificate of Completion and the Turnitin report.
23. The work must be checked using the Turnitin software by both the student and the supervisor before it is submitted and must be signed as being accepted by the supervisor before it is submitted.
24. Following the submission of the report, the examiners may:
 - a) Accept the project with modification, which must be carried out in the time specified and resubmitted , or
 - b) Reject the project with recommendations regarding changes, additions, or revisions necessary for acceptance. A date for resubmission will be determined by the examination board.

Completion of the Programme

25. Students will be considered as having completed the programme and eligible for the award of the Post-graduate Diploma degree when the following requirements have been met:
 - a) A pass in both continuous assessment and final exit examination in each course
 - b) Submission of an acceptable final case report or a report on the research project
 - c) Log of clinic attendance and cases seen and discussed with supervisor (s). SECTION II

SECTION III
REGULATIONS FOR THE DOCTOR OF MEDICINE (DM)
I. ANAESTHESIA AND INTENSIVE CARE
SPECIAL REGULATIONS

Requirements for entry

1. (See General Regulations)

Course of study

2. This section should be read in conjunction with the General Regulations - Doctor of Medicine.
3. The DM Anaesthesia and Intensive Care programme is a four year graduate course which aims to provide the graduate with the knowledge and clinical competency to function as a specialist anaesthetist and intensivist, equipped for independent practice in hospital-based and stand-alone facilities.
4. The programme will be a minimum of four years except under special circumstances (see Exemptions) from the date of entry. At least three years of the programme must be spent in the Commonwealth Caribbean. Throughout the programme, candidates must hold recognized posts in accredited hospitals or be on an 'elective' approved by the Board for Graduate Studies and Research through the Specialty Board in Anaesthesia and Intensive Care. A list of accredited hospitals may be obtained from the Office of Graduate Studies and Research. Some hospitals are accredited only for the Part I of the course; others are accredited to provide training during the Part II of the course for a specified time. A minimum of three (3) months in the first two (2) and three (6) months in the last two (2) years **MUST** be spent at the University-affiliated hospital of the campus territories.
5. During the first year, in those accredited hospitals where only adults are treated, students must spend no less than three months in an accredited paediatric hospital. Conversely, for students working in a hospital where only paediatric patients are treated, no less than six months must be spent in an accredited adult multi-disciplinary hospital. There must also be a minimum of three months exposure to obstetric anaesthesia and exposure to intensive care.
6. On acceptance into the programme there will be a six month probation period during which the student's clinical and academic performance, and professional attributes, will be assessed. A candidate who fails this assessment will be requested to withdraw from the programme.

The programme consists of two parts -

DM Part I:

7. The Part I is of two (2) year's duration. It aims to ground the postgraduate student in the essentials and basic sciences that underpin the practice of anaesthesia and intensive care. It includes extensive basic and applied physiology and pharmacology, physics and relevant anatomy. Also there is an introduction to research methodology that informs the student of evidence-based medicine and its application to everyday clinical practice.
8. The subject areas will be taught in modules. There will be in-course assessments at the end of each module. Students who fail an assessment will be counseled and allowed to proceed to the next module. However they will have to repeat the assessment of the failed module before the next modular assessment becomes due. A second failure will require that the student NOT advance but have to repeat the entire module when this is next offered. This may be 6-12 months later. A third failure will result in the candidate being required to withdraw from the programme.
9. A cross-campus Internal Examination will be undertaken at the end of the first year (DM Part I, Year 1 examination). A satisfactory performance in this assessment is required before the student can advance to the second year of the programme. If a candidate fails this Internal Examination, depending on the degree of failure, he or she may be required to:
 - a) undergo remedial study and repeat the examination in 6 months
 - b) repeat the entire first year and then re-sit the examination
10. In either scenario, if the candidate is unsuccessful for the second time, he or she is required to withdraw from the course.
11. Provided that clinical competency, professionalism and in-course assessments are satisfactory, the DM Part I examination is taken at the end of the second year.

DM Part II:

12. Admission to the second part of the programme depends on a Pass performance in DM Part I Examination and satisfactory assessments of clinical competency and professionalism. The DM Part II is of two years duration. It may include a period not exceeding one year, in the penultimate year, spent as an elective. Approval must be obtained from the Board for Graduate Studies and Research, through the Specialty Board and the Faculty Committee for Graduate Studies, at least six months prior to the commencement of the elective period. The elective year may be spent in a hospital, which can provide the candidate with experience not readily available in the hospital to which he/she is employed. To gain credit for such an elective the candidate must submit a satisfactory assessment report from their named supervisor at the elective hospital.

13. A maximum of three (3) months may be spent in a course of study in an affiliated area e.g. research methodology, epidemiology, teaching methods or medical administration.
14. During the Part II, rotations through all anaesthesia subspecialties, Intensive Care and Acute and Chronic pain services must be undertaken. The anaesthesia subspecialties will include cardiothoracic, paediatric, obstetric, otorhinolaryngology/faciomaxillary and neuroanaesthesia. Training in teaching methods and research methodology are integral components of the programme. Emphasis will also be placed on the responsibilities of professional practice, medical ethics and the law, health care management, information technology and independent practice.
15. A steady progression of specialty skills, judgment, professional and ethical responsibility and clinical independence is expected over the four years of training. Students are required to keep a record (log book) of all anaesthesia and procedures performed. In addition they are required to satisfactorily complete a list of minimal competency in cognitive and procedural skills felt to be fundamental to the training of specialists in anaesthesia and intensive care. Students will be expected to develop and maintain a system of continuous learning in order to keep abreast of major clinical and research developments.
16. All students should appreciate the need for on-going research in the field of Anaesthesia and Intensive Care and are required to complete an original Clinical Research Project to be submitted in partial fulfillment of the requirements for the Degree of Doctorate in Anaesthesia and Intensive Care of the University of the West Indies. Students will also be encouraged to become involved with research efforts of department/section members.
 - a) Satisfactory in-course assessments as per Part I must be achieved during the Part II for continued progress in the programme.

Exemptions

17. Candidates who have completed periods of study or work experience in recognized hospitals or institutions in non-Commonwealth Caribbean territories may apply to the Campus Committee for Graduate Studies through the Specialty Board and the Faculty Committee for Graduate Studies for exemption from an appropriate part of the course. Exemptions in the programme can be recommended by the Specialty Board in Anaesthesia and Intensive Care only after a period of review and assessment of the student's performance within the programme. Candidates must have achieved the level at which proposed exemptions will put them.
18. Exemptions from Part I may be allowed to those who hold the Fellowship in Anaesthesia of the British, Irish or Australian colleges, or the certificate of the American Board of Anaesthesiology or the Fellowship in Anaesthesia of the Royal College of Physicians in Canada or such other degrees or diplomas as the University (the Faculty Committee for Graduate Studies) may accept.
19. In order for such students to be eligible to sit the DM Part II examination, they are required to spend a minimum of two (2) years in the programme and fulfill all the requisite aspects of the Part II of the

programme i.e. an acceptable Clinical Research Project submitted six (6) months prior to the final examination, an acceptable case log/minimal competencies and satisfactory assessments.

20. All requests for exemptions should be made in writing to the Specialty Board and appropriate recommendation(s) will then be made through the Faculty Committee for Graduate Studies to the Campus Committee for Graduate Studies and Research.

Clinical Research Project

21. Students are advised to discuss the preparation of Clinical Research Project with their Supervisor(s) while the book is in preparation and should not wait until it is completed. Every student will be required to pose relevant research question(s), formulate hypothesis (es), design an achievable Clinical Research Project, understand the statistical evaluation to be used and know how to draw valid conclusions. The project offers the students the opportunity to study in detail, an area of interest of their own choice and to express views based on personal investigation and on review of the literature which could be later developed for publication. From the project, the examiners will assess the critical faculties, powers of observation and the level of evaluation in the area of anaesthesia &/or intensive care chosen by the student.
22. Case log and minimal competencies
23. Students are required to keep a record of all anaesthesia procedures performed. In addition they are required to complete a predetermined list of minimal competency in cognitive and procedural skills felt to be fundamental to the training of specialists in anaesthesia and intensive care.
24. The following three (3) requirements **MUST** be completed before the student will be allowed to sit the DM Part II examination:
 - a) A satisfactory standard of clinical competency, professionalism and in-course assessments
 - b) Case log & minimal competencies
 - c) Clinical Research Project

Examinations

25. Students are normally expected to present themselves for the first examination being held for which they are eligible. In exceptional circumstances (such as ill health), a student may request permission from the Campus Committee for Graduate Studies through the Specialty Board and the Faculty Committee for Graduate Studies and Research to defer the date of the first sitting.
26. Candidates must register for the examination at the appropriate time.
27. Should any candidate fail the examination of any Part at the first attempt, completion of that part must be within one calendar year of the first attempt.

28. No student will be allowed more than two attempts at any one examination. Failure after the second attempt necessitates withdrawal from the programme. Re-admission of candidates will be in accordance with the University regulations for Graduate Diplomas and Degrees.
29. Candidates must comply with the University Regulations regarding Examinations for Higher Degrees.
30. A detailed syllabus for the course is available from the Faculty Office or the Director of the programme.
31. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant parts of the programme.
32. Examinations are in two parts, Part I and Part II (DM Anaesthesia & Intensive Care). They are normally held twice per year in May/June and November/December and rotate amongst the three university campuses.

Part I

33. The Part I examination is held at the end of the Year 2 and comprises:
 - a) a written paper and a multiple choice question paper
 - b) an oral examination
34. Candidates will be invited to an oral examination depending on their performance on the multiple choice questions papers. Candidates receiving less than 48% on the multiple choice question papers will not be invited for the orals as this represents an irretrievable situation. On successful completion of Part I, continuation in the training programme will be dependent on the recommendation of the Specialty Board based on its continuous assessment and the results of the Part I examination.

Part II

35. Part II examination must be attempted for the first time within one year of acceptance of the Clinical Research Project.
36. The Part II examination comprises:
 - a) two written papers
 - b) a clinical examination
 - c) an oral examination
37. Candidates **MUST** pass ALL papers/components of the examination to be deemed an overall pass, regardless of the cumulative score. However a score 47.5% or more but less than 50% in one component (except in the clinical) is redeemable provided the performance in the other 2 components is above average.

Completion of the Programme

38. Students will be considered as having successfully completed the programme when the following FOUR requirements have been met:
- a) Satisfactory performance of all rotations.
 - b) Acceptance of their certified case log/minimal competencies.
 - c) Acceptance of the Clinical Research Project and submission of completed book
 - d) Satisfactory performance in the Part I and II examinations
39. Failure to complete the programme in the prescribed times will require withdrawal from the programme.
40. Appeals by students against decisions taken by the Specialty Board in Anaesthesia and Intensive Care may be made as per general regulations – Doctor of Medicine.

Revised March 2013

II. FAMILY MEDICINE

Diploma in Family Medicine and Doctor of Medicine (D.M.) In Family Medicine

Requirements for Entry

1. (See General Regulations)
2. Candidates will be eligible for entry to the Diploma after completing their internship and Senior House Officer Years.
3. Candidates are eligible to proceed to complete the D.M. on successful completion of the Diploma subject to Specialty Board approval.
4. Persons who have obtained the Master of Science in Family Medicine Degree from the University of the West Indies would be considered for entry by the Specialty Board.
5. Candidates must be employed in primary care (public or private) for the duration of the Programme and be able to be released from duties on a regular basis to attend prescribed clinical sessions and at intervals for workshops and block teaching.
6. Candidates must be computer literate and have access to an internet-linked computer.

Course of Study

7. The minimum period of registration for the Diploma is two calendar years from the effective date of registration. The maximum period of registration is four calendar years.
8. The minimum period of registration for the D.M. programme is four years including the two Diploma years (Specialty Board may approve exemption to this for persons who had previously done MSc in Family Medicine).
9. The maximum period of registration for the D.M. programme is eight years including the Diploma years.
10. The modes of delivery of the programme will be a mix of online/distance education and face-to face teaching.
11. The Residents will receive modular courses relevant to Family Medicine delivered via web conference sessions and/or block face-to-face sessions. Residents will complete the study guide, readings, exercises and assignments included therein. They are required to also attend regular on-line clinical presentations, a total of two weeks of face-to face workshops and a set number of face-to-face clinical sessions at accredited Family Medicine Centres and hospitals.

Course Supervision

12. Each Resident will be assigned to a Family Medicine clinical tutor who will evaluate and guide the acquisition of clinical knowledge and skills relevant to Family Medicine.

Exemption

13. Students who have completed periods of study in Family Medicine in approved hospitals or institutions may apply through the Specialty Board and the Faculty Committee for Graduate Studies for exemption from the appropriate section of the programme.

Assessment

14. In order to sit the final examination the Resident must have passed all modules and clinical rotations.
15. Modules are graded based on assignments completed. Upon completion of a module, if a Resident does not achieve a passing grade he/she may be allowed to repeat the assignments at the discretion of the Course Tutor. If the Resident still does not achieve a passing grade, he/she would be deemed to have failed the module and will have to repeat the module at the next available offering.
16. Clinical Rotations will be assessed on attendance and performance as well as by assignments done.
17. Residents will be permitted only one repeat of each module and one repeat of each clinical rotation.
18. Residents who come to the end of year 2 and have modules or clinical rotations to repeat will have to defer the taking of Diploma examinations to the following year.
19. Residents in the D.M. Programme who come to the end of year 4 and have not completed the required modules and clinical rotations will have to defer the taking of examinations to the following year.
20. Residents are required to pass all modules, clinical rotations and examinations within the stipulated time period to be awarded the Diploma.
21. Residents are required to pass all modules, clinical rotations, examinations and presentation of a Clinical Research Project within the stipulated time period to be awarded the D.M.
22. Residents who have failed three components of the Diploma Programme (modules and/or clinical rotations) in one year will normally be required to withdraw from the Programme.

Examination

23. Students are assessed by examination for the Diploma at the end of two years. There is a three-hour written paper and an Objective Structured Clinical Examination. The student is also required to hand in a portfolio of his/her work for grading and may be required to attend an oral examination.

Each section needs to be passed and carries the following weighting:

- | | |
|---------------------------|------|
| a) Portfolio/Oral | 30% |
| b) Examination (Clinical) | 40% |
| c) Examination (Written) | 30% |
| d) Total | 100% |

Portfolio Grading

i. Module Assignments

- a. Each module will be given a mark. This will be determined by averaging the marks given for the assignments for that module.

ii. Clinical Sessions

- a. This will be assessed by means of an evaluation form that will record attendance and performance at clinical sessions as well as by assignments done. The marking scheme for clinical sessions will be pass or fail. Residents must pass all clinical rotations.

iii. Reflections

- a. Evidence that the student reflects on his/her learning, trying to relate learning to previous knowledge and experience, and evidence that the Resident is using reflective pieces as an instrument for growth.
- b. Evidence that the Resident has experienced positive change because of this course - the Resident demonstrates a change in attitude towards medicine, learning, patients, and the health care system.

iv. Oral Examination (at the discretion of the examiners)

- a. The Resident may be questioned on any aspect of the Portfolio.
- b. Residents must pass all modules, clinical rotations, and the clinical and written examination to obtain the Diploma.

24. Diploma with distinction will be granted to students who obtain 70% or better on each of the Portfolio, clinical and written examination and have not failed a course.

25. If a Resident fails the written or clinical examinations he/she would be required to re-sit the part failed within 12 months.
26. Candidates will be permitted only one re-sit of the clinical and written examinations.
27. Students will not normally be allowed to continue the Diploma Course beyond four years.
28. For the D.M., the following must be successfully completed:
- a) Two written papers - taken at the end of Year 3
 - b) Clinical Examination - taken at the end of Year 4
 - c) Clinical Research Project - presented at the end of Year 4 (Written submission must be received at least three months before date of the examination).

III. INTERNAL MEDICINE

Requirements for Entry

1. (See General Regulations)
2. Applicants for entry to the DM Internal Medicine programme should, in addition to the general requirements, have 9-12 months experience post internship in General Internal Medicine and should have completed six months in general internal medicine in an approved institution/hospital working under the supervision of an internist with specialty training in internal medicine. Candidates will not normally be eligible for entry until 18-24 months from the start of their internship.

Course of Study

3. The DM programme in Internal Medicine is a four-year programme and consists of two parts as follows:

Part I (Years 1 and 2)

- i. A duration of two years and includes one year in General Internal Medicine in approved institutions where the students will be working in both in-patient and out-patient settings under the supervision of senior residents and consultants.
- ii. During Year 2, the resident is assigned to a rotation in sub-specialties at approved hospitals or institutions. The residents pursue 8 – 12 week rotations in the following subspecialties: Cardiology, Neurology, Nephrology, Gastroenterology, Endocrinology and Pulmonology. The residents should have exposure to all six subspecialties before the end of the second year.

Part II (Years 3 and 4)

- i. A duration of two years of which in Year 3 (the elective year) students will be substantially engaged in acquiring research skills while continuing clinical work. Students will be required to do their Clinical Research Project during this year.
- ii. This elective year allows the resident the choice of spending it either at the teaching hospital or at any other approved Institution within the Caribbean region or outside. The residents are allowed to select the clinical or laboratory area they would like to work in. Specialty Board approval of the elective is required.
- iii. During Year 4, the residents return to the teaching hospital where they will acquire further intensive training in General Internal Medicine.

Exemption

4. Students who have completed periods of study in Internal Medicine in approved hospitals or institutions may apply through the Specialty Board and the Faculty Committee for Graduate Studies for exemption from the appropriate section of the programme.

Assessment

5. Each student will be assessed by a written and clinical examination every six months. During years one, two and four, the students will be assessed at the end of each month by the consultant with whom they have worked during that month.
6. During the elective year (year three) if the student is working in one of the subspecialty services, then the student will have monthly assessments by the consultants with whom they have worked during that month

Examination

7. The DM Medicine examination consists of two parts: Part I and Part II.

Part I

- i. The Part I examination is taken at the end of two years. Once the candidates have progressed satisfactorily through the first two years of the training programme (including satisfactory examinations and assessments) they are allowed to take the Part I DM examination. This consists of:
 - a. Written papers (Paper I - multiple choice questions, and
 - b. Paper II - essay)
 - c. A clinical examination (objective structured format)
- ii. The candidate must pass all parts of the examination that is Paper I, Paper II and the clinical examination. Students will not be allowed to proceed to Year 3 of the programme until they have passed the Part I examination. Students are allowed two attempts at the Part I examination.

Part II

- i. The Part II examination will be taken at the end of Year 4 of the programme. Having passed the Part I examination and then satisfactorily completed Years 3 and 4 in a similar manner to years 1 and 2 above, the candidate progresses to Part II of the examination. This examination consists of:
 - a. Written papers (Paper I - multiple choice questions, and Paper II - essay)

- b. A clinical examination (objective structured format)
 - c. An oral examination.
- ii. Candidates must pass all parts of the examination, that is, Paper I, Paper II, clinical and oral examinations. Candidates who fail to satisfy the examiners in Part II of the examination at the first attempt will be required to make one further attempt within one year and if unsuccessful will be required to withdraw.

The candidate must not defer either Part 1 or Part 2 examinations without permission from the specialty board and normally the examinations should not be deferred for more than six months

IV. DM MICROBIOLOGY

Requirements for Entry

1. (See General Regulations)

Course of study

2. This should be read in conjunction with the General Regulations for the Doctor of Medicine. The four year course of training involves graduate training in clinical laboratories approved for this purpose, but must include at least three years at the University of the West Indies. The DM Medical Microbiology programme is a four year graduate course which aims to provide the graduate with the knowledge and skills to function as a consultant Medical Microbiologist, equipped for independent practice in hospital-based and stand-alone facilities.
3. The programme will be a minimum of four years (see Exemptions) from the date of entry. Throughout the programme, candidates must hold recognized posts in accredited hospitals or be on an elective approved by the Board for Graduate Studies and Research through the Faculty Committee for Graduate Studies and the Specialty Board.
4. The programme consists of two parts:

Part I:

- i. Part I is of two years duration, the focus of which is the understanding of the microbiological basis of infectious diseases. It includes systematic studies of the groups of organism causing diseases in human including virus, bacteria, fungi and parasites. In addition, it seeks to provide students with an understanding of the immunological mechanisms of the host response to infection and to autoimmune disease. A large portion of the training is dedicated to the laboratory diagnosis of microbial infections.
- ii. The Part I examination is taken at the end of the second year. Admission to the Part II depends on satisfactory assessments and performance in Part I Examination.

Part II:

1. Part II is of two years duration. At the end of this period, provided that the candidate has performed satisfactorily, the Part II Examination will be taken.
2. The focus of Part II is the clinical application of the knowledge gained in Part I and the conduct of a research project. The DM makes the doctor eligible for consultant status in Medical Microbiology and Part II of the course involves clinical consultation in addition to strong

laboratory training in management and quality assurance. Clinical training through lectures, laboratory work and consultations will involve among other things, appropriate use of antimicrobial agents, resistance monitoring and antimicrobial policy and guidelines, nosocomial infections and control of hospital infections. The graduate will also have the skills required to conduct independent research.

3. A maximum of one year may be spent in a course of study in an affiliated discipline such as Anaesthetics and Intensive Care, Internal Medicine, Surgery, Research Methodology, Epidemiology, Teaching Methods, and Medical administration provided that prior approval has been obtained from the Specialty Board in Microbiology.
4. During Part II, rotations through all microbiology subspecialties must be undertaken. These include bacteriology, virology, mycology, immunology, molecular biology and parasitology. Teaching and training in teaching and research methods are integral components of the programme. All trainees should participate in research efforts of department members.
5. A list of accredited laboratories at which the elective year may be spent is available in the Department. To gain credit for such a period the candidate must submit a satisfactory assessment report from their supervisor.

Exemptions

5. Medically qualified applicants who hold the MSc (Medical Microbiology) of this university or similar qualifications may apply to the Campus Committee for Graduate Studies through the Specialty Board and the FMS Committee for Graduate Studies for exemption from an appropriate part of the course. Exemptions in the programme can be recommended by the Specialty Board in Microbiology only after a period of review and assessment of the student's performance within the programme. Candidates must have achieved the level at which proposed exemptions will put them.
6. No exemptions will be granted from the Part I or Part II examinations.
7. All requests for exemptions should be made in writing by the student to the University Registrar through the Chairman of the Faculty Committee for Graduate Studies through the Specialty Board in Microbiology. This request will then be forwarded to the Board of Graduate Studies and Research through the Campus committee.

Assessment

8. Continuous assessment of the candidate's performance is carried out by his/her supervisor and recorded and reported every semester.
9. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:

- a) Counselling/academic warning in writing
- b) Remedial work
- c) Repeating the unsatisfactory rotations
- d) Withdrawal from the programme, if poor performance persists.

Examination

- 10. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant parts of the programme.
- 11. Examinations are in two parts, Part I and Part II (DM Medical Microbiology). They are normally held twice per year in May/June and November/December.
- 12. The Part I examination is held at the end of the second year and comprises:
 - a) Written papers
 - b) A practical examination
 - c) An oral examination
- 13. The candidate must pass all components of the examination, that is, *the Written papers, the Practical and the Oral* to have passed the examination.
- 14. The Part II examination is held at the end of the fourth year and consists of:
 - a) Written papers
 - b) A practical examination
 - c) An oral examination
- 15. The candidate must pass all components of the examination, that is, the *written papers, the Practical and the Oral* to have passed the examination
- 16. Should any candidate fail the Part I or Part II examination at the first attempt, completion of this part must be within one calendar year of the first attempt.
- 17. No student will be allowed more than two attempts at any one examination. Failure after the second attempt will necessitate withdrawal from the programme. Re-admission of candidates will be in accordance with the University regulations for Graduate Diplomas and Degrees.
- 18. Candidates must conform to the University Regulations on Examinations for Higher Degrees.

Deferral

- 19. Students are normally expected to present themselves for the first examination being held following completion of the various Parts. In exceptional circumstances (such as ill health), a student may request

permission from the Campus Committee for Graduate Studies and Research through the Faculty Committee to defer the date of the first sitting.

Completion of the Programme

20. Students will be considered as having successfully completed the programme when the following **THREE** requirements have been met:

- a) Satisfactory performance of all rotations.
- b) Acceptance of the Clinical Research Project Report.
- c) Satisfactory performance in the Part I and II examinations.

V. OBSTETRICS & GYNAECOLOGY

Requirements for Entry

1. (See General Regulations)
2. In addition to the general regulations, candidates will not be eligible for entry until at least one full year after completing their internship and must have had at least six months post-internship experience in general surgery and general medicine or child health in an approved hospital. Six months experience in Obstetrics and Gynaecology (post- internship) will count for up to three months' experience in general surgery. Experience in Accident/Emergency/Casualty (post internship) will count for up to three months' experience in general medicine or surgery.

Course of Study

3. The course of study will be a minimum of four years from the date of entry and is divided into two parts.
4. The first part (Part I) is of one year's duration and admission to the second part depends upon satisfactory performance in the Part I examination at the end of this period.
5. The second part (Part II) is of three years duration and may include a period of six months in a related discipline or in an approved hospital or institution provided that approval has been obtained from the Specialty Board beforehand.
6. At least three years of the course must be spent in the Commonwealth Caribbean. Throughout the course, the student must hold recognized posts in accredited hospitals or be on an "Elective" approved by the Specialty Board.

Exemption

7. No exemption will be given for training in the DM Obstetrics and Gynecology programme.

Assessment

8. Students will be assessed (by observation, orally or in writing) at the end of each rotation and the assessment will be recorded on prescribed forms. A satisfactory standard of in-course assessments is mandatory prior to taking the Part I and Part II examinations.
9. Entry to Part II is dependent on satisfactory completion of the Part I.

Portfolio/Clinical Research Project

10. All students must submit to the Specialty Board or Director of the Postgraduate programme at least six months before the final (Part II) Examination:

a) A Portfolio consisting of at least twenty cases (ten Obstetrical and ten Gynaecological). Students are advised to discuss the preparation of case records and commentaries with their consultant or supervisor, while the portfolio is in preparation. The portfolio should also contain but is not limited to, critical reflections, Workplace based Assessments and all evaluations received during the course of the postgraduate programme. From these records, the examiners will assess the critical faculties of candidates, their powers of observation and their evaluation of various methods of treatment.

AND

b) A Book consisting of Two major Clinical Research Projects limited to 5,000 words each. The Clinical Research Projects should be based on a Clinical Research approved by the student's supervisor and must include references to the literature. Students are advised to discuss the preparation of the Clinical Research Project with their consultant or supervisor, while the book is in preparation and not wait until it is complete. The Clinical Research Projects offer students the opportunity to study in detail, conditions of their own choice and to express views formed from personal investigation and on a study of the literature. The Clinical Research Projects allow for work on clinical material within the department to be later developed into a publication.

OR

c) A research thesis. The alternative must have been previously agreed on by the Specialty Board and the work carried out under the guidance of a supervisor appointed by the Board.

Following the submission of the work, the examiners may

d) accept the work, and the candidate proceed to the examination

or

e) reject the work, and they will then outline what additional or new work is required and when the work should be resubmitted.

Examination

11. Examinations are in two parts: Part I and Part II (Final). No candidate will be allowed more than two attempts at either examination.

12. The Part I Examination is held after completing one year in the DM programme but no later than having completed two years in the programme and comprises:

a) Two written papers in Obstetrics and Gynaecology and related disciplines in the Basic Sciences.

b) Candidates must pass both written papers to be awarded a Pass.

13. The Part II Examination consists of:

Two written papers and a Structured Extended Oral Examination (SEOE) consisting of: -

a) A Section for Obstetrics & a Section for Gynaecology

b) Candidates must pass both written papers and both sections of the SEOE examination to be awarded a Pass.

14. The Part II examination must be attempted for the first time, three (3) years after successfully completing the Part 1 examination but no later than four (4) years after successfully completing the Part 1 examination.
15. The Part II Examination must be taken within one year of the submission of the Clinical Research Project or case book.
16. The Part II examination must be completed within 12 months of the first attempt.

VI. PAEDIATRICS

Requirements for Entry

1. (See General Regulations)
2. Applicants should have completed their internship programme with post internship experience in paediatrics under supervision. The duration of post internship paediatric experience is specific to each campus.

Course of Study

3. The DM Paediatrics programme is a four year graduate course which aims to provide the graduate with the knowledge and skills to function as a consultant paediatrician, equipped for independent practice in the community and hospital based settings.
4. There are two parts to the course – Part I (Years 1 and 2) and Part II (years 3 and 4).
5. For Mona, a minimum of six months of the four years must be spent in the Department of Child and Adolescent Health at the University Hospital of the West Indies, Mona. The remaining time must be spent at a site accredited for training of students of the DM Paediatrics programme.
6. Trainees are required to participate in daily seminars and teaching rounds.
7. An elective period of six months is to be taken during Years 3 to 4 after successfully completing the Part I examination. This elective period must be approved by the Specialty Board prior to commencement. Application to proceed on this elective period must be made in writing to the Specialty Board of the campus at least two months before the beginning of the scheduled electives. The objectives of this elective period, a schedule of activities and the named supervisors during this period must be detailed in this application.

Withdrawal

8. Students obtaining three successive unsatisfactory Supervisors' Progress Reports will be asked to withdraw from the programme.
9. On acceptance to the programme there will be a probation period during the first six months of Year 1. During this period the candidate's performance will be assessed at two or three monthly intervals and be reviewed by the Specialty Board. . Any candidate who fails this overall assessment or who demonstrates professional misconduct, during this period of probation will be required to withdraw from the programme.

Assessment

10. Continuous assessment of the candidate's academic, clinical and professional performance is carried out by his/her supervisors, who are members of the Specialty Board in Child and Adolescent Health.

Continuous assessment in their penultimate and final years will include long case assessments which will contribute to the final mark of their clinical examination.

Clinical Research Project

11. The candidate must submit a Clinical Research Project on Child and/or Adolescent Health or a related area six months prior to the written DM 2 Examination
12. The Clinical Research Project should form a distinct contribution to the knowledge of the subject presented. It must be of satisfactory literary standard and should attain standards suitable for publication in a peer reviewed journal.
13. The Clinical Research Project must be checked by the candidate and his/her supervisor, using the method currently recommended by the University, to ensure that no plagiarism, intentional or unintentional, is evident in the Clinical Research Project. A report that provides evidence that the Clinical Research Project is free of plagiarism must be attached to the Clinical Research Project on final submission.
14. The acceptance of the Clinical Research Project by the Specialty Board is a requirement for eligibility to sit the Part II examination.

Examinations

Part I

15. The Part I examination consists of:
 - a) One multiple choice question paper
 - b) A clinical examination
 - c) An oral examination.
16. The candidate must pass all components of the examination, that is, the Paper, the Clinical and oral examination to have passed the examination
17. Trainees will be eligible to sit the Part I examination, at the end of Year 2 but no later than three years after commencing the programme AND having had satisfactory assessments for that period.

Part II

18. The Part II examination consists of:
 - a) Two written papers, which may include multiple choice questions
 - b) A clinical examination
 - c) An oral examination.

19. The candidate **must pass all** components of the examination, that is, **the written papers, the clinical and oral examination** to have passed the examination
20. Candidates will be eligible to sit the Part II examination,
 - a) two years after successful completion of the Part I examination, but not greater than three years after successful completion of the Part 1 examination

AND

 - b) having satisfactorily completed the four years of the DM programme.

Failure to meet either of these two requirements will require the candidate to withdraw from the programme.

21. The Part II examination must be attempted for the first time within one year of the acceptance of the Clinical Research Project.
22. The second attempt of the Part II examination must be completed within 12 months of the first attempt.

Parts I and II

23. Candidates may be allowed two attempts at the Parts I and II examinations respectively. Failure after the second attempt in either part necessitates withdrawal from the programme. The student cannot reapply to the programme after they withdraw.
24. Candidates are required to complete the programme (including the DM Part II examination) within 7 years of commencing the programme. Failure to do so will require withdrawal from the programme.
25. The student will be considered to have completed training in the DM Paediatrics programme after meeting the eligibility criteria to sit the Part II examination. If the student is in a training post, this post is only normally guaranteed until the first attempt of the DM Part 11 Examination.

VII. PATHOLOGY

DOCTOR OF MEDICINE (DM) REGULATIONS

The Department of Pathology offers three DM degrees: DM Pathology, DM Chemical Pathology and DM Haematology & Medical Oncology.

A. PATHOLOGY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. This should be read in conjunction with the general regulations - Doctor of Medicine. The DM Pathology programme is a five year graduate course which aims to provide the graduate with the knowledge and skills to function as a consultant Anatomical Pathologist equipped for independent practice in hospital-based and stand-alone clinical laboratories.
3. On acceptance to the programme there will be a six month probation period during which the candidate's performance will be assessed at regular intervals. Any candidate who fails the overall assessment during this period of probation will be required to withdraw from the programme.
4. The programme will be a minimum of five years (see Exemptions) from the date of entry. The course of study will normally take place at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose; but up to one year's elective period may be spent at an approved institution in or out of the Caribbean provided prior approval is obtained from the Board for Graduate Studies and Research through the Faculty Committee for Graduate Studies. Throughout the programme, candidates must hold recognized posts in accredited hospitals or be on the elective period approved by the Board for Graduate Studies and Research.
5. The programme is divided into two parts: Part I and Part II

Part I

- i. The first part is of a minimum of ninety-two (92) weeks duration, excluding leave and must include training in:
 - a) Anatomical Pathology (including Cytology) – 68 weeks
 - b) Haematology/ Oncology – 12 weeks
 - c) Chemical Pathology – 12 weeks

- ii. Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of the 92 weeks. Admission to the second part depends on satisfactory assessments and performance in the Part I Examination.

Part II

- i. The second part is of a minimum of one hundred and thirty eight (138) weeks duration, excluding leave. It may include a period not exceeding one year, in the penultimate year only, spent as an elective, providing that approval has been obtained from the Faculty Committee for Graduate Studies and the Board for Graduate Studies and Research beforehand. Such approval must be obtained at least six months prior to the commencement of the elective period. The elective period may be spent in a hospital-based or stand-alone clinical laboratory, which can provide the student with experience not readily available at the hospital at which he/she is employed. Teaching and training in teaching methods, research methodology and laboratory quality assurance and management are also integral components of the programme. All students should appreciate the need for ongoing research in the field and are encouraged to cooperate with research efforts of department/division members.
- ii. During the second part in Anatomical Pathology, rotations through the various subspecialties must be undertaken. These include but are not limited to cardiovascular, gastrointestinal, neuropathology, paediatric, and renal pathology.

Exemption

6. Students who have completed a period of study in recognized hospitals or institutions may apply to the Campus Committee for Graduate Studies through the Specialty Board in Pathology for exemption from an appropriate part of the programme. Such exemptions can be recommended by the Specialty Board in Pathology only after a period of review and assessment of the student's performance within the programme. Candidates for such exemption must have achieved the level at which proposed exemptions will put them.
7. Students holding a suitable qualification from an institution recognized by the UWI may apply and be granted exemption from the Part I examination.
8. All requests for exemptions should be made in writing by the student to the University Registrar through the Chairman of the Faculty Committee for Graduate Studies. This request will then be forwarded to the Board for Graduate Studies and Research through the Campus committee.

Assessment

9. The following requirements must be completed before the Part II examination:
 - i. A satisfactory standard of in-course assessments
 - ii. A satisfactory Clinical Research Project

Examination

10. Before admission to any examination, candidates must be certified by their supervisor as having completed the relevant parts of the programme.
11. The examination consists of two parts: Part I and Part II. They will normally be held once per year in either May/June or November/December.
12. Candidates are eligible for the Part I examination after completion of 24 months (including leave) of appropriate training and it is intended to test the student's knowledge of the basic sciences as applied to all subspecialties of Pathology.
 - i. Part I consist of:
 - a) Two written papers which may include multiple choice questions
 - b) A practical examination
 - c) An oral examination
13. On successful completion of Part I, continuation in the training programme will be dependent on the recommendation of the Specialty Board based on its continuous assessment and the results of the Part I examination.
 - i. Part II examination consists of:
 - a) Two written papers which may include multiple choice questions;
 - b) A practical examination
 - c) An oral examination
14. Students are normally expected to present themselves for the first examination being held following completion of the various Parts. In exceptional circumstances (such as ill health), a student may request permission from the Board for Graduate Studies and Research to defer the date of the first sitting. Candidates must register for the examination at the appropriate time.
15. Candidates must pass all components of the examinations to be deemed to have passed the examination. Should any candidate fail the examination at the first attempt, completion of this part must be within one calendar year of the first attempt.
16. No student will be allowed more than two attempts at any one examination. Failure after the second attempt will necessitate withdrawal from the programme. Re-admission of candidates will be in accordance with the University regulations for Graduate Diplomas and Degrees.

17. Candidates must conform to the University Regulations on Examinations for Higher Degrees

Completion of the Programme

18. Students will be considered as having successfully completed the programme when the following requirements have been met:

- a) Satisfactory performance of all rotations
- b) Completion of the Clinical Research Project
- c) Satisfactory performance in the Part I and II examinations

19. Failure to complete the programme in the prescribed time will require withdrawal from the programme.

B. CHEMICAL PATHOLOGY

Requirements for Entry

- 1.(See General Regulations)

Course of Study

- 2.This should be read in conjunction with the general regulations - Doctor of Medicine. The DM Chemical Pathology programme is a four year graduate course which aims to provide the graduate with the knowledge and skills to function as a consultant Chemical Pathologist equipped for independent practice in hospital-based and stand-alone clinical laboratories.
- 3.On acceptance to the programme there will be a six month probation period during which the candidate's performance will be assessed at regular intervals. Any candidate who fails the overall assessment during this period of probation will be required to withdraw from the programme.
- 4.The programme will be a minimum of four years (see Exemptions) from the date of entry. The course of study will normally take place at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose; but up to one year's elective period may be spent at an approved institution in or out of the Caribbean provided prior approval is obtained from the Board for Graduate Studies and Research through the Faculty Committee for Graduate Studies. Throughout the programme, candidates must hold recognized posts in accredited hospitals or be on the elective period approved by the Board for Graduate Studies and Research.

5. The programme is divided into two parts: Part I and Part II

Part I

The first part is of a minimum of ninety-two (92) weeks duration, excluding leave and must include training in:

- a) Chemical Pathology – 46 weeks
- b) Anatomical Pathology – 23 weeks
- c) Haematology Oncology – 23 weeks

Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of the 92 weeks. Admission to the second part depends on satisfactory assessments and performance in the Part I Examination.

Part II

- a) The second part is of a minimum of ninety-two (92) weeks duration, excluding leave. In the penultimate year only, it will include a six (6) month period in Internal Medicine at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose and may include a period not exceeding six (6) months spent as an elective, providing that approval has been obtained from the Faculty Committee for Graduate Studies and the Board for Graduate Studies and Research beforehand. Such approval must be obtained at least six months prior to the commencement of the elective period. The elective period may be spent in a hospital-based or stand-alone clinical laboratory, which can provide the student with experience not readily available at the hospital at which he/she is employed. Teaching and training in teaching methods, research methodology and laboratory quality assurance and management are also integral components of the programme. All students should appreciate the need for ongoing research in the field and are encouraged to cooperate with research efforts of department/division members.
- b) During the second part in Chemical Pathology, specialist training in clinical chemistry and Laboratory management must be undertaken.

Exemption

6. Students who have completed a period of study in recognized hospitals or institutions may apply to the Campus Committee for Graduate Studies through the Specialty Board in Pathology for exemption from an appropriate part of the programme. Such exemptions can be recommended by the Specialty Board in Pathology only after a period of review and assessment of the student's performance within the programme. Candidates for such exemption must have achieved the level at which proposed exemptions will put them.

7. Students holding a suitable qualification from an institution recognized by the UWI may apply and be granted exemption from the Part I examination.
8. All requests for exemptions should be made in writing by the student to the University Registrar through the Chairman of the Faculty Committee for Graduate Studies. This request will then be forwarded to the Board for Graduate Studies and Research through the Campus committee.

Assessment

9. Continuous assessment of the candidate's performance is carried out by his/her supervisor and recorded every 6 months.

Examination

10. Before admission to any examination, candidates must be certified by their supervisor as having completed the relevant parts of the programme.
11. The examination consists of two parts: Part I and Part II.
12. They are normally held once per year in May/June or November/December. Candidates are eligible for the Part I examination after completion of 24 months (including leave) of appropriate training and it is intended to test the student's knowledge of the basic sciences as applied to all subspecialties of Pathology. It consists of:
 - a) Two written papers which may include multiple choice questions
 - b) A practical examination
 - c) An oral examination
13. On successful completion of Part I, continuation in the training programme will be dependent on the recommendation of the Specialty Board based on its continuous assessment and the results of the Part I examination.
14. The Part II examination consists of:
 - a) Two written papers which may include multiple choice questions;
 - b) A practical examination
 - c) An oral examination.
15. Students are normally expected to present themselves for the first examination being held following completion of the various Parts. In exceptional circumstances (such as ill health), a student may request permission from the Board for Graduate Studies and Research to defer the date of the first sitting. Candidates must register for the examination at the appropriate time.
16. Candidates must pass all components of the examinations to be deemed to have passed the examination. Should any candidate fail the examination at the first attempt, completion of this part must be within one calendar year of the first attempt.

17. No student will be allowed more than two attempts at any one examination. Failure after the second attempt will necessitate withdrawal from the programme. Re-admission of candidates will be in accordance with the University regulations for Graduate Diplomas and Degrees.

18. Candidates must conform to the University Regulations on Examinations for Higher Degrees

Completion of the Programme

19. Students will be considered as having successfully completed the programme when the following requirements have been met:

- a) Satisfactory performance of all rotations
- b) Completion of the Clinical Research Project
- c) Satisfactory performance in the Part I and II examinations

20. Failure to complete the programme in the prescribed times will require withdrawal from the programme.

C. DM HAEMATOLOGY AND MEDICAL ONCOLOGY

Requirements for Entry

1. (See General Regulations)
2. Candidates must have completed six months in each of the disciplines of adult and paediatric medicine either prior to or after full registration.

Course of Study

3. The Programme will be offered over a period of 5 years, beginning with training in Internal Medicine for at least 2 years, followed by a training programme in Haematology and Medical Oncology for 3 to 5 years. Two of the 3 to 5 years must include full time clinical training in the diagnosis and management of a broad spectrum of neoplastic diseases. The programme will be divided into two parts: Part I and Part II.
4. Part I (minimum 115 weeks) consists of an introductory period of 23 weeks in an approved course of study in basic general Haematology and Oncology, followed by a period of 92 weeks in which the candidate will complete the prescribed course of study in adult medicine.
5. Part II includes a minimum period of 92 weeks spent in an approved course of study in clinical and laboratory Haematology, 12 weeks of which must be spent in Haematopathology. Additionally, there is a mandatory 23-week elective period in which the candidate must undertake a Clinical Research Project in any area related to Haematology or medical Oncology. The Clinical Research Project should be approved by the candidate's supervisor prior to commencement of the research.

Examination

6. Before admission to any examination, the candidates must be certified by their supervisors as having satisfactorily completed the relevant part(s) of the training programme.
7. The Part I examination is the DM (Internal Medicine) Part I examination at the end of year 2.
8. This will consist of continuous assessment from Year 3 to 5 with quizzes after each module. The final examination at the end of the training programme can only be attempted after submission and approval of the completed Clinical Research Project and will include:
 - a) MCQ paper (inclusive of Haematology, Oncology and
 - b) Internal Medicine
 - c) Essay papers (Paper 1 – Haematology; Paper 11 – Oncology)
 - d) Practical (Haematology only) – data and slides only
 - e) Oral examinations
9. The Part II examination must be completed within 12 months of the first attempt.
10. Successful candidates must achieve a passing grade in each of the written papers, practical and oral examinations.
11. No candidate will be allowed more than two attempts at any one examination.

VIII. MEDICAL ONCOLOGY

Requirements for Entry

1. (See General Regulations)
2. The Doctor of Medicine in Medical Oncology programme is a proposed three (3) year professional and research programme that seeks to train and educate physicians in the practice of medical oncology to the specialist level. The trainee, on completion of the prescribed courses and passing the specified University examinations, will be awarded the degree of Doctor of Medicine in Medical Oncology and will be able to practice as a consultant in Medical Oncology competently and independently.
3. The candidate should be a graduate from a recognized medical school (by this is meant a medical school recognized by The University of The West Indies AND the Medical Board of Trinidad and Tobago)
4. The candidate must have completed the two year training programme in general internal medicine within the DM Internal Medicine Programme and have been so certified i.e. the DM Medicine (Part 1).

5. Candidates who have other qualifications in clinical medicine at a level equivalent to the MRCP (Part II) or American Board of Internal Medicine will be required to sit a qualifying exam prior to consideration for admission.
6. When assessing the above reports, special attention shall be paid to the candidate's clinical aptitude as well as his/her suitability to pursue a further period of subspecialty professional and academic training.

Course of Study

Overview

7. The DM programme in Medical Oncology is intended to produce graduates who are competent to practice as specialists in Medical Oncology. The DM in Medical Oncology degree is awarded upon satisfactory completion of the programme in accordance with the requirements of the Specialty Board, including passing the exit examination (Part 2).

8. Linkage to ASCO/ESMO Global Curriculum

Curriculum Log Book will be used to document trainee progress through the competencies outlined by the curriculum.

9. Syllabus (Programme Content)

- i. Scientific Principles of Oncology
- ii. Principles of Cancer Diagnosis and Management
- iii. Clinical Research
- iv. Cancer types and sites
- v. Emergencies and complications
- vi. Geriatric oncology and related issues
- vii. Supportive care
- viii. Survivorship and follow-up including surveillance, second cancers, psychosocial and economic issues
- ix. Psychosocial aspects of cancer including psychosocial support, cultural and spiritual issues, coping mechanisms, and integration of care including family members, pastoral care, nursing support, counseling, social work, mental health professionals, hospice, and cancer support groups.
- x. Bioethical, legal and economic issues including informed consent, research ethics, end-of-life and life-support legal issues, cost effectiveness, conflict of interest, and professionalism.
- xi. Issues affecting fertility and sexuality including risks of infertility or sterility, prevention and treatment strategies, indications for referral to specialist fertility services, physical and psychological impact of cancer and its therapy on sexuality, ability to counsel patients regarding these issues.

- xii. Communication skills including communication of prognosis, options, goals of care, delivery of bad news.
- xiii. Practical procedures including chemotherapy administration, use of vascular access devices, bone marrow aspiration and biopsy, lumbar puncture and Ommaya reservoir, tumor assessment, thoracentesis and paracentesis.
- xiv. Use of information systems including electronic medical records, patient resources, health care professional resources.

10. Research Project

The candidate is expected to complete an original research project or audit in an area relevant to cancer and/or its treatment in Trinidad, Tobago or the Caribbean. A minimum length of 2000 words is required, and the project is to be suitable for publication in a local or international peer-reviewed journal. This project is to be completed by the beginning of year 4. A supervisor is to be appointed, and must be a faculty member. The project topic and supervisor are to be approved by the programme director.

Clinical Attachments

- 11. All rotations must be undertaken at facilities affiliated to UWI or designated and approved by the Programme Coordinator, which have been deemed to have adequate standards of clinical practice.
- 12. The primary sites must have adequate pathology services, modern diagnostic radiology services, access to nuclear imaging, blood banking and blood therapy facilities, facilities for clinical pharmacology and tumor immunology, access to surgical and radiotherapy services, and multidisciplinary tumor conferences.

Non UWI Personnel

- 13. Rotations, or elective rotations, through designated specialty areas, if not supervised by a UWI faculty member, must be supervised by a physician qualified in the relevant specialty, subject to the approval of the Programme Coordinator.

Assessment

- 14. The programme will be assessed as follows:
 - a) By the external examiner yearly and through the recommendations of the Board of examiners
 - b) The Board of examiners will be appointed in accordance with the UWI regulations for taught masters programs
 - c) The programme will also be assessed during the periodic quality assurance reviews of the roles and functions of the Department of Clinical Medical Sciences by the Campus Quality Assurance Unit

IX. PSYCHIATRY

Requirements for Entry

1. (See General Regulations)
2. Applicants will be eligible for entry after completing their internship and Senior House Officer rotations. Following submission of their applications, applicants may be required to attend an interview to be eligible for selection to the programme.

Date of Entry

3. (See General Regulations)

Course of Study

4. This should be read in conjunction with the General Regulations Doctor of Medicine.
5. The DM Psychiatry is a four year graduate course which aims to provide the graduate with the knowledge and skills to function as a consultant equipped for independent practice in hospital-based stand-alone facilities and community mental health.
6. On acceptance to the programme there will be a six month probation period during which the student's performance will be assessed at regular intervals. Any student who fails the overall assessment during this period of probation will be required to withdraw from the programme
7. The programme will be a minimum of four years (see exemptions) from the date of entry. Throughout the programme, students must hold recognized posts in accredited hospitals or be on an 'elective' approved by the Specialty Board in Psychiatry.
8. The course will be under the general supervision of the Director, nominated by the Head of the Department/ Section. Each student will be assigned to a supervisor, who is a member of the Specialty Board. The supervisor will provide academic guidance as to the choice or assignment of rotations and direction in the conduct of their research and all other relevant matters
9. The Specialty Board is in overall charge of the programme. The Head of Department/ Section or nominee chairs the Specialty Board. The sole and final authority on all matters concerning the programme is the Board for Graduate Studies and Research, and the University Senate.
10. The programme consists of two parts, over four years.

Part I (Year 1)

11. During this period, the students will be given instructions in the Basic Medical Sciences (Neuroanatomy, Neurophysiology Psychology)

Part I (Year 2)

12. Entry to the second year of the programme will depend on the recommendation of the Specialty Board based on the continuous assessments and the results of the Year 1 Part I (Basic Sciences) examinations.
13. During this period, students will be given instructions in Neurology and Psychiatry.
14. By the end of the first semester of Year 2 of the programme, the student will submit to the Specialty Board through his/her supervisor, a project proposal for a Clinical Research Project to be undertaken during Year 3 of the programme.

Part II (Year 3)

15. Admission to Part II of the programme depends upon the student's satisfactory performance in the Part I examination at the end of Year 2 (see below under examinations).
16. During this period, students can undertake an elective of their choice, provided that prior approval is obtained from the Specialty Board. Students are required to carry out their Clinical Research Project during this year.

Part II (Year 4)

17. During this period, the students continue working as psychiatric residents at an approved hospital, under supervision. By the end of the first semester of Year 4, the student will submit to the Faculty Committee for Graduate Studies, through the Director of the programme, a final report on his/her Clinical Research Project.
18. Students will only be allowed to sit the final examination at the end of Year 4, after submission and acceptance of the Clinical Research Project.

Institutions accredited for learning

19. A list of accredited hospitals may be obtained from the Graduate Studies Section in of the Dean's Office. Some are accredited only for the first part of the course; others are accredited to provide training in the second part of the course for a specified time.
20. To gain credit for such a period the student must submit a satisfactory assessment report from their supervisor.

Exemption

21. All requests for exemptions should be made in writing by the student to the Specialty Board, and appropriate recommendations will be made to the Campus Committee for Graduate Studies and Research through the Faculty Committee for Graduate Studies. Each case will be considered on its own merit.

Assessment

22. Continuous assessment of the candidate's performance is carried out by his/her supervisors who are members of the Specialty Board in Psychiatry.
23. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:
 - a) Counseling/academic warning in writing
 - b) Remedial work
 - c) Repeating the unsatisfactory rotations
 - d) Withdrawal from the programme, if poor performance persists
24. The Year 1 Part I (Basic Sciences) examination will be held at the end of Year 1 and candidates will be evaluated in the Basic Sciences (Neuroanatomy, Neurophysiology and Psychology).

Clinical Research Project

25. All students must submit a completed Clinical Research Project to the Specialty Board through the Director of the programme, by the end of the first semester of Year 4.
26. The Clinical Research Project must be of a satisfactory literary standard and should attain standards suitable for publication in a peer reviewed journal. It should not be less than 8,000 words and should not exceed 20,000 words; a typical report has about 12,000 words. The Report must follow the University's Guide for the Preparation of Theses, Research Papers and Project Reports
27. Following the submission of the Clinical Research Project, the examiners may:
 - a) Award a passing grade. In this case the student may be allowed to sit the final Part II examination or
 - b) Award a failing grade. In this case the student will not be allowed to sit the final Part II examination.
28. Students who are awarded passing grades may be required to carry out minor modifications which must be completed and resubmitted in the time specified by the cross-campus Board of Examiners.
29. Students who are awarded failing grades may be required to carry out the following:

- a) Major modifications which must be and resubmitted in the time specified by the cross-campus Board of Examiners or
- b) new Clinical Research Project which must be completed and resubmitted in the time specified by the cross-campus Board of Examiners.

Under these circumstances, candidates will not be allowed to sit the part II examination that immediately follows the awarding of the grade of the Clinical Research Projects, but will be considered for eligibility for the next sitting.

Examination

- 30. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant parts of the programme.
- 31. Examinations are in two parts, Part I and Part II, and are normally held once per year in May/June.

Part I Examinations (Years 1 and 2)

- 32. Details of the Part I Year 1 examination are provided in item 24. The Part I Year 2 examination is held at the end of the second year. In this examination, candidates are assessed in Neurology and Psychiatry.

The examination comprises:

- A) A knowledge based examination in Neurology and Psychiatry consisting of two written papers
- b) A clinical/oral examination in Neurology
- c) A clinical/oral examination in Psychiatry

- 33. Candidates must pass each paper and each clinical/oral examination in the same sitting in order to proceed to Part II except as provided for in item 34.
- 34. Candidates who satisfy all of the requirements in item 33 with the exception of passing the Neurology clinical/oral may be permitted to proceed to Part II on the condition that a second attempt at the Neurology clinical/oral must be made at the next sitting of the examination. These candidates would be exempted from all other components of the Part I (Year 2) examination.
- 35. Candidates who at their first attempt of the Part I (Year 2) examination are successful at the Neurology clinical/ oral, but are unsuccessful at any of the other components must repeat Part I (Year 2). However, they will be exempted from the Neurology clinical/ oral at their next sitting of the Part I (Year 2) examination.
- 36. Candidates who fail in their second attempt at any component of the Part I (Year 2) examination will be required to withdraw from the programme and will only be eligible for exemption from Part I (Year 1) should re-admission be considered.

Part II Examination (Year 4)

37. Candidates must have completed the following three (3) requirements before being allowed to sit the Part II examination:
- a) Satisfactory continuous in-course assessments
 - b) Satisfactory completion of the Part I assessment
 - c) Accepted Clinical Research Projects
38. The Part II examination is held at the end of the fourth year and candidates are evaluated in Psychiatry. This exam consists of:
- a) Two written papers
 - b) Clinical and oral examinations
 - c) An oral examination

Failure of an Examination

39. Should any candidate fail any examination at the first attempt, a second attempt must be made within one calendar year of the first attempt. The same applies to the Clinical Research Project.
40. **No student will be allowed more than two attempts at any one examination or more than two attempts at submitting the Clinical Research Project.** Failure after the second attempt will necessitate withdrawal from the programme. Re-admission of students will be in accordance with the University Regulations for Graduate Diplomas and Degrees. This also applies to the Clinical Research Project.

Deferral

41. Students are normally expected to present themselves for the first examination being held following completion of the various Parts. In exceptional circumstances (such as ill health), a student may request permission from the Campus Committee for Graduate Studies and Research through the Faculty Committee to defer the date of the first sitting.

Registration for Examination

42. Candidates must register for the examination at the appropriate time. Barring medical grounds or other legitimate reasons, candidates must register at the beginning of each academic year, including the third year. Candidates who fail to register will be required to withdraw from the programme. All candidates must conform to the University Regulations on Examinations for Higher Degrees.

Completion of the Programme

43. A student is deemed to complete the programme if they have met the following requirements:
- a) Year 1 - satisfactory performance in the Part I Year 1 examination

- b) Year 2- Pass all parts of the Part I Year 2 examination in the same sitting
- c) Clinical Research Project- acceptance and submission of corrected project
- d) Part II- Pass each written paper, pass the clinical examination and pass the oral examination in the same sitting.

X. RADIOLOGY

Requirements for Entry

1. (See General Regulations)
2. Candidates with a poor academic record will not be considered for the programme. A poor academic record is defined as failure of any two or more final examinations during the entire undergraduate programme.
3. Candidates are required to have at least one year of clinical experience post internship including a minimum of six months in accident and emergency.
4. Special consideration would be given to candidates with prior radiology experience. Applicants who are deemed acceptable may be required to have an interview.

Course of Study

5. The DM Radiology programme consists of 4 years, which is divided into two parts: Part I and Part II.

Part I

6. This consists of and includes radiologic physics, basic radiography, radiology procedures and anatomy.

Part II

7. This part of the programme consists of a minimum of 144 weeks in Diagnostic Radiology.
8. Trainees will also be given instructions in:
 - a) Basic research methods
 - b) Presentation of scientific papers
 - c) Medical and research ethics
 - d) Quality assurance
9. The candidate's responsibility in discussion with their supervisor includes preparation of a Clinical Research Project, to be decided upon at the beginning of Year 2. By the end of year 2, their research protocol should have been submitted for approval. The report should be suitable for submission for publication in a peer reviewed scientific journal.
10. Candidates will be required to submit said scientific paper within a maximum of 18 months after commencing the project. This will allow ample time for review and corrections. Unless said project/paper is deemed satisfactory by the end of Year 3, the candidate will not be allowed to sit DM Part II examinations.
11. Trainees will also be expected to chair interdepartmental review meetings as part of their training, as well as to participate in the training of medical students.

Elective

12. Candidates are encouraged to spend up to one year in a specialist department overseas approved by the Specialty Board. This can be from Year 2 through Year 4, the candidate being required to return to the Radiology department at the UWI, no later than 3 months prior to final DM examinations. GMC registration would be an asset in this regard as there are opportunities for hands on experience in the United Kingdom.

Exemption

13. Candidates who have completed periods of study in recognized hospitals or institutions may apply to the Specialty Board for exemption from the appropriate section of the Programme.

Examination

14. The DM examinations in Radiology are held once per year, in early to mid-May.
15. **Repeat examinations** may be held six months (in November of the same year) after the candidate's initial attempt, at the discretion of the Coordinator, in consultation with the Head of the Department. Please note that November examinations are for the express purpose of facilitating repeat candidates. Said exams will not be held if there are no candidates repeating examinations.
16. The **Part I examination** assesses knowledge and diagnostic skills covered in the curriculum for the Part I Programme. The examination is held at the end of the first year. The examination consists of four parts, divided into two sections as follows:
 - a) Section A: Two written papers.
 - b) Section B: The clinical session, consisting of:
 - i. Film viewing spotter
 - ii. An oral examination
17. All candidates will sit Section A in their territory. Candidates successful in Section A will be invited to sit Section B, the Clinical examination. The venue for this part of the exam will be announced to the candidates at least six (6) months prior to the examination date.
18. Candidates unsuccessful in Section A will be deemed to have failed the examination and will not be invited to the Clinical Examination.
19. A candidate will be considered as successful in the Part I Examination if they have successfully passed Sections A and B of the examination.
20. The **Part II Examination** is held at the end of the fourth year and covers the candidate's knowledge of the full range of diagnostic investigations and intervention procedures. The examination consists of four parts, divided into two sections as follows:

- a) Section A: Two written papers.
 - b) Section B: The clinical session, consisting of:
 - i. Film viewing spotter
 - ii. An oral examination
21. Candidates are allowed only two (2) attempts at each examination. Candidates who are unsuccessful in their Part I examinations in the first instance but successful on the second attempt, will be allowed to sit Part II examinations in Year 4 provided they have fulfilled all other stipulated requirements.
22. The course should be completed within a maximum of 6 years, after which the candidate will be required to withdraw unconditionally.

XI. SURGERY

A. GENERAL SURGERY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The programme consists of two parts and the course of study is a minimum of five years - Part I maximum of three and a half (3.5) years inclusive of deferrals and Part II maximum of four and a half (4.5) years inclusive of deferral. The programme takes place either at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.
3. Teaching and training in teaching methods and research methodology/epidemiology are integral components of the programme

Part I - Two years

4. During this period, students will be assigned to three-monthly rotations in General Surgery and the surgical subspecialties. A rotation in critical care medicine may be taken through the Section of Anaesthesia & Intensive Care.
5. A maximum of three months may be spent in the Basic Medical Sciences Department (Sections of Anatomy, Biochemistry or Physiology), the Department of Pathology.
6. Provided that the in-course assessments are satisfactory, the Part I examination is taken at the end of two years.

Part II – Three years

7. During this period, students are assigned to general surgery rotations with increasing levels of responsibility.
8. Up to one year's elective may be spent at institutions in or outside of the Caribbean provided that prior approval is obtained from the Specialty Board in Surgery. Such approval must be obtained at least six months prior to the commencement of the elective period. The elective period is limited to the penultimate year only.
9. The penultimate year of the programme can be undertaken at an approved institution by the Specialty Board.

Exemption

10. This section should be read in conjunction with the general regulations.
11. Students who have obtained by examination, the MRCS, or Full Fellowship of any one of the Royal Colleges of Surgeons may apply for exemptions from rotations only, from all or parts of the Part I programme. Such exemption may be granted at the discretion of the Specialty Board in Surgery, after assessment of the curricula for the programmes undertaken in comparison to those of the DM. In some instances, the student's performance in the DM programme may also be considered.

Assessment

12. Student performance will be assessed (by observation, orally and in writing) at the end of each rotation and will be recorded on prescribed forms. A satisfactory standard of in-course assessments is mandatory prior to taking the Part I and Part II examination.
13. Entry to Part II is dependent on satisfactory completion of the Part I.
14. The following **three** requirements must be met before the Part II examination:
 - a) Reach a satisfactory standard in on-going assessments.
 - b) Submit a list of all operations where the candidate was the primary surgeon or assistant surgeon as certified by their supervisors.
 - c) Case book or Clinical Research Project
15. All DM Surgery candidates must submit to the Specialty Board or the Coordinator of the programme, at least six months before the final (Part II) Examination, ONE of the following:
 - a) A Clinical Research Project or research thesis. This option should have been previously agreed on at the commencement of the Part II programme by the Specialty Board and the project carried out under the guidance of a supervisor appointed by the Campus Committee for Graduate Studies and Research on the recommendation of the Specialty Board in Surgery or
 - b) A casebook of ten cases and a Clinical Research Project eg. a pilot project not exceeding 8,000 words. The latter could provide the basis to conduct a Clinical Research Project on clinical material to be later developed into a publication.
16. Students are required to discuss the preparation of the casebook/project report with their Consultant(s) and/or Supervisor(s) during the preparation of the book. Each should be entered in a log and signed as satisfactorily completed by the supervisor. The writing of the casebook offers the student the opportunity of choosing cases of clinical relevance and to express an opinion, based on careful evaluation of the current literature. The case reports should be of high quality suitable for publication in a peer reviewed journal.

Syllabus

17. A detailed syllabus for the course is available from the Department of Surgery.

Examination

18. Before admission to any examination, candidates must be certified by their supervisors as having completed all relevant parts of the programme.
19. There are two examinations, one each at the end of the Part I and Part II and only 2 attempts are allowed per examination.
20. Candidates will be eligible to sit the Part I examination two years but not greater than three years after entry into the programme.
21. The **Part I examination** consists of two sections:
 - a) Section A - Principles of Surgery
 - b) Section B - Basic Pathology, Anatomy, Physiology (including Biochemistry)
22. The examination must be completed within one calendar year of the first attempt.
23. There will be a written paper, which may include multiple choice questions and an oral examination in each subject.
24. The candidate must pass Section A and at least two parts of Section B to qualify for entry to Part II of the programme. Candidates who are repeating Part I must remain in the programme. Candidates who score 40 or less on the written paper should not progress to the orals.
25. Continuation in the training programme will be dependent on the recommendation of the Specialty Board based on its continuous assessment and the results of the Part I examination. Candidates will be eligible to sit the Part II examination at the end of the three years in Part II (i.e. at the end of year V), but not greater than four years (at the end of year 6) after successful completion of the Part I examination.
26. The **Part II examination** consists of:
 - a) Written papers which may include multiple choice questions.
 - b) an oral examination which may include clinical material and must be taken within one calendar year of the acceptance of the project or casebook.
27. No student will be allowed more than two attempts at any one examination. Failure after the second attempt will necessitate withdrawal from the programme. The student may not reapply to the programme after withdrawal.

Completion of the Programme

28. Students will be considered as having completed the programme and eligible for the award of the DM degree when the following FOUR requirements have been met:
- a) Satisfactory performance of all rotations
 - b) Acceptance of the certified list of operative procedures
 - c) Acceptance of the case book or Clinical Research Project and submission of corrected book.
 - d) Satisfactory performance in the Part I and II examinations

B. CARDIOTHORACIC SURGERY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The program consists of two parts and the course of study is a minimum of six years – Part I is two years and Part II is four years. The program takes place either at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.

Part I – Two Years

3. During this period, residents will be assigned to rotations in General Surgery and the surgical subspecialties, including six months rotation through Cardiothoracic Surgery. One rotation may also be taken through the Section of Anaesthesia and Intensive Care.
4. A maximum of six months may be spent in the Basic Medical Sciences Department (Sections of Anatomy, Physiology, or Biochemistry), the Department of Pathology, or in an approved Clinical Research Project provided that prior approval has been obtained from the Specialty Board in Surgery.
5. Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of the first two years.

Part II – Four Years

6. An elective period of (usually) no longer than two (2) years may be spent at institutions in or out of the West Indies provided prior approval is obtained from the Specialty Board in Surgery. Such approval must be obtained at least six months before the commencement of the elective period. The elective period must be concluded before the final (6th) year of the program.
7. The final year of the program must be spent at the University Hospital of the West Indies, in the role of Senior Resident in Cardiothoracic Surgery.

C. NEUROSURGERY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The programme consists of two parts and the course of study is a minimum of six years - Part I is two years and Part II is four years. The programme takes place either at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.

Part I – Two Years

3. During this period, students will be assigned to rotations in General Surgery and the surgical subspecialties. Six months must be spent as a resident in Neurological Surgery. A rotation in critical care medicine may be taken through the Section of Anaesthesia and Intensive Care. A maximum of six months may be spent in the Department of Basic Medical Sciences (Sections of Anatomy, Biochemistry or Physiology), the Department of Pathology, or in an approved Clinical Research Project provided that prior approval has been obtained from the Specialty Board in Surgery.

Part II – Four Years

4. During this period, students are assigned to neurosurgery rotations with increasing levels of responsibility.
5. An elective period of two years may be spent at institutions in or out of the Caribbean provided prior approval is obtained from the Specialty Board in Surgery. Such approval must be obtained at least six months prior to the commencement of the elective period. The elective period must be concluded before the final year of the programme.

Examination

6. Students will be eligible to sit the Part II examination four years but not greater than six years after successful completion of the Part I examination.

D. OPHTHALMOLOGY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The programme consists of three parts (Part I, Part II, Part III) over a minimum of six years - Part I involves basic sciences and is done in the 2nd year. Part II involves Optics and Refraction and is done in the 3rd year and the Final Part III covers year 4-6 and the examination is sat after the overseas elective is completed. This programme takes place at a UWI recognized hospital. The final year of the programme should be undertaken as an elective at an institution outside of the Caribbean.
3. Research will be an integral part of the programme.

Part I

4. This will involve basic sciences studies with an emphasis on the eye.
5. Part I lasts two years leading to an examination in which an adequate standard of performance is required before the candidate can proceed to the second Part II of the programme.

Part II

6. This year is spent improving the skills of optics and refraction. It is advisable that candidates start practicing this skill from year I. During this period the student will continue to gain clinical and surgical ophthalmology skills.
7. Part II lasts one year leading to an examination in which an adequate standard of performance is required before the candidate can proceed to the third part (Part III) of the programme.

Part III

8. This final part consists of three (3) years for the enhancement of clinical, medical and surgical skills, professionalism and ethics. Two (2) years spent locally and one (1) year is spent at an institution (approved by the Specialty Board) outside the Caribbean.
9. Students will be expected to cover all aspects of medicine, therapeutics and surgery for the eye, adnexae and visual pathways.

Assessment

10. Student performance will be assessed twice annually (by observation, orally and in writing) at the end of each rotation (students in Trinidad rotate between units within a single hospital but do not currently rotate between hospitals) and will be recorded on prescribed forms. A satisfactory standard of in-course assessments prior to taking the Part I, Part II and Part II examination.

11. Entry to Part II is dependent on successful completion of the Part I. Entry to Part III is dependent on successful completion of Part I and Part II.

Log Book

12. All candidates must maintain a surgical logbook, which will be assessed quarterly.

Casebook/ Clinical Research Project

13. The requirements for a candidate to sit the final Part III exam will include:
- a) A completed Clinical Research Project (to be started before and no later than Year 2)
 - b) A completed Case book with 10 cases
14. These cases must cover the breadth of Ophthalmology including at least one case from each sub-specialty area listed below:
- a) Cataract and Refractive Surgery
 - b) Cornea
 - c) Glaucoma
 - d) Paediatrics
 - e) Uveitis
 - f) Orbit, Oculoplastics, Adnexal and Lacrimal
 - g) Neuro ophthalmology
 - h) Ocular motility/ Strabismus
 - i) Medical Retina
 - j) Surgical Retina
15. The format of the casebook/project report should conform to the University regulations dealing with the preparation of projects and dissertations. Therefore a case book of 10 cases should not exceed 20,000 words but must not be less than 15,000 words. Case reports should follow the format of case reports submitted for journal publication, namely: introduction, case history, discussion and conclusion. References should follow the format of the West Indian Medical Journal.

Examination

Part I

16. The Part I examination will be undertaken after two years in the programme and consists of:
- i. Section A: Principles of Ophthalmic Surgery
 - ii. Section B:
 - a) Anatomy of the head and neck (including embryology and neuro anatomy)
 - b) Ocular pathology including microbiology, biochemistry and General Medicine in association with Ocular Pathology.
 - c) Physiology of eye, adnexae, CNS including related general physiology.

17. Candidates must pass Section A and pass all parts of Section B to qualify for entry into the second part (Part II) of the programme.
18. Candidates who have not completed the Part I examination within two calendar years of the first sitting of the examination will be required to withdraw from the programme

Part II Examination

19. This exam will be undertaken at the end of the 3rd year in the programme, provided that the candidate has satisfactorily passed their assessments.
 - i. **Section A:** Basic Optics (Principles of Instrumentation) & Theory of Refraction (MCQ's)
 - ii. **Section B:** Practical Refraction exam & OCSE
20. The candidate must pass the Practical Refraction and OSCEs in order to pass the Part II examination.

Part III Examination

21. The Part III examination will be undertaken at the end of the 6th year of training, provided that the candidate has:
 - a) Successfully passed the Part I and II Examinations
 - b) Satisfactorily completed their one year elective period
 - c) Satisfactorily completed their Casebook and Clinical Research. The research project would need to be started no later than the 2nd year of the programme.
 - d) Acceptance of the candidate's certified list of required operative procedures
22. The Part III Examination will consist of 3 parts:
 - a) Essay Paper
 - b) Oral Examination
 - c) Clinical Examination including OSCEs
23. The OSCE stations will include but not be limited to:
 - a) Anterior Segment
 - b) Neuro ophthalmology
 - c) Strabismus
 - d) Posterior Segment
24. **Candidates must pass all sections of the OSCE to pass the Part III examination. All 3 sections of the Part III must be passed in order to attain a pass at the Part III level.** If the candidate has to re-sit the examination, he will need to re-sit the whole examination, not only the parts that were failed.
25. No candidate will be allowed more than 2 attempts at any one examination. Failure after the second attempt will necessitate withdrawal from the programme. **The student may not reapply to the**

programme after withdrawal. The final Part III examination must be taken within one year of submission of the completed Case book and clinical research.

CHANGES FOR CANDIDATES COMMENCING THE PROGRAMME FROM JULY 2013

Special Note for **ALL** candidates commencing the programme from **July 2013 onwards:**

26. A Clinical Research Project will be **MANDATORY** for **ALL** candidates entering the DM Ophthalmology programme from July 2013 onwards. This Clinical Research Project will replace in part the major Case book of 20 cases.
27. The requirements for a candidate entering from July 2013 onwards, to sit the final Part III exam will include:
 - a) A completed Clinical Research Project (to be started before and no later than Year 2)
 - b) A completed Case book with 10 cases
28. This will replace the Case book of 20 cases and must be submitted no less than 6 months before the planned date of the final examination.

E. ORTHOPAEDICS

Requirements for entry

1. The applicant should be a graduate in medicine of a University or Medical School recognised by the University of the West Indies. Fully registered in the territory or territories in which training will take place. Applicants for entry to the DM programme in Orthopaedics must have completed twelve (12) months at House Officer level in an approved post, of which at least six (6) months must have been in Orthopaedics with the remaining period in Accident and Emergency, General Surgery, Neurosurgery or Urology. The applicant should show evidence of having successfully completed an Advanced Trauma Life Support (ATLS) course as well as a Basic Surgical Skills (BSS) course.

Course of Study

2. The applicant must have successfully completed the Part I programme in DM general Surgery which is two years.
3. **Part I – Two (2) years**

This is common with the DM in General Surgery: Residents will rotate through any six to eight (6-8) of the following specialties for a period of three (3) months each:

- | | |
|---------------------------|------------------------|
| a) General Surgery | e) Orthopaedic Surgery |
| b) Accident and Emergency | f) Paediatric Surgery |
| c) Neurosurgery | g) Plastic Surgery |
| d) Cardiothoracic Surgery | h) Urology |

i) Otolaryngology

j) Anaesthetics/ICU

4. **Part II – Four Years**

During the second part of the programme the resident will remain within the speciality of Orthopaedics. They will spend a minimum of six (6) months but not exceeding twelve (12) months on one unit. The resident will rotate amongst the approved teaching institutions spending at least twelve (12) months at any one institution. During this time the resident will have exposure to the following:

- a) Trauma
- b) Joint Reconstruction
- c) Paediatric Orthopaedics
- d) Sports Medicine
- e) Spine

- 5. Up to one year's elective may be spent at institutions in or out of the Caribbean provided prior approval is obtained from the Specialty Board in Surgery. Such approval must be obtained at least six months prior to the commencement of the elective. The elective period is limited to the penultimate year only.
- 6. The final year of the Part II programme must be spent at a UWI recognized Hospital. The resident will be exposed to all aspects of orthopaedics: adult and paediatric trauma, joint arthroplasty, tumours, spine, infection, sports medicine, arthroscopy, limb lengthening and correction of deformities, non-traumatic adult and paediatric conditions and pain management.

Research

- 7. Each resident must complete a research paper before being recommended for the Part II examination in orthopaedics. The research paper will be presented either at the Department of Surgery's Research Day or the Research Day of the Faculty of Medical Sciences, Mona.

Assessment

- 8. Residents' performance will be assessed (by observation, orally or in writing) at the end of each rotation (six months) and recorded on prescribed forms. A satisfactory standard of in-course assessment is mandatory prior to taking the Part II examination.
- 9. At the six monthly evaluation residents will be given the opportunity to discuss their assessments.
- 10. Assessment of the programme and consultants by residents

Residents are subject to continuous work place based assessment (WPBA) of performance by their supervisor. The Annual Review of Competence Progression (ARCP) will form the basis of progression within the programme. Residents are expected to have the following documents available for assessment:

- a) Current Curriculum Vitae

- b) Log Book
- c) Completed Assessment Forms

11. All DM II residents are expected to sit the American Association of Orthopaedic Surgeons (AAOS) Orthopaedic in Training Examination (OITE) as part of their continuous assessment.

12. All residents must take part in the following activities:

- a) Journal Club Meetings
- b) Multidisciplinary Team Meetings
- c) Morbidity and Mortality Meetings
- d) Teaching of Undergraduates
- e) Attendance at local, regional and international courses and conferences

Part II Examination

The following requirements must be completed before the resident is eligible to take the Part II Examination:

- a) A Clinical Research Project – This must have been presented at a Research Day Conference.
- b) Satisfactory performance of all rotations
- c) Acceptance of their certified list of operative procedures
- d) Acceptance of a case book, research thesis or Clinical Research Project

13. The Part II Examination consists of:

- a) Two written papers
- b) An oral examination which may include clinical material
- c) Residents must pass all components of the Part II examination.
- d) Residents who have not completed the Part I or II examination within one (1) calendar year of their last sitting of the respective examinations will normally be required to withdraw from the programme.
- e) Residents will not usually be allowed more than two (2) attempts at any one examination. Failure at the second attempt will necessitate withdrawal from
- f) Residents may not reapply to the programme after withdrawal.
- g) Failure to complete the programme in the prescribed times will require withdrawal from the programme.

F. OTOLARYNGOLOGY (ORL) / OTORHINOLARYNGOLOGY (STA)

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The **programme** consists of two parts and the course of study is a minimum of six years and a maximum of nine (9) years - Part I has a maximum of 3.5 years and Part II a maximum of 5.5 years. The **programme** takes place either at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.

Part I - Two years

3. During the Part I of the Programme, the trainees will do eight three month rotations:
 - i. The trainees will rotate through ORL for a maximum of four rotations and a minimum of two rotations
 - ii. The other rotations may be through any of the following: General Surgery, Cardiothoracic Surgery, Neurosurgery, Plastic Surgery, Critical Care Medicine, Emergency Medicine and Oral-Maxillofacial Surgery or any other rotation approved by the Programme Director. Each trainee will be assessed at the end of each rotation.
4. A maximum of six months may be spent in the Basic Medical Sciences Department of the University of the West Indies (Unit of Anatomy, Biochemistry or Physiology), the Department of Pathology in Port of Spain General Hospital, San Fernando or Eric Williams Medical Sciences Complex in an approved research project provided that prior approval for the research project has been obtained from the Speciality Board in Surgery.
5. Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of two years.

Part II – Four years

6. The Part II of the programme occupies four (4) years. During this period, students are assigned to ORL rotations with increasing levels of responsibility.
7. An elective period in ORL in the penultimate year must be spent at a recognised institution in or out of the Caribbean provided prior approval is obtained from the speciality board in surgery. The approval must be obtained at least six months prior to the commencement of the Elective period.
8. Institutions may be recognized for part or all of the training programme. The speciality Board of Surgery will keep a list of approved institutions and appointments for the guidance of candidates. This list will be updated from time to time as necessary
9. At least nine (9) months before the final Part II examination the trainee must submit:

- i. A clinical research project
- ii. A casebook of ten (10) cases with commentaries

Both of these must be accepted by the Board of Examiners before the trainee is eligible to do the Part II Examination. Trainees must have reached a satisfactory standard during in-course assessments (as determined by the Programme Director) before being allowed to enter for the Part II examination

10. Before being admitted to the Part II examination, all trainees must submit a tabulation of all procedures performed by them and certified by the respective supervisor during each rotation
11. Each trainee may have a total six (6) weeks leave per annum – no more than three (3) weeks every six (6) months

Assessment

Part I

12. Each trainee will be assessed by the Programme Director at the end of each rotation and must achieve a satisfactory assessment in each rotation in order to progress. If the trainee does not achieve a satisfactory assessment he/she may be asked to repeat the rotation.
13. Once satisfactory assessments are gained in each rotation the trainee will be allowed to sit the Part I examination at the end of two (2) years. If the trainee has not been able to gain satisfactory assessments for all rotations after (3) years, the trainee will be asked to withdraw from the programme
14. Any trainee who fails the Part I Examination may repeat the exam in six (6) months
15. Any trainee failing the Part I examination on three (3) occasions will be asked to withdraw from the programme

Part II

16. The final year of the Part II programme must be spent at a UWI recognized hospital.
17. Each trainee will be assessed at the end of each rotation by the Programme director and must achieve a satisfactory assessment in each rotation to progress. If the trainee does not achieve a satisfactory assessment he/she may be asked to repeat the rotation.
18. Trainees will be eligible to sit the Part II examination in four (4) years but not greater than five (5) years after successful completion of the Part I examination
19. Only two (2) attempts at the Part II examination are allowed
20. The Part II examination must be completed within one (1) calendar year of the first attempt.

G. PAEDIATRIC SURGERY

Requirements for Entry

1. (See General Regulations)

Course of Study

2. The programme consists of two parts and the course of study is a minimum of five years - Part I is two years and Part II is three years. The programme takes place either at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.
3. Teaching and training in teaching methods and research methodology/epidemiology are integral components of the programme.

Part I - Two years

4. During this period, students will be assigned to rotations in General Surgery and the surgical subspecialties. A rotation may also be taken through the Newborn Special Care Nursery.
5. A maximum of six months may be spent in the Basic Medical Sciences Department (Sections of Anatomy, Biochemistry or Physiology), the Department of Pathology, or in an approved Clinical Research Project provided that prior approval has been obtained from the Specialty Board in Surgery.
6. Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of two years.

Part II – Three years

7. An elective period of no longer than one year may be spent at institutions in or out of the Caribbean provided prior approval is obtained from the Specialty Board in Surgery. Such approval must be obtained at least six months prior to the commencement of the elective period. The elective period must be concluded before the final year of the programme.
8. During the final year, the student is normally appointed to the post of Chief Resident. At least six months of the final year of the Part II programme must be spent at the University Hospital of the West Indies.

Examination

9. Candidates will be eligible to sit the Part II examination three years but no greater than four years after successful completion of the Part I examination.

H. UROLOGY

Requirements for Entry

1.(See General Regulations)

Course of Study

- 2.The period of training for the DM Urology will be a minimum of five years following full registration. A maximum of six months exemption in the first two years of these courses may be obtained following experience in an approved Casualty Department or Hospital Emergency facility upon agreement by the Specialty Board.
- 3.Training will normally take place at a UWI recognized hospital or at institutions in the contributing territories recognized by the University for this purpose: up to two years elective period may be spent at institutions in or out of the Caribbean (approved by the Specialty Board). The elective period is limited to the fourth and fifth year only.
- 4.Details of the programme may be obtained from the Chairman of the Specialty Board.

Exemption

- 5.Candidates who have completed periods of study in recognized hospitals or institutions may apply to the Specialty Board for exemption from the appropriate section of the programme.
- 6.For trainees in the Urology programme, this will be in addition to exemption granted on the basis of their experience in a Casualty Department or a Hospital Emergency facility.
- 7.Alternatively, if the candidate has graduated from the DM (Surgery) Programme, or has an appropriate diploma in General Surgery (eg. Fellowship of one of the Royal Colleges of Surgery) combined with experience in General Surgery and acceptable to the Specialty Board, a further two years of satisfactory training in an approved urological department would qualify the trainee to sit the final examination for DM Urology programme.

Assessment

- 8.Trainees will be assessed at least annually. Those with unsatisfactory records will be encouraged to improve; but if poor performance persists they will not be allowed to complete the programme.

Part I

- 9.The first part (Part I) of the programme normally lasts two years. Provided there are satisfactory in-course assessments, the Part I examination is taken at the end of this time.
10. During the first part of the course a maximum of six months may be spent in the Departments/sections of Anatomy, Physiology and Pathology, provided that prior approval has been obtained from the Specialty Board.

Part II

11. During the second part (Part II) of the programme the trainees must submit one of the following at least six months before the Final (Part II) Examination, either:

- a) A Clinical Research Project. The project must have been previously agreed on by the Specialty Board and the work carried out under the guidance of a supervisor appointed by that Board. Following submission of a Clinical Research Project/case book The Examiners may:

or

- b) A case book of twenty cases with commentaries. (See DM General Surgery Regulations re casebook/Clinical Research Project.)

- c) Accept the work, and the candidate proceed to examination

or

- d) Reject the work, with recommendations regarding changes, additions, or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.

12. The candidate must have reached a satisfactory standard of in-course assessments before being allowed to enter for the Part II examination.

13. All trainees are also required to submit, before the Part II examination, tabulation of all operations performed by them and certified by their supervisor during the course.

Examination

14. Before admission to an examination, trainees must be certified by their supervisors having completed the relevant part of the training programme. The examination consists of two parts: Part I and Part II.

15. No trainee will be allowed more than two attempts at any one examination.

Part I

16. The Part I Examination consists of two sections:

- a) Section A: Principles of Surgery
- b) Section B: Basic Pathology, Anatomy and Physiology (including Biochemistry)

17. There will be a written paper, which may include multiple choice questions. There will be an oral examination in each subject.

18. The trainee must pass Section A and at least two parts of Section B to qualify for entry to the second part of the programme.
19. The Part I examination must be completed within one calendar year of the first attempt.

Part II

20. The Part II examination consists of:
 - a) Written papers which may include multiple choice questions;
 - b) An oral examination which may include clinical material.
21. This examination must be taken within the calendar year of the acceptance of the Clinical Research Project or case book.
22. The Part II examination must be completed within 12 months of the first attempt.

I. EMERGENCY MEDICINE

DM Emergency Medicine and Diploma in Emergency Medicine

1. The Emergency Medicine Unit in the Department of Clinical Surgical Sciences offers two (2) programmes: The DM Emergency Medicine, a four (4) year full time programme of residency training in Emergency Medicine; and the Diploma in Emergency Medicine, an eighteen (18) month programme that focuses on medical practitioners in clinical settings.

Introduction

2. The need for trained emergency medicine physicians has been recognised for some time. The University of the West Indies (UWI) has run the D.M. Emergency Medicine programme since 1990. The programme began in Barbados initially in 1990. In 1997, due primarily to the efforts of Professor Archibald McDonald, the programme became available at the Mona campus. Trinidad began offering the programme for the first time starting in January 2005.

Requirements for Entry

3. The requirements for entry are:
 - a) MBBS from accredited medical school
 - b) Full medical board registration
 - c) At least one (1) year experience in an Emergency Department
 - d) Must be presently working in an Emergency Department in one of the main hospitals;
 - e) Previous resuscitation courses are recommended (ACLS, APLS, ATLS)

Aims and Objectives of the Programme

4. The overall aim of the DM in Emergency Medicine is to train doctors in the specialty of Emergency Medicine to a level that allows them to provide clinical support and administrative leadership to their Emergency Departments. Successful DM candidates will practice at the level of consultants in Emergency Medicine.
- Display clinical skills specifically the ability to take a history, examine patients, generate a differential diagnosis and formulate a management plan that is safe.
 - Exhibit familiarity with the emergency department in charting, standard referral, consult and pre-hospital ambulance service forms.
 - Display an understanding of nursing interactions and procedures.
 - Document standards that are a necessity to prevent medico-legal consequences.
 - Interact with specialty consultation as well as referrals from primary care setting.
 - Display a knowledge of areas of inter-relationships between the emergency department and other hospital departments.
 - Utilise the community and government resources to effectively manage the patient.
 - Administer an Emergency Department including interviewing skills, planning and evaluating staffing requirements, Audits and Quality Assurance.

Programme Structure and Curriculum

5. Courses and Pre-Requisites

Course Code (MEDC)	Course Title	Credits	Year Offered (Start in Jan Semester II)	Semester Offered	Prerequisite
6657	DM Emergency Medicine Part I: Year 1	N/A	Year 1	Semester II & I	
6658	DM Emergency Medicine Part I: Year 2	N/A	Year 2	Semester II & I	
6637	DM Emergency Medicine Part I Examination	N/A	Year 2	Semester II & I	5 Cases of Final Casebook
6659	DM Emergency Medicine Part II: Year 3	N/A	Year 3	Semester II & I	MEDC 6637 Part I Examination
6660	DM Emergency Medicine Part II: Year 4	N/A	Year 4	Semester II & I	

6647	DM Emergency Medicine Part II Examination	N/A	Year 4	Semester II & I	10 Cases And Research Of Casebook
------	---	-----	--------	--------------------	---

Attendance at 75% of these sessions is a requirement of the programme.

Course Modules

Topic	
Endocrine	Cardiovascular
Renal and Metabolic	Endocrine
Respiratory	Renal and Metabolic
CNS	Respiratory
Musculoskeletal	CNS
Gastrointestinal	Musculoskeletal
Head, Eyes and ENT	Gastrointestinal
Intro to basic sciences	

Rotations

6. Six (6) months each year is spent in emergency room rotations. The other six (6) months are spent rotating through relevant subspecialty areas including: *Anaesthetics and ICU, Paediatric Emergency (6 months), Internal Medicine, Surgery, Orthopaedics, Community, Obstetrics and Gynaecology and Psychiatry*. These are outlined in the table below:

Year 1	Year 2	Year 3	Year 4
Emergency (6)	A&E (6)	A&E (6)	Radiology (3)
Anaesthetics (3)	Paediatrics (3)	Surgery/Radiology (3)	Elective (3)

The

Internal Medicine (3)	Orthopaedics (3)	Psychiatry/Obstetrics and Gynaecology (3)	A&E (6)
-----------------------	------------------	--	---------

numbers indicated in parentheses detail the number of months per rotation

Exemptions

7. Candidates who have completed periods of work experience in relevant areas at recognised hospitals or Institutions may apply to the specialty board for exemption. This experience may be in Emergency Medicine, Psychiatry, Internal Medicine, Orthopaedic Surgery, Community EM (Emergency Medicine), Surgery, Paediatrics, Obstetrics and Gynaecology and Anaesthesia. Exemption is not automatic and should not be assumed.

Grand Rounds

8. Residents are also expected to participate in and attend monthly Emergency Medicine Grand Rounds. A chief resident is assigned to organise each grand rounds session. The presentation should be prepared and presented to the consultants two weeks before the actual grand round presentation.

Additional Courses

9. 'Life Support' management will be taught via courses already run in Trinidad, but not under the direct supervision of the Faculty of Medical Sciences. These would include:
 - a) The Advanced Paediatric Life Support Course (APLS) – offered by the Advanced Life Support Group (ALSG) in the United Kingdom and recognised by the UK Resuscitation Council.
 - b) Advanced Cardiac Life Support (ACLS) – offered by the Cardiac Life Support Training Group (CLSTG), a local non-profit organisation involved in resuscitation training. The ACLS course is accredited by the American Heart Association (AHA)
 - c) Advanced Trauma Life Support (ATLS) – offered by the Society of Surgeons of Trinidad and Tobago and accredited by the American College of Surgeons Committee on Trauma.
10. The above courses may be varied according to the specific needs and prior training and knowledge of candidates entering the programme. In addition, these courses must be completed within the candidates' first two years of the programme.
11. Airway and Ultrasound courses (Basic and Advanced) are offered once a year for the candidates. These courses are mandatory and should be completed within the first two years of the programme

Teaching Methods

12. Classroom sessions, bed side teaching, grand rounds, pod casts, short courses for practical skills, journal reviews, scenario practice and mini conferences.

Assessment

Module Assessments

13. Assessment will be through a combination of module assignments (Module assignments will concentrate on the development of protocols and guidelines relevant to each module, using up to date evidence), tutorials (prepared by the students and presented to the class) clinical logbooks, and examinations.
14. Logbooks and portfolios or diaries of care will consist of clinical cases and critical incidents (both clinical and non-clinical) encountered by students during their training, with a reflection on the relevance of the incident, and how it has changed the student's practice of Emergency Medicine.

Continuous Assessment

15. Feedback is given from the supervisors that are assigned to each student and from residents during modules.
16. Mock and short examinations
17. Appraisals every three (3) to six (6) months (within and out of rotations)

The Case Book

18. In addition, a book must be prepared over the four-year residency period consisting of ten (10) case discussions and a research project. This casebook must be completed (Five cases before the Part I Examination) and submitted 6 months before final exams. Failure to submit the casebook/research project by the stated deadlines automatically eliminates the candidate for the exam period in question.

Final Examinations

The Part I DM

19. Candidates will be eligible to sit the Part I examination upon completion of five (5) cases within two years but not greater than four years after the entry into the programme.
20. This examination is designed to test the knowledge, attitudes and skills of residents at the end of their second year of the DM programme. The syllabus is divided into five sections:

- | | |
|----------------|---------------------------------|
| I. Anatomy | IV. Pharmacology |
| II. Physiology | V. Principles of Emergency Care |
| III. Pathology | |

21. It is expected that candidates will have completed studying all sections of the syllabus by the end of their second year, in preparation for the Part I examination.
22. The examination will consist of a written, clinical and oral examination as follows:

The Written Examination

23. This will consist of two papers:
 - a) MCQ: consisting of 120 questions and covering all five (5) sections of the syllabus. The paper may include questions in the 'single best answer' format as well as extended matching questions. There will be no negative marking for this paper. (Time allotted: 3 hours)
 - b) Data Interpretation: consisting of 30 questions, each containing a piece of clinical data (including, but not limited to, x-rays, CT and MRI scans, blood results, ECGs and clinical photographs), followed by a series of short questions pertaining to the data presented. Questions may relate to direct clinical interpretation of data, or application of basic sciences principles related to the data (for example, an x-ray of a fractured humeral shaft may be followed by questions on the neurological deficits expected with injury to the radial nerve) (Time allotted: 3 hours)

The Clinical Examination

24. The clinical examination will be in the form of an Objective Structured Clinical Examination (OSCE), consisting of 10 stations. This examination is designed primarily to assess the knowledge of candidates with regard to their clinical knowledge and skills pertinent to their level of training. Specifically, the subject matter will largely reflect the curriculum of the 'Principles of Emergency Medicine' section of the Part I curriculum. (Time allocated: 12 minutes per station)

The Oral Examination

25. The oral examination will cover all sections of the Part I course during which clinical scenarios, radiological investigations, electrocardiograms and equipment may be presented to the candidate as a starting point for discussion. Candidates will be examined by a panel of examiners for 10 minutes each. At the end, the examiners will agree an overall mark for the candidate based on the following criteria: factual knowledge; ability to reason and think critically; ability to apply basic science knowledge to clinical scenarios and communication skills. (Time allotted: 60 minutes)

The Part II DM

26. Candidates will be eligible to sit the part II examination two (2) years, but not greater than four (4) years after successful completion of the Part I examination
27. The Part II examination consists of the following components:
 - a) The written paper (Modified essays)
 - b) Clinical Examination (Long cases and Short cases/ OSCE)
 - c) Oral Examination (Clinical and Non-clinical situations)
 - d) Defence of the Case Book/Research Project

Candidates Who Fail All or Part of the Examination

28. Candidates who fail all or part of the examination will be required to re-sit the entire examination either in six (6) months or one (1) year, at the discretion of the examiners.
29. There are only **two (2)** attempts at sitting the DM Emergency Medicine examination and failure at both attempts requires the student to withdraw from the programme.
30. Two (2) years after withdrawal the student may seek readmission by application to the Dean of the Faculty of Medical Sciences through the specialty board in Surgery.

Criteria for award of degree

31. Candidates **must pass all** parts of the examination to pass the examination overall.

DIPLOMA IN EMERGENCY MEDICINE

Introduction

1. A Diploma training programme in Emergency Medicine, which is modular and developmental, is offered as one component of a wider graduate programme in Emergency Medicine delivered by the Faculty of Medical Sciences, University of the West Indies, St Augustine. The programme is eighteen (18) months and consists of eight (8) modules.

Requirements for Entry

2. Candidates will be eligible for entry once they have achieved:
 - a) MBBS from accredited medical school
 - b) Medical board registration,
 - c) At least 6 months experience in an Emergency Department

Aims and Objectives of the Programme

3. The aim of the Diploma in Emergency Medicine is to equip medical practitioners working in emergency situations with the core knowledge required to provide safe and effective emergency medical care in a variety of clinical settings.
4. To train Emergency Physicians to recognise the signs and symptoms of acute medical and surgical emergencies, and to institute appropriate resuscitation, investigation and treatment, based on these findings.
5. To train Emergency Physicians in aspects of non-clinical care essential to the running of an effective Emergency Department.
6. To ensure that participants have an appreciation of adult learning techniques, major incident and disaster management and quality assurance (including clinical and non-clinical audit)
7. To promote a culture of continuing professional development among Emergency Physicians. This would include the use of Evidence Based Medicine, the production and maintenance of personal portfolios and fostering reflective learning in clinical practice.
8. To create a cadre of appropriately trained medical practitioners in emergency medicine in Trinidad and Tobago, thereby facilitating the continued progress of the specialty at all levels. This objective will be achieved together with concurrent training of suitable practitioners at the level of the DM in Emergency Medicine

Programme Structure and Curriculum

9. Courses and Pre-Requisites (See table Below)

Course Code (MEDC)	Course Title	Credits	Year Offered (Start in Jan Semester II)	Semester Offered	Prerequisite
6901	Introductory Module	0	Year 1	Semester II	
6902	Principles of Emergency Medicine and Life Support	6	Year 1	Semester II	
6903	Toxicological and Environmental Emergencies	2	Year 1	Semester I	
6904	Paediatric Emergencies	4	Year 1	Semester I	
6905	Adult Medical Emergencies	4	Year 1	Semester II	
6906	Trauma Management	4	Year 2	Semester II	
6908	Behavioural and Psychiatric Emergencies	2	Year 1	Semester I	
6916	Management of The Acute Surgical Patient	2	Year 2	Semester II	
6802	Evidence Based Medicine	2	Year 1	Semester I	
6920	Diploma in Emergency Medicine Examination	3	Year 2	Semester I & II	Successful completion of ALL modules

Attendance at 75% of these sessions is a requirement of the programme.

Exemptions

10. Candidates who have completed programmes that include modules at a recognised Institutions may apply to the specialty board for exemption. Exemption is **not automatic** and should **not** be assumed.

Grand Rounds

11. Students are also expected to participate in and attend **monthly** Emergency Medicine Grand Rounds. A chief resident is assigned to organise each grand round. The presentation should be prepared and presented to the consultants two weeks before the actual grand round presentation.

Additional Courses

12. 'Life Support' management will be taught via courses already run in Trinidad, but not under the direct supervision of the Faculty of Medical Sciences. These would include:
- a) The Advanced Paediatric Life Support Course (**APLS**) – offered by the Advanced Life Support Group (ALSG) in the United Kingdom and recognised by the UK Resuscitation Council.
 - b) Advanced Cardiac Life Support (**ACLS**) – offered by the Cardiac Life Support Training Group (CLSTG), a local non-profit organisation involved in resuscitation training. The ACLS course is accredited by the American Heart Association (AHA)
 - c) Advanced Trauma Life Support (**ATLS**) – offered by the Society of Surgeons of Trinidad and Tobago and accredited by the American College of Surgeons Committee on Trauma.
26. The above courses may be varied according to the specific needs and prior training and knowledge of candidates entering the programme. In addition, these courses must be completed before final examinations.
27. Airway and Ultrasound courses (Basic and Advanced) are offered once a year for the candidates. These courses are mandatory and should be completed within the first two years of the programme.

Teaching Methods

28. Teaching will be conducted through the following methods:
- a) Classroom sessions in eight (8) modules
 - b) Bed side teaching
 - c) Grand rounds
 - d) Pod casts
 - e) Short courses for practical skills
 - f) Journal reviews
 - g) Scenario practice and mini conferences
 - h) Clinic sub-specialty sessions
 - i) Course work assignments which include protocols, case reports and presentations

Assessment

Module Assessments

29. Each module is assessed by 100% coursework, which is made up of a combination of case studies, tutorial presentations, assignments and problem based learning. The percentage that each of these contributes to the overall course mark varies, and is given in the detailed descriptions of each module that follows.

Continuous Assessment

30. Feedback is given from supervisors and residents on modules as well as mentors assigned to each student. Mock examinations, short examinations and regular appraisals are also completed.

Final Examinations

31. Examinations consist of three parts:
- a) Written (Multiple choice and Data interpretation)
 - b) Clinical (OSCE)
 - c) Orals

Candidates Who Fail All or Part of the Examination

32. Candidates who fail all or part of the examination will be required to re-sit the entire examination either in six (6) months or one (1) year, at the discretion of the examiners.
33. There are only **two (2)** attempts at sitting the Diploma in Emergency Medicine examination and failure at both attempts requires the student to withdraw from the programme. Two (2) years after withdrawal the student may seek readmission.

Criteria for award of degree

34. Candidates **must pass all** modules and **all** parts of the examination to qualify for award of degree.

SECTION III

REGULATIONS FOR THE DEGREE OF DOCTOR OF MEDICINE (MD)

The following Regulations shall apply to the degree of Doctor of Medicine (MD). These regulations are to be read in conjunction with the General Regulations of the Faculty and UWI's Regulation for Graduate Diplomas and Degrees. The MD degree is offered in all Departments which offer the DM. It is a research based degree (MD by thesis).

Requirements for Entry

1. The following candidates are eligible to apply for registration for the MD degree.
2. Graduates in Medicine of this University or of a University or Medical School approved by the University of the West Indies of at least two (2) years standing, and who are fully registered as medical practitioners in the territory or territories in which the Clinical Research Project will be carried out.
3. A candidate who is not a graduate of the University of the West Indies must hold or have held an academic post in the Faculty of Medical Sciences of the University of the West Indies, or must have engaged in:
 - a) scientific work directly relevant to his profession or
 - b) in the practice of Medicine and Surgery in Institutions or Teaching Hospitals approved by the University of the West Indies

Course of Study

4. The MD degree shall be awarded on the basis of examination by thesis.
5. The candidate will be required to discuss the scope of the Clinical Research Project with the senior member of the Faculty appointed as the supervisor. It is expected that this should occur at an early stage and preferably before embarking on the project.
6. The thesis must embody a critical account of the results of personal observation or original research in any branch of knowledge related to the curriculum for the degrees of Bachelor of Medicine and Bachelor of Surgery. It should normally be submitted within five (5) years but not less than three (3) years following approval of the research proposal.
7. The thesis may include work previously published by the candidate but such work must be clearly identified in the thesis in accordance with the Regulations of the University of the West Indies.

8. Submission of the thesis to the University must be as prescribed by the Regulations of the University of the West Indies for Doctoral Theses and must be accompanied by a declaration that the work has been carried out solely, or in the cases where the candidate has been a member of a research group, predominately by the candidate. In the latter instance, work which has not been carried out by the candidate must be identified in the thesis.

Examination

9. The examinations by thesis shall be as prescribed by the appropriate Regulations of the University of the West Indies for Doctoral Theses.
10. The thesis will be examined by at least three examiners, at least one of whom is an External Examiner appointed for this purpose, by the Board for Graduate Studies and Research acting on behalf of Senate.
11. The candidate will be required to present himself/herself for an oral examination on the subject matter of the thesis at such place as the University may direct, upon such day or days as shall be notified to him by the Registrar in writing.
12. The candidate may also be required to present himself/ herself for Clinical examination.

SECTION IV

REGULATIONS FOR CLINICAL FELLOWSHIPS

(This section should be read in conjunction with the sections on Clinical Fellowships *and* the General Regulations for Clinical Programmes)

A. CARDIOLOGY

Requirements for Entry

1. Applicants for specialist training in cardiovascular medicine should have acquired the DM in Internal Medicine or an equivalent certified training approved by the Specialty Board of the Department of Medicine at the University of the West Indies. A period of experience in cardiology at core training level is considered desirable, although not essential.

Training in Cardiovascular Medicine

2. The duration of training will be a minimum of two (2) years. The exact training structure may vary but typically will consist of 3-monthly clinical placements in different areas of Cardiovascular Medicine including management of patients following interventional cardiology, out-patient clinical cardiology and exposure to radiology, pathology, cardiothoracic surgery and paediatric cardiology. It would be desirable for the trainee to spend 3-6 months in an overseas centre approved by the Specialty Board, gaining experience in the areas which may not be available locally or regionally.

Course Supervision

3. The course will be under the general supervision of a consultant in cardiology. Each student will be assigned to an academic advisor, who is a member of the academic department. The advisor will provide academic guidance as to the choice or assignment of rotations, the elective period and direction in the conduct of research and all other relevant matters.

The Content of Learning

4. During the training, the trainee will learn the specific knowledge, skills and attitudes to be obtained in Cardiovascular Medicine.

Assessment

5. The domains of Good Medical Practice will be assessed using an integrated package of workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum (e.g. knowledge, skills and attitudes). The assessments will be supported by structured feedback for trainees within the training programme of Cardiovascular Medicine. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

6. The integrated assessment system includes a range of workplace-based assessment methods that assesses across the domains of the curriculum. The workplace-based assessment tools will include mini-Clinical Examination Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS) and multi-source feedback (MSF). The number and range of these will ensure a reliable assessment of the training relevant to their state of training and achieve coverage of the curriculum.

Award of Certificate

7. The certificate of competency will be awarded after successful completion of:
 - a) Two (2) years post registration as a specialist in Internal Medicine. The exact training structure may vary but typically consists of 3-monthly clinical placement in different areas of cardiovascular medicine including management of patients in the immediate interventional, out-patient clinical cardiology and exposure to radiology, pathology, and paediatric cardiology.
 - b) A research project in cardiology which must be completed and approved at least three (3) months prior to the end of the programme.

Overall, the students must demonstrate that they have achieved the required competencies.

B. CARDIOVASCULAR MEDICINE (STA)

Requirements for Entry

1. The candidate must fulfil all of criteria below. Because there is a perceived urgent national need for cardiologists, for a limited time only, criterion 2 will be allowed where criterion 3 is not fulfilled. The admission criteria are:
 - a) Graduation from an accredited medical school by this is meant a medical school accredited by the Caribbean Accreditation Council for Medicine (CAAM) AND be fully registered with the Medical Board of Trinidad and Tobago
 - b) Initially, the Membership of the Royal College of Physicians of the UK or Ireland (MRCP) will be allowed as a criterion for admission – *provided that*
 - i. The candidate can show that he or she has had adequate proactive supervision in General Internal Medicine (GIM) during the two years prior to obtaining the MRCP
 - ii. Admission of candidates with MRCP to the Fellowship in Cardiovascular Medicine programme will be decided on a case by case basis and is NOT automatic.
 - iii. The MRCP as the sole postgraduate qualification will not be considered as a criterion for admission after 2016.
 - c) Postgraduate training in GIM through a formal training programme as evidenced by:
 - i. DM Internal Medicine of the University of the West Indies
 - ii. American Board of Internal Medicine
 - iii. Royal College of Physicians of Canada with certification in GIM from Canada
 - iv. European certification in internal medicine provided that the candidate is considered to be proficient in English e.g. certification by the General Medical Council of the UK as an internist.
 - d) Demonstrated excellence in clinical knowledge and skills assessed from letters of recommendation and interview.
 - e) Demonstrated clinical research desire/skills and/or participation in general internal medicine or cardiology service.
 - f) Approved by a Training Selection Subcommittee for the Fellowship in Cardiovascular Medicine programme. The Training Selection Subcommittee will be appointed by the Sub-specialty Board for Cardiovascular Medicine (SSBC), see section C ('access and support').

- g) Because this is a postgraduate and subspecialty programme, candidates within the programme will be called Fellows.

Objectives

2. The goal of this programme, which is entirely new, is to provide high quality, comprehensive training in Cardiovascular Medicine for qualified physicians in the Caribbean with the purpose of expanding capacity and access for cardiac care, initially in Trinidad and Tobago but eventually throughout the Caribbean islands

Course of Study

3. Monthly training rotations and didactic lectures.
4. Proposed programme component arrangements:
- i. Non-Invasive Cardiology testing laboratory
 - ii. Cardiac Catheterization laboratory
 - iii. Nuclear Medicine and Cardiac CT laboratories
 - iv. Inpatient care services
5. Course load/semester; part-time/full time Three-Year Programme:
- i. Year 1: Clinical Cardiovascular Medicine courses
 - ii. Year 2: Dissertation + Clinical Cardiovascular Medicine courses
 - iii. Year 3: Clinical Cardiovascular Medicine courses
6. There will be two semester examinations per year in years 1 and 3 but none in Year 2:
- i. Semester I (Clinical Exam)
 - ii. Semester II (Oral Exams)

Number of failures per semester

7. Criteria to move from year to year within the programme are stated below.
8. Students who fail to meet these requirements:

- i. In year 1: the student will not be allowed to progress to year 2
- ii. In Year 2: No semester exam will be required in year 2 but in order to go to year 3 the Programme Coordinator must be satisfied that the student has completed the research project and so recommend to the SSBC.
- iii. Failure to progress to the next consecutive year of the programme will require repeat of the entire year provided this does not infringe paragraph 7d below.

Re-sit examinations

9. There will be **ONE RESIT** for the final examination for any course.

Assessment procedures for courses, coursework, fieldwork, internships, or other

10. There will be:
 - i. In-house formative continuous assessment
 - ii. Semester examinations

Admission into any semester exam

11. Both of the following criteria will have to be met. The student must have:
 - i. successfully completed the previous year of the programme
 - ii. passed the coursework for all courses offered

Assessment procedures for research in this programme

12. This will consist of a dissertation that in the opinion of the Programme Director and Programme Coordinator is at postgraduate standard and should lead to publication in a peer-reviewed journal. The paper will be scored in accordance with the requirements for MSc Theses and a final mark will be awarded for this paper.

Time limits for completion of the (Fellowship in Cardiovascular Medicine) programme

13. Semester examinations will be held six-monthly and the final examination at the end of three years from admission to the programme. A candidate would normally be expected to sit the final examination between a minimum of 3 years and a maximum of 5 years after enrolment into the programme.

Continuous assessment (formative assessment) and promotion from Year to Year

14. The purpose of continuous assessment is to establish competence on each individual rotation. The assessment criteria and methods vary slightly and are described with each clinical rotation in the

appendices. It is expected that the trainees gain competence in every rotation as a criterion for certification.

Promotion from one year to the next

15. Students must pass each course exam
16. Students would also be expected to have a satisfactory progress report for each clinical rotation during each year
17. The final decision on progress from year to year will rest with the Specialty Board for Internal Medicine on recommendation from the Subspecialty Board for Cardiology.
18. Students who fail to meet these requirements:
 - i. In Year 1: the student will not be allowed to progress to Year 2
 - ii. In Year 2: No semester exam will be required in Year 2 but in order to go to Year 3, the Programme Coordinator must be satisfied that the student has completed the research project and so recommend to the SSBC.
19. Failure in a semester 1 exam will not prevent the student from enrolling in semester 2 of that year provided that:
 - i. the assessments during the clinical rotations in that semester is satisfactory.
 - ii. the Subspecialty Board for Cardiology recommends that the student be allowed to register for semester 2 in that year.

Criteria for Award of Degree

Distinctions

20. These will be awarded using accepted UWI standard according to the Regulations for Graduate Diplomas and Degrees.

C. CHILD AND YOUTH PSYCHIATRY

Requirements for Entry

1. Persons who are holders of the Doctor of Medicine (DM) degree in Psychiatry or Paediatrics from the University of the West Indies or equivalent training from other recognised universities are eligible for entry. Persons must also be registered with and be in good standing with the Medical Council of Jamaica.

Course of Study

2. The Clinical Fellowship in Child and Youth Psychiatry is a two-year interdisciplinary programme that will provide students with the theoretical and practical bases for an effective career in Mental Health.
3. The course will be delivered through face-to-face didactic lectures with ongoing clinical supervision regarding the management of patients, workshops, and organised electives. Students are required to obtain a minimum of 40 credits to complete the programme, in addition to producing an acceptable and publishable research paper on relevant topics as well as satisfactorily completing clinical rotations.
4. The course will provide clinicians with enhanced skills in the assessment, management and research of children, youth and their families who have mental and behavioural disorders.

Assessment

5. Students will be evaluated by direct observation and continuous evaluations of competencies, in-training evaluation reports and written reports every six months.

The integrated assessment system includes a range of workplace-based assessment methods that assesses across the domains of the curriculum. The workplace-based assessment tools will include:

- i. Mini-Clinical Examination Exercise (mini-CEX),
- ii. Direct Observation of Procedural Skills (DOPS)
- iii. Multi-source feedback (MSF).

The number and range of these will ensure a reliable assessment of the training relevant to their state of training and achieve coverage of the curriculum.

Completion of Programme

6. Students will be considered as having successfully completed the programme and recommended for an award of the Certificate of Competency when the following requirements have been met:
 - a) Satisfactory performance in all assessments
 - b) An acceptable Clinical Research Project
 - c) Obtain a minimum of 40 credits throughout the programme.
7. A detailed curriculum is available from the Department

D. GASTROENTEROLOGY

Requirements for Entry

1. Applicants for specialist training in gastroenterology should have acquired the DM in Internal Medicine or an equivalent certified training approved by the Specialty Board of the Department of Medicine at the University of the West Indies. A period of experience in Gastroenterology at core training level is considered desirable, although not essential.
2. Membership of a professional college does not necessarily qualify for admission into the fellowship program.

Date of Entry

3. The date of entry will normally be January or July, depending on when the candidate begins to work in a recognised post in an accredited hospital. Application to enter the programme may be made before securing such a post.

Course of Study

4. The duration of training is a minimum of 2 years. A minimum of 6 months must be spent in an international training centre approved by the specialty board. Most formal training will be “in-service” and thus trainees must have experience in both teaching hospitals (and units with major academic activities) and non-teaching rural clinics. Other supervising consultants of the University of the West Indies will also aid in the assessment.

Course Supervision

5. The course will be under the general supervision of a consultant in gastroenterology. Each student will be assigned to an academic advisor, who is a member of the academic department. The advisor will provide academic guidance as to the choice or assignment of rotations, the elective period and direction in the conduct of research and all other relevant matters.

Overall, the Specialty Board in Medicine is in charge of the fellowship programme.

Content of Learning

6. The curriculum is designed to train a specialist in general gastroenterology. It is the intention to develop over time sub-specialization in advanced endoscopy to include such techniques as ERCP and endoscopic ultrasound.

Course Content and Objectives

7. The training programme in Gastroenterology aims to produce practitioners who:
 - a) Show appropriate attitudes and communication skills to allow working with teams, patients and relatives.
 - b) Apply knowledge and skill in diagnosis and management to ensure safe, independent practice.
 - c) Establish a differential diagnosis by appropriate use of clinical consultations, physical examination and investigation.
 - d) Are competent in performing the core investigations required in Gastroenterology.
 - e) Are able to apply knowledge of biological and behavioural sciences to their practice.
 - f) Can develop management plans for the “whole patient” and have a sound knowledge of the appropriate treatments including health promotion, disease prevention, screening and long-term care.
 - g) Use life-long learning skills to keep their expertise up-to-date.
 - h) Have the qualities of a teacher, team-worker and leader.
 - i) Manage time and resources efficiently to the benefit of patients and the clinical team.

Assessment

8. The domains of Good Medical Practice will be assessed using an integrated package of workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum (e.g. knowledge, skills and attitudes). The assessments will be supported by structured feedback for trainees within the training programme of Gastroenterology. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.
9. The integrated assessment system includes a range of workplace-based assessment methods that assesses across the domains of the curriculum. The workplace-based assessment tools will include:
 - i. Mini-Clinical Examination Exercise (mini-CEX),
 - ii. Direct Observation of Procedural Skills (DOPS)
 - iii. Multi-source feedback (MSF).

The number and range of these will ensure a reliable assessment of the training relevant to their state of training and achieve coverage of the curriculum.

Clinical research project

10. A Clinical Research Project is mandatory in gastroenterology and must be completed and approved at least three (3) months prior to the end of the programme.

Supervision and feedback

11. The academic supervisor will be one of the consultant gastroenterology staff on the firm or in the Department of Medicine to which the trainee is attached, who will usually have day to day contact with the trainee. The educational supervisor will plan a weekly programme, agreed with the Programme Director and the trainee, which will provide an appropriate balance between training and service commitments. Training commitments will include academic time for meetings, audit, self-directed learning, research, study leave and supervised service. The educational supervisor will also arrange for regular appraisal of the trainee initially and every three months when the educational objectives are discussed and recorded. At the end of the training period a structured report will be written.

Completion of Programme

12. The certificate of competency will be awarded after successful completion of:
 - i. Two (2) years post-registration as a specialist in internal medicine. The exact training structure may vary but typically consist of 3-monthly clinical placement in different areas of gastroenterology.
 - ii. A Clinical Research Project in gastroenterology which must be completed and approved at least three (3) months prior to the end of the programme.

Overall, the students must demonstrate that they have achieved the required competencies.

E. INFECTIOUS DISEASES

Entry Requirements

1. Applicants for specialist training in Infectious Disease should have acquired the DM in Internal Medicine or equivalent certified training approved by the Specialty Board of the Department of Medicine at the University of the West Indies. A period of experience in Infectious Disease at core training level is considered desirable, although not essential.
2. Applicants for training must be approved by the Selection Committee of the Specialty Board with responsibilities for Fellowships in the subspecialties of Internal Medicine and/or Child & Adolescent Health.

Date of Entry

3. The date of entry will normally be January or July, depending on when the candidate begins to work in a recognized post in an accredited hospital.

Content of Learning

4. The curriculum is designed to advance the higher-level training of a specialist in general Infectious Disease.

Supervision and Feedback

5. The academic supervisor will be one of the consultant staff specialized in Infectious Disease in the Department of Medicine, who will have day-to-day contact with the trainee. A weekly programme will be planned, which will provide an appropriate balance between training and service commitments. Training commitments will include academic time for meetings, audit, self-directed learning, research, study leave and supervised service. The educational supervisor will also arrange for regular appraisal of the trainee initially and every three months when the educational objectives are discussed and recorded. At the end of the training period a structured report will be written. The Academic advisor will be a consultant staff in the Department of Medicine who will monitor the progress of the candidate and will be available for any advice for the candidate.

Assessment

6. The domains of Good Medical Practice will be assessed using an integrated package of workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum (e.g. knowledge, skills and attitudes). The assessments will be supported by structured feedback for trainees within the training program of Infectious Disease. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

The integrated assessment system includes a range of workplace-based assessment methods that assesses across the domains of the curriculum. The workplace-based assessment tools will include mini-Clinical Examination Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS) and multi-source feedback (MSF). The number and range of these will ensure a reliable assessment of the training relevant to their state of training and achieve coverage of the curriculum.

Award of Certificate

7. The certificate of competency will be awarded after successful completion of:
 - Two (2) years of satisfactory training in Infectious Disease and passing the final examination and completion of the research project.

Overall, the students must demonstrate that they have achieved the required competencies.

F. NEONATOLOGY

Requirements for Entry

1. Persons who are holders of the Doctor of Medicine (DM) degree in Paediatrics from the University of the West Indies and other recognised universities are eligible for entry.
2. Each student must be registered with the Medical Council of Jamaica, and have a post in an accredited institution.

Course of Study

3. The Curriculum is competency based. Trainees will achieve the competencies described in the curriculum through a variety of learning methods and by doing rotations through the NICU/SCN, the preterm outpatient clinic and a 3-6 months period in an overseas Faculties of Neonatology. There will be a balance of different modes of learning from formal teaching programmes to experimental learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the placement within a rotation.

Course Supervision

4. All training in neonatology will be conducted in institutions with appropriate standards of clinical governance and that meet the relevant health and safety standards.
5. Students must work with a level of clinical supervision commensurate with their clinical experience and level of competence. This is the responsibility of the relevant clinical supervisor after discussion with the trainee's Academic Supervisor and the designated programme coordinator.

6. The Academic Supervisor must be part of the clinical specialty team, and report to the Clinical Director on matters of concern relating to the trainee's performance and doctor or patient safety.
7. The Academic Supervisor is integral to the appraisal process. This will include feedback on performance, review of outcomes of assessments, induction to posts and career advice.

Assessment

8. An integrated package of workplace-based assessment and examination of knowledge and clinical skills will be used. It will encompass all areas of the programme and will be supported by structured feedback for students, with a formative and summative approach.
9. The workplace-based assessment tools will include mini-CEX (mini-Clinical Examination Exercise), DOPS (Direct Observation of Procedural Skills) and MSF (multi-source feedback). These methods have been used by the examining bodies and their validity and reliability established. There will be a specialty-specific knowledge examination in Neonatology.

Completion of Programme

10. Students will be considered as having successfully completed the programme and recommended for an award of the Certificate of Competency when the following requirements have been met:
 - a) Satisfactory performance in all assessments
 - b) An acceptable Clinical Research Project
 - c) Satisfactory performance in the workplace-based assessments.
11. A detailed curriculum is available from the Department.

G. NEPHROLOGY

Requirements for Entry

1. Persons who are holders of the Doctor of Medicine (DM) degree in Internal Medicine from the University of the West Indies and other recognised universities are eligible for entry.
2. Each student must be registered with the Medical Council of Jamaica, and have a post in an accredited institution.

Course of Study

3. This is a two-year programme which consists of clinical rotations in different areas of renal medicine including the management of patients in the immediate post-transplant period, interventional nephrology, out-patient clinical nephrology and exposure to radiology, pathology, urology and paediatric nephrology. A 3-6 month rotation in an overseas institution would be desirable.
4. A Clinical Research Project is mandatory and must be completed and approved at least three months prior to the end of the programme. The research should be of publishable quality.

Course Supervision

5. All training in nephrology will be conducted in institutions with appropriate standards of clinical governance and that meet the relevant health and safety standards.
6. Students must work with a level of clinical supervision commensurate with their clinical experience and level of competence. This is the responsibility of the relevant clinical supervisor after discussion with the trainee's Academic Supervisor and the designated programme coordinator.
7. The Academic Supervisor must be part of the clinical specialty team, and report to the Clinical Director on matters of concern relating to the trainee's performance and doctor or patient safety.
8. The Academic Supervisor is integral to the appraisal process. This will include feedback on performance, review of outcomes of assessments, induction to posts and career advice.

Assessment

9. An integrated package of workplace-based assessment and examination of knowledge and clinical skills will be used. It will encompass all areas of the programme and will be supported by structured feedback for students, with a formative and summative approach.

10. The integrated assessment system includes a range of workplace-based assessment methods that assesses across the domains of the curriculum. The workplace-based assessment tools will include:

- a) Mini-Clinical Examination Exercise (mini-CEX),
- b) Direct Observation of Procedural Skills (DOPS)
- c) Multi-source feedback (MSF).

The number and range of these will ensure a reliable assessment of the training relevant to their state of training and achieve coverage of the curriculum.

11. There will be final Specific knowledge Examination in medicine.

Completion of Programme

12. Students will be considered as having successfully completed the programme and recommended for an award of the Certificate of Competency when the following requirements have been met:

- a) Satisfactory performance in all assessments
- b) An acceptable Clinical Research Project

13. A detailed curriculum is available from the Department.

APPENDIX

ACCREDITED HOSPITALS FOR GRADUATE TEACHING

The Following hospitals have been accredited for all or part of the postgraduate teaching in different programmes. (It is necessary to consult each Programme Coordinator with regard to the particular hospital and the programme.)

Jamaica

1. University Hospital of the West Indies
2. Kingston Public Hospital
3. Victoria Jubilee Hospital
4. Bustamante Hospital for Children
5. Cornwall Regional Hospital
6. Mandeville Regional Hospital
7. Spanish Town Hospital
8. National Chest Hospital
9. St. Ann's Bay Hospital
10. May Pen Hospital

Trinidad

1. Port of Spain General Hospital
2. Eric Williams Medical Sciences Complex
3. Mount Hope Women's Hospital
4. San Fernando General Hospital
5. Sangre Grande Hospital

Barbados

1. Queen Elizabeth Hospital

Bahamas

1. Princess Margaret Hospital – Nassau

The Cayman Islands

1. The Cayman Health Services Authority