



**THE UNIVERSITY OF THE WEST INDIES**

**FACULTY OF MEDICAL SCIENCES**

**REGULATIONS**  
**FOR**  
**POSTGRADUATE CLINICAL**  
**PROGRAMMES**  
**MONA/BAHAMAS**

**ACADEMIC YEAR 2013/2014**



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**ACADEMIC YEAR 2013/2014**

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**UNIVERSITY OF THE WEST INDIES**  
**Faculty of Medical Sciences**  
**Mona**

**REGULATIONS FOR**  
**POSTGRADUATE CLINICAL PROGRAMMES**

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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.*

## **Master of Sciences (MSc) IN SPORTS MEDICINE**

This programme is designed to provide fundamental skills in sports medicine and exercise physiology. The course details the management of injuries, the prevention of injuries, the use of exercise in controlling chronic diseases, and provides the doctor with the expertise to offer nutritional, psychological and pharmacological guidance to athletes. It prepares doctors to become team physicians as well as to organize medical facilities for large events.

The duration of the course is a minimum of two years and is conducted by distance teaching. It has two mandatory residential practical sessions. It is open to all registered medical practitioners with two years professional experience.

*See Regulations under Section IV.*

## **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*

## **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. The Clinical Fellowship programme is offered over two years. 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	July
Family Medicine	4	July
Internal Medicine	4	January or July
Medical Microbiology	4	January or July
Obstetrics and Gynaecology	4	January or July
Paediatrics	4	July
Pathology:		
Anatomical	4	July
Chemical Pathology	4	July
Haematology	5	July
Psychiatry	4	July
Radiology	4	July
Surgery:		
General	5	July
Neurosurgery	7	July
Cardiothoracic	6	July
Orthopaedic Surgery	6	July
Otorhinolaryngology (ORL)	6	July
Paediatric Surgery	6	July
Urology	5	July
Ophthalmology	6	July
Emergency Medicine	4	July
Degree of Doctor of Medicine (MD)	5-7	September or January
MSc in Sports Medicine	2	September or January
Diploma in Family Medicine	2	July
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.

#### Date of Entry

3. The date of entry will normally be January/July/September as indicated on the previous page. 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.
4. For the purpose of the above the successful applicant must furnish evidence of being in a recognized post.

## Registration

5. 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.
6. Registration is done once per year, in August/September, for Semesters I and II where applicable. Students can complete the on-line registration process by accessing the Students Administration System (SAS) on the UWI's Website.
7. After completing the process students are advised to check for financial clearance and to ensure the registration process is complete.

## Course of Study

8. The programme will normally take place at the University Hospital of the West Indies or at institutions recognized by the University for this purpose. Institutions may be recognized for all or part of the programme.
9. 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.
10. Each DM student must spend 46 weeks each year in the programme. Students can have a total of six weeks leave per annum (3 weeks in each semester). Where the leave requested exceeds six weeks, students should apply for leave of absence for that semester.
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 Fellowship 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.

### **Leave of Absence**

#### **(See Manual of Procedures for Graduate Diplomas and Degrees)**

15. 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.
16. 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.
17. Candidates requesting Leave of Absence should submit their application **no later than the third week** of the semester.
18. Students who absent themselves without permission may have their names removed from the register of graduate students.
19. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill

the programme's requirements for that year and will be required to extend the time for completion of his or her programme.

### **Assessment/Supervisors' Reports**

20. All students will be assessed semi-annually (January and June) each year. The results of which 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.
21. The report should indicate the candidate's performance for the semester. 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.
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.

### **Examinations**

23. 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
24. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant sections of the programme.
25. Each Paper of the examination must be passed and each component of the examination, as stated above, must be passed in order to pass the whole examination.
26. Each part of the examination must be completed within one calendar year of the first attempt.

27. No candidate will be allowed more than two attempts at any one examination. Failure at the second attempt requires the candidate to withdraw.

### **Deferral**

28. Students who have deferred an examination must sit same within one year of the deferral being approved.

### **Case Books/Clinical Research Projects/Theses**

29. Where these are included in the examination process of any specialty, 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.
30. 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 receipt.
31. 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 32c*
32. 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.

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

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

## SECTION II

### REGULATIONS FOR THE DOCTOR OF MEDICINE (DM)

#### I. ANAESTHESIA AND INTENSIVE CARE

##### SPECIAL REGULATIONS

##### **Requirements for entry**

**See general regulations – Doctor of Medicine.**

1. Applicants will be eligible for entry after completing the Senior House Officer year.
2. Candidates may be required to attend an interview to be eligible for selection to the programme.

##### **Date of Entry**

**(See general regulations - Doctor of Medicine)**

##### **Course of study**

1. This section should be read in conjunction with the General Regulations - Doctor of Medicine.
2. 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.
3. 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 (3) months in the last two (2) years MUST be spent at the University-affiliated hospital of the campus territories.

4. 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.
5. The course will be under the general supervision of a Director, nominated by the Head of the Section of Anaesthesia and Intensive Care. The Director will normally be the Chairperson of the Specialty Board in Anaesthesia and Intensive Care. Each student will be assigned to a supervisor, who is a member of the Specialty Board in Anaesthesia and Intensive Care. 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.
6. The Specialty Board in Anaesthesia and Intensive Care 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.
7. 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:**

8. 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.
9. 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.
10. 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:
  - i) undergo remedial study and repeat the examination in 6 months
  - ii) repeat the entire first year and then resit the examination
11. In either scenario, if the candidate is unsuccessful for the second time, he or she is required to withdraw from the course.

12. 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:**

13. 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.**
14. 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.
15. 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.
16. 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.

17. 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.
  - i. Satisfactory in-course assessments as per Part I must be achieved during the Part II for continued progress in the programme.

### **Exemptions**

18. 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.
19. 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.

20. 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.
21. 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.

### **Vacation Leave**

22. Each DM student must spend 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months).
23. 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.

### **Leave of Absence**

#### **(See Manual of Procedures for Graduate Diplomas and Degrees.)**

24. 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.
25. 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, but further extensions will be at the discretion of the Board.

26. Students who absent themselves without permission may have their names removed from the register of graduate students.

### **Assessment**

27. 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 to the Campus Committee for Graduate Studies and Research through the Faculty Committee for Graduate Studies. The supervisor(s) will be a member(s) of the Specialty Board in Anaesthesia and Intensive Care.
28. 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

### **Clinical Research Project**

29. All students must submit a Clinical Research Project to the Office of Graduate Studies and Research at least six months before the final (DM Part II) examination: It
- 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" x 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
- f. 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.
30. 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.
31. 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 in Anaesthesia and Intensive Care.
32. 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.

### **Case log and minimal competencies**

33. 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.
34. 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**

35. 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.
36. Candidates must register for the examination at the appropriate time.
37. 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.
38. 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.
39. Candidates must comply with the University Regulations regarding Examinations for Higher Degrees.

40. A detailed syllabus for the course is available from the Faculty Office or the Director of the programme.
41. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant parts of the programme.
42. 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

43. 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
44. Candidates will be invited to an oral examination depending on their performance on the multiple choice questions papers. Candidates receiving less than 45% 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

45. Part II examination must be attempted for the first time within one year of acceptance of the Clinical Research Project.
46. The Part II examination comprises:
  - a) two written papers



- b) a clinical examination
  - c) an oral examination
47. 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 clinicals) is redeemable provided the performance in the other 2 components is above average.

### **Completion of the Programme**

48. 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
49. Failure to complete the programme in the prescribed times will require withdrawal from the programme.
50. 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**

### **Graduate Diploma in Family Medicine And Doctor of Medicine (D.M.) In Family Medicine**

#### **Requirements for Entry**

1. Candidates must comply with entrance regulations of the Faculty of Medical Sciences and the University of the West Indies.
2. Candidates must be licensed, registered medical practitioners within Jamaica or the wider Caribbean Region.
3. Candidates will be eligible for entry to the Diploma after completing their internship and Senior House Officer Years.
4. Candidates are eligible to proceed to complete the D.M. on successful completion of the Diploma subject to Specialty Board approval.
5. 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.
6. Candidates will be required to submit a written/online application and may be required to attend an interview to be eligible for selection to the programme.
7. 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.
8. Candidates must be computer literate and have access to an internet-linked computer.

### **Course of Study**

9. 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.
10. 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).
11. The maximum period of registration for the D.M. programme is eight years including the Diploma years.
12. The modes of delivery of the programme will be a mix of online/distance education and face-to face teaching.
13. 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**

14. The course will be under the general supervision of the Head of the Department of Community Health and Psychiatry or his/her nominee. Designated Faculty will supervise the post graduate students/Residents.
15. 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.
16. The Specialty Board in Family Medicine will be in charge of the programme.

## **Exemption**

17. 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.

## **Vacation Leave**

18. Each Resident must spend 46 pre-determined weeks each year in the programme and will have a total of six pre-determined weeks of vacation leave. A Resident who requires leave from the programme outside of the prescribed times would need to make this request to the Specialty Board.
19. A Resident who has been absent from the programme for more than six weeks without approval in any one year will be considered to have failed to fulfil the programme's requirements for that year and will have to repeat the time of absence.

## **Leave of Absence**

20. A Resident may apply for Leave of Absence (LOA) 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.
21. LOA shall not be granted for more than one Academic Year in the first instance. A candidate may apply to the Campus Committee for LOA for a second year, but support for such extension will be at the discretion of the Specialty Board.
22. Residents who absent themselves without permission may have their names removed from the register of graduate students.

## **Assessment**

23. In order to sit the final examination the Resident must have passed all modules and clinical rotations.

24. Modules are graded based on assignments completed. Upon completion of a module, if a Resident does not achieve a passing grade he/she will be allowed to repeat the assignments of that module. 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 in the following year.
25. Clinical Rotations will be assessed on attendance and performance as well as by assignments done.
26. 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 modules/rotations
  - d) Withdrawal from the programme
27. Residents will be permitted only one repeat of each module and one repeat of each clinical rotation.
- 28a. 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.
- 28b. 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.
- 29a. Residents are required to pass all modules, clinical rotations and examinations within the stipulated time period to be awarded the Diploma.
- 29b. 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.

30. 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**

31. 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:

Portfolio/Oral	30%
Examination (Clinical)	40%
Examination (Written)	30%
Total	100%

### Portfolio Grading

a) Module Assignments

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

b) Clinical Sessions

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.

c) Reflections

- i. 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.

- ii. 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.
- d) Oral Examination (at the discretion of the examiners)
- i. The Resident may be questioned on any aspect of the Portfolio.
  - ii. Residents must pass all modules, clinical rotations, and the clinical and written examination to obtain the Diploma.
32. 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.
33. If a Resident fails the written or clinical examinations he/she would be required to re-sit the part failed within 12 months.
30. Candidates will be permitted only one re-sit of the clinical and written examinations.
31. Students will not normally be allowed to continue the Diploma Course beyond four years.
32. 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).

## Revised March 2013

### **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 3-6 months experience in a Casualty/Accident and Emergency Department or similar experience in an approved hospital or community based institution, 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)**

4. 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.
5. During Year 2, the resident is assigned to a rotation in sub-specialties at approved hospitals or institutions. The residents pursue 8 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)**

6. 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.



7. 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.
8. During Year 4, the residents return to the teaching hospital where they will acquire further intensive training in General Internal Medicine.

### **Course Supervision**

9. The course will be under the general supervision of the Head of the Department or his nominee. Each student will be assigned to an academic advisor, who is a member of the academic department and a member of the Specialty Board. 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.
10. The Specialty Board in Medicine is in charge of the programme.

### **Exemption**

11. 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**

12. 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.
13. 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

14. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:
- a) Counselling
  - b) Remedial work
  - c) Repeating the unsatisfactory rotations with consequent delay of the examination.
  - d) Withdrawal from the programme, if poor performance persists

### **Vacation Leave**

15. Each DM student must spend at least 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months) except when rotating through subspecialties. During rotations Year 2 students can only take one week out of every rotation. Vacation leave will be guided by The University Hospital's or Government Hospital's leave policy
16. A candidate who has been absent from the programme for more than six weeks without approval in any one year will be considered to have failed to fulfill the programme's requirements for that year and will have to repeat the time of absence.

### **Leave of Absence**

#### **(See Manual of Procedures for Graduate Diplomas and Degrees)**

17. 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 Board through the Faculty Committee for Graduate Studies to the Campus Office.
18. 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.

19. Students who absent themselves without permission may have their names removed from the register of graduate students.

### **Clinical Research Project**

20. All Students will be required to do a Clinical Research Project for publication. This project should have been previously agreed on by the Specialty Board during the Part I programme and the project commenced in Year 3 under the guidance of a supervisor appointed by the Specialty Board or the Head of the Department or the Director of the programme.
21. The Clinical Research Project should not exceed 20,000 words and the format should conform to the University Regulations dealing with the preparation of projects and dissertations. The Clinical Research Projects must be typewritten and printed on one side only of good quality white bond paper (usually of 20lb. weight) 8½" x 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 project.
22. Following the submission of the work, the Head of the Department or Director of the programme will appoint reviewers or examiners who may:
  - a) Accept the work allowing the student to proceed to the examination.

Or

  - b) Reject the work, with recommendations regarding changes, additions, or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.
23. The Clinical Research Project should be submitted for assessment at least six months before the date of the final examination. If the work is found to be unsatisfactory and requires major revision the students

will not be allowed to sit the final examination and a new date will be set.

### **Examination**

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

#### **Part I**

25. 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 monthly assessments) they are allowed to take the Part I DM examination. This consists of:

- a) Written papers (Paper I - multiple choice questions, and Paper II - essay)
- b) A clinical examination (objective structured format)

26. 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**

27. 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.

28. 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. Candidates must be fully registered medical practitioners in one of the territories of the Commonwealth Caribbean.
2. Applicants will be eligible for entry after completing their internship.
3. Candidates will be required to apply through the established postgraduate admissions portal of the University of the West Indies and may be required to attend an interview to be eligible for selection to the programme.

### Date of Entry

4. (See General Regulations - Doctor of Medicine)

### Course of study

5. 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.
6. 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.
7. The course will be under the general supervision of a Director, nominated by the Head of the Department and appointed by the Committee for Graduate Studies. The Head of Department will normally be the Chair of the Specialty Board in Microbiology. Each student will be assigned to a supervisor, who is a member of the

Specialty Board in Microbiology. The supervisor in consultation with the Director will provide academic guidance as the choice or assignment of rotations, the elective period and direction in the conduct of their research and all other relevant matters.

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

### **The programme consists of two parts -**

#### **Part I:**

9. 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.
10. 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:**

11. 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.
12. 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.

13. 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.
14. 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.
15. 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**

16. 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.
17. No exemptions will be granted from the Part I or Part II examinations.



18. 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.

### **Vacation Leave**

19. See Manual of Procedures for Graduate Diplomas and Degrees. Each DM student must spend 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months).
20. A student who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will have to repeat the six months in which the time was lost.

### **Leave of Absence**

21. See Manual of Procedures for Graduate Diplomas and Degrees. A candidate may apply for leave of absence from the programme for academic or personal reasons. Application for leave of absence should be addressed to the Chairman of the Campus Committee, through the Faculty Committee for Graduate Studies after approval by the Specialty Board. The application must be accompanied by a statement of the reason for the application.
22. 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, but further extensions will be at the discretion of the Board.
23. Students who absent themselves without permission may have their names removed from the register of graduate students.

### **Assessment**

24. Continuous assessment of the candidate's performance is carried out by his/her supervisor and recorded and reported every semester. The supervisor will be a member of the Specialty Board in Microbiology.

25. 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.

**26. Clinical research project report**

All students must submit a clinical research project to the Campus Committee for Graduate Studies through the FMS Committee for Graduate Studies, at least six months before the final (Part II) examination. This 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. It should not exceed 20,000 words but must not be less than 12,000 words and must follow the University's Guide for the Preparation of Theses, Research Papers and Project Reports.

27. Following the submission of the work, the examiners may:

- a) Accept the work and the student proceed to the examinations
- b) Accept the work with modification, which must be carried out in the time specified and resubmitted
- c) Reject the work with recommendations regarding changes, additions, or revisions necessary for acceptance. A date for resubmission will be determined by the examination board in Microbiology.

28. The clinical research project report should be submitted for assessment at least six months before the date of the final examination. If the work is found to be unsatisfactory and requires major changes, the student will not be allowed to sit the final examination and a new date will be set.

29. The Part II examination must be attempted for the first time within one year of the acceptance of the research project.

### **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 (DM Medical Microbiology). They are normally held twice per year in May/June and November/December.

32. 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

The candidate must pass all components of the examination, that is, *the Written papers, the Practical and the Oral* to have passed the examination.

33. 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

The candidate must pass all components of the examination, that is, the *written papers, the Practical and the Oral* to have passed the examination

34. 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.

35. 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.
36. Candidates must conform to the University Regulations on Examinations for Higher Degrees.

### **Deferral**

37. 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**

38. 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 Gynaecology programme.

### **Course Supervision**

8. The course will be under the general supervision of a Director, nominated by the Head of the Department. The Director will normally be Chair of the Specialty Board in Obstetrics and Gynaecology. 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, the elective period and direction of the conduct of their research and all other relevant matters.
9. The Specialty Board in Obstetrics and Gynaecology is in charge of the programme.

### **Vacation Leave**

10. Each DM student may apply for and is eligible for a total of six weeks' vacation per annum (3 weeks in every 6 months) but must spend 46 weeks each year in the programme.
11. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will be required to extend the time for completion of his or her programme.
12. Students who absent themselves without permission may have their names removed from the register of graduate students.

### **Assessment**

13. 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.
14. Those with unsatisfactory records will be encouraged to improve and a warning letter issued; counselling and/or remedial work may be recommended. An unsatisfactory performance in a rotation may require that it is repeated. If poor performance persists, the students will not be allowed to complete the programme and will be required to withdraw.

15. Entry to Part II is dependent on satisfactory completion of the Part I.

### **Case Book /Clinical Research Project**

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

a) A casebook of twenty cases (ten obstetrical and ten gynaecological) and two major commentaries limited to 3,000 words each. The major commentaries should be based on a Clinical Research Project approved by the student's supervisor and must include references to the literature. Students are advised to discuss the preparation of case records and commentaries with their consultant or supervisor, while the book is in preparation and not wait until it is complete. From these records, the examiners will assess the critical faculties of candidates, their powers of observation and their evaluation of various methods of treatment. The long obstetrical and gynaecological commentaries 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. These commentaries could provide the opportunity to conduct a Clinical Research Project on clinical material within the department to be later developed into a publication.

**or**

b) A Clinical Research Project or 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.

17. Following the submission of the work, the examiners may

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

**or**

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

## **Examination**

18. Examinations are in two parts: Part I and Part II (Final). No candidate will be allowed more than two attempts at either examination.
19. 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.

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

20. **The Part II Examination** consists of:
- a) Two written papers
  - b) And a Structured Extended Oral Examination (SEOE) consisting of: -
    - i. A Section for Obstetrics & a Section for Gynaecology

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

The Part II examination must be attempted for the first time, 3 years after successfully completing the Part I examination but no later than 4 years after successfully completing the Part I examination.

21. The Part II Examination must be taken within one year of the submission of the Clinical Research Project or case book.
22. The Part II examination must be completed within 12 months of the first attempt.



## VI. PAEDIATRICS

### Requirements for Entry

1. Applicants must be fully registered medical practitioners in one of the territories of the Commonwealth Caribbean or in any country associated with the University of the West Indies where the facilities are approved by this institution for a part or the whole of the period of training.
2. Applicants must satisfy the criteria for full registration by the Medical Council of Jamaica.
3. Evidence of undergraduate medical qualification from an institution acceptable to the Faculty of Medical Sciences, The University of the West Indies, must be provided.
4. Applicants should have a minimum of three months post internship experience in the practice of paediatrics at an approved hospital under constant supervision. This three month period is additional to the period of three months of paediatric training required during the internship period.
5. Upon applying for admission to the programme, applicants will be required to submit a written application and attend an interview to be eligible for selection to the programme.

### Course of Study

6. 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.
7. There are two parts to the course – Part I (Years 1 and 2) and Part II (years 3 and 4). During the first two years of training, the student will have three month rotations in in-patient, neonatal care, and ambulatory settings. The core content of training includes basic sciences as applied to general paediatrics, normal growth and development, common primary care problems and emergencies,

common subspecialty problems, public health issues and basic research methods and skills.

8. Years 3 and 4 of training encompass learning of the pathophysiologic mechanisms related to growth, development and disease, clinical exposure and training in the subspecialties, development of leadership skills and professional qualities, completion of the required Clinical Research Project and a six month elective period.
9. On acceptance to the programme there will be a six month probation period during July to December of Year 1. During this period the candidate's performance will be assessed at regular intervals. Any candidate who fails the overall assessment or who demonstrates professional misconduct, during this period of probation will be required to withdraw from the programme.
10. A minimum of six months of the four years must be spent in the Department of Child 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.
11. Trainees are required to participate in daily seminars and teaching rounds.
12. 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 in Child and Adolescent Health, Mona, Jamaica 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.

## **Leave of Absence**

13. 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 Board through the Faculty Committee for Graduate Studies, to the Campus Office.
14. The maximum leave of absence allowed from the programme is six weeks in any one year. A candidate who has been absent from the programme for more than six weeks in one year would be considered to have failed to fulfil the programme's requirements for that year.

## **Assessment**

15. 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.
16. If the assessments of the candidate are found to be unsatisfactory, the Specialty Board in Child and Adolescent Health may recommend one or more of the following:
  - a) Counselling
  - b) Remedial work
  - c) Repeat the unsatisfactorily done rotations
  - d) Withdrawal from the programme

## **Clinical Research Project**

17. The candidate must submit a Clinical Research Project on Child and/or Adolescent Health or a related area by November 30<sup>th</sup> of the second academic year following successful completion of the DM I.

18. 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. The Clinical Research Project should not exceed 20,000 words and must follow the University's Guide for the Preparation of Theses, Research Papers and Clinical Research Projects.
19. 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.
20. The acceptance of the Clinical Research Project by the Specialty Board is a requirement for eligibility to sit the Part II examination.
21. Following submission of the project the examiners may:
  - a) Accept the work
  - Or
  - b) Reject the work, and outline what additional or new work needs to be carried out and when the work should be resubmitted.

## **Examinations**

### **Part I**

22. The Part I examination consists of:

- a) One multiple choice question paper
- b) A clinical examination
- c) An oral examination.

The candidate must pass all components of the examination, that is, *the Paper, the Clinical and oral* examination to have passed the examination

23. Trainees will be eligible to sit the Part I examination,
- i. at the end of Year 2 but no later than three years after commencing the programme *AND*
  - ii. having had satisfactory assessments for that period.

## **Part II**

24. The Part II examination consists of:

- a) Two written papers, which may include multiple choice questions
- b) A clinical examination
- c) An oral examination.

The candidate must pass all components of the examination, that is, *the two written Papers, the Clinical and oral* examination to have passed the examination

25. Candidates will be eligible to sit the Part II examination,

- i. 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

- ii. 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.

26. The Part II examination must be attempted for the first time within one year of the acceptance of the Clinical Research Project.

27. The Part II examination must be completed within 12 months of the first attempt.

## **Parts I and II**

28. 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.
29. 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.
30. 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 and is not guaranteed a training post thereafter.

## VII. PATHOLOGY

### DOCTOR OF MEDICINE (DM) REGULATIONS

#### DM (PATHOLOGY)

The Department of Pathology offers DM degrees in Anatomical Pathology, Chemical Pathology and Haematology.

#### A. ANATOMICAL PATHOLOGY

##### Requirements for entry

1. (See General Regulations – Doctor of Medicine)
2. Applicants will be eligible for entry after completing their Internship and Senior House Officer Rotations. Entry is subject to the approval of the Pathology Specialty Board with ratification by the Faculty Committee for Graduate Studies.
3. Candidates will be required to submit a written application and may be required to attend an interview to be eligible for selection to the programme.

##### Date of Entry

(See General Regulations - Doctor of Medicine)

##### Course of Study

4. This should be read in conjunction with the general regulations - Doctor of Medicine. The DM Anatomical Pathology programme is a four 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.
5. 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.

6. 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.
7. The course will be under the general supervision of a Director, nominated by the Head of Department and appointed to the Faculty Committee for Graduate Studies and Research. The Head of Department will normally be the chair of the Specialty Board in Pathology, while the Director will normally have oversight for the overall running of the programme. Each student will be assigned to an academic supervisor, who is a member of the Specialty Board in Pathology. The supervisor will provide academic guidance as to the choice or assignment of rotations, the elective period and direction in the conduct of their research and all other relevant matters.
8. The Specialty Board in Pathology is in overall charge of the programme and is the sole and final authority on all matters concerning the programme.

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

### Part I

9. 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) – 56 weeks
  - b) Haematology/ Oncology – 24 weeks



c) Chemical Pathology – 12 weeks

10. 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

11. The second part is of a minimum of ninety-two (92) 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.
12. 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**

13. 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.

14. Students holding a suitable qualification from an institution recognized by the UWI may apply and be granted exemption from the Part I examination.
15. 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.

### **Vacation Leave**

16. Each DM student must spend 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months).
17. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will have to repeat the time of absence or an equivalent time to be determined by the Specialty Board.

### **Leave of Absence**

#### **(See Manual of Procedures for Graduate Diplomas and Degrees)**

18. A candidate may apply for leave of absence from the programme for academic or personal reasons. Application for leave of absence should be addressed to the Chairman of the Campus Committee, through the Faculty Committee for Graduate Studies after approval by the Specialty Board. The application must be accompanied by a statement of the reason for the application.
19. 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, but further extensions will be at the discretion of the Board.

20. Students who absent themselves without permission may have their names removed from the register of graduate students.

### **Assessment**

21. Continuous assessment of the candidate's performance is carried out by his/her supervisor and recorded every 6 months. The supervisor will be a member of the Specialty Board in Pathology.
22. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:
- a) Counseling
  - b) Remedial work
  - c) Repeating the unsatisfactory rotation(s)
  - d) Withdrawal from the programme, if poor performance persists.

### **Clinical Research Project**

23. All students must submit a completed Clinical Research Project on Pathology or related area to the Specialty Board, at least six months before the final (Part II) examination. The Clinical Research Project will be determined in consultation with the supervisor. This 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. It should not exceed 20,000 words but must not be less than 8,000 words and must follow the University's Guide for the Preparation of Theses, Research Papers and Clinical Research Projects.
24. Following the submission of the work, the Head of the Department or Director of the programme will appoint reviewers or examiners who may:
- i. Accept the work allowing the student to proceed to the examination

or

- ii. Reject the work, with recommendations regarding changes, additions, or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.
25. 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**

26. Before admission to any examination, candidates must be certified by their supervisor as having completed the relevant parts of the programme.
27. 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.
28. 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.

#### Part I consist of:

- a) Two written papers which may include multiple choice questions
  - b) A practical examination
  - c) An oral examination
29. 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 examination consists of:

- a) Two written papers which may include multiple choice questions;
  - b) A practical examination
  - c) An oral examination.
30. 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.
31. 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.
32. 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.
33. Candidates must conform to the University Regulations on Examinations for Higher Degrees

### **Completion of the Programme**

34. 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
35. 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 – Doctor of Medicine**)
2. Applicants will be eligible for entry after completing their Internship and Senior House Officer Rotations. Entry is subject to the approval of the Pathology Specialty Board with ratification by the Faculty Committee for Graduate Studies.
3. Candidates will be required to submit a written application and may be required to attend an interview to be eligible for selection to the programme.

### **Date of Entry**

(See **General Regulations - Doctor of Medicine**)

### **Course of Study**

4. 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.
5. 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.
6. 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.

7. The course will be under the general supervision of a Director, nominated by the Head of Department and appointed to the Faculty Committee for Graduate Studies and Research. The Head of Department will normally be the chair of the Specialty Board in Pathology, while the Director will normally have oversight for the overall running of the programme. Each student will be assigned to an academic supervisor, who is a member of the Specialty Board in Pathology. The supervisor will provide academic guidance as to the choice or assignment of rotations, the elective period and direction in the conduct of their research and all other relevant matters.
8. The Specialty Board in Pathology is in overall charge of the programme and is the sole and final authority on all matters concerning the programme.
9. The programme is divided into two parts: Part I and Part II

#### Part I

10. 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
11. 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

12. 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.
13. During the second part in Chemical Pathology, specialist training in clinical chemistry and Laboratory management must be undertaken.

### **Exemption**

14. 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.
15. Students holding a suitable qualification from an institution recognized by the UWI may apply and be granted exemption from the Part I examination.



16. 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.

### **Vacation Leave**

17. Each DM student must spend 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months).
18. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will have to repeat the time of absence or an equivalent time to be determined by the Specialty Board.

### **Leave of Absence**

**(See Manual of Procedures for Graduate Diplomas and Degrees)**

19. A candidate may apply for leave of absence from the programme for academic or personal reasons. Application for leave of absence should be addressed to the Chairman of the Campus Committee, through the Faculty Committee for Graduate Studies after approval by the Specialty Board. The application must be accompanied by a statement of the reason for the application.
20. 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, but further extensions will be at the discretion of the Board.
21. Students who absent themselves without permission may have their names removed from the register of graduate students.

## **Assessment**

22. Continuous assessment of the candidate's performance is carried out by his/her supervisor and recorded every 6 months. The supervisor will be a member of the Specialty Board in Pathology.
23. If the assessments are found to be unsatisfactory, the Specialty Board may recommend one or more of the following:
  - a) Counseling
  - b) Remedial work
  - c) Repeating the unsatisfactory rotation(s)
  - d) Withdrawal from the programme, if poor performance persists.

## **Clinical Research Project**

24. All students must submit a completed Clinical Research Project on Chemical Pathology/Clinical Chemistry or related area to the Specialty Board, at least six months before the final (Part II) examination. The Clinical Research Project will be determined in consultation with the supervisor. This 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. It should not exceed 20,000 words but must not be less than 8,000 words and must follow the University's Guide for the Preparation of Theses, Research Papers and Clinical Research Projects.
25. Following the submission of the work, the Head of the Department or Director of the programme will appoint reviewers or examiners who may:
  - a) Accept the work allowing the student to proceed to the examination
  - or
  - b) Reject the work, with recommendations regarding changes, additions, or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.

26. The following requirements must be completed before the Part 2 examination:
- a) A satisfactory standard of in-course assessments
  - b) Clinical Research Project

### **Examination**

27. Before admission to any examination, candidates must be certified by their supervisor as having completed the relevant parts of the programme.
28. The examination consists of two parts: Part I and Part II. They are normally held once per year in May/June or November/December
29. 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
30. 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.
31. The Part II examination consists of:
- a) Two written papers which may include multiple choice questions;
  - b) A practical examination
  - c) An oral examination.

32. 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.
33. 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.
34. 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.
35. Candidates must conform to the University Regulations on Examinations for Higher Degrees

### **Completion of the Programme**

36. 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
37. Failure to complete the programme in the prescribed times will require withdrawal from the programme.

## **C. HAEMATOLOGY AND MEDICAL ONCOLOGY**

### **Requirements for Entry**

1. (See General Regulations)
2. Candidates for DM Haematology 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 1 and Part 11.
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 Internal Medicine)
  - b) Essay papers (Paper 1 – Haematology; Paper 11 – Oncology)
  - c) Practical (Haematology only) – data and slides only
  - d) 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. 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, candidates 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 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.
7. 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 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 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).
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 a psychiatric resident at an approved general 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 candidate 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 recommendation 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.

### **Vacation Leave**

22. Each DM student must spend 46 weeks each year in the programme and may have a total of six weeks' vacation leave per annum (3 weeks in every 6 months). A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfil the programme's requirements for that year and will have to repeat the time of absence.

## **Leave of Absence**

### **(See Manual of Procedures for Graduate Diplomas and Degrees)**

23. 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 Board through the Faculty Committee for Graduate Studies, to the Campus Committee for Graduate Studies and Research.
24. 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, but further extensions will be at the discretion of the Specialty Board.
25. Students who absent themselves without permission may have their names removed from the register of graduate students.

## **Assessment**

26. Continuous assessment of the candidate's performance is carried out by his/her supervisor. The supervisor will be a member of the Specialty Board in Psychiatry.
27. 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.
28. 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**

29. 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.

a) The Clinical Research Project should be produced based on cases seen and should form a distinct contribution to the knowledge of the subject presented.

**or**

b) A formal Clinical Research Project on an area of interest.

30. The Clinical Research Project must be of satisfactory literary standard and should attain standards suitable for publication in a peer reviewed journal. It 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 Clinical Research Projects.

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

a) Accept the work and the student proceed to the final year of the programme and sit the Part II examination.

**or**

b) Accept the work with modification, which must be carried out in the time specified and resubmitted.

**or**

c) Reject the work. In this case the student will not be allowed to sit the final Part II examination.

### **Examination**

32. Before admission to any examination, candidates must be certified by their supervisors as having completed the relevant parts of the programme.

33. Examinations are in two parts, Parts I and Part II, and are normally held once per year in May/June.

### **Part I Examinations (Years 1 and 2)**

34. Details of the Part I Year 1 examination are provided in item 28. 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

### **Part II Examination (Year 4)**

35. 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

36. 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) A clinical examination
- c) An oral examination based on standardized vignettes or standardized questions.

### **Failure of an Examination**

37. 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.

38. **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 candidates will be in accordance with the University Regulations for

Graduate Diplomas and Degrees. This also applies to the Clinical Research Project.

### **Deferral**

39. 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**

40. 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 with the University Regulations on Examinations for Higher Degrees.

### **Completion of the Programme**

41. A candidate 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.

## **IX. RADIOLOGY**

### **Requirements for Entry**

1. (See General Regulations)
2. Candidates are accepted into the programme in July only.
3. 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.
4. Candidates are required to have at least one year of clinical experience post internship including a minimum of six months in accident and emergency.
5. Special consideration would be given to candidates with prior radiology experience. Applicants who are deemed acceptable may be required to have an interview.

### **Course Supervision**

6. The Specialty Board in Radiology is in overall charge of the programme. The programme will be under the general supervision of a Programme Coordinator, nominated by the Head of the Radiology Section, in consultation with the Head of the Department and appointed by the Specialty Board in Radiology. Each student will be assigned to a supervisor who will advise the student as to choice of projects, direction in their conduct of their research, the elective period and all other relevant matters.

### **Course of Study**

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

### **Part I**

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

## **Part II**

9. This part of the programme consists of a minimum of 144 weeks in Diagnostic Radiology.
10. Trainees will also be given instructions in:
  - Basic research methods
  - Presentation of scientific papers
  - Medical and research ethics
  - Quality assurance
11. 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.
12. 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.
13. 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**

14. 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**

15. 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.

## **Assessment**

16. Students will be assessed at least semi annually. Those with unsatisfactory records will be encouraged to improve; but if poor performance persists, any of the following courses of action may be undertaken:

- a) Counseling
- b) Remedial work
- c) Repeat rotation
- d) Withdrawal from the programme

## **Leave of Absence**

17. The minimum time stated for the course results in 4 weeks per annum being available for leave of whatever sort, a total of 16 weeks for the duration of the programme. This stipulation will be adhered to except in extreme circumstances. Candidates who absent themselves without the necessary approval will be considered to have voluntarily withdrawn from the programme.

## **Examination**

18. The DM examinations in Radiology are held once per year, in early to mid-May.
19. **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.
20. 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:

Section A: Two written papers.

Section B: The clinical session, consisting of:

- i. Film viewing spotter
- ii. An oral examination

21. 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.
22. Candidates unsuccessful in Section A will be deemed to have failed the examination and will not be invited to the Clinical Examination.
23. A candidate will be considered as successful in the Part I Examination if they have successfully passed Sections A and B of the examination.
24. 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:

Section A: Two written papers.

Section B: The clinical session, consisting of:

- a. Film viewing spotter
- b. An oral examination

25. 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.
26. Candidates unsuccessful in Section A will be deemed to have failed the examination and will not be invited to the Clinical Examination.

27. A candidate will be considered as successful in the Part II Examination if they have successfully passed Sections A and B of the examination.
28. 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.
29. The course should be completed within a maximum of 6 years, after which the candidate will be required to withdraw unconditionally.

## **X. SURGERY**

### **A. GENERAL SURGERY**

1. (See General Regulations)

#### **Requirements for Entry**

2. The applicant must be:

- a) A graduate in Medicine of a University or Medical School recognized by the University of the West Indies.
- b) Fully registrable in the territory or territories in which the programme of study will be undertaken.
- c) Criteria for medical registration should be obtained from the relevant medical council.

4. Candidates are required to submit a written application and may be required to attend an interview to be eligible for selection to the programme.

5. Six months of supervised post-internship experience in the practice of surgery or in accident & emergency medicine at an approved hospital is desirable but such experience is not required.

#### **Course of Study**

6. 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.

7. Teaching and training in teaching methods and research methodology/epidemiology are integral components of the programme

### **Part I - Two years**

8. 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.
9. A maximum of three months may be spent in the Basic Medical Sciences Department (Sections of Anatomy, Biochemistry or Physiology), the Department of Pathology.
10. Provided that the in-course assessments are satisfactory, the Part I examination is taken at the end of two years.

### **Part II – Three years**

11. During this period, students are assigned to general surgery rotations with increasing levels of responsibility.
12. 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.
13. During the final year, the student is eligible for the appointment of Chief Resident. The final year of the Part II programme must be spent at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.

### **Course Supervision**

14. The Specialty Board in Surgery is in overall charge of the programme. The programme will be under the general supervision of a Programme Coordinator, nominated by the Head of Department and appointed by the Specialty Board in Surgery. Each student will be assigned to a supervisor who will advise the student as to choice or assignment of rotations, the elective period, direction in the conduct of their casebook/research and all other relevant matters.

## **Exemption**

15. This section should be read in conjunction with the general regulations.
16. Students who have obtained, by examination, the MRCS, CCBST, CCT 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.

## **Vacation Leave**

17. Each DM student may apply for and is eligible for a total of six weeks' vacation leave per annum (3 weeks in every 6 months) but must spend 46 weeks each year in the programme.
18. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will be required to extend the time, equivalent to the time lost and as approved by the Specialty Board, for completion of their programme.
19. Students who absent themselves without permission will have their names removed from the register of graduate students.

## **Assessment**

20. 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.
21. Those with unsatisfactory records will be encouraged to improve and a warning letter issued; counselling and/or remedial work may be recommended. An unsatisfactory performance in a rotation may require that it is repeated. If poor performance persists, the student

will not be allowed to complete the programme and will be required to withdraw.

22. Entry to Part II is dependent on satisfactory completion of the Part I.
23. 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
24. 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 casebook of twenty (20) cases. These cases should cover the range of pathology seen in the practice of general surgery. Of the cases submitted, five (5) may be rare cases of unique clinical relevance that may have important educational content suitable for journal publication. The book should not exceed 300 pages.

or

  - b) 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

  - a) 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.

25. The format of the casebook/project report should conform to the University regulations dealing with the preparation of projects and dissertations. It should not exceed 20,000 words but must not be less than 15,000 words. The cases/project report must be typewritten and printed on one side only of good quality white bond paper (usually 20lb. weight) 8 ½” x 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 thesis. 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.
26. 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 on 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.
27. Following submission of the work, the examiners may:
  - a) accept the work allowing the student to proceed to the examination
  - or
  - b) reject the work, with recommendations regarding changes, additions, or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.
28. The completed casebook/project report should be submitted for assessment at least six (6) months before the date of the final

examination. If the work is found to be unsatisfactory and requires major revision the student will not be allowed to sit the final examination and a new date will be set.

### **Syllabus**

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

### **Examination**

30. Before admission to any examination, candidates must be certified by their supervisors as having completed all relevant parts of the programme.

31. There are two examinations, one each at the end of the Part I and Part II and only 2 attempts are allowed per examination.

32. Candidates will be eligible to sit the Part I examination two years but not greater than three years after entry into the programme.

33. The **Part I examination** consists of two sections:

Section A - Principles of Surgery

Section B - Basic Pathology, Anatomy, Physiology  
(including Biochemistry)

34. The examination must be completed within one calendar year of the first attempt.

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

36. 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.

37. 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.

38. 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.

39. 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**

40. 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) Aatisfactory 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**

(See Regulations for General Surgery)

1. The Regulations are identical as for General Surgery except for the Course of Study:

### **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. Each DM resident must spend 46 weeks each year in the program, and can have a total of six weeks leave per annum (three weeks in every six months). 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 (6<sup>th</sup>) 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**

(See Regulations for General Surgery)

1. The Regulations are identical as for General Surgery except for the Course of Study and Examinations as indicated below:

### **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.
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. 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**

5. During this period, students are assigned to neurosurgery rotations with increasing levels of responsibility.

6. An elective period of no longer than 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.
7. During the final year, the student is normally appointed to the post of Chief Resident. This final year of the Part II programme must be spent at the University Hospital of the West Indies.

### **Examination**

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

## **D. OPHTHALMOLOGY**

**(See Regulations for General Surgery)**

1. The regulations are similar to General Surgery except for the course of study and examinations as indicated below:

### **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 2<sup>nd</sup> year. Part II involves Optics and Refraction and is done in the 3<sup>rd</sup> 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 the University Hospital of the West Indies or at Kingston Public 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 years for the enhancement of surgical skills. At least two of these years must be spent at UHWI/KPH, and one year as an elective period (approved by the Specialty Board) must be spent at an overseas institution.
9. Students will be expected to cover all aspects of medicine, therapeutics and surgery for the eye, adnexae and visual pathways.

## **Assessment**

10. See regulations for General Surgery

## **Log Book**

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

## **Casebook**

12. Each candidate must collect 10 cases for the case book. 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

13. See Regulations for DM General Surgery for details on the case book. The format of the casebook/project report should conform to the University regulations dealing with the preparation of projects and dissertations. Case reports should have a word count of 1500 words. Therefore a case book of 10 cases should not exceed 20,000 words but must not be less than 15,000 words. The cases/project report must be typewritten and printed on one side only of good quality white bond paper (usually 20lb. weight) 8 ½” x 11” (Standard Letter Size), with left hand margin of 2”. The top, bottom and right hand margins should not be less than 1”. There must be a double line spacing for case reports. The same grade of paper should be used throughout the thesis. 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.

14. Following the submission of the work, the examiners may

- a) Accept the work allowing the student to proceed to the examination.
- or
- b) Reject the work, with recommendations regarding changes, additions or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.

15. The casebook should be submitted for assessment at least six months before the date of the final examination. If the work is found to be unsatisfactory and requires major revision the student will not be allowed to sit the final examination and a new date will be set.

## **Examination**

### **Part I**

16. The Part I examination will be undertaken after two years in the programme and consists of:

Section A: Principles of Ophthalmic Surgery

Section B: Anatomy of the head and neck (including embryology and neuro anatomy) basic and ocular pathology including microbiology and biochemistry physiology of eye, adnexae, CNS including related general physiology, and General Medicine in association with ocular pathology.

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 one calendar year 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 3<sup>rd</sup> year in the programme, provided that the candidate has satisfactorily passed their assessments.

**Section A:** Basic Optics (Principles of Instrumentation) & Theory of Refraction (MCQ's)

**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 6 years of training, provided that the candidate has:

- a) Successfully passed the Part I and II Examinations
- b) Satisfactorily completed their one year overseas elective period
- c) Satisfactorily completed their Casebook and Clinical Research for students entering the programme in the academic year 2013/2014 onwards. Students in the programme prior to 2013 may either do a casebook of 20 cases or a substantial prospective research study which is of a publishable standard. The research project would need to be started no later than the 2<sup>nd</sup> 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

The OSCE stations will include but not be limited to:

- a) Anterior Segment
- b) Neuro ophthalmology
- c) Strabismus
- d) Posterior Segment

23. **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.

24. 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.



## **CHANGES FOR CANDIDATES COMMENCING THE PROGRAMME FROM JULY 2013**

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

25. 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.
26. 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
27. 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**

(See Regulations for General Surgery)

#### **Requirements for entry**

1. The applicant must have successfully completed the Part I programme in DM General Surgery which is two years.

#### **Part II – Four Years**

2. During this period, each resident will complete rotations at the University Hospital of the West Indies, Bustamante Hospital for Children and the Kingston Public Hospital. 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.

3. The final year of the Part II programme must be spent at the University Hospital of the West Indies. 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**

4. 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**

5. 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.
6. A resident with an unsatisfactory evaluation in a rotation may be required to repeat the rotation. The resident will be encouraged to improve: counseling, and/or remedial work may be recommended. If poor performance persists, the resident will not be allowed to complete the programme and will be required to withdraw.
7. At the six monthly evaluation, residents will be given the opportunity to discuss their assessments.

### **Assessment of the programme and consultants by residents**

8. Constructive criticisms are encouraged. This will help the programme director in his discussions with the consultants.

## **Part II Examination**

9. 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

10. The Part II Examination consists of:

- a) Two written papers
- b) An oral examination which may include clinical material

## **F. OTOLARYNGOLOGY (ORL)**

(See Regulations for DM General Surgery)

### **Requirements for entry**

1. (See Regulations for General Surgery)
2. The Regulations are identical as for General Surgery except for the Course of Study and Examinations as indicated below:

### **Course of Study**

3. 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**

4. Students will rotate through ORL for the first six months. During the next twelve months, students will normally be assigned to three-

monthly rotations which may include the following: General Surgery, Cardiothoracic Surgery, Plastic Surgery, Neurological Surgery, and Critical Care Medicine. The six-month period prior to the Part I examination will be spent in Otolaryngology.

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 – Four years**

7. During this period, students are assigned to ORL rotations with increasing levels of responsibility.
8. An elective period of no longer than 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.
9. During the final year, the student is normally appointed to the post of Chief Resident. The final year of the Part II programme must be spent at the University Hospital of the West Indies or at institutions in the contributing territories recognized by the University for this purpose.

## **Examination**

10. Candidates will be eligible to sit the Part II examination four years but not greater than five years after successful completion of the Part I examination.

## **G. PAEDIATRIC SURGERY**

### **Requirements for entry**

1. (See Regulations for General Surgery)
2. These Regulations are identical as for General Surgery except for the Course of Study and Examinations as indicated below:

### **Course of Study**

3. 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.
4. Teaching and training in teaching methods and research methodology/epidemiology are integral components of the programme.

### **Part I - Two years**

5. 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.
6. Each DM student must spend 46 weeks each year in the programme and can have a total of six week leave per annum (3 weeks in every 6 months).
7. 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.
8. Provided the in-course assessments are satisfactory, the Part I examination is taken at the end of two years.

## **Part II – Three years**

9. 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.
10. 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**

11. 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 Regulations for General Surgery)

### **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.
3. Training 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: 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, Biochemistry, Pathology, or in an approved Clinical Research Project, 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.)

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

or

- b) 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**

16. 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.

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



## **Part I**

18. The Part I Examination consists of two sections:

Section A: Principles of Surgery

Section B: Basic Pathology, Anatomy and Physiology (including Biochemistry)

19. There will be a written paper, which may include multiple choice questions. There will be an oral examination in each subject.
20. 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.
21. The Part I examination must be completed within one calendar year of the first attempt.

## **Part II**

22. The Part II examination consists of:

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

## I. EMERGENCY MEDICINE

### Requirements for Entry

1. The applicant must be:
  - i. A graduate in Medicine of a University or Medical School recognized by the University of the West Indies.
  - ii. Fully registerable in the territory or territories in which the programme of study will be undertaken. (Criteria for registration should be obtained from the relevant medical council.)
2. Candidates are required to submit a written application and may be required to attend an interview to be eligible for selection to the programme.

### Course of study

3. The postgraduate Emergency Medicine Programme is a four-year residency programme consisting of two parts. The programme takes place either at the University of the West Indies or at institutions in the contributing territories recognized by the University for this purpose. **Once the candidate has completed the training time he /she will be advised that they are no longer guaranteed a training post.**
4. Six months each year are spent in Emergency Room rotations. The other six months are spent rotating through relevant subspecialty areas including anaesthesia, child health, internal medicine, surgery, orthopaedics, obstetrics and gynaecology, family medicine and psychiatry. Anaesthesia is mandatory as an early rotation in the first year. However, there is flexibility in the sequence of the rotations in the other disciplines.
5. Candidates are encouraged to do one of the two three-month A&E periods in the fourth year at an approved emergency room in a regional or international teaching hospital. A maximum of 6 months maybe spent outside of the Caribbean (A&E and elective). Overseas

rotations can be undertaken with the approval of the Coordinator of the Emergency Medicine Programme.

### Yearly rotations for D.M. Emergency Medicine programme

Year 1	Year 2	Year 3	Year 4
A&E (6) Anaesthetics/ Radiology (3) Paediatrics (3)	A&E (6) Medicine (3) Surgery/ Orthopedics (3)	A&E (3) ICU/A&E (3) Psyche/O&G (3) Family Medicine/ENT/ Ophthalmology (3)	A&E (6) Elective (3) A&E overseas optional (3)

- In addition, all Emergency Medicine residents should complete American Heart Association Advanced Cardiac Life Support (ACLS) and American College of Surgeons Advanced Trauma Life Support (ATLS) courses by the end of their first year of training. The Paediatric Advanced Life Support (PALS) **or Advanced Paediatric Life Support (APLS)** course should be completed during the second year of the programme.

### Course Supervision

- The Specialty Board in Surgery is in overall charge of the programme. The programme will be under the general supervision of a Programme Coordinator, nominated by the Head of Department and appointed by the Specialty Board in Surgery. Each student will be assigned to a supervisor who will advise the student as to choice or assignment of rotations, the elective period, direction in the conduct of their research and all other relevant matters.

### Exemption

**(Should be read in conjunction with the general regulations)**

- Candidates who have completed periods of work experience in relevant areas at recognized hospitals or Institutions may apply to the specialty board for exemption. This experience may be in Accident & Emergency Medicine, Psychiatry, Internal Medicine, Orthopaedic Surgery, Family Medicine, Surgery, Child Health/

Paediatrics, Obstetrics and Gynaecology and Anaesthesia.  
Exemption is not automatic and should not be assumed.

### **Vacation Leave**

9. Each DM student may apply for and is eligible for a total of six weeks leave per annum (3 weeks in every 6 months) but must spend 46 weeks each year in the programme. This must also assigned be in keeping with the leave regulations at the service institution to which they are assigned.
10. A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfill the programme's requirements for that year and will normally be required to extend the time for completion of their programme.
11. Students who absent themselves without permission will have their names removed from the register of graduate students.

### **Assessment**

12. Student performance will be assessed (by observation, orally or 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. Those with unsatisfactory records will be encouraged to improve and a warning letter issued; counselling and or remedial work may be recommended. An unsatisfactory performance in a rotation may require that it is repeated. If poor performance persists, the student will not be allowed to complete the programme and will be required to withdraw.
14. Entry to Part II is dependent on satisfactory completion of the Part I. The following two requirements must be met before the Part II examination.
  - a) Reach satisfactory standard in on-going assessments.
  - b) Submission of an accepted casebook and a research report

15. All DM Emergency Medicine candidates must submit **both of** the following to the Specialty board or Coordinator of the postgraduate programme at least six months before the final Part II examination:-

A case book of ten cases. These cases should reflect the range of pathology seen in the practice of Emergency Medicine, and three may be rare cases of unique relevance that may have important educational content for journal publication.

**And**

A Clinical Research Project. This must be discussed with the Programme coordinator by the start of the second year of the residency programme.

16. The format of the case book/Clinical Research Project should conform to the University regulations dealing with the preparation of projects and dissertations. Each submission book or project should not exceed 15,000 words but must not be less than 10,000 words.
17. The cases /Clinical Research Project must be typewritten and printed on one side only of good quality white bond paper 8½” x 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 paper should be used throughout the thesis. Case reports should follow the format of case reports submitted for journal publication, namely: introduction, case history, discussion, conclusion and references. References should follow the format of the West Indian Medical Journal. The case reports should be of high quality suitable for publication in a peer reviewed journal.
18. Following submission of the work, the examiners may:
- c) Accept the work allowing the student to proceed to the 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

19. The casebook/project report should be submitted for assessment at least six months before the date of the final examination. If the work is found to be unsatisfactory and requires major revision the student will not be allowed to sit the final examination and a new date will be set. **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.**

### **Syllabus**

20. A detailed syllabus will be available from the Emergency Medicine Division or the Department of surgery.

### **Examination**

21. Before admission to any examination, candidates must be certified by the Programme Coordinator as having completed relevant parts of the programme.
22. There are two examinations, one each at the end of the Part I and the Part II. The clinical exam must be passed in all sections for the candidates to be awarded the DM degree in Emergency Medicine. Persistent demonstration of dangerous behaviour during the clinical or oral examination is an absolute ground for failure irrespective of grades up to that point.

### **Part I**

23. Candidates will be eligible to sit the Part I examination two years but not greater than three years after the entry into the programme.
24. The Part I DM examination is designed to test the knowledge attitudes and skills of residents at the end of their second year of the DM programme. They must be able to apply basic science knowledge to clinical scenarios and communication skills.

25. The examination will consist of written, clinical and oral examinations.

- a) The written examination will consist of two papers
  - i. An MCQ paper of questions covering all five sections of the syllabus
  - ii. A data Interpretation paper
- b) The clinical examination
  - i. The clinical examination will be in the form of an Objective Structured Clinical Examination.
- c) The oral examination
  - i. The oral examination will cover all sections of the Part I course.

### **Candidates who fail all or part of the examination**

26. For those candidates who fail all or part of the examination, the examiners will decide on the procedure for remediation. The examiners will decide whether the candidate can be allowed to repeat the examination in six (6) months' time and proceed to their third year or whether they should be advised to repeat it in 1 (one) year. In general, candidates who have only failed one component of the examination will be allowed to re-sit in six (6) months, while candidates who have failed more than one of the components will be required to re-sit in 1 (one) year's time.

*These decisions are at the discretion of the examiners.*

### **Part II Examination**

27. Candidates will be eligible to sit the part II examination two years but not greater than three years after successful completion of the Part I examination.

28. The part II examination consists of the following components:

- a) The written paper (Modified essays and data interpretation)
- b) Clinical Examination (long case plus short cases/OSCE)

- c) Oral examination (clinical plus non-clinical situations)
  - d) Defense of the Case book/Clinical Research Project (an oral examination)
29. There are only two attempts at sitting each part of the DM Emergency Medicine examination and failure at both attempts requires the student to withdraw from the programme. The student may not reapply to the programme after withdrawal before a period of three years.

### **Completion of the Programme and award of Degree**

30. Students will be considered as having completed the programme and eligible for the award of the DM degree when the following requirements are met
- a) Satisfactory performance of all rotations
  - b) Acceptance of the Case book and Clinical Research Project
  - c) Satisfactory performance in the Part I and Part II examinations



# **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 THE MASTER OF SCIENCES (MSc)**

#### **SPORTS MEDICINE**

##### **Requirements for Entry**

1. The applicant must be:
  - a) A graduate in Medicine of a University or Medical School recognized by the University of the West Indies.
  - b) Fully registrable in the territory or territories in which the programme of study will be undertaken.
2. Criteria for registration should be obtained from the relevant medical council.
3. Practice of medicine for at least 2 years post registration, and involvement in sports medicine is desirable but such experience is not required.

##### **Application to the Programme**

4. The University Regulations/procedures for submission of application for higher degrees should be followed. Please visit the Office of Graduate Studies on the Mona Campus or its website for details.

##### **Course of Study**

5. The programme consists of 12 modules including a Clinical Research Project, and two practica. The course of study is a minimum of two

years. Teaching is done via distance mode and involves self-contained reading modules, which divides the course into weekly tasks. The duration of a semester is fourteen weeks. Some modules are seven weeks and are combined with another seven week module.

6. At Weeks 7 and 14 teleconferences will be held with all students.
7. Training in teaching methods and research methodology/epidemiology are included as a module.
8. The student will be given a log book to record requisite hours of involvement in medical coverage of sports events (and training sessions).
9. Practicum I and II are compulsory and will be residential two week courses held initially at a campus of the University. They will be held alternately every year initially, and six monthly if required.

### **Course Supervision**

10. The Specialty Board in Surgery is in overall charge of the programme. The programme will be under the general supervision of a Programme Director, nominated by the Head of Department and appointed by the Specialty Board in Surgery.

### **Leave of Absence**

11. Being a distance training course, there is no scope for leave of absence. Whereas the weekly tasks are a guide to pace the student, they are not rigid. However the examination at the end of the course is in a fixed week and no exemptions are allowed. Deferment of a semester will only be considered in exceptional circumstances, subject to approval of the Specialty Board. Courses must be completed within one year of completing the module.

### **Assessment**

12. Student performance will be assessed by the following:
  - a) Case reports as prescribed by each module
  - b) Written exam consisting of essay type questions and

multiple choice questions, administered at the end of each module. This will be conducted in the student's territory by an invigilator assigned by the University.

- c) Final OSCE type practical examination
- d) Assessment of Clinical Research Project
- e) Assessment of Log Book

13. The following requirements must be met before the OSCE examination:

- a) Completion of each module.
- b) Attendance to both practica

### **Syllabus**

14. A detailed syllabus for the course is available from the Programme Coordinator.

### **Examination**

15. Before admission to any examination, candidates must be certified by their supervisors as having completed all relevant parts of the programme.

16. There are two sets of examinations, one at the end of each module and practical examinations as described previously.

17. There will be a written paper, which will include multiple choice questions in each module.

18. No candidate will be allowed more than two attempts at any one examination.

### **Practical Examination**

19. The practical examinations of examination techniques and interpretation of diagnostic tests will be held in a campus of the University. It is mandatory to pass these examinations.

## **Completion of the Programme**

20. Students will be considered as having completed the programme and eligible for the award of the MSc degree when the following requirements have been met:

- a) Satisfactory performance of all modules
- b) Acceptable attendance of both practica
- c) Acceptance of the Clinical Research Project and submission of final report
- d) Satisfactory performance in practical examination
- e) The Log Book

# SECTION V

## 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:
  - 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.

- 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. 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:

- Mini-Clinical Examination Exercise (mini-CEX),
- Direct Observation of Procedural Skills (DOPS)

- 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

## **C. 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:

- Show appropriate attitudes and communication skills to allow working with teams, patients and relatives.
- Apply knowledge and skill in diagnosis and management to ensure safe, independent practice.
- Establish a differential diagnosis by appropriate use of clinical consultations, physical examination and investigation.
- Are competent in performing the core investigations required in Gastroenterology.
- Are able to apply knowledge of biological and behavioural sciences to their practice.
- 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.
- Use life-long learning skills to keep their expertise up-to-date.
- Have the qualities of a teacher, team-worker and leader.
- 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.

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)
- 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**

9. 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**

10. 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**

11. The certificate of competency will be awarded after successful completion of:

- 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.

- 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.

## **D. 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.

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**

2. 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**

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

### **Supervision and Feedback**

4. 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**

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 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**

6. 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.

## **E. 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.

## **F. 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.

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)
- 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.

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

### **Completion of Programme**

11. 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:

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

12. 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**

- University Hospital of the West Indies
- Kingston Public Hospital
- Victoria Jubilee Hospital
- Bustamante Hospital for Children
- Cornwall Regional Hospital
- Mandeville Regional Hospital
- Spanish Town Hospital
- National Chest Hospital
- St. Ann's Bay Hospital
- May Pen Hospital

#### **Trinidad**

- Port of Spain General Hospital
- Eric Williams Medical Sciences Complex
- Mount Hope Women's Hospital
- San Fernando General Hospital

#### **Barbados**

- Queen Elizabeth Hospital

#### **Bahamas**

- Princess Margaret Hospital – Nassau



## **ACADEMIC YEAR 2013/2014**