COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

GASTROENTEROLOGY

SECOND FELLOWSHIP

2021

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CONTENTS

ABOUT THE COLLEGE	01
CPSP COMPETENCY MODEL	04
GENERAL REGULATIONS	10
TRAINING PROGRAMME	12
SYLLABUS	13
COMPETENCY TABLES	17
ASSESSMENT	29

ABOUT THE COLLEGE

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

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

The first fellowship stream requires two years of core training of Intermediate Module (IMM) in the main disciplines of medicine or surgery followed by 2-3 years of an advance phase of fellowship training in a related subspecialty.

Some of the specialties require a full-fledged training in parent specialty, and hence the residents have to pursue an additional 2-3 years of training as second fellowship. A list of CPSP fellowship programmes follows.

The college has introduced e-logbook and e-portfolio to facilitate the residents enter their work performed in the e-logbook on a regular basis and to avoid belated and

fabricated entries. The electronic recording is likely to promote accuracy, authenticity and vigilance on the part of residents and the supervisors.

The average number of candidates taking CPSP examinations each year has risen to 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (75 disciplines), MCPS (22 disciplines), including MCPS in Health Professions Education and Health Care System Management. A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in an endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centres (including five Provincial Headquarter Centres) in the country. The five Provincial Headquarter Centres, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work. The training towards Fellowship can be undertaken in more than 248 accredited medical institutions throughout the country and 73 accredited institutions abroad. The total number of residents in these institutions is over 28,187 who are completing residency programs with around 4,207 supervisors. The College strives to make its courses and training programme 'evidence' and 'needs based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Zafar Ullah Chaudhry
President
College of Physicians and Surgeons Pakistan

FELLOWSHIP DISCIPLINES

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

Disciplines for 1st Fellowship

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

Disciplines for 2nd Fellowship

1. Breast Surgery
2. Child and Adolescent Psychiatry
3. Cardio-Thoracic Anesthesiology
4. Clinical Cardiac Electrophysiology
5. Community and Preventive Paediatrics
6. Critical Care Medicine
7. Developmental and Behavioural Paediatrics
8. Endocrinology
9. Gastroenterology
10. Gynecological Oncology
11. Infectious Diseases
12. Interventional Cardiology
13. Maternal & Fetal Medicine (MFM)
14. Neonatal Paediatrics
15. Orbit & Oculoplastics
16. Paediatric Cardiology
17. Paediatric Critical Care Medicine
18. Paediatric Gastroenterology Hepatology & Nutrition
19. Paediatric Haematology Oncology
20. Paediatrics Infectious Diseases
21. Paediatric Nephrology
22. Paediatric Neurology
23. Paediatric Ophthalmology
24. Pain Medicine
25. Reproductive Endocrinology and Infertility
26. Rheumatology
27. Surgical Oncology
28. Urogynaecology
29. Vitreo Retinal Ophthalmology
30. Vascular Surgery

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanition of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.

Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

6. Professionalism
7. Pedagogy
8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
    - Analyze data for problem identification and to rule in and rule out contending conditions
    - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
    - Prioritize different problems within a time frame.
    - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
    - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
    - Apply quality assurance procedures in daily work. (Professionalism)
    - Demonstrate shared-decision-making with the patient or family
    - Provide cost-effective care while ordering investigations and in management
    - Use resources appropriately
    - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
  - Obtaining informed consent
  - Preoperative planning
  - Pre-interventional care and preparation
  - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
  - Post-interventional care
  - Follow-up Care.

3. Communication Skills

- Written Communication Skills
  - Maintain clear, concise, accurate and updated medical records
  - Write clear, focused, evidence-based and logical management plans and discharge summaries
  - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
  - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
  - Non-verbal communication skills:
  - Empathy and respect towards patients and their relatives
  - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
  - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
  - Respect and tolerance for all health care professionals, including peers, juniors and seniors
  - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice- free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics
- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership
- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:
- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
  - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.

- Advocacy for the Practice
  - Working in a service or practice, doctors must highlight limitations and issues
  - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).

- Advocacy for the Health System and Society
  - Know one's role in the Health System(s) and build strong referral systems
  - Keep patient and community interests paramount, above one's own personal or professional interest
  - Demonstrate advocacy for elimination of the social determinants of health
  - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.

- For the Profession
  - Strive for building trust in the public for your profession
  - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
  - Be conscientious gate-keepers of their profession, specialty and subspecialty.

Candidates will be admitted to the fellowship residency programme including examinations in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

ELIGIBILITY REQUIREMENTS FOR ENTERING FCPS-II TRAINING PROGRAM IN GASTROENTEROLOGY

- Passed FCPS in General Medicine or equivalent qualification.

APPROVED TRAINING CENTRES

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centres as well as on the College **website: www.cpsp.edu.pk**

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The residents are required to register with the R&RC and submit the name of their supervisor. The supervisor will normally be a Fellow of the College. Only that training will be accepted which is done under a CPSP approved supervisor.
The residents are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for another academic qualification.

DURATION OF TRAINING IN GASTROENTEROLOGY

The total duration of the training three years, after first fellowship in General Medicine.

ROTATIONS

The three years of specialty training does not consist of any mandatory rotation. However, training in Gastroenterology requires acquisition of some basic competencies in the subjects

of **Radiology** and **Histopathology**. The supervisor(s) of a training unit will be responsible for arranging acquisition of competencies in these specialties, either within the institution or any other institution, if the facility is not available within the institution. In this regard the supervisor shall liaise with other institution(s) for facilitating the residents complete their requirement. The decision regarding duration and nature (continued or staggered) of such rotations shall be at the discretion of Gastroenterology supervisor, who will be responsible for verification of entries of those competencies in the e-logbook. During such rotations the trainee would continue to perform on-call and emergency duties in the Gastroenterology unit. Entire training should be completed one month before the date of examination in which the candidate wishes to appear.

MANDATORY WORKSHOPS / COURSE

All mandatory workshops should have been attended during first fellowship. However, if not attended earlier the mandatory workshops and any other workshop as may be introduced by the CPSP shall have to be completed during second fellowship.

RESEARCH

The resident must submit one research paper as first author, published/accepted for publication in CPSP approved Journal. Title of the article must have prior approval of the Research and Evaluation Unit (REU). The research study for this article must be undertaken during R&RC registered training period and must be on a topic related to Gastroenterology.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for all Residency programme residents inducted from July 2011. Upon registration with R&RC each resident is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on a daily basis. The concerned supervisor is required to verify the entries made by the resident. This system ensures timely entries by the resident and prompt verification by the supervisor. It also helps in monitoring the progress of residents and the vigilance of the supervisors.

CURRICULUM: AIMS AND OBJECTIVES

The aim of the Fellowship Programme in Gastroenterology is to produce specialists in the field who have attained the required competencies. By the end of the residency programme, the graduate will be able to:

OBJECTIVES

- Accept Gastroenterology in its full sense as a lifelong activity and is prepared to invest time and effort.
- Critically appreciate the techniques, procedures carried out in the specialty and understand scientific methods, reliability and validity of observations and the testing of hypothesis.
- Adopt a problem solving approach to manage clinical situations.
- Plan and interpret a management program with due regard to the patients' comfort and economic factors.
- Recognize the role of teamwork and function as an effective member/leader of the team.
- Create professional impact as a capable specialist/teacher/scholar of the specialty.
- Undertake research and publish findings.

SYLLABUS

SECTION-I

- Anatomy, Physiology, Biochemistry, Pathology, Immunology of the GIT and liver
- Microbiology of gut and liver infections
- Pharmacology of drugs used in the GIT and liver
- Epidemiology and preventive hepatogastroenterology

SECTION-II

Clinical Gastroenterology

- Clinical evaluation of the GIT
- Management of gastrointestinal emergencies, e.g. gastrointestinal bleeding, acute abdomen
- Diseases of the oropharynx and oesophagus, i.e. infections, gastroesophageal reflux diseases, strictures, non-cardiac chest pain, achalasia
- Motility disorders of GI tract
- Gastroduodenal diseases, i.e. peptic ulcer, gastritis, H. pylori infection, complications of peptic ulcer disease
- Small bowel diseases, i.e. acute and chronic diarrhea, infections, lymphoma, and malabsorption syndrome
- Infections and parasitic infestations of the GIT
- Colonic disorders: diverticular disease, infections
- Anorectal disorders
- Inflammatory bowel diseases
- Functional bowel diseases
- Polyposis syndromes
- Gut microbiome
- GIT malignancies
- Vascular diseases of the GIT
- Indications and complications of bariatric surgery
- Gastrointestinal hormones and their related disorders
- Disorders of the support structures, and the peritoneum
- GIT manifestations of systemic diseases
- Women health in GI disorders
- Pancreatic diseases including cystic tumors of the pancreas, acute and chronic pancreatitis and complications, IgG4 disease, pancreatic tumors

Hepatobiliary Diseases

- Liver diseases with history, physical examination, follow-up of patients, and proper use of laboratory investigations
- Acute and chronic hepatitis with diagnosis & management
- Management of acute and acute-on-chronic liver failure.
- Fatty liver disease, alcoholic and non-alcoholic
- Drug and chemical-induced liver diseases
- Metabolic, infiltrative, and autoimmune liver diseases
- Evaluation of cirrhosis of the liver, basic concepts, diagnosis and management of complications of cirrhosis and portal hypertension
- Liver neoplasms and treatment
- Congenital and parasitic diseases
- Pregnancy and liver diseases
- Liver transplantation: indications, preparation, scoring, donor assessment, immunosuppression, and long term care
- Biliary disorders (e.g. PBC, PSC, IgG4 disease, choledochal cysts, tumours, injuries)

Nutrition

- Knowledge about fluid, electrolyte and nutrient requirements, and energy homeostasis
- Assessment of nutrition status and recognition of nutritional disorders
- Intestinal failure and adaptation
- Enteral and parenteral nutrition
- Nutritional care in a patient with GI or liver disease

Procedures

The candidate is required to acquire training in procedures for diagnosis and therapy of gastrointestinal diseases including:

- Oesophago-gastro-duodenoscopy
- Oesophageal dilatation
- Achalasia balloon dilatation
- Sclerotherapy
- Endoscopic variceal band ligation
- Hemostasis techniques
- Endoscopic mucosal resection
- Endoscopic submucosal dissection

- Enteroscopy
- Sigmoidoscopy
- Colonoscopy
- Polypectomy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Ampullary sphincterotomy
- Stone removal
- Nasobiliary drainage and stent placement
- Management of pancreatic stricture and stones
- Oesophageal, antral and colonic prosthesis insertion
- Percutaneous endoscopic gastrostomy
- Liver biopsies, paracentesis
- Abscess and pancreatic pseudocysts drainage
- Oesophageal motility,
- PH monitoring and endoscopic ultrasound.

These procedures are to be performed under various levels of supervision with variable skill levels according to the competency table.

The candidate is required to learn to take the informed consent and to undertake pre-procedure evaluation, conscious sedation, handling of electrosurgical equipment, disinfection and maintenance of endoscopic equipment.

Radiology

GIT Radiology:

- X-ray abdomen
- Barium UGI series
- Barium enema
- Small bowel series and enteroclysis,
- CT scan and MRI of abdomen Interpretation of PTC,
- ERCP
- MRCP Isotope scanning
- Angiography

Ultrasound Abdomen:

- Recognition of the main findings
- RFA
- TACE
- TIPS

Pathology

- Liver and GIT biopsies including
- Immunohistopathology

More emphasis on common conditions like:

- Cirrhosis
- Chronic hepatitis
- Fatty liver
- H. pylori gastritis
- Celiac disease
- Inflammatory bowel disease, etc.

Miscellaneous

- Pharmacology of drugs used
- International gastroenterology societies' guidelines, and
- recent advances in the field

TEACHING AND LEARNING METHODS

The objectives of the training may be achieved through different modes of instructions, some of which are listed below:

- Graded responsibility in patient care e.g.
  - Ward duties
  - OPD duties
  - Emergency duties
- Morbidity/mortality review meetings
- Journal club
- Seminars, conferences, and lectures
- Research projects

PROCEDURAL COMPETENCIES

The resident must demonstrate assessment, diagnostic and basic procedural skills for effective patient care at minimum levels of competencies identified.

Key for Assessing Competencies:

1. Observer Status.
2. Assistant Status.
3. Performed Under Direct Supervision.
4. Performed Under Indirect Supervision.

Objectives

The candidates during various phases of training will be able to:

- Perform diagnostic and therapeutic procedures (as mentioned in the competency tables as per the given schedule) including routine upper and lower diagnostic and therapeutic endoscopic procedures.
- Interpret the signs and findings picked up during the procedure to formulate further management.

COMPETENCIES	FIRST YEAR			
	3 MONTHS LEVEL	6 MONTHS LEVEL	9 MONTHS LEVEL	12 MONTHS LEVEL
PATIENT MANAGEMENT				
ELICITING PERTINENT HISTORY	4	4	4	4
PERFORMING PHYSICAL EXAMINATION	4	4	4	4
REQUESTING APPROPRIATE INVESTIGATIONS	2	3	4	4
INTERPRETING THE RESULTS OF INVESTIGATIONS	2	2	3	3
DECIDING AND IMPLEMENTING APPROPRIATE TREATMENT	2	2	3	3
MAINTAINING FOLLOW-UP	4	4	4	4
MANAGEMENT OF SEDATION	1	1	2	2
COMMUNICATION SKILLS	3	3	4	4
DEALING WITH ETHICAL ISSUES	2	3	3	3

COMPETENCIES	FIRST YEAR								TOTAL # OF CASES
	3 MONTHS		6 MONTHS		9 MONTHS		12 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
PARACENTESIS	4	5	4	5	4	5	4	5	20
LIVER BIOPSY	2	2	2	2	3	2	3	2	08
LIVER ABSCESS DRAINAGE	2	1	2	1	3	1	3	1	04
FLEXIBLE SIGMOIDOSCOPY	2	6	2	6	2	6	2	6	24
UPPER GI ENDOSCOPY	2	10	2	10	2	10	2	10	40
COLONOSCOPY	2	10	2	10	2	10	2	10	40
ULTRASONOGRAPHY, LIVER, GALL BLADDER, PANCREAS, ABDOMEN (PERTINENT, BASIC)	1	5	1	5	1	5	1	5	20
ENDOSCOPIC INJECTIONS (VARICES, ULCERS)	1	3	1	3	1	3	1	3	10
BAND LIGATION OF VARICES	2	5	2	5	3	5	3	5	20
ENDOSCOPIC MANAGEMENT OF BLEEDING ULCERS (CLIPS, APC, HEAT COAGULATION)	1	1	1	1	1	1	1	1	04
STRICTURE DILATATION (SESSIONS)	2	2	2	2	2	2	2	2	08
FOREIGN BODY REMOVAL	1	1	1	1	1	1	1	1	04
POLYPECTOMY (NO. OF POLYPS)	2	2	2	2	2	2	2	2	08
BALLOON DILATATION OF ACHALASIA	2	1	2	1	2	1	2	1	04
GASTROSTOMY (PEG)	1	1	1	1	1	1	1	1	04
ANTRAL, ENTERAL, COLONIC STENTING	1	1	1	1	1	1	1	1	04
DIAGNOSTIC ERCP	1	2	1	2	1	2	1	2	08

COMPETENCIES	FIRST YEAR								TOTAL # OF CASES
	3 MONTHS		6 MONTHS		9 MONTHS		12 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
THERAPEUTIC ERCP	1	2	1	2	1	2	1	2	08
INTUBATION OF SENGSTAKEN TUBE	1	1	1	1	1	1	1	1	02
ENDOSCOPIC ULTRASOUND	1	1	1	1	1	1	1	1	04
CAPSULE ENDOSCOPY/ ENTEROSCOPY	1	1	1	1	1	1	1	1	04
UPPER GI MANOMETRY	1	1	1	1	1	1	1	1	04
AMBULATORY PH MONITORING	1	1	1	1	1	1	1	1	04
NASOJEJUNAL TUBE	1	1	1	1	1	1	1	1	04
WASHING, AIR LEAK TESTING AND DISINFECTION OF SCOPES	2	3	2	3	2	3	2	3	12

COMPETENCIES	SECOND YEAR			
	15 MONTHS	18 MONTHS	21 MONTHS	24 MONTHS
	LEVEL	LEVEL	LEVEL	LEVEL
PATIENT MANAGEMENT				
ELICITING PERTINENT HISTORY	4	4	4	4
PERFORMING PHYSICAL EXAMINATION	4	4	4	4
REQUESTING APPROPRIATE INVESTIGATIONS	4	3	4	4
INTERPRETING THE RESULTS OF INVESTIGATIONS	4	2	4	4
DECIDING AND IMPLEMENTING APPROPRIATE TREATMENT	3	2	4	4
MAINTAINING FOLLOW-UP	4	4	4	4
MANAGEMENT OF SEDATION	3	1	4	4
COMMUNICATION SKILLS	4	3	4	4
DEALING WITH ETHICAL ISSUES	3	3	4	4

COMPETENCIES	SECOND YEAR								TOTAL # OF CASES
	15 MONTHS		18 MONTHS		21 MONTHS		24 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
PARACENTESIS	4	5	4	5	4	5	4	5	20
LIVER BIOPSY	3	2	3	2	3	2	3	2	06
LIVER ABSCESS DRAINAGE	3	1	3	1	3	1	3	1	04
FLEXIBLE SIGMOIDOSCOPY	3	6	3	6	3	6	3	6	24
UPPER GI ENDOSCOPY	3	10	3	10	3	10	3	10	40
COLONOSCOPY	3	10	3	10	3	10	3	10	40
ULTRASONOGRAPHY, LIVER, GALL BLADDER, PANCREAS, ABDOMEN (PERTINENT, BASIC)	2	5	2	5	2	5	2	5	20
ENDOSCOPIC INJECTIONS (VARICES, ULCERS)	2	3	2	3	3	3	3	3	12
BAND LIGATION OF VARICES	3	5	2	5	3	5	3	5	20
ENDOSCOPIC MANAGEMENT OF BLEEDING ULCERS (CLIPS, APC, HEAT COAGULATION)	2	1	2	1	3	1	3	1	4
STRICTURE DILATATION (SESSIONS)	2	2	2	2	3	2	3	2	08
FOREIGN BODY REMOVAL	2	1	2	1	2	1	2	1	04
POLYPECTOMY (NO. OF POLYPS)	3	2	3	2	3	2	3	2	08
BALLOON DILATATION OF ACHALASIA	2	1	2	1	3	1	3	1	04
GASTROSTOMY (PEG)	2	1	2	1	3	1	3	1	04
ANTRAL, ENTERAL, COLONIC STENTING	2	1	2	1	2	1	2	1	04
DIAGNOSTIC ERCP	2	2	2	2	2	2	2	2	08

COMPETENCIES	SECOND YEAR								TOTAL # OF CASES
	15 MONTHS		18 MONTHS		21 MONTHS		24 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
THERAPEUTIC ERCP	2	2	2	2	2	2	2	2	08
INTUBATION OF SENGSTAKEN TUBE	3	1	3	1	3	1	3	1	02
ENDOSCOPIC ULTRASOUND	1	1	1	1	1	1	1	1	04
CAPSULE ENDOSCOPY/ ENTEROSCOPY	1	1	1	1	1	1	1	1	04
UPPER GI MANOMETRY	1	1	1	1	1	1	1	1	04
AMBULATORY PH MONITORING	1	1	1	1	1	1	1	1	04
NASOJEJUNAL TUBE	2	1	2	1	3	1	3	1	04
WASHING, AIR LEAK TESTING AND DISINFECTION OF SCOPES	3	3	3	3	3	3	3	3	12

COMPETENCIES	THIRD YEAR			
	27 MONTHS	30 MONTHS	33 MONTHS	36 MONTHS
	LEVEL	LEVEL	LEVEL	LEVEL
PATIENT MANAGEMENT				
ELICITING PERTINENT HISTORY	4	4	4	4
PERFORMING PHYSICAL EXAMINATION	4	4	4	4
REQUESTING APPROPRIATE INVESTIGATIONS	4	4	4	4
INTERPRETING THE RESULTS OF INVESTIGATIONS	4	4	4	4
DECIDING AND IMPLEMENTING APPROPRIATE TREATMENT	4	4	4	4
MAINTAINING FOLLOW-UP	4	4	4	4
MANAGEMENT OF SEDATION	4	4	4	4
COMMUNICATION SKILLS	4	4	4	4
DEALING WITH ETHICAL ISSUES	4	4	4	4

COMPETENCIES	THIRD YEAR								TOTAL # OF CASES
	27 MONTHS		30 MONTHS		33 MONTHS		36 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
PARACENTESIS	4	5	4	5	4	5	4	5	20
LIVER BIOPSY	3	2	3	2	4	2	4	2	08
LIVER ABSCESS DRAINAGE	3	1	3	1	3	1	3	1	04
FLEXIBLE SIGMOIDOSCOPY	4	6	4	6	4	6	4	6	24
UPPER GI ENDOSCOPY	4	10	4	10	4	10	4	10	40
COLONOSCOPY	4	10	4	10	4	10	4	10	40
ULTRASONOGRAPHY, LIVER, GALL BLADDER, PANCREAS, ABDOMEN (PERTINENT, BASIC)	3	5	3	5	3	5	3	5	20
ENDOSCOPIC INJECTIONS (VARICES, ULCERS)	3	2	3	2	4	3	4	3	12
BAND LIGATION OF VARICES	4	5	4	5	4	5	4	5	20
ENDOSCOPIC MANAGEMENT OF BLEEDING ULCERS (CLIPS, APC, HEAT COAGULATION)	3	1	3	1	4	1	4	1	4
STRICTURE DILATATION (SESSIONS)	3	2	3	2	4	2	4	2	08
FOREIGN BODY REMOVAL	3	1	3	1	4	1	4	1	04
POLYPECTOMY (NO. OF POLYPS)	3	2	3	2	4	2	4	2	08
BALLOON DILATATION OF ACHALASIA	3	1	3	1	4	1	4	1	04
GASTROSTOMY (PEG)	3	1	3	1	4	1	4	1	04
ANTRAL, ENTERAL, COLONIC STENTING	2	1	2	1	3	1	3	1	04
DIAGNOSTIC ERCP	3	2	3	2	3	2	3	2	08

COMPETENCIES	THIRD YEAR								TOTAL # OF CASES
	27 MONTHS		30 MONTHS		33 MONTHS		36 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES									
THERAPEUTIC ERCP	3	2	3	2	4	2	4	2	08
INTUBATION OF SENGSTAKEN TUBE	4	1	4	1	4	1	4	1	04
ENDOSCOPIC ULTRASOUND	1	1	1	1	1	1	1	1	04
CAPSULE ENDOSCOPY/ ENTEROSCOPY	1	1	1	1	1	1	1	1	04
UPPER GI MANOMETRY	1	1	1	1	1	1	1	1	04
AMBULATORY PH MONITORING	1	1	1	1	1	1	1	1	04
NASOJEJUNAL TUBE	1	1	1	1	1	1	1	1	04
WASHING, AIR LEAK TESTING AND DISINFECTION OF SCOPES	3	3	3	3	3	3	3	3	12

IN SUMMARY, IN YEAR 1, LEARNING AND OBSERVING ALL ENDOSCOPIC PROCEDURES IS REQUIRED. THE TRAINEE SHOULD BE ABLE TO PERFORM GASTROSCOPY AND LOWER GASTROINTESTINAL ENDOSCOPY UNDER SUPERVISION. IN YEAR 2, THE TRAINEE SHOULD BE ABLE TO PERFORM BASIC PROCEDURES INDEPENDENTLY, AND MOST OF THE COMMON THERAPEUTIC PROCEDURES TO LEVEL 3. IN YEAR 3, THE PROCEDURAL SKILL SHOULD BE AT LEVEL 4 WITH ERCP AND ADVANCED THERAPEUTIC PROCEDURES TO LEVEL 2-3.

FOR PROCEDURES REQUIRING COMPETENCE LEVEL 1 (OBSERVATION STATUS), CANDIDATES CAN GO ONLINE WITH THEIR SUPERVISORS AND WATCH OTHERS PERFORMING THE PROCEDURES

FOR THE ADVANCED PROCEDURES NOT BEING PERFORMED AT THE PROGRAM, THE TRAINEE SHOULD BE ROTATED TO OTHER CENTRES WHERE FACILITIES ARE AVAILABLE.

COMPETENCIES TO BE ACHIEVED DURING RADIOLOGY ROTATION

ROTATIONS	LEVEL	CASES
X-RAY ABDOMEN	1	20
BARIUM UGI SERIES	1	5
BARIUM ENEMA	1	5
SMALL BOWEL SERIES & ENTEROCLYSIS	1	5
CT SCAN ABDOMEN	1	20
MRI ABDOMEN	1	10
INTERPRETATION OF PTC/PTBD/PTBS	1	5
INTERPRETATION OF MRCP	1	10
INTERPRETATION OF ISOTOPE SCANNING	1	3
INTERPRETATION OF MESENTERIC ANGIOGRAPHY	1	5
ABDOMINAL ULTRASOUNDS – RECOGNITION OF MAIN FINDINGS*	1	20
RFA/PEI/TACE	1	5
TIPS	1	1
FIBRO-SCAN / SHEARWAVE ELASTOGRAPHY	1	10

IN ADDITION TO ULTRASOUND EXAMINATIONS OBSERVED WHILE ACCOMPANYING THE PATIENTS DURING EACH YEAR AS MENTIONED IN THE COMPETENCE TABLE

COMPETENCIES TO BE ACHIEVED DURING HISTOPATHOLOGY ROTATION

ROTATIONS	LEVEL	CASES
GASTRIC PATHOLOGIES	1	10
CIRRHOSIS AND LIVER MALIGNANCIES	1	20
CHRONIC HEPATITIS	1	20
SMALL INTESTINAL DISEASES	1	10
INFLAMMATORY BOWEL DISEASE	1	05
INFECTIONS	1	10
MALIGNANCIES	1	10
ONSITE CYTOLOGY SLIDE PREPARATION	1	05
MISCELLANEOUS	1	15

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FELLOWSHIP EXAMINATION:
The eligibility requirements for candidates appearing in second fellowship Gastroenterology are:

- FCPS in Medicine or equivalent qualification.
- Three years of the specified training in Gastroenterology, under a supervisor and in an institution approved by the CPSP on a whole-time basis.
- Regular entries and completed e-logbook.
- Reprint or letter of acceptance of one research paper in CPSP approved or indexed journals.
- Completion of prescribed Mini-CEX and DOPS (Directly Observed Procedural Skills).

EXAMINATION SCHEDULE

- The second fellowship theory examination may be held twice a year depending upon the minimum number of candidates applying for the examination.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Rawalpindi, Islamabad, Karachi, Lahore, Multan, Peshawar and Quetta centres.
- The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
- English is the medium of examination for the theory/ practical/clinical and viva examinations.
- The College will notify of any change in the centers, the dates and format of the examination
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a suitable person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

EXAMINATION FEE

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

REFUND OF FEES

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

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

FORMAT OF EXAMINATION

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

THEORY EXAMINATION

The written examination will comprise of two papers:

Paper-I: 100 Single Best MCQs
Paper-II: 100 Single Best MCQs

Only those candidates who pass the theory examination will be eligible to appear in the clinical examination. Detailed instructions will be sent out to all candidates who pass the theory examination regarding the date and particulars of the clinical examination.

CLINICAL EXAMINATION

The Clinical section consists of two components:

- First component: TOACS
- Second component: Clinicals comprising of one long case and four short cases

TOACS

TOACS will be conducted before long and short cases. It will include instruments, X Rays, histopathology and endoscopy pictures, video clips, demonstration of procedural skills by the candidate, and stations to judge the knowledge of the candidate about recent advances, GI pharmacology, and management of acute emergencies and chronic ailments and counseling. All the stations will be interactive.

FORMAT OF LONG CASE

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

Interviewing Skills:

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

Clinical Examination Skills:

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

Case Presentation / Discussion:

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

FORMAT OF SHORT CASES:

- Candidates will be examined in four short cases for a total of 40 minutes, 10 minutes for each case by separate pairs of examiners. Candidates will be given a specific task to perform on patients,
- During this part of the examination, the candidate will be assessed in:

Clinical Examination Skills:

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

Discussion:

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

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

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

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

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

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