COMMUNITY MEDICINE

REQUIREMENTS FOR POST-IMM TRAINING

TOTAL DURATION OF TRAINING FOUR YEARS
(INCLUDING TWO YEARS OF IMM AND TWO YEARS OF POST-IMM TRAINING)

NOTE: THE CURRICULUM IS APPLICABLE TO BATCHES ENTERING COMMUNITY MEDICINE TRAINING IN JANUARY 2025 & ONWARDS

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

2025

THIS IS AN EVOLVING DOCUMENT

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

DIRECTORATE OF NATIONAL RESIDENCY PROGRAM (DNRP)
College of Physicians and Surgeons Pakistan (CPSP)
7th Central Street, Defence Housing Authority, Karachi-75500.
nrp@cpsp.edu.pk

CONTENTS

ABOUT THE COLLEGE

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

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

After completing two years of core training during IMM, the trainees are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (85 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 its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualification at an international level. It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country. The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses along with providing guidance to the trainees in conducting their research work. The training towards Fellowship can be undertaken in more than 333 accredited medical institutions throughout the country and 93 accredited institutions abroad. The total number of trainees in these institutions is over 36,749 who are completing residency programs with around 5,887 supervisors. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' & '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. Mohammad Shoaib Shafi
President,
College of Physicians and Surgeons Pakistan

FELLOWSHIP DISCIPLINES

The list of fellowship programmes, first and second fellowship, are given below:

Disciplines for First Fellowship

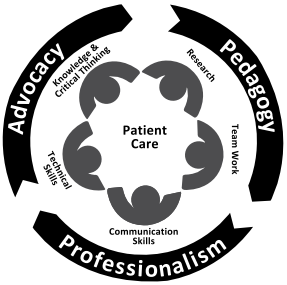
1. Anatomy
2. Anesthesiology
3. Biochemistry
4. Cardiac Surgery
5. Cardiology
6. Cardio Thoracic Anaesthesia
7. Chemical Pathology
8. Clinical Haematology
9. Community Medicine
10. Dermatology
11. Diagnostic Radiology
12. Emergency Medicine
13. Family Medicine
14. Forensic Medicine
15. Haematology
16.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

Disciplines for Second Fellowship

1. Breast Surgery
2. Child and Adolescent Psychiatry
3. Clinical Cardiac Electrophysiology
4. Community & Preventive Paediatrics
5. Colorectal Surgery
6. Critical Care Medicine
7. Cytopathology
8. Developmental and Behavioural Paediatrics
9. Endocrinology
10. Gastroenterology
11. Gynecological Oncology
12. Hepato-Pancreato-Biliary and Liver Transplant Surgery
13. Infectious Diseases
14. Interventional Cardiology
15. Interventional Radiology
16. Maternal and Fetal Medicine (MFM)
17. Molecular Pathology and Cytogenetics
18. Neonatal Paediatrics
19. Orbit And Oculoplastics
20. Paediatric Cardiology
21. Paediatric Critical Care Medicine
22. Paediatric & Congenital Cardiac Surgery
23. Paediatric Endocrinology & Diabetes
24. Paediatric Dermatology
25. Paediatric Gastroenterology and Hepatology
26. Paediatric Haematology Oncology
27. Paediatric Infectious Diseases
28. Paediatric Nephrology
29. Paediatric Neurology
30. Paediatric Ophthalmology and Strabismus
31. Pain Medicine
32. Palliative Medicine
33. Reproductive Endocrinology and Infertility
34. Rheumatology
35. Spine Surgery
36. Surgical Oncology
37. Urogynaecology
38. Vitreo Retinal Ophthalmology
39. 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 explanation 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 techniques including exposure and closure, global & task specific items, and communication and teamwork skills
  - Post-interventional care
  - Follow-up care

3. Communication Skills

Written Communication Skills:

- Maintain clear, concise, accurate & updated medical records
- Write:
  - Cogent, clear progress notes documenting working diagnosis & status of diagnostic evaluation
  - Clear, focused, evidence-based & logical management plans and discharge summaries
  - Respectful, clear & focused letters and referrals to other colleagues

Verbal and other Non-verbal Communication Skills:

- Clear, focused and logical presentation of cases
- Demonstrate:
  - Effective interpersonal communication skills by being clear, considerate and sensitive towards patients, their relatives, other physicians, health professionals, team members, colleagues, students and the public
    - Empathy & respect towards patients & their relatives
    - Effective counseling of the patient and the family with cultural sensitivity by explaining options, educating them & promoting joint decision-making
    - Appropriate verbal & 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
    - Appropriate conflict resolution & management skills

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

- 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
  - REU approval of the synopsis
- Demonstrate competence in academic writing by 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 & logical presentations of their research
- Interpret & use results of various research studies (critical appraisal)

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 & religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy & 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
- Demonstrate effective teaching skills, including clinical and community-based teaching, using diverse strategies
- Apply theories regarding learning & education in teaching practices
- Practice effective teaching methods, including the use of technology and multimedia tools to enhance learning experiences
- Mentor junior colleagues and residents, providing guidance and support
- Provide constructive feedback to resident learners
- Participate in continuous professional development through workshops and courses

- Reflect on teaching experiences for personal growth and improvement
- Lead educational initiatives & foster an inclusive learning environment

8. Advocacy

Advocacy is needed at multiple levels.

- Advocacy for the Patient:
  - Act as advocates for patients to ensure they are not lost in the system
  - Deliver timely care, prioritizing the patient's needs first
- Advocacy for the Practice:
  - Highlight limitations & issues within the service or practice
  - Identify solutions to problems and recommend and implement improvements for the practice(s) and institutional system(s)
- Advocacy for the Health System and Society:
  - Describe one's role in the health system(s) & contribute to building strong referral systems
  - Prioritize patient and community interests above personal or professional interests
  - Advocate for the elimination of social determinants of ill health
  - Advocate for the prevention of serious illnesses within one's specialty/sub-specialty
- Advocacy for the Profession:
  - Strive to build public trust in the medical & dental profession
  - Demonstrate efforts to improve and enhance the profession, specialty, and sub-specialty
  - Serve as conscientious gatekeepers of one's profession, specialty, and sub-specialty

INTRODUCTION

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

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

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

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

ELIGIBILITY REQUIREMENTS FOR ENTERING THE FELLOWSHIP TRAINING PROGRAM IN COMMUNITY MEDICINE

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

DURATION OF TRAINING

Total duration of the training is 4 years, divided into following two phases:

- Intermediate Module in Community Medicine for first two years, after which the trainee is required to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet titled "Intermediate Module in Community Medicine" published separately by the College
- Last two years consists of FCPS-II training in Community Medicine

All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

APPROVED TRAINING CENTERS

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 Centers as well as on the College website: www.cpsp.edu.pk

REGISTRATION AND SUPERVISION

All training must be supervised and residents are required to register with the RTMC and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College.

RESEARCH

Vide notification numbers CPSP/Sec/2024/45 dated 15th March, 2024, F-1/Exam-24/CPS/3008-A dated 30th August, 2024, and CPSP/Sec/2024/454 dated 09th September, 2024.

- Residents inducted in the CPSP 1st fellowship programs from January 2025 and onwards, will be required to provide evidence of publication of one research paper in a CPSP approved journal, for appearing in final fellowship examination
- Synopsis duly approved by the supervisor must be submitted to the REU of CPSP:
  - Before six (06) months of scheduled IMM examination (for straight track)
  - In the first six (06) months of 3rd year of residency training (for specialty candidates of Medicine & Surgery)
- Synopsis of the research paper must be approved by the Research & Evaluation Unit (REU) of CPSP before starting the research work
- The evidence of publication of one research paper in a CPSP approved journal must be submitted along with the final FCPS-II examination form

MANDATORY WORKSHOPS AND COURSE

All mandatory workshops should have been attended during first two years of training (IMM), and therefore no workshop is mandatory during the remaining years of training. However, the trainee will be required to attend any workshop/s as may be introduced by the CPSP.

E-LOGBOOK

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

AWARD OF FELLOWSHIP

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

- A recognized medical degree
- Completed one year house job in an institution recognized by PMDC/PMC
- Passed the relevant FCPS Part-I examination or granted exemption
- Registered with the Research & Training Monitoring Cell (RTMC)
- Undergone specified years of supervised accredited Training on whole time basis
- Passed IMM examination in Community Medicine
- Declared successful in final fellowship examinations carried out by the examination department of the CPSP
- Submitted evidence of publication of one research paper in a CPSP approved journal
- Elected by the college council

It is important to note that all applicants must undergo a formal examination before being offered fellowship of the relevant specialty, except in case of fellowship without examination.

TRAINING ENQUIRES AND REGISTRATION

All residents should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc.) as soon as possible.

Supervision of a resident is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

EXPERT TRAINER

- This is the most fundamental role of a supervisor. S/he has to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training
- This would entail observing the resident's performance and rapport with all the people within his/her work environment
- S/he should teach the residents and help them overcome the hurdles during the learning process
- It is the job of the supervisor to make the residents develop the ability to interpret findings in their patients and act suitably in response
- The supervisor must be adept at providing guidance in writing a research article (which is an essential component of training)
- Every supervisor is required to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/skills in the training. It is his/her basic duty to keep abreast of the innovations in the field of expertise and ensure that this information percolates to residents of all years under him/her

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of resident
- S/he must be able to coordinate with the administration of his/her institution/organization in order to ensure that his/her residents do not have administrative problems hampering their training

PROFICIENT ADMINISTRATOR

- The supervisor must ensure that the residents regularly fill their e-logbook
- S/he must provide quarterly feedback regarding each resident through e-log system
- S/he might be required to submit confidential reports on resident's progress to the College
- The supervisor should notify the College of any change in the proposed approved training program
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period

ROLES AND RESPONSIBILITIES
RESIDENT

Given the provision of adequate resources by the institution, residents should

- Accept responsibility for their own learning and ensure that it is in accord with the requirements of the particular discipline
- Play an informed role in the selection of the supervisor
- Seek reasonable infrastructure support from their Institution and supervisor, and use this support effectively
- Ensure that all outlined aspects of training are covered during the defined training period
- Work with their supervisors in writing the synopsis and submit the synopsis duly approved by the supervisor with the REU department before six (06) months of their scheduled IMM examination (for straight track) / in the 1st six (06) months of 3rd year of their residency (for specialty candidates of Medicine and Surgery)
- Accept responsibility for the research and plan to execute it within the time limits defined
- Be responsible for arranging regular meetings with the supervisor to discuss and document progress. If the supervisor is not able/willing to meet with the resident on a regular basis, he/she must notify the college
- Provide the supervisor with word processed updated synopsis subsequent research paper draft (ensure it has been checked for spelling, grammar and typographical errors, prior to submission) and provide the raw data to the supervisor if required
- Submit evidence of publication of one research paper in a CPSP approved journal, along with examination form
- Follow the College complaint procedure if serious problem arises

CURRICULUM: AIM, GOALS AND OBJECTIVES

The aim of fellowship program is to equip physicians with public health skills, deal effectively with the common health problems of Pakistan and the region.

GOALS

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

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

OBJECTIVES

At the end of the training program, the residents will be able to:

Health: Determinants, Services and Systems

- Define and prioritize community needs and problems
- Analyze health problems
- Apply principles of disease control to investigate and control communicable and non-communicable diseases
- Select, calculate and interpret screening tests
- Plan, design, implement, monitor & evaluate health programs
- Identify and monitor risk factors and develop appropriate preventive programs for:
    - Environmental and occupational hazards
    - Communicable and non-communicable diseases
    - Injuries
    - Nutritional problems
- Apply principles of health economics to plan cost-effective, quality interventions
- Develop and work with teams
- Identify and interpret population data

- Select and interpret appropriate health & social indicators
- Evaluate critically health policies and programs
- Apply principles of ethics to health services

Management of Common Health Problems

- Identify and manage common health problems (communicable and non-communicable) at the primary care level
- Take history, perform appropriate physical examination and develop reasonable management plan for patients presenting with common complaints of:
    - Acute clinical syndromes including diarrhea, fever, headache, abdominal pain, painful ear, dysuria, and skin rash
    - Pulmonary conditions including acute respiratory infection, asthma
    - Injuries including sprains & soft tissue injuries, splinting and appropriate referral for fractures; wound care including, control of bleeding, assessing the wound & local suturing
    - Chronic conditions including malnutrition, anaemia, hypertension and diabetes
    - Reproductory tract infections according to the World Health Organization disease algorithm
- Assess status of childhood immunizations and development
- Manage primary medical problems common in Pakistan in an outpatient setting, such as:
    - Tuberculosis, including diagnosis, treatment, & follow-up
    - Antenatal issues, such as:
        - Anaemia
        - Pregnancy-induced hypertension
        - Breech presentation & transverse lie
- Provide family planning services
- Deliver essential antenatal care services, including maternal tetanus toxoid immunization
- Implement effective solutions, and plan preventive measures for the control of common communicable and non-communicable diseases at the individual, family and community level
- Stabilize and transport seriously injured patients

Education

- Teach and train health personnel
- Select appropriate teaching-learning methods for achieving specific objectives
- Utilize audiovisual aids effectively
- Navigate the internet to retrieve and evaluate educational material
- Facilitate health promotion & disease prevention approach through health education by:
    - Formulating learning objectives
    - Developing key health education messages
    - Developing & implementing appropriate health education programs

Research

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

SYLLABUS

INFERENTIAL EPIDEMIOLOGY

- Concept of Health and Disease
- Epidemiology of Communicable and Non-communicable Diseases
- Measures of Disease Burden (Morbidity, Mortality & Disability):
    - Incidence
    - Prevalence
- Measures of Mortality:
    - Crude Death Rate
    - Age-specified Death Rates
    - Infant Mortality Rate (IMR)
    - Neonatal Mortality Rate
    - Post-neonatal Mortality Rate
    - Case Fatality Rate
    - Maternal Mortality Ratio
    - Perinatal Mortality Rate
    - Proportional Mortality Rate
- Epidemiological Studies:
    - Descriptive Studies
    - Analytic Studies:
        - Case-control Studies
        - Cohort Studies
- Experimental Studies
- Investigation of an Epidemic
- Description, Analysis & Presentation of Epidemiological Data:
    - Measures of Association and Risk
    - Statistical Association and Cause-effect Relationship
    - Presentation and Summarization of Data
    - Analysis of Epidemiological Studies:
        - Evaluating the Role of Chance
        - Evaluating the Role of Bias
        - Evaluating the Role of Confounding, Interaction and Effect Modification
- Sampling and Sampling Error:
    - Simple Random Sampling
    - Systematic Sampling
    - Stratified Sampling

    - Multistage Sampling
    - Cluster Sampling
    - Non-probability Sampling Techniques
    - Standard Error of a Mean
    - Standard Error of Difference of Means
    - Standard Error of a Proportion
    - Standard Error of Difference of Proportions
- Sources of Systematic Errors:
    - Selection Bias
    - Information Bias
    - Confounding
- Sample Size Estimation:
    - Standard Error
    - Confidence Interval
    - Testing Hypothesis
- Public Health Surveillance:
    - Screening
    - Concept and Uses
    - Criteria for Screening
    - Yield
    - Borderline and Thresholds

INFERENTIAL BIOSTATISTICS

- Null Hypothesis and Significance Testing
- Test of Significance of Mean:
    - Z and T Test
    - Paired Z and T Test
- Tests of Significance of Proportions:
    - Chi-square Test
    - Z Test
- Standardized Rates
- Data processing methods including the use of personal computers and software packages such as SPSS, Epi Info and Excel for data entry and analysis
- Types of Data / Variables
- Data Presentation (Graphs & Tables)
- Measures of Central Tendency and Dispersion:
    - Types of Data Distribution
    - Hypothesis Testing
    - Tests of Statistical Significance

- Sample Size Calculation:
  - Z Transformation
  - Skewed Distribution
  - Confidence Interval
  - Test of Significance (CHI square, T-test and Correlation)
- Research/ Survey Process (Qualitative & Quantitative Methods):
  - Formulating a Research Question
  - Literature Search
  - Use of Generative Artificial Intelligence in Research
  - Questionnaire Designing
  - Writing a Research Protocol
  - Application of Research Ethics in Designing a Protocol
  - Plagiarism

NUTRITION

- Methods of Nutritional Assessment
- SDG 1 & 2 Indicators/ Target/ Strategies to Achieve
- Malnutrition (Obesity, Stunting, Wasting)
- Micronutrient Deficiency Disorders
- Nutrition-specific and Nutrition Sensitive Interventions:
  - Malnutrition
  - Classification of Nutrients
  - Etiology, Identification, and Management of Common Nutritional Disorders like:
    - Anaemia
    - Iodine Deficiency
    - Vitamin Deficiency

POLICY DEVELOPMENT & REGULATION FOR NUTRITION CONTROL PROGRAM

DEMOGRAPHY

- Measures of Mortality:
  - Crude Death Rate
  - Age Specific Death Rates
  - Infant Mortality Rate (IMR)
  - Neonatal Mortality Rate
  - Post-neonatal Mortality Rate
  - 1-4 Mortality Rate

    - Maternal Mortality Rate and Ratio
    - Perinatal Mortality Rate
    - Standardized Death Rates: Direct and Indirect Methods
- Life Tables and Life Expectancy
- Impact of Demographic Changes
- Population Control
- Population Statistics:
    - Census
    - Population Growth and Structure; Population Pyramids of Developing and Developed Countries, with Special Reference to Pakistan; Demographic Trap
    - Demographic Transition
    - Dependency Ratio

HEALTH POLICY AND PLANNING

- Policy Formulation
- Strategic (Macro) Planning
- District (Micro) Planning
- Health Systems Research (HSR)
- Health Services Utilization, including Behavioral Patterns in Health and Disease; Medical Beliefs and Practices

HEALTH FINANCING AND ECONOMICS

- Macro-economic Factors and their effect on Health Sector Financing
- Health Sector Financing and Sustainability Issues
- Methods for Generating Revenues i.e., User Charges, Health Management Organizations (HMOs), Social Security & other Insurance Schemes
- Cost-effective and Cost-benefit Analysis of Health Programs and Projects

HEALTH MANAGEMENT

- Organization of the Health System in Pakistan
- Health Services Management
- District Health Management
- Hospital Administration
- Project Management:
    - Management Models
    - Resource Management

- Health Economics
- Management Indicators

HEALTH SYSTEMS
- Urban Health
- Rural Health
- International Health
- Primary Health Care
- Community Participation
- Private Sector and NGOs in Health

HUMAN RESOURCE PLANNING & DEVELOPMENT

BIOMEDICAL ETHICS
- Clinical Ethics
- Research Ethics

DISEASE PREVENTION AND CONTROL
- Epidemiology in Disease Control:
  - Epidemiological Aspects of Infectious Diseases
- Health Education and Communication:
  - Promotion of Health and Prevention of Disease including Injury Prevention
- Application of the Principles of Disease Control:
  - Control Strategy
  - Control Organization
  - Control Methods including Immunization

PRIMARY CLINICAL CARE
Communicable Diseases
- Communicable Diseases of Public Health Importance (Epidemiology, Clinical Features, Management & Prevention Strategies):
  - Acute Respiratory Infection (ARI)
  - Tuberculosis
  - Diarrheal Diseases
  - Parasitic Infections
  - Ear Infections and Hearing Impairments
  - Eye Infections and Visual Impairments
  - Urinary Tract Infections

    - Reproductive Tract Infections of Males and Females (Inclusive of STDs)
- Emerging and Re-emerging Infections

Non-communicable Diseases

- Non-communicable Diseases of Public Health Importance (Epidemiology, Clinical Features, Management & Prevention Strategies)
- Cardiovascular Diseases:
    - Ischemic Heart Disease
    - Rheumatic Fever
    - Hypertension
- Diabetes Mellitus
- Malignant Diseases and Cancer Prevention
- Mental Illness (including Epilepsy)
- Iodine Deficiency Disorders
- Accidents and Disasters
- Substance Abuse
- Cerebrovascular Accidents
- Arthritis
- Asthma
- Chronic Obstructive Pulmonary Diseases
- Blood Dyscrasias (Thalassemia)

National Programs for Prevention of Communicable and Non-communicable Diseases

MATERNAL, NEONATAL & CHILD CARE

- Abortion Care
- Ante-natal Care
- Recognition of High Risk Pregnancy
- Normal Pregnancy
- Abnormal Pregnancy
- Basic & Comprehensive Emergency Obstetric Care
- Post-natal Care
- Lactation Management
- Family Planning
- Maternal Nutrition

NEONATAL & CHILD HEALTH

- Specific Health Protection during Pregnancy for Prevention of Diseases in Neonates
- Early Neonatal Care
- Neonatal Measurements & Screening
- Breast Feeding & Weaning
- Baby Friendly Hospital Initiative
- Adolescent Health
- Mental Health & Drug Abuse
- Child Health Indicators
- Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

IMMUNIZATION

- Concept of Immunology
- Cold Chain and Vaccine Logistics
- Expanded Programme on Immunization (EPI):
  - Childhood Immunization
  - Maternal Immunization
- Immunization for Travelers

FIRST AID MANAGEMENT

- Initial Management and Referral of Patients with Accidents
- Splinting and appropriately referring Fractures
- Wound Care including stopping the bleeding, assessing the wound, and local suturing
- Stabilizing and Transporting Seriously Injured Patients
- Cardiopulmonary Resuscitation (CPR)
- Licks and Bites of Poisonous Insects and Animals:
  - Snake Bite
  - Dog Bite
  - Rat Bite

COMMUNICATION SKILLS

- Principles of Health Education
- Models and Theories of Communication & Health Promotion
- Barriers to Communication
- Counseling at the Primary Care Level:
  - Family Planning
  - Weaning Practices

    - Lactation Management
    - Drug Compliance
    - Immunization
- History Taking
- Use of Audiovisual Aids

HEALTH PROMOTION/HEALTH COMMUNICATION & INFORMATION
- Health Education Messages Development
- Strategies for Health Promotion in Pakistan
- Barriers to Health Promotion and Strategies to Overcome those Barriers

PATIENT SAFETY
- Identification of Hazards / Risks of Unsafe Patient Care
- Patient Safety Initiatives
- Principles of Patient Safety
- Impact of Human Factors on Patient Safety
- Modes / Strategies for Patient Safety System
- Indicators of Patient Safety
- Patient Safety Culture
- National Patient Safety Goals / Guidelines

MEDICAL / CLINICAL AUDIT
- Importance of Medical / Clinical Audits
- Requirements for a Medical Audit
- Process of Medical Audit / Audit Cycle
- Barriers to Medical Audit in Pakistan
- Importance of Quality in Health Care
- Quality Management Systems in Hospitals

ENVIRONMENTAL HEALTH
- Management of Solid Waste
- Purification of Water
- Global Warming and Ozone Layer Depletion
- Industrial Waste
- Air and Water Pollution
- Management of Coastal Areas
- Acid Rain
- Environmental Impact Assessment

Water:
- Safe & Wholesome Water
- Water Requirement
- Uses of Water
- Sources of Water Supply
- Water Pollution
- Water-related Diseases
- Purification of Water (Large & Small Scale)
- Disinfection
- WHO Recommended Water Quality Criteria and Standards
- Surveillance of Drinking Water
- Hardness of Water

Air & Ventilation:
- Composition
- Quality of Air
- Indices of Thermal Comfort
- Air Pollution & its Monitoring
- Standards of Ventilation

Light:
- Requirement of Good Lighting
- Measurement of Light
- Lighting Standards

Noise:
- Characteristics of Noise
- Noise Pollution

Radiation:
- Sources and Exposure
- Types
- Effects on Health & Protection

Atmospheric Pressure, Heat & Humidity:
- Effect on Health
- Preventive Measures
- Measurements
- Indices

Housing:
- Healthful Housing
- Housing Standards
- Indicators

Waste Disposal:
- Solid & Liquid Waste Management
- Excreta Disposal
- Hospital Waste Management

TOXICOLOGY
- Environmental & Ecological Risk Assessment
- Biomarkers
- Metal Exposure
- Exposure to Chemical & Organic Substances

PRINCIPLES OF OCCUPATIONAL HEALTH
- Common Occupational Diseases and Injuries in Pakistan
- Management & Prevention of Occupational Health Problems
- Setting up of Occupational Health Services
- Ergonomics:
    - Occupational Hazards & Diseases
    - Pneumoconiosis
    - Lead Poisoning
    - Arsenic Poisoning
    - Mercury Poisoning
    - Heavy Metal Poisoning
    - Occupational Cancers
    - Occupational Dermatitis
    - Specific Work Hazards
    - Accidents in Industry
    - Sickness Absenteeism
- Prevention and Control
- Industrial Hygiene
- Differently-Abled Workers
- Inclusion of all Genders

CORE COMPETENCIES

The core competencies, a specialist must have are varied and complex. A list of the core competencies required during training in the Community Medicine is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

1. Observer Status
2. Assistant Status
3. Performed Under Supervision
4. Performed Independently

COMPETENCIES	THIRD YEAR								TOTAL NUMBER*
	25-27 MONTHS		28-30 MONTHS		31-33 MONTHS		34-36 MONTHS		
	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	
INFERENTIAL STATISTICS									
TYPES OF DATA / VARIABLES	2	5	2	5	-	-	-	-	10
DATA PRESENTATION (GRAPHS & TABLES)	2	5	2	5	-	-	-	-	10
MEASURES OF CENTRAL TENDENCY AND DISPERSION	2	5	2	5	-	-	-	-	10
TYPES OF DATA DISTRIBUTION	2	5	2	5	-	-	-	-	10
HYPOTHESIS TESTING	2	5	2	5	3	5	3	5	20
TESTS OF STATISTICAL SIGNIFICANCE	2	5	2	5	3	10	3	10	30
SAMPLE SIZE CALCULATION & SAMPLING TECHNIQUES	2	3	2	3	3	5	3	9	20
SKEWED DISTRIBUTION	2	2	2	2	3	2	3	4	10
STANDARD ERROR OF MEAN	2	2	2	2	3	2	3	2	8
CONFIDENCE INTERVAL	2	2	2	3	3	5	3	5	15
INFERENTIAL BIOSTATISTICS									
NULL HYPOTHESIS AND SIGNIFICANCE TESTING	2	5	2	5	3	10	3	10	30
TEST OF SIGNIFICANCE OF MEAN:									
• Z AND T TEST	2	5	2	5	3	5	3	5	20
• PAIRED Z AND T TEST	2	5	2	5	3	5	3	5	20
TESTS OF SIGNIFICANCE OF PROPORTIONS:									
• CHI-SQUARE TEST	2	5	2	5	3	5	3	5	20
• Z TEST	2	2	2	2	3	2	3	4	10
• STANDARDIZED RATES	2	1	2	1	3	1	3	1	4
DATA PROCESSING METHODS INCLUDING USE OF PERSONAL COMPUTERS & SOFTWARE PACKAGES FOR DATA ENTRY & ANALYSIS	2	1	2	1	3	1	3	1	4

***OF RESEARCH STUDIES OR ARTICLES / CASES / VISITS / SESSIONS, ETC.**

COMPETENCIES	THIRD YEAR								TOTAL NUMBER*
	25-27 MONTHS		28-30 MONTHS		31-33 MONTHS		34-36 MONTHS		
	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	
DEMOGRAPHY									
LIFE TABLES AND LIFE EXPECTANCY	2	1	2	1	3	2	3	2	6
IMPACT OF DEMOGRAPHIC CHANGES	2	1	2	1	-	-	-	-	2
POPULATION CONTROL	2	5	2	5	3	5	3	5	20
CENSUS	2	1	3	1	-	-	-	-	2
POPULATION GROWTH & STRUCTURE; POPULATION PYRAMIDS OF DEVELOPING & DEVELOPED COUNTRIES	2	1	3	1	-	-	-	-	2
DEPENDENCY RATIO	2	1	2	1	3	1	-	-	3
DEMOGRAPHIC CYCLE	2	1	-	-	3	1	-	-	2
FERTILITY INDICATOR	2	10	-	-	3	10	-	-	20
POPULATION INDICATORS	2	5	2	5	3	10	3	10	30

*OF RESEARCH STUDIES OR ARTICLES / CASES / VISITS / SESSIONS, ETC.

COMPETENCIES	FOURTH YEAR								TOTAL NUMBER*
	37-39 MONTHS		40-42 MONTHS		43-45 MONTHS		46-48 MONTHS		
	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	
HEALTH POLICY AND PLANNING									
POLICY FORMULATION	2	1	-	-	3	1	3	1	3
STRATEGIC (MACRO) PLANNING	2	1	-	-	3	4	-	-	5
DISTRICT (MICRO) PLANNING	2	2	2	2	3	2	3	2	8
HEALTH SYSTEMS RESEARCH (HSR)	-	-	2	1	-	-	3	1	2
HEALTH SERVICES UTILIZATION INCLUDING BEHAVIORAL PATTERNS IN HEALTH AND DISEASE; MEDICAL BELIEFS AND PRACTICES	2	5	-	-	3	5	3	5	15
HEALTH FINANCING AND ECONOMICS									
MACRO-ECONOMIC FACTORS AND THEIR EFFECT ON HEALTH SECTOR FINANCING	-	-	2	1	3	1	-	-	2
METHODS FOR GENERATING REVENUES I.E. USER CHARGES, HEALTH MANAGEMENT ORGANIZATIONS (HMOS), SOCIAL SECURITY & OTHER INSURANCE SCHEMES	-	-	2	1	3	1	-	-	2
COST-EFFECTIVE AND COST-BENEFIT ANALYSIS OF HEALTH PROGRAMS AND PROJECTS	2	1	2	1	3	1	3	1	4
HEALTH MANAGEMENT									
ORGANIZATION OF THE HEALTH SYSTEM IN PAKISTAN	2	1	-	-	-	-	3	1	2
HEALTH SERVICES MANAGEMENT	2	3	2	3	3	3	3	3	12
DISTRICT HEALTH MANAGEMENT	-	-	2	1	3	1	-	-	2
HOSPITAL ADMINISTRATION	-	-	2	5	3	5	3	5	15
PROJECT MANAGEMENT	-	-	2	1	3	1	-	-	2

***OF RESEARCH STUDIES OR ARTICLES / CASES / VISITS / SESSIONS, ETC.**

COMPETENCIES	FOURTH YEAR								TOTAL NUMBER*
	37-39 MONTHS		40-42 MONTHS		43-45 MONTHS		46-48 MONTHS		
	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	
HEALTH SYSTEMS									
URBAN HEALTH	3	1	-	-	-	-	-	-	1
RURAL HEALTH	-	-	3	1	-	-	-	-	1
INTERNATIONAL HEALTH	-	-	-	-	3	1	-	-	1
PRIVATE SECTOR AND NGOS IN HEALTH	-	-	-	-	-	-	3	01	1
HUMAN RESOURCE DEVELOPMENT									
TEACHING METHODS	2	5	2	5	3	5	3	10	25
CURRICULUM DEVELOPMENT	-	-	2	1	3	1	-	-	2
EVALUATION AND ASSESSMENT	2	5	2	5	3	5	3	5	20
IN-SERVICE TRAINING	2	5	2	5	3	5	3	5	20
PRINCIPLES OF BIOMEDICAL ETHICS DISEASE PREVENTION AND CONTROL									
EPIDEMIOLOGY IN DISEASE CONTROL: • EPIDEMIOLOGICAL ASPECTS OF INFECTIOUS DISEASES	-	-	2	1	3	1	-	-	2
HEALTH EDUCATION AND COMMUNICATION: • PROMOTION OF HEALTH & PREVENTION OF DISEASE INCLUDING INJURY PREVENTION & NUTRITION	2	5	2	5	3	10	3	10	30
INVESTIGATION OF AN OUTBREAK	-	-	2	1	-	-	3	1	2
NON-COMMUNICABLE DISEASES									
CARDIOVASCULAR DISEASES:	2	2	2	2	3	5	3	5	14
• ISCHEMIC HEART DISEASE	2	2	2	2	3	5	3	5	14
• RHEUMATIC FEVER	-	-	-	-	-	-	3	1	1
• HYPERTENSION	2	5	2	5	3	5	3	10	25
DIABETES MELLITUS	2	5	2	5	3	5	3	10	25
MALIGNANT DISEASES AND CANCER PREVENTION	2	5	2	5	3	5	3	5	20

*OF RESEARCH STUDIES OR ARTICLES / CASES / VISITS / SESSIONS, ETC.

COMPETENCIES	FOURTH YEAR								TOTAL NUMBER*
	37-39 MONTHS		40-42 MONTHS		43-45 MONTHS		46-48 MONTHS		
	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	LEVEL	MIN. NO.*	
MENTAL ILLNESS (INCLUDING EPILEPSY)	2	3	2	3	3	3	-	-	9
IODINE DEFICIENCY DISORDERS	2	1	2	1	3	1	-	-	3
ACCIDENTS AND DISASTERS	2	5	-	-	3	5	-	-	10
SUBSTANCE ABUSE	2	1	2	1	3	1	3	1	4
ENVIRONMENTAL HEALTH									
WATER:									
• WATER POLLUTION & - WATER-RELATED DISEASES	2	1	-	-	3	1	-	-	2
• PURIFICATION OF WATER (LARGE & SMALL SCALE) WHO RECOMMENDED WATER QUALITY CRITERIA & STANDARDS	2	1	-	-	3	1	-	-	2
• SURVEILLANCE OF DRINKING WATER	2	1	-	-	3	1	-	-	2
AIR & VENTILATION:									
• QUALITY OF AIR & INDICES OF THERMAL COMFORT AIR POLLUTION & ITS MONITORING	2	1	-	-	3	1	-	-	2
NOISE:									
• CHARACTERISTICS OF NOISE, NOISE POLLUTION	2	1	-	-	-	-	-	-	1
RADIATION:									
• SOURCES AND EXPOSURE EFFECTS ON HEALTH & PROTECTION	2	1	-	-	-	-	-	-	1
HOUSING:									
• HEALTHFUL HOUSING HOUSING STANDARDS, INDICATORS	2	1	-	-	-	-	-	-	1
OCCUPATIONAL HEALTH									
OCCUPATIONAL HAZARDS & DISEASES	2	3	2	3	3	3	3	3	12

***OF RESEARCH STUDIES OR ARTICLES / CASES / VISITS / SESSIONS, ETC.**

ASSESSMENT

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Community Medicine Departmental-WPBA (CMD-WPBA) in Post-IMM phase of FCPS Community Medicine training to ensure that the graduates are fully equipped with the requisite competencies.

- Workplace-Based Assessment (WPBA) tools are entirely formative and should be accompanied by constructive feedback
- Each WPBA encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- CMD-WPBA is to be carried out during training in the Community Medicine Department
- The Topics/Competencies given can be covered in any order however focus should be on covering all the competencies ***(at least 2 assessments/quarter are to be completed)***
- The resident has the onus to report to the parent supervisor when he/she is prepared to appear for WPBA
- The parent supervisor will be responsible for arranging WPBA sessions and may conduct the assessment themselves or delegate it to another competent faculty member or assessor within the department
- The prescribed assessment forms (sample provided below) are available on the e-portals of both the parent supervisors and the residents. If the parent supervisor conducts the assessment, they are responsible for completing the form and making digital entries via their e-portal. Digital entries can be made directly via a mobile phone or other digital device without the need to first fill out a hard copy
- If the assessment is conducted by another assessor, the resident must retrieve the online form from their e-portal and provide it to the assessor. After completing the assessment, the assessor will coordinate with the parent supervisor and hand over the filled form for digital entry

- Once the parent supervisor has entered the assessment details, the resident mus provide their reflection and indicate their satisfaction with the encounter through their e-portal
- Entries from both the supervisor and the resident are saved in the e-portal database and are visible for both parties
- In case of unsatisfactory performance of the resident on any of the prescribed WPBAs, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback

Community Medicine Departmental Work Place Based Assessment (CMD-WPBA)

Community medicine residents play a crucial role in the Department of Community Medicine during their work hours, encompassing a wide range of responsibilities and activities. Following is a list of activities that should be assessed and feedback given to the residents for improvement:

Academic Activities:

- Structured academic activities inclusive of participation in curriculum development and planning and management committee meetings in and out of the department focusing on essential knowledge and skills of public health and community medicine
- Participation and presentation in journal club of the department and outside

Research:

- Research activities should continue throughout their training
- Residents internal & external placements in various public health departments
- Data analysis and interpretation for self & others individually and also in teams
- Publication individually and in groups (other than their dissertations and CPSP requirements) before the end of their training
- Conducting research workshops for undergraduate medical and non -medical students

Rotation Through Public Health Sections:

- Rotation exposure helps residents gain a comprehensive understanding of specific public health domains, such as Population and Reproductive Health, Epidemiology & Biostatistics & Infectious Diseases, Environmental & Occupational Health & Injuries, Health Policy & Management, and Non-communicable Diseases

Teaching:

- Teaching basics of public Health/community medicine and the basics of research to 1st through 4th year MBBS
- Residents may be involved in teaching at postgraduate levels as well
- Teaching various Continuing Education Program (CEP) short courses, contributing to the education and training of healthcare professionals and the community

Community Health Service-Related Activities:

- Participation in various public health service-related activities. These activities may involve working in field-based settings and engaging with Urban and Rural Health Programs through seminars and conferences
- Conducting health education sessions in the community for promoting public health and preventing diseases

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

COMMUNITY MEDICINE DEPARTMENTAL WORK PLACE BASED ASSESSMENT (CMD-WPBA)

SPECIALTY: FCPS COMMUNITY MEDICINE

TIME DURATION = 20 MINS (15 MINS ASSESSMENT AND 5 MINS FEEDBACK)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ **Assessment Date:** _____

Resident`s Name: _____

Hospital Name: _____ **R&RC Number:** _____

Year of Residency: ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ Department of Community Medicine / Community Health Services related

☐ Other: _____

Department/ NGO/Public Health area name: _____

Complexity of Task: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Focus of Encounters: ☐ Public Health ☐ Research ☐ Academic ☐ Teaching ☐ Other

PLEASE GRADE THE FOLLOWING AREAS ON THE GIVEN SCALE:	NOT OBSERVED/ APPLICABLE	BELOW EXPECTATION		SATISFACTORY	ABOVE EXPECTATION	EXCELLENT
		1	2	3	4	5
ACADEMIC ACTIVITY (JOURNAL CLUB / WORKSHOPS)						
RESEARCH						
TEACHING						
TEAM WORK						
HEALTH EDUCATION SESSIONS						
PROFESSIONALISM						
COLLABORATIVE SKILLS						
COMMUNICATION SKILLS						
LEADERSHIP						
OVERALL COMPETENCE						

Assessor's Satisfaction with CMD-WPBA:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with CMD-WPBA:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvement

Encounter to be repeated ☐ **YES** ☐ **NO**

_____

Assessor's Signature

SUMMATIVE ASSESSMENT

Eligibility requirements for appearing in FCPS-II examination a candidate should have:

- Passed FCPS Part-I in Medicine & Allied/Community Medicine, or been granted official exemption
- Undertaken two years of the specified training in Community Medicine, under a supervisor and in a institution approved by the CPSP on whole time basis
- Provided certificate of having passed the Intermediate Module Examination in Community Medicine
- Made regular entries and completed e-logbook
- Completed CPSP mandated Community Medicine Departmental Work Place Based Assessment (CMD-WPBA) in e-logbook *(applicable to residents entering Community Medicine training in January 2024 and onwards)*
- Provided certificate of attendance of mandatory workshops
- Provided evidence of publication of one research paper in a CPSP approved journal, along with the application form

EXAMINATION SCHEDULE

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

- Each successful candidate in the fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fees and other dues

EXAMINATION FEES

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

REFUND OF FEES

If, after submitting an application for examination, a resident decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications. If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATIONS

Every candidate applying for the fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. 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 consisting of two papers:

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

Clinical Examination:
Only those candidates who pass theory examination will be called for clinical examination.

The Clinical examination consists of two components:
- Objective Structured Practical Examination (OSPE)
- Viva Voce

Format of OSPE
OSPE will comprise of 12-15 stations of eight minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. The areas assessed will focus on public health, promotive and preventive aspects of clinical problems and communication skills related to pediatrics, reproductive health.
In addition history taking skills, data interpretation, anthropometry, data analysis and sampling etc. There will be two types of stations: static and interactive. On static stations the candidate will be presented with data related to public health, clinical problem, or a research study and will be asked to give written responses to questions asked. On the interactive stations the candidate will have to perform a procedure, for example, taking history, providing health education, counseling etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

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

NOTE: The resident is required to fill a self-explanatory 'feedback proforma' 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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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN
7th Central Street, Defence Housing Authority, Karachi-75500.
Phone No. 9926400-10, UAN: 111-606-606, Fax No. 99266432