

**2nd
Fellowship**

Gynaecological Oncology

Office Copy



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

2014

THE COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

would appreciate any criticism, suggestions,
advice from the readers and users of this document.

Comments may be sent in writing or by
e-mail to the CPSP at:

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Published: April, 2014

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CONTENTS

1

ABOUT THE COLLEGE

3

GENERAL INFORMATION

5

TRAINING PROGRAM

16

ASSESSMENT

20

USEFUL ADDRESSES AND TELEPHONE NUMBERS

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, Surgery, Obstetrics & Gynaecology, Dentistry and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment.

The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees, and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to sixty nine, which includes twenty three second fellowships in certain super specialties.

It is important to note that in the overall scenario of health care delivery system over 25,000 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 College is cognizant of the need of undertaking fellowship programs in emerging subspecialties and super specialties. Gynecological Oncology is a super specialty that has gained recognition as a separate discipline and covers health care needs of a wide section of our population. Since the specialty requires a sound basis of Obstetrics and Gynaecology, this is being introduced as second fellowship program.

Prof. Zafar Ullah Chaudhry

President

College of Physicians
and Surgeons Pakistan

GENERAL INFORMATION

REGISTRATION AND TRAINING

GENERAL REGULATIONS

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.

REGISTRATION AND SUPERVISION

All trainings are on whole time basis and must be supervised. The trainees are required to register with the Research and Training Monitoring Cell (RTMC) within 30 days of starting their training. In case of delay in registration, the start of training will be considered from the date of receipt of application by the RTMC. Registration forms are available in RTMC and in the Regional Centers. They can also be downloaded from the CPSP Website. The supervisor will normally be a Fellow of the College; however another supervisor may be accepted if there is no Fellow available to offer appropriate supervision. All supervisors must have their role approved by the college. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for other academic qualifications.

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**

ELIGIBILITY REQUIREMENTS FOR ENTERING THE FCPS TRAINING PROGRAM IN GYNECOLOGICAL ONCOLOGY

- Qualified FCPS in Obstetrics and Gynaecology

DURATION OF TRAINING IN GYNECOLOGICAL ONCOLOGY

- Training in Gynecological Oncology is a second fellowship which is to be under taken after passing FCPS II in Obstetrics and Gynaecology
- The duration of the training is two years after RTMC registration.
- All training must be completed one month before the theory examination the candidate wishes to appear in.

RESEARCH

The candidate must submit one research paper as first author, published/ accepted for publication in CPSP approved Journals. The research study for this article must be undertaken during RTMC registered training period and must be on a topic related to Gynecological Oncology.

E-LOGBOOK

The CPSP Council has made e-logbook mandatory for all residency programs trainees inducted in July 2011 and onwards. 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 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 vigilance of supervisors.

TRAINING PROGRAM

INTRODUCTION

The competencies required for the Second Fellowship in Gynaecological Oncology involves management of whole range of cancer patients pertaining to female genital tract. The competence to manage these patients involves integrated learning of relevant cognitive material as well as acquisition of procedural skills specific to the specialty. In addition the trainee is also required to cultivate effective communication, interpersonal and other generic competencies in order to optimize patient management through teamwork.

GENERIC COMPETENCIES

The Generic competencies include Communication and Interpersonal Skills, Leadership, Good Medical Practice, Clinical Governance and Risk Management, Teaching, Research and Administrative Skills. Since this is second fellowship, it is expected that most of the generic competencies are already acquired. However, efforts will be made to hone these competencies further, particularly the skills related to Clinical Governance and Risk Management.

The overall goal of the subspecialty training program is to train young gynaecologists to become trained gynaecological oncologists (GO) who are not only highly skilled surgical specialists but also have in-depth knowledge of the subject, can audit and conduct research and are capable of developing new academic program at other teaching institutions. The broad range of knowledge and skills expected upon completion of training in Gynae Oncology include:

Learning Outcomes:

- Assess effects of treatment and long term management of pre-invasive and invasive gynaecological malignancies.
- Recognize the need for multidisciplinary care in the management of GO and the development of appropriate relationships with other health professionals to deliver timely and appropriate health care.
- Understand aetiology, epidemiology and screening and prevention of Gynae Malignancy.
- Demonstrate Skills in a wide range of investigative procedures such as cystoscopy, colposcopy, sigmoidoscopy, paracentesis and biopsy.
- Demonstrate Knowledge of the use, interpretation and indications for relevant ultrasonic, CT, MRI and PET scan.
- Manage and treat pre-invasive lesions.
- Perform radical surgery and operations on intestine, urinary and lymphovascular systems as required in the management of gynaecologic cancer.
- Demonstrate knowledge of gross and microscopic pathology relevant to the GO sufficient for interpretation of reports.
- Plan, conduct and publish research in GO and interpret research reports.
- Recognize complex psychological needs and demands of patients and demonstrate appropriate communication skills in dealing with these issues.
- Demonstrate knowledge of cancer chemotherapy, the practical use of various drugs required for treatment and skills in the management of toxic side-effects.
- Comprehend the methods and techniques of radiation therapy, including intracavity and interstitial brachytherapy, external beam therapy and intraperitoneal radioisotope therapy.
- Participate in the planning of radiation treatment and understanding of the principles of radiotherapy & radiation physics.
- Manage side-effects and complications of radiotherapy
- Perform dissection of inguinal, pelvic and para-aortic lymph nodes.
- Understand available reconstructive procedures required for the restoration of pelvic anatomy and function.
- Understand of parenteral nutrition and intensive care management of peri-operative patient.
- Demonstrate Knowledge and skills in the management of pain and care of terminally ill patients.

Eligibility Criteria:

- Successful completion of FCPS Gynae and Obstetrics
- At least 02 years post fellowship working experience
- Three references including supervisor and two senior colleagues with whom the applicant has worked during the past two years (one preferably from administration)
- Initially CV with an appendix of 1000 words to explain 'Why you want to become Gynae Oncologist' will accompany the application.
- Shortlisted candidates will be finally selected after interview by a panel comprised of CPSP representative, Head of Department and Supervisor Gynae Oncologist.

Duration:

Total duration is two years.

Rotations:

- Intensive Care unit
- Medical Oncology
- Radiation Oncology
- Palliative Care
- Urological Surgery
- Colorectal Surgery
- Plastic Surgery
- Radio diagnostics

Competencies

The competencies required for a gynecological oncologist, and the enabling objectives to acquire each competency are given below. In addition competencies in various support systems are also given:

- General management of GO patient
- Generic Surgical Skills in Gynaecological Oncology
- Management of Cancer of the Ovary
- Management of Cancer of the Uterus
- Management of Cancer of the Cervix
- Management of Cancer of the Vulva
- Management of Cancer Vagina
- Management of Gestational Trophoblastic Tumour

GENERAL MANAGEMENT OF GO PATIENT

Objectives:

- Take an appropriate history
- Family history and genetic susceptibility.
- Perform a clinical examination.
- Counsel patients about the diagnosis, investigations and appropriate treatments for gynaecological cancer including adverse effects and complications of treatment.
- Communicate to patients the results of investigations and treatment, including prognosis.
- Anticipate results of radiological investigations.
- Counsel appropriately about screening and interpret screening results.
- Counsel patients regarding diagnosis, management and risks of treatment. Recognize and manage intraoperative complications. Postoperative care and complications arising.
- Manage the following clinical problems:
 - Haemorrhage, Bowel resection, Unexpected finding, Inoperability.
 - Inform patient of results, Thrombosis, Infection, Bowel obstruction.
 - Appropriately order and interpret investigations.
 - Manage fluid balance per-operatively
 - Order and supervise appropriate thromboprophylaxis.
- Liaise with nutritional support team.
- Decide when TPN or enteral feeding is appropriate.

SURGICAL SKILLS IN GYNAECOLOGICAL ONCOLOGY

The surgical skills required for the management of gynaecological cancers include abilities to perform following procedures:

- Hysterectomy.
- Radical hysterectomy.
- Pelvic lymph node dissection.
- Para-aortic lymph node dissection.
- Infracolic and supracolic omentectomy.
- Fine-needle aspiration or biopsy of superficial lymph node.
- Trucut biopsy.
- Urinary diversion procedures
- Ileostomy/Colostomy.
- Anterior, posterior and total exenteration

MANAGEMENT OF CANCER OVARY

- Counsel patients sensitively about the options available and to respect patient confidentiality.
- Explain clearly and openly about treatments, complications and adverse effects of surgical treatment.
- Formulate and implement a plan of management and modify if necessary.
- Liaise effectively with colleagues in other disciplines, clinical and non-clinical.
- Stage ovarian cancer.
- Perform optimal debulking surgery for ovarian cancer.
- Select appropriate surgery, including resection of bowel and formation of stoma.
- Select patients for conservative surgery, e.g. unfit, stage-4 disease, very young (less than 35 years).
- Perform a laparoscopic assessment and biopsy in suspected advanced ovarian cancer to obtain histology.
- Counsel patients regarding entry into clinical trials.

MANAGEMENT OF CANCER UTERUS

- Take history and investigate appropriately.
- Recognize histological patterns of disease.
- Interpret preoperative investigations and liaise with anaesthetist.
- Counsel patients regarding treatment options and histology.
- Select and perform appropriate surgical management of endometrial cancer according to patient's needs.
- Perform Total abdominal hysterectomy and bilateral salpingo-oophorectomy
- Perform Pelvic node dissection/sampling
- Perform Para-aortic node biopsy
- Manage postoperative care and complications.
- Define FIGO stage of tumor.
- Recognize the need for adjuvant therapy.
- Follow up patients appropriately.

MANAGEMENT OF CANCER CERVIX

- Take and appropriate history.
- Perform a clinical examination.
- Perform colposcopy.
- Perform cervical biopsy including punch biopsy, large loop excision of the transformation zone (LLETZ), ablation therapy in appropriate cases.
- Perform clinical staging for invasive cervical cancer. Perform total hysterectomy (both abdominal and vaginal).
- Perform radical hysterectomy.
- Perform pelvic lymphadenectomy.
- Perform para-aortic lymph node biopsy.
- Manage adverse effects and recognize complications of treatment
- Diagnose, investigate & manage recurrent cervical cancer
- Select patients for exenterative surgery.

MANAGEMENT OF CANCER VULVA

- Perform appropriate clinical investigations.
- Perform biopsy of vulva.
- Perform vulvoscopy.
- Perform wide local excision of vulva.
- Perform simple vulvectomy.
- Perform radical vulvectomy.
- Select and perform competently diagnostic and therapeutic surgery for vulval cancer.
- Perform subfascial groin node dissection.
- Manage vulval cancer patients perioperatively.
- Manage recurrence of vulval cancer.

MANAGEMENT OF CANCER VAGINA

- Perform appropriate clinical investigations.
- Perform a biopsy of vagina.
- Perform a wide local excision of vagina.
- Perform a simple vaginectomy.
- Perform a radical vaginectomy.
- Select and perform competently diagnostic and therapeutic surgery for vaginal cancer.
- Perform a subfascial groin node dissection.
- Perioperative management of vaginal cancer patients.
- Manage recurrence of vaginal cancer.

MANAGEMENT OF GESTATIONAL TROPHOBLASTIC DISEASE

- Take history and perform appropriate physical examination.
- Perform suction evacuation, including preoperative, intraoperative and postoperative management.
- Perform suction evacuation for molar pregnancy.
- Follow-up patients following treatment for GTN
- Decide need for and perform hysterectomy in emergency situations.
- Diagnose end stage gestational trophoblastic neoplasia.

MEDICAL ONCOLOGY

- Take and appropriate history.
- Perform a clinical examination.
- Recognize indications for chemotherapy.
- Assess response to chemotherapy.
- Recognize limitations of chemotherapy and when to change or stop treatment.
- Identify, assess and manage acute and chronic toxicity.
- Counsel patients about clinical trials.

RADIATION ONCOLOGY

- Understand principles of radiotherapy.
- Understand how radiotherapy affects organs and radio-sensitivity of different cancers.
- Select patients for radiotherapy according to disease, tumour type and stage.
- Understand how to plan patients for radiotherapy.
- Counsel patient on how radiotherapy works, how it will affect them and what complications may occur.
- Understand the difference between curative and palliative treatment.
- Management of long term effects of radiotherapy, e.g. vaginal stenosis, ovarian failure, osteopenia and fistula.

PALLIATIVE CARE

- Effective and sympathetic communication skills.
- Recognition of the need for palliative care input into patient's management.
- Recognize anxiety and depression and psychosexual problems and involve appropriate teams in management.
- Recognize and appropriately manage symptoms in a palliative care setting.

UROLOGY

- Manage patients with suspected disorders of urinary tract.
- Order and interpret investigations of urinary tract.
- Appropriate selection of patients for intervention surgery involving the urinary tract.
- Insert supra-pubic catheter.
- Perform cystoscopy.
- Perform surgical repair of bladder injury.
- Perform surgical repair of ureteral injury with the assistance of urology colleagues.
- Assist in exenterative procedures and assist the urology colleagues in formation of ileal conduit.

COLORECTAL SURGERY

- Perform laparotomy and identify abnormalities throughout abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas and large and small bowel.
- Perform bowel surgery (with the assistance of surgical colleagues).
- Select appropriate tissue and resect large bowel with formation of colostomy.
- Order and interpret appropriate investigations preoperatively.
- Order appropriate bowel preparation preoperatively.
- Select patients preoperatively and intraoperatively, who will benefit from bowel surgery.
- Manage postoperative care of patients following bowel surgery.

PLASTIC SURGERY

- Close wound, with appropriate choice of suture material.
- Diagnose and select antibiotics and identify need for incision and drainage.
- Repair wound dehiscence.
- Manage surgical site infections.
- Manage recognized wound dehiscence.
- Select patients for appropriate surgical intervention using split-thickness skin graft, Myocutaneous graft and Williams procedure.

RADIOLOGY

- Assess and interpret with relevance to clinical scenario:
 - Standard plain ultrasound
 - Cross-sectional imaging
 - Nuclear.
- Recognize the indications for interventional radiology.
- Discuss findings of images with relevance to clinical scenario with radiologist/ trainers

GENETIC PRE-DISPOSITION TO GYNÆ CANCER

- Diagnose, investigate and manage patients with genetic predisposition to gynaecological cancer.
- Manage patients with a family history suggesting genetic predisposition to gynaecological cancer.
- Understand familial ovarian cancer syndromes, BRCA and hereditary nonpolyposis ,colorectal cancer.
- Comprehend concepts of cancer screening.
- Recognize issues surrounding prophylactic surgery
- *Prospective rotation in few years once Dept of Genetic Screen evolves.

EXIT SURGICAL SKILLS

Following surgical skills at the levels mentioned below are mandatory for the award second fellowship in GO; and hence have to be certified by the supervisor before allowing the trainee to sit in the exit (final) examination.

PROCEDURAL SKILLS

Procedure	By the end of 1st Year	By the end of 2nd year
Open surgery	Pelvic Side wall (PSW) exploration and dissection Ureteric tunnel dissection Omentectomy Pelvic Lymphadenectomy	Radical Hysterectomy Para-aortic exploration/ lymphadenectomy
Vulval surgery	Vulvectomy & repair	Groin Node dissection
Bladder surgery	Repair of Bladder	-
Laparoscopic Surgery	-	PSW exploration/ Lymphadectomy
Bowel Surgery	-	Formation of Stoma Resection and anastomosis of Small bowel/Large bowel

Note: Minimum number of following procedures will be completed and entered by the trainees in e-logbook:

- a) Minimal 3 RHND independently
- b) Minimal 5 Debulking surgery independently
- c) Vulvectomy 02 independently
- d) LAVH 01 independently

ANNEX 1

Personal Development Plan

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed

ASSESSMENT

Formative assessment:

Formative assessment shall be an integral part of the training and shall be the responsibility of the supervisor. It will employ following methods and results and remedial measures taken will be reported quarterly through e-log by the supervisor. The methods to be employed include:

- Mini-CEX
- Case-based discussions.
- DOPS

Assessment methods:

Formative assessment will take place every 6 months. Portfolio (e-log) will remain the main assessment tool where trainee will record the activities and evidence for these activities. Trainee will defend the portfolio records and learning outcomes for next 06 months will be outlined.

- During the training the fellow is expected to keep a detailed learning portfolio of cases which are linked to program's objectives which are reviewed on a monthly basis by supervising faculties at the 6 months review with the program director. These cases will be reviewed as case bases discussions.
- Continuous evaluations of fellows will be done on a 6 monthly basis by the immediate supervising faculty.
- For non Gynae Oncology rotations evaluations will be done by the respective supervising faculty of that discipline.
- At the end of each year a written examination will be given to assess the knowledge. This **written examination** will comprise of both MCQ's and short answer questions.
- The procedural skills will be assessed by keeping a **log of procedures (log book)** under the supervision of faculty and also by administering **DOPS** to be verified by the supervisor. Entries in e-logbook will also be maintained for each DOPS administered.
- Multisource feedback will be sought to complete the evaluation process.
- After completion of Fellowship of two years, the formal summative examination comprising of SAQs, MCQ's, TOACS and structure viva examinations will be conducted.

Eligibility Requirements For Second Fellowship Examination:

The eligibility requirements for candidates appearing in second fellowship are:

- To have passed FCPS Gynae and Obstetrics or equivalent as recognised by CPSP or been granted official exemption.
- To have undertaken two years of the specified training in Gynecological Oncology, all of which should be after passing FCPS Obstetrics and Gynaecology (a certificate testifying attendance is obligatory for admittance to examination) in an institution recognized by the CPSP.
- To have made regular entries and completed e-logbook.
- To provide a certificate of acceptance of one research paper in an index journal, synopsis of which were earlier approved by the REU.

EXAMINATION SCHEDULE

- The FCPS Gynecological Oncology theory examination will be held twice a year.
- 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 centres, the dates and format of the examination
- A competent authority appointed by the College has the power to debar any candidate from any examination if 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 on payment of registration fees and other dues.

EXAMINATION FEE

- 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 and fees for change of centre, 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/ 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 fee only. No request for refund will be accepted after the closing date for receipt of applications.
- Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal / absence / exclusion.
- 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 fee paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

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

FORMAT OF EXAMINATIONS

Every candidate vying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both theory and the clinical components of the Fellowship examination.

Since the College is continually seeking to improve its examinations, changes are likely to be made from time to time and candidates will be notified well in advance of such changes.

THEORY EXAMINATION

It will comprise of two papers:

Paper I 10 Short answer questions (SAQs) 3 hours

Paper II 100 MCQs (Single best type) 3 hours

Those candidates who pass through the written examination will be allowed to appear in clinical examination.

CLINICAL EXAMINATION

The Clinical section comprises two components, the long case and short cases, & TOACS (Task Oriented Assessment of Clinical Skills)

FORMAT OF TOACS

- It will comprise of 12-15 stations of 5-8 minutes each. It will include both static and interactive stations.
- On static station candidate can be presented with clinical data, clinical problem or research study and will be asked written responses.
- In the interactive stations the candidate can be asked to perform a procedure e.g. history taking, examination, counseling, or a procedure etc.

FORMAT OF LONG CASE

Each candidate will be allocated one long case and allowed 30min for history taking and clinical examination. In this section the candidate will be assessed for the following things:

- Interviewing skills
- Clinical examination skills
- Case presentation discussion
- Give correct findings
- Develops an appropriate differential diagnoses
- Gives logical interpretations of ultrasound scans
- Enumerates and justifies relevant investigations
- Outlines management plans
- Discusses prevention and prognosis
- Recent advances are discussed

FORMAT OF SHORT CASES

Each candidate will be assessed on 4 short cases. The candidates will be given specific tasks to perform on patients. The candidate will be assessed on

- Clinical examination skills
- Logical interpretation of findings
- Justifies diagnoses.

USEFUL ADDRESSES AND TELEPHONE NUMBERS

1. Regional Offices of the CPSP

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LARKANA

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HYDERABAD

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KARACHI

2. Departments of CPSP Karachi

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- **Registration, Training & Monitoring Cell**
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For further Information:
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Website: www.csp.edu.pk

OVERSEAS CPSP CENTRES

3. Saudi Arabia

RIYADH

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