

Requirements for Post IMM Fellowship Training

Plastic Surgery

P

Duration of Training

5

Years

2017

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DIRECTORATE OF NATIONAL RESIDENCY PROGRAM (DNRP)

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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 and internationally, particularly of its Fellowship, has enormously increased the number of residents 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 seventy three including specialties in dentistry.

After completing two years of core training during IMM, the residents 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 resident 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 residents and the supervisors.

The average number of residents appearing 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 (73 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 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 residents 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 and dissertations along with providing guidance to the residents in conducting their research work. The training towards Fellowship can be undertaken in more than 212 accredited medical institutions throughout the country and 66 accredited institutions abroad. The total number of residents in these institutions is over 22,686 who are completing residency programs with around 3,304 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' 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

TRAINING AND EXAMINATIONS SUMMARY

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

Disciplines for 1st Fellowship

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

Disciplines for 2nd Fellowship

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

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 a recognized institution
- passed the relevant FCPS Part I Examination;
- registered with the Registration & Research Cell (R&RC);
- undergone specified years of supervised accredited training on whole time basis.
- passed IMM examination in Surgery and Allied
- obtained approval of dissertation / two research articles (related to the specialty) published / accepted for publication in CPSP approved journal(s):
- completion of entries in e-logbook along with validation by the supervisor;
- been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been 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.

GENERAL REGULATIONS

REGISTRATION AND TRAINING

The following regulations apply to all trainees taking the FCPS-II Examination. Trainee 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 PROGRAMME IN PLASTIC SURGERY

- Passed FCPS Part I in Surgery & Allied
- Completed two years of R&RC registered training of IMM in Surgery & Allied

EXEMPTION FROM FCPS PART-I

An application for exemption from FCPS Part-I must be submitted to the College with all the relevant documents and a bank draft for the prescribed fee.

After due verification, the College may grant exemption from FCPS Part-I to those applicants who have acquired any of the following qualifications in Plastic Surgery / General Surgery:

- FRCS from Royal Colleges of UK and Ireland
- Diplomate American Board of Specialties
- FCPS Part-I, Bangladesh

In all other cases, after proper scrutiny and processing, the College shall decide acceptance or rejection of the request for exemption from FCPS-I on case to case basis. Residents with FCPS II / equivalent qualification (Recognized by CPSP Council) may be given exemptions of two years IMM training in Surgery & Allied on application. Those allowed exemption from training will be issued Exemption Certificate on payment of the specified fee. A copy of this certificate will have to be attached with the application to the Registration & Research Cell (R&RC) of the CPSP, for registration as FCPS Part-II resident and later with the application for appearing in FCPS Part-II examination.

DURATION OF TRAINING IN PLASTIC SURGERY

Total duration of training is five years divided into following two phases:

- Intermediate Module in Surgery & Allied for first two years after which the resident becomes eligible to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet "Intermediate Module in Surgery & Allied" published separately by the College.
- Last three years consist of advanced training, known as FCPS-II.

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

APPROVED TRAINING CENTRES

Training must be undertaken in units/departments/institutions approved by the College. A current list of approved locations is available from the College and its regional offices, 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(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College. However, another supervisor may be accepted if no Fellow is available to offer appropriate supervision. Only that training will be accepted which is done under a CPSP approved supervisor. Normally, only one supervisor is nominated, and if the resident spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The nomination of more than one supervisor is needed only if the resident divides the year between two or more unrelated units, departments or institutions. The residents are not allowed to work simultaneously in any other department/institutions for financial benefit and /or for another academic qualification.

RESEARCH

One of the training requirements is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or research papers must be approved from the Registration & Research Cell (R&RC) of CPSP before starting the research work. The dissertation must be submitted for approval to the R&RC before or during the first six months of fifth year of training program.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for all Residency program 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.

MANDATORY WORKSHOPS

It is mandatory for all residents to attend the following CPSP certified workshops in the first two years of Intermediate Module training:

1. Introduction to Computer and Internet
2. Research Methodology Biostatistics and Dissertation Writing
3. Communication Skills
4. BLS (Basic Life Support) course
5. Primary Surgical Skills

Any other workshop/s as may be introduced by the CPSP

NOTE: 1) The workshops are conducted by the Department of Medical Education and the residents are advised to get registered online. The BLS course is conducted by the Advanced Skills Department (ASD) and the registration form is to be submitted with the ASD separately.

2) No resident will be allowed to appear in IMM examination without attending the abovementioned workshops and BLS course.

ROTATIONS

Part of the three years training in Plastic Surgery(except the final year) may be spent in any three of the following disciplines for a period of two months each or any of the two for a period of three months each. Total rotational period not to exceed six months

- Neurosurgery
- Otorhinolaryngology
- Dermatology
- Paediatric Surgery
- Orthopaedic Surgery
- Oral & Maxillofacial Surgery
- Any other Plastic Surgery center for advance training recommended by the supervisor.

SUPERVISORS

ROLES AND RESPONSIBILITIES

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP fellow or a specialist with relevant postgraduate qualifications recognized by CPSP.

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. They have 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 work environment.
- They should teach the resident and help them overcome the hurdles during the learning process.
- It is the job of the supervisor to make the resident develop the ability to interpret findings in his/her patients and act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation/research articles (which are essential components of training).
- Every supervisor should 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 a basic duty of the supervisors to keep abreast of the innovations in their field of expertise and ensure that this information percolates to residents of all

years under them.

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.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that their residents do not have administrative problems hampering their training.

PROFICIENT ADMINISTRATOR

- They must ensure that each resident makes regular entries in e-logbook.
- Provide feedback regarding each resident quarterly through e-log system.
- The supervisors 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, they must arrange satisfactory alternate supervision during the period.

ROLES AND RESPONSIBILITIES

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 relevant requirements;
- Investigate sources of information about the program and potential supervisor, and play an informed role in the selection and appointment of the Supervisor;
- Seek reasonable infrastructure support from their institution and supervisor, and use this support effectively;
- Ensure that they undertake training diligently;
- Work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the R&RC;
- Accept Responsibility for the dissertation, and plan and execute the research within the time limits defied;
- Be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and document progress etc. If the supervisor is not able/willing to meet with the resident on a regular basis, the resident must notify the College;
- Provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission;
- Prior to submission of dissertation, the student should ensure that the supervisor has all the raw data relevant to the thesis;

- Submit completed Dissertation to R&RC or evidence of publication/acceptance for publication of two research papers in CPSP approved journal (s) or JCPSP six months before the completion of (last year of) training. The resident should be the first or second author of both papers and the synopsis of both papers must have a prior approval of R&RC;
- Follow the College complaint procedures if serious problems arise;
- Complete all requirements for sitting an examination;
- Provide feedback regarding the training post to the College on the prescribed confidential form.

CURRICULUM

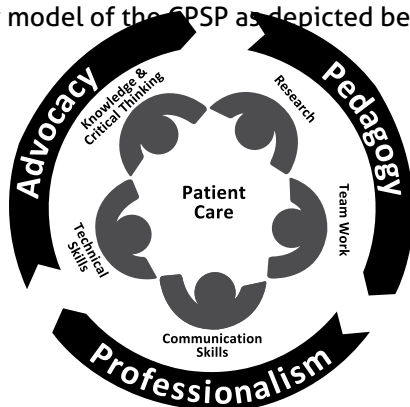
The aim of the Fellowship Programme in Plastic Surgery is to produce specialists in the field who have attained the required competencies. By the end of the residency programme, the graduate will be able to:

- Take appropriate histories
- Demonstrate proficiency in the requisite physical examinations
- Justify the ordering and interpretation of tests and investigations
- Appropriately diagnose and rule in and rule out contending conditions
- Manage the problem in a cost effective manner
- Apply the requisite knowledge and skills to think critically and solve problems
- Be an effective team player, leading the team if necessary
- Communicate effectively with:
 - patients and their attendants with empathy and compassion, in interviewing, counseling, breaking bad news, behavioural modification and shared decision-making, recognizing the impact of the condition on the patients and their families
 - seniors, peers, juniors, learners and other health professionals;
- Demonstrate risk analysis with an emphasis on prevention
- Ensure patient safety
- Manage emergencies related to the specialty
- Present well in clinics, rounds and conferences
- Document concise and accurate histories, prescriptions, progress notes, discharge summaries and referrals
- Keep up to date and practice evidence based medicine
- Demonstrate putting patients first
- Demonstrate honesty, integrity and timeliness (punctuality)

and task completion)

- Consult with colleagues and refer as necessary
- Demonstrate effective teaching skills
- Exhibit advocacy for their patients, practice (service/ department), profession (discipline/specialty) and population-based problems related to their specialty
- Participate in clinical governance and clinical audit
- Demonstrate research, and use of research in improving clinical practice
- Maintain highest standards of practice
- Demonstrate conflict resolution, management skills and leadership

The competencies outlined above have been reflected in the Competency model of the GPSP as depicted below:



Following is a global and extensive, yet not the total, list of learning outcomes recommended by the College.

LEARNING OUTCOMES RELATED TO: COGNITION

The learning outcomes will all be at the application level since that is the gold standard. Therefore, the resident will be able to:

- Relate how body function gets altered in diseased states
- Request and justify investigations and plan management for medical disorders
- Assess new medical knowledge and apply it to their setting

- Apply quality assurance procedures in their daily work.

SKILLS

WRITTEN COMMUNICATION SKILLS

The residents will be able to:

- Write updated medical records, which are clear, concise and accurate.
- Demonstrate competence in academic writing.

VERBAL COMMUNICATION SKILLS

The residents will be able to:

- Establish professional relationships with patients and their relatives or caregivers in order to obtain a history, conduct a physical examination and provide appropriate management.
- Demonstrate usage of appropriate language in seminars bedside sessions outpatients and other work situations
- Demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and public.
- Demonstrate competence in presentation skills

EXAMINATION SKILLS

The residents will be able to:

- Perform an accurate physical and mental state examination in complex medical problems often involving multiple systems.
- Interpret physical signs after so as to formulate further management.

PATIENT MANAGEMENT SKILLS

The residents should be able to:

- Interpret and integrate the history and examination findings and arrive at an appropriate differential & definite diagnoses
- Demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources and interpretation of lab results.
- Prioritize different problems within a time frame.

SKILLS IN RESEARCH

The residents should be able to:

- Use evidence based medicine and evidence based guidelines.
- Conduct research individually by using appropriate research methodology and statistical methods.
- Correctly guide others in conducting research by advising about study designs, research methodology and statistical methods that are applicable.
- Interpret and use results of various research articles.

ATTITUDES

TOWARDS PATIENTS

The residents will be able to:

- Establish a positive relationship with all patients in order to ease illness and suffering.
- Facilitate the transfer of information important to the management and prevention of disease.
- Demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.
- Consistently show consideration of the interests of the patient and the community as paramount with these interests never subservient to one's own personal or professional interest.

TOWARDS SELF DEVELOPMENT

The resident will be able to:

- Demonstrate, consistently, respect for every human being irrespective of ethnic background, culture, socioeconomic status and religion.
- Deal with patients in a non-discriminatory and prejudice-free manner.
- Deal with patients with honesty and compassion
- Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
- Foster the habit and principle of self-education and reflection in order to constantly update and refresh knowledge and skills and as a commitment to continuing education.

- Recognize stress in self and others
- Deal with stress and support medical colleagues and allied health workers.
- Handle complaints including self-criticism or criticism by colleagues or patients.
- Understand the importance of obtaining and valuing a second opinion

TOWARDS SOCIETY

The resident will be able to:

- Understand the social and governmental aspects of health care provision.
- Offer professional services while keeping the cost effectiveness of individual forms of care.
- Utilize hospital and community-based resources available for patients and care givers in underserved areas.

OBJECTIVES

At the end of the training for FCPS in Plastic Surgery, a resident shall be able to:

1. Initially assess the patient coming for plastic and reconstructive surgery by:
 - obtaining pertinent history.
 - performing physical examination correctly.
 - formulating a working diagnosis.
 - deciding whether the patient requires:
 - ambulatory care or hospitalization.
 - referral to other health professionals.
 - emergency care including life saving measures.
2. Manage patients requiring treatment by a plastic surgeon:
 - plan an enquiry strategy i.e. order appropriate investigations and interpret the results.
 - obtain standard clinical photographs for planning and evaluation of management.
 - perform anthropometrics including detailed cephalometric measurements and determine deviations from normal values, if any.
 - perform surgical procedures independently and competently.
 - deal effectively and promptly with any complications which may occur during the course of disease.
 - maintain records of patients.
3. Undertake research and publish findings.
4. Acquire new information; assess its utility and make appropriate applications.
5. Recognize the role of teamwork and function as an effective member/leader of the team.
6. Advise the community on promoting health and preventing diseases.
7. Train paraprofessionals and other junior members of the team.

PROCEDURAL COMPETENCIES

The clinical skills, which a specialist must have, are varied and complex. A complete list of the same necessary for residents and trainers is given below. It is arranged year wise and the level of competence to be achieved each year is arranged as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

A resident is expected to attain the laid down level of competence for the following procedures by the end of each year as given below:

COMPETENCIES		THIRD YEAR										Total # of Cases
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT												
GENERAL PROCEDURES												
EXCISION OF SIMPLE LESION WITH DIRECT CLOSURE		1	5	2	5	3	10	4	10			30
PLANNING AND EXECUTION OF Z PLATY AND LOCAL FLAPS		1	5	2	5	3	10	4	10			30
INTRALESIONAL INJECTION		1	2	2	3	3	5	4	5			15
HARVESTING OF PARTIAL AND FULL THICKNESS SKIN GRAFTS		1	5	2	10	3	10	4	10			35
HARVESTING OF RIB/BONE GRAFTS		1	2	2	3	3	3	4	3			11
HARVESTING OF COSTAL CARTILAGE AND FRAMEWORK		1	2	2	2	3	1	4	2			07
FABRICATION												
HARVESTING OF NERVE GRAFTS		1	3	2	3	3	3	4	2			11
ELEVATION AND INSETTING OF FASCIOCUTANEOUS FLAPS		1	3	2	3	3	5	4	3			14
ELEVATION AND INSETTING OF PERFORATOR FLAPS		1	2	2	2	3	2	4	1			07
ELEVATION AND INSETTING OF MUSCLE FLAPS		1	2	2	2	3	2	4	2			08

COMPETENCIES		THIRD YEAR										Total # of Cases
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
HEAD AND NECK SURGERY												
CLEFT LIP		1	3	2	3	2	3	2	3	2	3	12
CLEFT PALATE		1	3	2	3	2	3	2	3	2	3	12
RARE FACIAL AND CRANIOFACIAL CLEFTS		1	2	1	2	1	2	1	2	1	2	08
CONGENITAL NASAL DEFORMITIES		1	2	1	2	1	2	1	2	1	2	08
CONGENITAL EAR DEFORMITIES, MICROTIA		1	2	2	2	2	2	2	2	2	2	08
ALVEOLAR CLEFTS AND BONE GRAFTING		1	2	1	2	2	2	2	1	2	2	07
VELOPHARYNGEAL INSUFFICIENCY		1	-	1	1	2	1	2	1	2	1	03
CORRECTION OF SECONDARY LIP AND NASAL DEFORMITIES		1	1	1	2	1	2	1	2	1	2	07
NASAL RECONSTRUCTION		1	3	1	3	1	3	1	3	2	2	11
RECONSTRUCTION OF COMPLEX FACIAL SKELETON DEFECTS		1	2	1	2	2	2	2	2	2	3	09
FRACTURES OF FACIAL SKELETON		1	3	1	3	1	3	1	3	2	3	12
MAJOR HEAD AND NECK TUMOR RESECTION AND RECONSTRUCTION WITH LOCAL AND REGIONAL FLAPS		1	2	1	2	1	2	1	2	2	2	08
FACIAL REANIMATION		1	2	1	2	1	2	1	2	2	2	08

COMPETENCIES		THIRD YEAR										Total # of Cases
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT												
RECONSTRUCTION OF SCALP AND FOREHEAD		1	2	1	2	2	3	2	3	2	3	10
RECONSTRUCTION OF CHEEK		1	3	1	3	1	2	1	2	2	2	10
RECONSTRUCTION OF LIPS		1	2	1	2	2	2	2	2	2	2	08
MANDIBULAR RECONSTRUCTION		1	2	1	2	2	3	2	3	2	3	10
NECK RESURFACING AFTER CONTRACTURE RELEASE		1	2	1	2	1	2	1	2	2	2	08
RECONSTRUCTION OF AURICLE		1	2	1	2	1	2	1	2	2	2	08
PAROTID TUMORS		1	3	1	3	2	2	2	2	2	3	11
CUTANEOUS SURGERY												
SKIN LESION, EXCISION AND PRIMARY CLOSURE		1	5	2	5	3	10	4	10	4	10	30
SKIN LESION, EXCISION AND REPAIR BY LOCAL OR DISTANT FLAPS		1	5	2	5	3	10	4	10	4	5	25
TISSUE EXPANSION		1	2	2	2	3	1	4	1	4	1	06
REPAIR OF MAJOR SOFT TISSUE LOSSES		1	2	1	2	2	2	2	2	2	5	11
VASCULAR MALFORMATION		1	2	2	2	2	2	2	2	2	3	9
PRESSURE SORES		1	1	1	2	2	2	2	2	2	2	7
BURNS AND CONTRACTURE		1	3	2	5	2	5	2	5	3	5	18
ACUTE BURNS, EARLY TANGENTIAL EXCISION AND SKIN GRAFTING		1	2	1	2	2	4	3	4	3	5	13

COMPETENCIES		THIRD YEAR										Total # of Cases
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
ACUTE BURNS DESLOUGHING/SERIAL EXCISION AND SKIN GRAFTING POST BURN SCARS/HYPERTROPHIC SCARS AND KELOIDS POST BURN CONTRACTURE UPPER LIMB SURGERY FINGERTIP INJURIES TENDON INJURIES (REPAIR) TENDON GRAFTING ACUTE HAND TRAUMA – INITIAL MANAGEMENT SOFT TISSUE COVERAGE WITH LOCAL AND REGIONAL FLAPS NERVE REPAIRS AND GRAFTING TENDON TRANSFERS CONGENITAL HAND DEFORMITY CORRECTION FIXATION OF FRACTURES AND CORRECTION OF SKELETAL DEFORMITY REDUCTION OF DISLOCATIONS BRACHIAL PLEXUS EXPLORATION AND REPAIR	1	2	1	2	2	4	3	4	3	4	12	
	1	3	2	3	2	3	3	3	3	3	12	
	1	5	2	3	2	3	3	3	3	3	14	
	1	3	1	3	2	5	3	3	3	3	14	
	1	3	2	3	2	3	3	3	3	3	12	
	1	2	2	2	2	2	2	3	2	2	08	
	1	5	2	5	3	5	4	10	4	10	25	
	1	5	2	5	2	5	3	10	3	10	25	
	1	3	1	3	2	3	3	5	3	5	14	
	1	3	2	2	2	2	2	3	1	3	08	
	1	3	1	3	2	5	2	5	2	5	16	
	1	2	1	2	1	2	2	5	2	5	11	
1	2	1	2	2	2	2	3	2	3	08		
1	2	1	2	2	2	2	2	2	2	08		

COMPETENCIES	THIRD YEAR										Total # of Cases
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT											
NERVE TRANSFERS	1	3	1	3	2	5	2	5	2	5	16
SURGERY FOR VIC	1	3	1	3	2	3	2	3	2	3	12
HAND INFECTIONS	1	5	2	5	3	5	4	5	4	5	20
AXILLARY DISSECTION	1	1	1	1	2	1	3	1	3	1	04
FUNCTIONAL MUSCLE TRANSFERS	1	2	1	2	2	2	2	2	2	2	08
LOWER LIMB SURGERY											
LYMPHEDEMA SURGERY	1	1	1	1	1	1	2	1	2	1	04
LIMB SALVAGE PROCEDURES	1	1	1	1	1	1	2	1	2	1	04
GROIN DISSECTION	1	1	1	1	2	1	3	1	3	1	04
SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH LOCAL FLAPS	1	3	2	3	2	3	3	3	3	3	12
SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH FREE FLAPS	1	2	1	2	2	1	2	2	2	2	07
TRUNK SURGERY											
CHEST WALL RECONSTRUCTION	1	1	1	1	2	1	2	1	2	1	04
BREAST RECONSTRUCTION (PEDICLED FLAP)	1	1	1	1	2	3	2	3	2	3	08
BREAST RECONSTRUCTION (FREE FLAP)	1	3	1	3	2	3	2	3	2	3	12
ABDOMINAL WALL RECONSTRUCTION	1	3	1	3	1	3	2	3	2	3	12

COMPETENCIES		THIRD YEAR								Total # of Cases
		3 Months		6 Months		9 Months		12 Months		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT										
HYOSPADIAS		1	3	1	3	2	3	2	3	12
EPISPADIAS		1	1	1	1	1	1	2	1	04
GENDER RE – ASSIGNMENT		1	3	1	3	1	3	2	3	12
VAGINAL RECONSTRUCTION		1	1	1	1	2	1	2	1	04
PENILE RECONSTRUCTION		1	1	1	1	2	1	2	1	04
AESTHETIC SURGERY										
FACE LIFT AND FOREHEAD LIFT		1	2	1	2	1	2	2	2	08
BLEPHROPLASTY		1	3	1	3	1	3	2	3	12
NATURAL AND ARTIFICIAL FILLER		1	3	1	3	1	3	2	3	12
BOTOX		1	3	1	3	1	3	2	5	14
RHINOPLASTY		1	2	1	2	1	2	2	2	08
PROMINENT EARS		1	1	1	1	2	1	2	1	04
HAIR RESTORATION SURGERY		1	1	1	1	1	1	1	1	04
DERMABRASION AND CHEMICAL PEEL		1	1	1	1	1	1	1	1	04
ABDOMINOPLASTY		1	3	1	3	1	3	2	3	12
LIPOSUCTION		1	3	1	3	1	3	2	3	12
BREAST REDUCTION		1	1	1	1	2	1	2	1	04
BREAST AUGMENTATION		1	1	1	1	2	1	2	1	04
MASTOPEXY		1	1	1	1	2	1	2	1	04
GYNAECOMASTIA		1	3	1	3	2	3	2	3	12
LASER SURGERY		1	3	1	3	2	3	2	3	12

COMPETENCIES		FOURTH YEAR								Total # of Cases
		15 Months		18 Months		21 Months		24 Months		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT										
GENERAL PROCEDURES										
EXCISION OF SIMPLE LESION WITH DIRECT CLOSURE		4	5	4	5	4	5	4	5	20
PLANNING AND EXECUTION OF Z PLATY AND LOCAL FLAPS		4	10	4	10	4	10	4	10	40
INTRALESIONAL INJECTION		4	5	4	5	4	5	4	5	20
HARVESTING OF PARTIAL AND FULL THICKNESS SKIN GRAFTS		4	5	4	5	4	5	4	5	20
HARVESTING OF RIB/BONE GRAFTS		4	2	4	3	4	3	4	3	11
HARVESTING OF COSTAL CARTILAGE AND FRAMEWORK FABRICATION		4	2	4	2	4	2	4	2	8
HARVESTING OF NERVE GRAFTS		4	2	4	2	4	2	4	4	10
ELEVATION AND INSETTING OF FASCIOCUTANEOUS FLAPS		4	3	4	3	4	5	4	5	16
ELEVATION AND INSETTING OF PERFORATOR FLAPS		4	2	4	2	4	2	4	2	8
ELEVATION AND INSETTING OF MUSCLE FLAPS		4	2	4	2	4	2	4	2	8

COMPETENCIES		FOURTH YEAR										Total # of Cases
		15 Months		18 Months		21 Months		24 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT												
HEAD AND NECK SURGERY												
CLEFT LIP		3	3	3	3	3	3	3	3	3	3	12
CLEFT PALATE		3	2	3	2	3	2	3	2	3	2	8
RARE FACIAL AND CRANIOFACIAL CLEFTS		2	2	3	2	3	2	3	2	3	2	8
CONGENITAL NASAL DEFORMITIES		2	2	3	2	3	2	3	2	3	2	8
CONGENITAL EAR DEFORMITIES, MICROTIA		2	2	2	2	2	2	3	2	3	2	8
ALVEOLAR CLEFTS AND BONE GRAFTING		2	2	2	2	2	2	2	2	3	2	8
VELOPHARYNGEAL INSUFFICIENCY		2	2	2	2	2	2	2	2	3	1	7
CORRECTION OF SECONDARY LIP AND NASAL DEFORMITIES		2	2	2	2	2	2	2	2	3	2	8
NASAL RECONSTRUCTION		2	2	2	2	2	2	2	2	3	2	8
RECONSTRUCTION OF COMPLEX FACIAL SKELETON DEFECTS		2	1	2	1	2	1	2	1	3	1	4
FRACTURES OF FACIAL SKELETON		2	1	2	1	2	1	2	1	3	1	4
MAJOR HEAD AND NECK TUMOR RESECTION AND RECONSTRUCTION WITH LOCAL AND REGIONAL FLAPS		2	2	2	2	3	2	3	2	3	2	8
FACIAL REANIMATION		2	2	2	2	3	1	3	1	3	1	6

COMPETENCIES		FOURTH YEAR										Total # of Cases
		15 Months		18 Months		21 Months		24 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
RECONSTRUCTION OF SCALP AND FOREHEAD		2	2	2	2	3	2	3	2	3	2	8
RECONSTRUCTION OF CHEEK		2	2	2	2	3	2	3	2	3	2	8
RECONSTRUCTION OF LIPS		2	3	2	3	3	3	3	3	3	3	12
MANDIBULAR RECONSTRUCTION		2	1	2	2	2	3	2	3	2	3	9
NECK RESURFACING AFTER CONTRACTIONS RELEASE		2	3	2	3	3	5	3	5	3	5	16
RECONSTRUCTION OF AURICLE		2	2	2	2	3	2	3	2	3	2	8
PAROTID TUMORS		2	1	2	1	2	1	2	1	3	1	4
CUTANEOUS SURGERY												
SKIN LESION, EXCISION AND PRIMARY CLOSURE		4	5	4	5	4	5	4	5	4	5	20
SKIN LESION, EXCISION AND REPAIR BY LOCAL OR DISTANT FLAPS		4	5	4	5	4	5	4	5	4	5	20
TISSUE EXPANSION		4	3	4	3	4	3	4	3	4	3	12
REPAIR OF MAJOR SOFT TISSUE LOSSES		2	3	2	3	3	3	3	3	3	5	14
VASCULAR MALFORMATION		2	2	3	3	3	3	3	3	4	3	11
PRESSURE SORES		2	3	3	3	3	3	3	3	4	3	12
BURNS AND CONTRACTIONS		3	5	3	5	4	5	4	5	4	5	20
ACUTE BURNS, EARLY TANGENTIAL EXCISION AND SKIN GRAFTING		3	5	3	5	4	5	4	5	4	5	20

COMPETENCIES		FOURTH YEAR										Total # of Cases
		15 Months		18 Months		21 Months		24 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
		PATIENT MANAGEMENT										
ACUTE BURNS DESLOUGHING/SERIAL EXCISION AND SKIN GRAFTING		3	5	3	5	4	5	4	5	4	5	20
POST BURN SCARS/HYPERTROPHIC SCARS AND KELOIDS		3	5	4	5	4	5	4	5	4	5	20
POST BURN CONTRACTURE		3	5	3	5	4	10	4	10	4	10	30
UPPER LIMB SURGERY												
FINGERTIP INJURIES		3	10	3	10	4	5	4	5	4	5	30
TENDON INJURIES (REPAIR)		3	10	3	10	4	5	4	5	4	5	30
TENDON GRAFTING		3	5	3	5	4	3	4	3	4	3	16
ACUTE HAND TRAUMA – INITIAL MANAGEMENT		4	10	4	10	4	10	4	10	4	10	40
SOFT TISSUE COVERAGE WITH LOCAL AND REGIONAL FLAPS		3	5	3	5	3	5	3	5	4	5	20
NERVE REPAIRS AND GRAFTING		3	5	3	5	4	5	4	5	4	5	20
TENDON TRANSFERS		3	3	3	3	3	3	3	3	3	3	12
CONGENITAL HAND DEFORMITY CORRECTION		2	3	2	3	3	3	3	3	3	3	12
FIXATION OF FRACTURES AND CORRECTION OF SKELETAL DEFORMITY		3	3	3	3	3	3	3	3	4	3	12
REDUCTION OF DISLOCATIONS		3	3	3	3	4	3	4	3	4	3	12
BRACHIAL PLEXUS EXPLORATION AND REPAIR		2	3	2	3	3	3	3	3	3	3	12

COMPETENCIES		FOURTH YEAR										Total # of Cases
		15 Months		18 Months		21 Months		24 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
NERVE TRANSFERS		2	5	2	5	3	5	3	5	3	5	20
SURGERY FOR VIC		2	3	2	3	3	3	3	3	3	3	12
HAND INFECTIONS		4	5	4	5	4	5	4	5	4	5	20
AXILLARY DISSECTION		3	2	3	2	3	2	3	2	4	3	9
FUNCTIONAL MUSCLE TRANSFERS		2	2	2	2	2	2	2	2	2	2	8
LOWER LIMB SURGERY												
LYMPHEDEMA SURGERY		2	1	2	1	3	1	3	1	3	1	4
LIMB SALVAGE PROCEDURES		2	5	2	5	2	5	2	5	3	3	18
GROIN DISSECTION		3	1	3	1	3	1	3	1	4	1	4
SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH LOCAL FLAPS		3	5	3	5	3	5	3	10	4	5	25
SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH FREE FLAPS		2	2	2	3	3	3	3	1	3	1	7
TRUNK SURGERY												
CHEST WALL RECONSTRUCTION		2	1	2	1	3	3	3	3	3	3	8
BREAST RECONSTRUCTION (PEDICLED FLAP)		2	3	2	3	2	3	2	3	2	3	12
BREAST RECONSTRUCTION (FREE FLAP)		2	1	2	1	2	1	2	1	2	1	4
ABDOMINAL WALL RECONSTRUCTION		2	3	2	3	3	3	3	3	3	3	12

COMPETENCIES

COMPETENCIES		FOURTH YEAR										Total # of Cases
		15 Months		18 Months		21 Months		24 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
HYPOSPADIAS		2	5	2	5	2	5	3	5	3	5	20
EPISPADIAS		2	1	2	1	2	1	2	1	2	1	4
GENDER RE – ASSIGNMENT		2	5	2	5	2	5	2	5	2	5	20
VAGINAL RECONSTRUCTION		2	1	2	1	2	1	2	1	2	1	4
PENILE RECONSTRUCTION		2	1	2	1	2	1	2	3	3	1	6
AESTHETIC SURGERY												
FACE LIFT AND FOREHEAD LIFT		2	3	2	3	2	3	2	3	2	3	12
BLEPHROPLASTY		2	3	2	3	2	3	2	3	2	3	12
NATURAL AND ARTIFICIAL FILLER		2	3	2	3	2	3	2	3	2	3	12
BOTOX		2	3	2	3	2	3	2	3	2	3	12
RHINOPLASTY		2	5	2	5	2	5	2	5	2	5	20
PROMINENT EARS		2	5	2	5	2	5	3	5	3	3	18
HAIR RESTORATION SURGERY		2	3	2	3	2	3	2	3	2	3	12
DERMABRASION AND CHEMICAL PEEL		2	2	2	2	2	2	2	2	2	2	8
ABDOMINOPLASTY		2	3	2	3	2	3	2	3	2	3	12
LIPOSUCTION		2	5	2	5	2	5	3	5	3	3	18
BREAST REDUCTION		2	3	2	3	2	3	2	3	2	3	12
BREAST AUGMENTATION		2	3	2	3	2	3	2	3	2	3	12
MASTOPEXY		2	2	2	2	2	2	2	2	2	2	8
GYNAECOMASTIA		2	5	3	3	3	3	3	3	4	3	14
LASER SURGERY		2	5	2	5	2	5	2	5	2	5	20

COMPETENCIES		FIFTH YEAR								Total # of Cases	
		27 Months		30 Months		33 Months		36 Months			
		Level	Cases	Level	Cases	Level	Cases	Level	Cases		
PATIENT MANAGEMENT											
GENERAL PROCEDURES											
EXCISION OF SIMPLE LESION WITH DIRECT CLOSURE		4	5	4	5	4	5	4	5	5	20
		4	10	4	10	4	10	4	10	4	40
FLAPS											
INTRALESIONAL INJECTION		4	5	4	5	4	5	4	5	4	20
HARVESTING OF PARTIAL AND FULL THICKNESS SKIN GRAFTS		4	5	4	5	4	5	4	5	4	20
HARVESTING OF RIB/BONE GRAFTS		4	3	4	3	4	3	4	3	4	12
HARVESTING OF COSTAL CARTILAGE AND FRAMEWORK FABRICATION		4	3	4	3	4	3	4	3	4	12
HARVESTING OF NERVE GRAFTS		4	3	4	3	4	3	4	3	4	13
ELEVATION AND INSETTING OF FASCIOCUTANEOUS FLAPS		4	3	4	3	4	3	4	5	4	16
ELEVATION AND INSETTING OF PERFORATOR FLAPS		4	5	4	5	4	5	4	5	4	20
ELEVATION AND INSETTING OF MUSCLE FLAPS		4	5	4	5	4	5	4	5	4	25

COMPETENCIES	FIFTH YEAR										Total # of Cases
	27 Months		30 Months		33 Months		36 Months		Cases		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT											
HEAD AND NECK SURGERY											
CLEFT LIP	3	5	3	5	4	5	4	5	4	5	20
CLEFT PALATE	3	5	3	5	4	5	4	5	4	5	20
RARE FACIAL AND CRANIOFACIAL CLEFTS	3	3	3	3	4	1	4	1	4	1	8
CONGENITAL NASAL DEFORMITIES	3	3	3	3	4	3	4	3	4	3	12
CONGENITAL EAR DEFORMITIES, MICROTIA	4	3	4	3	4	3	4	3	4	3	12
ALVEOLAR CLEFTS AND BONE GRAFTING	3	3	3	3	4	2	4	2	4	2	10
VELOPHARYNGEAL INSUFFICIENCY	3	3	3	3	3	3	3	3	4	3	12
CORRECTION OF SECONDARY LIP AND NASAL DEFORMITIES	3	5	4	3	4	3	4	3	4	3	14
NASAL RECONSTRUCTION	3	3	3	3	4	3	4	3	4	3	12
RECONSTRUCTION OF COMPLEX FACIAL SKELETON DEFECTS	3	3	3	3	4	2	4	2	4	2	10
FRACTURES OF FACIAL SKELETON	3	3	3	3	4	3	4	3	4	3	12
MAJOR HEAD AND NECK TUMOR RESECTION AND RECONSTRUCTION WITH LOCAL AND REGIONAL FLAPS	3	5	4	3	4	3	4	3	4	3	14
FACIAL REANIMATION	3	3	3	3	3	3	3	3	4	2	11

COMPETENCIES		FIFTH YEAR								Total # of Cases
		27 Months		30 Months		33 Months		36 Months		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PATIENT MANAGEMENT										
RECONSTRUCTION OF SCALP AND FOREHEAD		3	5	4	3	4	3	4	3	14
RECONSTRUCTION OF CHEEK		4	3	4	3	4	3	4	3	12
RECONSTRUCTION OF LIPS		3	5	4	3	4	3	4	3	14
MANDIBULAR RECONSTRUCTION		2	3	3	1	3	1	4	1	6
NECK RESURFACING AFTER CONTRACTURE RELEASE		3	5	4	5	4	5	4	5	20
RECONSTRUCTION OF AURICLE		3	3	3	3	4	3	4	3	12
PAROTID TUMORS		3	1	3	1	3	1	4	1	4
CUTANEOUS SURGERY										
SKIN LESION, EXCISION AND PRIMARY CLOSURE		4	5	4	5	4	5	4	5	20
SKIN LESION, EXCISION AND REPAIR BY LOCAL OR DISTANT FLAPS		4	5	4	5	4	5	4	5	20
TISSUE EXPANSION		4	3	4	3	4	3	4	3	12
REPAIR OF MAJOR SOFT TISSUE LOSSES		3	5	4	5	4	5	4	5	20
VASCULAR MALFORMATION		4	5	4	5	4	5	4	5	20
PRESSURE SORES		4	5	4	5	4	5	4	5	20
BURNS AND CONTRACTURE		4	10	4	10	4	10	4	10	40
ACUTE BURNS, EARLY TANGENTIAL EXCISION AND SKIN GRAFTING		4	10	4	10	4	10	4	10	40

COMPETENCIES		FIFTH YEAR										Total # of Cases
		27 Months		30 Months		33 Months		36 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
ACUTE BURNS DESLOUGHING/SERIAL EXCISION AND SKIN GRAFTING		4	10	4	10	4	10	4	10	4	10	40
POST BURN SCARS/HYPERTROPHIC SCARS AND KELOIDS		4	5	4	5	4	5	4	5	4	5	20
POST BURN CONTRACTURE		4	10	4	10	4	10	4	10	4	10	40
UPPER LIMB SURGERY												
FINGER TIP INJURIES		4	5	4	5	4	5	4	5	4	5	20
TENDON INJURIES (REPAIR)		4	5	4	5	4	5	4	5	4	5	20
TENDON GRAFTING		4	3	4	3	4	3	4	3	4	3	12
ACUTE HAND TRAUMA – INITIAL MANAGEMENT		4	10	4	10	4	10	4	10	4	10	40
SOFT TISSUE COVERAGE WITH LOCAL AND REGIONAL FLAPS		4	5	4	5	4	5	4	5	4	5	20
NERVE REPAIRS AND GRAFTING		4	5	4	5	4	5	4	5	4	5	20
TENDON TRANSFERS		4	3	4	3	4	3	4	3	4	3	12
CONGENITAL HAND DEFORMITY CORRECTION		3	3	3	3	3	3	4	3	4	3	12
FIXATION OF FRACTURES AND CORRECTION OF SKELETAL DEFORMITY		4	5	4	5	4	5	4	5	4	5	20
REDUCTION OF DISLOCATIONS		4	3	4	3	4	3	4	3	4	3	12
BRACHIAL PLEXUS EXPLORATION AND REPAIR		3	3	3	3	4	3	4	3	4	3	12

COMPETENCIES		FIFTH YEAR								Total # of Cases	
		27 Months		30 Months		33 Months		36 Months			
		Level	Cases	Level	Cases	Level	Cases	Level	Cases		
PATIENT MANAGEMENT											
NERVE TRANSFERS SURGERY FOR VIC HAND INFECTIONS AXILLARY DISSECTION FUNCTIONAL MUSCLE TRANSFERS LOWER LIMB SURGERY LYMPHEDEMA SURGERY LIMB SALVAGE PROCEDURES GROIN DISSECTION SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH LOCAL FLAPS SOFT TISSUE COVERAGE OF EXPOSED BONE AND IMPLANTS WITH FREE FLAPS TRUNK SURGERY CHEST WALL RECONSTRUCTION BREAST RECONSTRUCTION (PEDICLED FLAP) BREAST RECONSTRUCTION (FREE FLAP) ABDOMINAL WALL RECONSTRUCTION	3	5	4	3	4	3	4	3	4	3	14
	3	2	3	2	4	2	4	2	4	2	8
	4	5	4	5	4	5	4	5	4	5	20
	4	1	4	1	4	1	4	1	4	1	4
	3	2	3	2	4	1	4	1	4	1	6
	3	1	3	1	4	1	4	1	4	1	4
	3	10	3	10	4	3	4	3	4	3	26
	4	3	4	3	4	3	4	3	4	3	12
	4	10	4	10	4	10	4	10	4	10	40
	3	3	3	3	4	2	4	2	4	2	10
		3	3	3	3	4	2	4	2	4	10
	3	3	3	3	4	2	4	2	4	10	
	3	2	3	2	4	1	4	1	4	6	
	3	5	3	5	4	3	4	3	4	16	

COMPETENCIES

COMPETENCIES		FIFTH YEAR										Total # of Cases
		27 Months		30 Months		33 Months		36 Months		Cases		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
PATIENT MANAGEMENT												
HYPOSPADIAS	3	5	3	5	4	3	4	3	4	3	16	
EPISPADIAS	3	1	3	1	4	1	4	1	4	1	4	
GENDER RE – ASSIGNMENT	3	1	3	1	3	3	3	3	4	2	7	
VAGINAL RECONSTRUCTION	3	2	3	2	3	2	3	2	4	1	7	
PENILE RECONSTRUCTION	3	2	3	2	4	1	4	1	4	1	6	
AESTHETIC SURGERY												
FACE LIFT AND FOREHEAD LIFT	3	3	3	3	3	3	3	3	4	3	12	
BLEPHAROPLASTY	3	3	3	3	3	3	3	3	4	2	11	
NATURAL AND ARTIFICIAL FILLER	3	3	3	3	3	3	3	3	4	3	12	
BOTOX	3	3	3	3	3	3	3	3	4	5	14	
RHINOPLASTY	3	5	3	5	3	5	3	5	4	3	18	
PROMINENT EARS	3	5	4	3	4	3	4	3	4	3	14	
HAIR RESTORATION SURGERY	3	5	3	5	4	5	4	5	4	5	20	
DERMABRASION AND CHEMICAL PEEL	3	3	3	3	4	3	4	3	4	3	12	
ABDOMINOPLASTY	3	5	3	5	4	3	4	3	4	3	16	
LIPOSUCTION	3	5	3	5	4	5	4	5	4	5	20	
BREAST REDUCTION	3	3	3	3	4	3	4	3	4	3	12	
BREAST AUGMENTATION	3	5	3	5	4	3	4	3	4	3	16	
MASTOPEXY	3	3	3	3	3	3	3	3	4	2	11	
GYNAECOMASTIA	4	5	4	5	4	5	4	5	4	5	20	
LASER SURGERY	3	5	3	5	3	5	3	5	4	10	25	

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FCPS PART-II EXAMINATION

The eligibility requirements for residents appearing in FCPS Part II are:

- To have passed FCPS Part-I in Surgery and allied, or been granted official exemption.
- To have undertaken two years training in Intermediate Module in Surgery and Allied.
- To have undertaken three years of specified training in Plastic Surgery.
- To provide certificate of having passed Intermediate Module Examination in Surgery and Allied.
- Completion of entries in e-logbook along with validation by the supervisor
- To provide a certificate of approval of dissertation or acceptance of two research papers which must accompany the application form.
- To provide a certificate of attendance of mandatory workshops.

EXAMINATION SCHEDULE

- The FCPS Part-II theory examination will be held twice a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Multan, Peshawar, Quetta and Rawalpindi, centres. The College shall decide where to hold oral/practical examination depending on the number of residents in a city and shall inform the residents 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 centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any resident from any examination if it is satisfied that such a resident 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 resident 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 and 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 FINAL EXAMINATION

Every candidate vying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is granted.

PART I THEORY EXAMINATION

Two papers each of 3 hours duration:

Theory Examination:

Paper- I: 10 Short Answer Questions (SAQs) 3hours

Paper- II: 10 Short Answer Questions (SAQs) 3hours

Only those residents who qualifying in theory will be called for Clinical examination.

PART II CLINICAL EXAMINATION:

The Clinical section comprises of:

- 1 long case and
- 4 short cases
- Viva voce.

The College is continually seeking to improve its examinations. Consequently viva voce is expected to be replaced by TOACS (Task Oriented Assessment of Clinical Skills) soon. Candidates will be notified in advance of such change.

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 at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time.

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.

FORMAT OF TOACS

TOACS will comprise of 12 to 15 stations of 6 minutes each with a change over time of one minute for the candidate to move from one station to the other. The stations may have an examiner, a patient or both. Structured clinical tasks will be set at each station. There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses about the questions asked. At the interactive stations the candidate will have to demonstrate a competency, for example, taking history, performing a clinical examination, counseling. It will also include one station on dissertation/research paper and other on e-log. 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. College is encouraging to have all stations to be interactive and expects that the static stations will soon be phased out. Candidates have to pass the theory examination to be eligible to take the TOACS examination.

NOTE:

The candidate is required to fill a self-explanatory 'feedback proforma' at the end of the examination. This will help the College in making future examination more candidate friendly. It is the responsibility of the candidate to seek information concerning the current requirements for certification in each discipline.

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.

25th October 2017

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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