

INTERMEDIATE MODULE IN OTORHINOLARYNGOLOGY

REQUIREMENTS FOR TRAINING & EXAMINATION

2012



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

OFFICE COPY

Addendum

Basic Life Support (BLS) is a mandatory course for all postgraduate trainees (FCPS and MCPS). All Fellowship residents are required to attend BLS course before they can appear in Intermediate Module (IMM) examination.

Composed by:

Syed Faisal Babar
Department of Medical Education

Published: April, 2012

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN
7th Central Street, Defence Housing Authority, Karachi-75500.
Phone No. 99207100-10 UAN: 111-606-606 Fax No. 99266432

CONTENTS

- 1** ABOUT THE COLLEGE
- 4** TRAINING AND EXAMINATION
- 7** ASSESSMENT
- 10** COURSE FOR BASIC OTORHINOLARYNGOLOGY TRAINING
- 27** USEFUL ADDRESSES AND TELEPHONE NUMBERS

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:

National Directorate Residency Program (NDRP)

College of Physicians and Surgeons Pakistan (CPSP)
7th Central Street, Defence Housing Authority, Karachi-75500.
ndrp@csp.edu.pk

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 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 four. After completing two years of core training during IMM, the trainees are allowed to proceed to the advanced phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examinations before taking the FCPS-II exit examinations.

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 25,000. The College conducts examinations for FCPS I (12 groups of disciplines), IMM, FCPS II (64 disciplines), MCPS 20 disciplines, including MCPS in HPE and also Diploma in Health Care System Management (DCPS-HCSM). 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 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 and dissertations along with providing guidance to the candidates in conducting their research work. The training towards Fellowship can be undertaken in more than 154 accredited medical institutions throughout the country and 100 plus accredited institutions abroad. The total number of trainees in these institutions is over 16202.

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 need '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

INTERMEDIATE MODULE

To ensure better training, the CPSP introduced an intermediate module examination in several disciplines in 2001. This mid-training assessment strengthens the monitoring and in-training assessment systems by providing trainees with an estimate of mid-training **core competencies**. It also serves as a diagnostic tool for trainees and supervisors, provides a curricular link between basic and advanced training, and an opportunity for sampling a wider domain of knowledge and skills

Vide Notifications No. 6-1 / Exam-04 / CPS / 1438 S and R, dated July 21, 2004, the Intermediate Module (IMM) examination is mandatory eligibility requirement for all specified FCPS II examination as from September 2007. Trainees who passed FCPS I in 2001 and onwards are required to complete two years training in Otorhinolaryngology, and take the Intermediate Module (IMM) examination.

Even if they do not appear in the IMM examination, the trainees are permitted to continue their training in the chosen discipline but must pass the IMM examination prior to **taking** the final FCPS II examination.

TRAINING AND EXAMINATION

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 must be supervised, and trainees are required to register with the Research and Training Monitoring Cell (RTMC) within 30 days of **start of the** training for the Intermediate Module. 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.** Training is compulsorily monitored by an approved supervisor who is a CPSP fellow or a specialist with relevant postgraduate qualifications **and requisite experience**, registered **with** the RTMC.

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

DURATION

The duration of training for the Intermediate Module (IMM) is two years; the Intermediate Module examination is taken on completion of the basic training.

ROTATIONS

The two (2) years of core training in ENT consist of:

- eighteen (18) months of approved residency training in ENT
- three (3) months rotation in any two of the following:
 - General Surgery
 - Neurosurgery
 - Plastic Surgery

COMPONENTS OF TRAINING

Mandatory Workshops

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

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

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

NOTE: *No candidate will be allowed to appear in IMM examination without attending the abovementioned workshops including BLS.*

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.

Research (Dissertation / Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on the topic related to the field of specialization published/accepted for publication in CPSP approved journals. For trainees in Otorhinolaryngology the dissertation synopsis or abstracts of the research papers must be submitted for approval to the Research and Evaluation Unit (REU) by the end of first year of the Intermediate Module.

General Requirements

Training should incorporate the principle of graded increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in a range of settings that include inpatients, outpatients, emergency and intensive care.

Instructional Methodology

Teaching occurs using several methods that range from formal didactic lectures to planned clinical experiences. Aspects covered will include knowledge, skills and practices relevant to the discipline in order to achieve specific learning outcomes and competencies.

The theoretical part of the curriculum presents the current body of knowledge necessary for practice. This can be imparted through lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal club, self directed learning, conferences and seminars.

Clinical learning is organized to provide appropriate expertise and competence necessary to evaluate and manage common clinical problems. Demonstration in outpatient and in patient clinics and procedural skill trainings on simulators, mannequins and patients are all practical training modalities.

ASSESSMENT

ELIGIBILITY REQUIREMENTS

For appearing in Intermediate Module examination a candidate should have:

- Passed FCPS I in Otorhinolaryngology or granted exemption
- Registered with Research and Training Monitoring Cell (RTMC).
- Completed two years of RTMC registered training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- Submitted a completed and attested logbook.
- Submitted certificates of attendance of mandatory workshops.
- Approval of synopsis of dissertation or abstract of research articles.

EXAMINATION SCHEDULE

The Intermediate Module theory examination are held twice a year.

- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Nawabshah, Larkana, Lahore, Multan, Peshawar Quetta and Rawalpindi centers. The College shall decide where to hold TOACS examinations depending on the number of candidates in a city and shall inform the candidates accordingly.
- English is the medium of all examinations for theory and TOACS.
- 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 suitable person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

EXAMINATION FEE

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

FORMAT OF EXAMINATIONS

Intermediate Module examination consists of theory and TOACS examination.

Theory examination:

Paper I 10 Short Answer Questions (SAQs)

Paper II 100 One Best type of MCQs

Clinical examination:

To test basic clinical skills, the clinical examination consists of TOACS (Task Oriented Assessment of Clinical Skills)
12-20 TOACS Stations.

Only those candidates who qualify in theory will be eligible to take the TOACS examination.

TOACS

TOACS will comprise of 12 to 20 stations with a change 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. At stations where no examiner is present the candidates will have to submit written responses to short answer questions/ MCQs on a response sheet.

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, assembling an instrument, 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.

COURSE FOR BASIC OTORHINOLARYNGOLOGY TRAINING

GENERAL OBJECTIVES

Upon completion of specified training in ENT, a resident must acquire the knowledge, skills and attitudes that form the foundation of standard practice for an ENT specialist in order to:

- Be a competent specialist capable of providing appropriate and cost-effective care to patients.
- Promote health and prevent disease in patients, families and communities.
- Practice continuing professional development.

EXPECTED LEARNING OUTCOMES

At the end of 2 years of training for the Intermediate Module, the candidate should be competent enough to pick up and diagnose routine ENT disorders (according to the syllabus) so that he is placed for further training to acquire the clinical and operative skills as per the curriculum laid down for the final fellowship examination.

The objectives of training for Intermediate Module are as follows:

- Knows clinical and theoretical aspects of ENT
- Take adequate history
- Develop good communication skills
- Develop expression and interpretation of clinical signs
- Interpret routine investigations
- Reach a provisional diagnosis
- Manage cases of ENT (listed in the syllabus)
- Develop spirit for team-work
- Follow medical ethics

TRAINING FOR INTERMEDIATE MODULE

The curriculum of first two years in Otorhinolaryngology involves balanced and objective integration of relevant basic surgical sciences and essential core clinical knowledge in Otorhinolaryngology. The trainee should be able to diagnose and manage uncomplicated conditions prevalent in the region and recognize, stabilize and refer complicated cases.

The coverage that each discipline receives below is not indicative of the relative importance placed on each discipline in the training program, or in the examination. These are guidelines and not comprehensive definitive lists. Only minimum levels of expected competence have been identified but sufficient scope, volume and variety of experience are desirable.

SYLLABUS OF OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY

The following is the list of topics that will be covered during the first two years of training:

YEAR I

Otology & Otoneurology

- Applied anatomy of external, middle, inner ear and temporal bone
- Traumatic conditions
- Inflammatory diseases of middle and inner ear, mastoid
- Otitis externa - all types
- Physiology of hearing

Sino-Rhinology (Nose, Paranasal Sinuses, Naso-pharynx)

- Applied anatomy of nose, nasopharynx – paranasal sinuses
- Congenital anomalies
- Trauma nasal bones
- Inflammatory conditions
- Minor procedures of nose & sinus, Antral washout, anterior and posterior nasal packing

Oral Cavity & Pharynx

- Applied anatomy and physiology
- Inflammatory conditions of Tonsil /Adenoid
- Oral Ulceration

Head & Neck

- Anatomy of cranial nerves
- Autonomic ganglion
- Anatomy of neck, base of skull
- Thyroid gland
- Salivary glands
- Physiology of Salivation

Miscellaneous

- Epistaxis
- Blood transfusion
- Fluid & electrolytes balance
- Shock
- Bleeding disorders
- Pre-operative preparation of patient - general principles
- Post-operative care - general principles

YEAR II

Otology & Otoneurology

- Pure tone & speech audiometry
- Brainstem Evoked Response Audiometry (BERA)
- Impedence audiometry
- Chronic middle ear inflammatory conditions
- CSF otorrhoea
- Secretory otitis media and grommets

Sino-Rhinology: (Nose, Paranasal Sinuses, Naso-pharynx)

- Nasal septum
- Mid facial skeletal fracture
- Lateral facial bone fractures
- Nasal allergies, nasal polyposis
- Fungal infections
- Radiology, CT, MRI, angiography
- Midline granulomas

Oral Cavity and Pharynx

- Pre-malignant condition
- Malignancy of oral cavity, tongue, pharynx
- Pharyngeal abscesses

Laryngology, Oesophagology & Tracheo-bronchial-tree

- Dysphagia
- Infective lesions of larynx
- Papillomatosis
- Foreign body in tracheo- bronchial tree
- Foreign body in esophagus
- Endoscopic procedures

Head & Neck

- Congenital cyst, sinuses of neck, thyroglossal cyst
- Salivary gland tumors
- Parapharyngeal space masses

General Principles

- ENT manifestations in systemic diseases
- Facial nerve lesions and rehabilitation
- Antibiotic prophylaxis

BASIC SKILLS

1. Psychomotor and technical skills:

Demonstrate assessment, diagnostic and procedural skills for ethical and effective patient care at minimum levels of competencies identified.

Key for assessing competencies:

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

Note: Levels 4 and 5 for practical purposes are almost synonymous

2. Communication and collaboration skills:

- Establish therapeutic relationships with patients and families.
- Discuss appropriate information with patients, families and the health care team.
- Consult effectively with other physicians and health care professionals.

3. Teaching and research skills:

- Develop, implement and monitor a personal continuing education strategy.
- Contribute to development of new knowledge.
- Facilitate learning of patients, house staff, students and other health professionals.
- Demonstrate the ability to teach medical students, interns, other residents, allied health care staff within the context of residency education

4. Professional attitudes and abilities:

- Deliver high quality care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice medicine ethically consistent with obligations of a physician.

COMPETENCIES

	First Year											
	3 Months		6 Months		9 Months		12 Months		Total Cases			
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	1st Year	1st Year		
Routine Patient Care												
Elicit a pertinent history	5	25	5	25	5	25	5	25	5	25	100	
Communicate effectively with patients, families and the health team	5	25	5	25	5	25	5	25	5	25	100	
Perform a physical examination	3	25	4	25	5	25	5	25	5	25	100	
Order appropriate investigations	2	25	3	25	3	25	3	25	3	25	100	
Interpret the results of investigations	2	25	2	25	3	25	3	25	4	25	100	
Assess fitness to undergo surgery	1	10	2	10	3	10	3	10	4	10	40	
Decide and implement appropriate treatment	1	10	2	10	3	10	3	10	4	10	40	
Postoperative management and monitoring	1	10	2	10	3	10	3	10	4	10	40	
Maintain accurate and appropriate records	3	10	4	10	5	10	5	10	5	10	40	
Presentation skills	3	2	3	2	4	2	4	2	4	2	8	
Preoperative preparation for various ENT surgical procedures	1	10	2	10	3	10	3	10	4	10	40	
Aseptic techniques	3	10	4	10	4	10	4	10	5	10	40	
Positioning of patient for diagnostic and operative procedures	1	10	2	10	3	10	3	10	4	10	40	

COMPETENCIES

	First Year										Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Procedures											
Use of common surgical instruments, suture materials and appliances and suture techniques	2	10	3	10	4	10	5	10	5	10	40
Use of operating Microscope (Ear Surgery)	1	10	2	15	2	20	2	20	2	20	65
Use of Flexible Endoscope like Nasopharyngoscope	1	4	1	4	2	4	2	4	2	4	16
Use of Functional Endoscopic Sinus Surgery Instruments	1	4	1	4	2	4	2	4	2	4	16
Nasogastric intubation	3	4	4	4	5	4	5	4	5	4	16
Tracheostomy	1	3	2	3	2	3	2	3	3	3	12
Post-operative dressing	1	5	2	5	3	5	3	5	4	5	20
Anterior nasal packing	1	10	2	10	3	10	4	10	4	10	40
Posterior nasal packing	1	1	2	1	2	1	2	1	3	1	4
Nasal cautery	1	5	2	5	2	5	2	5	3	5	20
Sub-mucosal diathermy	1	2	2	2	2	2	2	2	3	2	8
Proof puncture / Antral lavage	1	4	2	4	2	4	2	4	3	4	16
Drainage of abscesses and boils	1	5	2	5	3	5	3	5	4	5	20
Surgical dressings	1	5	2	5	3	5	3	5	4	5	20
Syringing of ear Aural Toilet	1	10	2	10	3	10	4	10	4	10	40

Cont-2

COMPETENCIES

	First Year												Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Procedures													Cont-3
Removal of visible foreign body from nose/ear/throat	1	5	2	5	3	5	4	5					20
Endoscopic removal of foreign body under GA	1	3	2	3	2	3	2	3					12
Manipulation of nasal fractures	1	3	2	3	2	3	3	3					12
Nasal polypectomy	1	3	1	3	2	3	2	3					12
Turbinates surgery	1	3	1	3	2	3	2	3					12
Intranasal antrostomy	1	3	1	3	2	3	2	3					12
Caldwell-sinus antrostomy	1	3	1	3	2	3	2	3					12
Direct laryngoscopy and biopsy	1	3	1	3	2	3	2	3					12
Oesophagoscopy and biopsy	1	3	1	3	2	3	2	3					12
Cortical Mastoidectomy	1	3	1	3	2	3	2	3					12
Adenoidectomy	1	3	1	3	2	3	2	3					12
Tonsillectomy	1	5	2	5	2	5	3	5					20
Ethmoidectomy	1	2	1	2	2	2	2	2					8
Mastoidectomy	1	2	1	2	2	2	2	2					8
Myringoplasty	1	2	1	2	2	2	2	2					8

COMPETENCIES

	First Year											Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months		Total Cases			
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases		
Procedures												
EUM and myringotomy	1	2	1	2	2	2	2	2	2	2	2	8
Endoscopies under GA	1	2	1	2	2	2	2	2	2	2	2	8
Laryngectomy	1	-	1	-	2	-	2	-	2	-	-	-
Maxillectomy	1	-	1	-	2	-	2	-	2	-	-	-
Mandibulectomy	1	-	1	-	2	-	2	-	2	-	-	-
Regional or axial flap	1	-	1	-	2	-	2	-	2	-	-	-
Other radical head and neck procedures	1	-	1	-	2	-	2	-	2	-	-	-
Routine radiology for head and neck	1	10	2	10	3	10	3	10	3	10	3	40
CT scan and MRI interpretation	1	5	2	5	3	5	3	5	4	5	4	20
Contrast medium studies of larynx, oesophagus and bronchi	1	2	2	2	3	2	3	2	4	2	4	8
Maintenance of I / V Line	1	5	2	5	3	5	3	5	4	5	4	20
Endotracheal Intubation	1	2	2	2	2	2	2	2	3	2	3	8
Performs and Interprets Audiograms and Tympanograms	1	5	2	5	2	5	2	5	3	5	3	20
Local Anaesthesia in ENT	1	5	2	5	3	5	3	5	4	5	4	20
Septal surgery	1	5	2	5	2	5	2	5	2	5	2	20
Rhinoplasty	1	2	1	2	2	2	2	2	2	2	2	8

COMPETENCIES	Second Year					Total Cases 2nd Year
	15 Months		18 Months		Cases	
	Level	Cases	Level	Cases		
Routine Patient Care						
Elicit a pertinent history	5	25	5	25	50	
Communicate effectively with patients, families and the health team	5	25	5	25	50	
Perform a physical examination	5	25	5	25	50	
Order appropriate investigations	4	25	4	25	50	
Interpret the results of investigations	5	25	5	25	50	
Assess fitness to undergo surgery	5	10	5	10	20	
Decide and implement appropriate treatment	5	10	5	10	20	
Postoperative management and monitoring	5	10	5	10	20	
Maintain accurate and appropriate records	5	10	5	10	20	
Presentation skills	5	2	5	2	4	
Preoperative preparation for various ENT surgical procedures	5	10	5	10	20	
Aseptic techniques	5	10	5	10	20	
Positioning of patient for diagnostic and operative procedures	5	10	5	10	20	

COMPETENCIES

	Second Year					Total Cases 2nd Year
	15 Months		18 Months		Cases	
	Level	Cases	Level	Cases		
Procedures						
Use of common surgical instruments, suture materials and appliances and suture techniques	5	10	5	10		20
Use of operating Microscope (Ear Surgery)	3	20	4	20		40
Use of Flexible Endoscope like Nasopharyngoscope	3	4	3	4		8
Use of Functional Endoscopic Sinus Surgery Instruments	2	4	2	4		8
Nasogastric intubation	5	4	5	4		8
Tracheostomy	4	3	5	3		6
Post-operative dressing	5	5	5	5		10
Anterior nasal packing	5	10	5	10		20
Posterior nasal packing	4	1	5	1		2
Nasal cautery	4	5	5	5		10
Sub-mucosal diathermy	4	2	5	2		4
Proof puncture / Antral lavage	4	4	5	4		8
Drainage of abscesses and boils	5	5	5	5		10
Surgical dressings	5	5	5	5		10
Syringing of ear Aural Toilet	5	10	5	10		20

COMPETENCIES

	Second Year						Total Cases 2nd Year
	15 Months		18 Months		Total Cases		
	Level	Cases	Level	Cases	Cases		
Procedures							
Removal of visible foreign body from nose/ear/throat	5	5	5	5	5	5	10
Endoscopic removal of foreign body under GA	3	3	3	3	3	3	6
Manipulation of nasal fractures	4	3	4	4	3	3	6
Nasal polypectomy	3	3	3	3	3	3	6
Turbinate surgery	3	3	3	3	3	3	6
Intranasal antrostomy	3	3	3	3	3	3	6
Caldwell-sinus antrostomy	2	3	3	3	3	3	6
Direct laryngoscopy and biopsy	2	3	2	2	3	3	6
Oesophagoscopy and biopsy	2	3	2	2	3	3	6
Cortical Mastoidectomy	2	3	2	2	3	3	6
Adenoidectomy	2	3	2	2	3	3	6
Tonsillectomy	3	5	4	4	5	5	10
Ethmoidectomy	2	2	2	2	2	2	4
Mastoidectomy	2	2	2	2	2	2	4
Myringoplasty	2	2	2	2	2	2	4
EUM and myringotomy	2	2	2	2	2	2	4
Endoscopies under GA	2	2	2	2	2	2	4

COMPETENCIES

	Second Year						Total Cases 2nd Year
	15 Months		18 Months		Total Cases		
	Level	Cases	Level	Cases	Level	Cases	
Procedures							
Laryngectomy	2	-	2	-	-	-	-
Maxillectomy	2	-	2	-	-	-	-
Mandibulectomy	2	-	2	-	-	-	-
Regional or axial flap	2	-	2	-	-	-	-
Other radical head and neck procedures	2	-	2	-	-	-	-
Routine radiology for head and neck	4	10	5	10	10	20	
CT scan and MRI interpretation	5	5	5	5	5	10	
Contrast medium studies of larynx, oesophagus and bronchi	5	2	5	2	2	4	
Maintenance of I / V Line	5	5	5	5	5	10	
Endotracheal Intubation	4	2	5	2	2	4	
Performs and Interpret s Audiograms & Tympanograms	4	5	5	5	5	10	
Local Anaesthesia in ENT	5	5	5	5	5	10	
Septal surgery	3	5	3	5	5	10	
Rhinoplasty	2	2	2	2	2	4	

Procedures

Cont-3

ROTATIONAL TRAINING

ROTATIONS		Level	Cases
NEUROSURGERY (Three Month Rotation)			
Taking History		1,2,3	3,3,3
Physical Examination		1,2,3	3,3,3
Ordering Examination		1,2,3	3,3,3
Interpreting Results		1,2,3	3,3,3
Burr holes		1,2,3	3,3,3
Tuberculous spine		1,2,3	3,3,3
Craniotomy for Extradural/Subdural		1,2,3	3,3,3
Cervical decompression		1,2,3	3,3,3
Brain abscess		1,2,3	3,3,3
Meningiomas		1,2,3	3,3,3
Cerebellopontine angle tumours		1,2,3	3,3,3
Orbital tumours		1,2,3	3,3,3
Skull Base tumours		1,2,3	3,3,3

ROTATIONS

GENERAL SURGERY (Three Month Rotation)

	Level	Cases
Identification and appropriate use of common surgical instruments, suture materials and appliances	1,2,3	5,5,5
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves and tendons)	1,2,3	5,3,3
Biopsy of skin lesions, subcutaneous lumps or swellings	1,2,3	3,3,3
Excision of soft tissue tumors and cysts (surface surgery)	1,2,3	2,2,2
Percutaneous needle aspiration under ultrasound guidance/CT scan	1,2,3	2,2,2
Tube thoracostomy	1	3
Biopsy of lymph nodes	1,2	5,5
Controlling hemorrhage	1,2	2,2
Urethral catheterization	1,2	2,2
Venesection	1,2	2,2
Cricothyroidotomy	1,2	1,1
CPR	1,2	1,1

ROTATIONS

PLASTIC SURGERY (Three Month Rotation)

	Level	Cases
Patient selection for aesthetic surgery	1,2,3	3,3,3
Medical Audit	1,2,3	3,3,3
Splinting	1,2,3	3,3,3
Aseptic dressing	1,2,3	3,3,3
Excision of simple lesion with direct closure	1,2,3	3,3,3
Excision of lesion/scar and local flap closure	1,2,3	3,3,3
Skin grafting small areas	1,2,3	3,3,3
Intradermal steroid injection	1,2,3	3,3,3
Cleft nose deformity	1,2,3	3,3,3
Major head and neck tumour resection and reconstruction	1,2,3	3,3,3
Free flap surgery	1,2,3	3,3,3
Rhinoplasty	1,2,3	3,3,3

USEFUL ADDRESSES AND TELEPHONE NUMBERS

1. Regional Offices of the CPSP

MUZAFFARABAD

CMH Muzaffarabad
Azad Kashmir
TEL: 05822-920998
Email: rc_muzaffarabad@csp.edu.pk

ABBOTTABAD

Ayub Hospital Complex
Abbottabad
TEL: 0992-383330
Email: rc_abbottabad@csp.edu.pk

PESHAWAR

Hayatabad Medical Complex
Phase IV, Hayatabad,
Peshawar
UAN: 091-111-666-666
TEL: 091-9217011, 091-9217320-1
FAX: 091-9217062
Email: rc_peshawar@csp.edu.pk

ISLAMABAD

P.I.M.S, Ravi Road, Sector G- 8/ 3
Islamabad.
UAN: 051-111-666-666
TEL: 051-9262590-1,
FAX: 051-9262592
Email: rc_islamabad@csp.edu.pk

FAISALABAD

Punjab Medical College
Faisalabad
UAN: 041-111-666-666
TEL: 041-9210131, 9210366-8
FAX: 041-9210224
Email: rc_faisalabad@csp.edu.pk

LAHORE

Next to INMOL, Hospital
New Muslim Town, Block-D
Lahore.
UAN: 042-111-666-666
TEL: 042- 9231320-8
FAX: 042- 9231327
Email: rc_lahore@csp.edu.pk

MULTAN

Nishtar Medical College,
Distt. Jail Road, Opp Circuit House,
Multan.
UAN: 061-111-666-666
TEL: 061-9200946, 9200952
Email: rc_multan@csp.edu.pk

BAHAWALPUR

Quaid-e-Azam Medical College
Bahawalpur
TEL: 062- 9250461
Email: rc_bahawalpur@csp.edu.pk

NAWABSHAH

Peoples Medical College for Girls
Nawabshah
TEL: 0244-9370271, 9370479
FAX: 0244-9370478
Email: rc_nawabshah@csp.edu.pk

LARKANA

Chandka Medical College
Larkana
TEL: 074 – 9410726
Email: rc_larkana@csp.edu.pk

HYDERABAD

Adjacent to Sir Cowasji Jehangir
Institute of Psychiatry,
Hyderabad, Sindh.
TEL: 022-3860056
FAX: 022-3860057
Email: rc_hyderabad@csp.edu.pk

QUETTA

Near Cenar Hospital,
Off: Brewery Road, Quetta
TEL: 081-9213434 & 081-2913435
FAX NO. :081-2853326
Email: rc_quetta@csp.edu.pk

KARACHI

2. Departments of CPSP Karachi

UAN – 021-111-606-606

- Department of Medical Education
99207100 -10 Ext: 235/240
- Examination (FCPS Part I)
99207100 -10 Ext: 311
- Examination (FCPS Part II)
99207100 -10 Ext: 215
- Registration, Training & Monitoring Cell
99207100 -10 Ext: 345 & 324

For further Information:
Phone: 99207100-10
UAN 111-606-606
Facsimile: 99266450
Website: www.csp.edu.pk

OVERSEAS CPSP CENTRES

3. Saudi Arabia

RIYADH

Saudi Council for Health Specialities
Diplomatic Quarte P.O.Box 94656,
Riyadh - 11614.
Kingdom of Saudi Arabia
City: Riyadh
Country: Kingdom of Saudi Arabia
TEL NO.: 966-1-4822415 ext:156/141
FAX NO.: 966-1-4884146

4. Nepal

KATHMANDU

Institute of Medicine, Maharajgunj,
Kathmandu, Nepal
City: Kathmandu
Country: Nepal
TEL NO.: 00977-1-4416224
FAX NO.: 00977-1-4416224
Email: csp_kathmandu@yahoo.com