

EXAMINATION FOR REGISTRATION TO PRACTICE MEDICINE IN **SRI LANKA -PART B**

Part B of the ERPM will now be conducted by one or more Faculties of Medicine. Information on the Old Format and the New Format of the examination are outlined below.

ERPM - OLD FORMAT

Part B

Candidates must pass Part A of a subject to sit Part B of that subject.

Clinical examination

This will consist of a clinical and an oral examination on emergencies in each specialty of Medicine, Obstetrics and Gynaecology, Paediatrics and Surgery.

NB – Candidates who have previously passed one or more of these clinical examinations will be exempted from the component that they have passed.

Oral examination

This will consist of oral examinations of 15 minutes each in Forensic Medicine and Community Medicine.

The pass mark is 50% in each component.

NB – Candidates who have previously passed one or more of these oral examinations will be exempted from the component that they have passed

ERPM PART B– NEW FORMAT

A candidate has to pass all five papers in Part A of the ERPM in one or more sittings to be eligible to proceed to Part B.

Candidates should sit Part B within two years of passing Part A. Otherwise, the candidate has to sit Part A again. A candidate has to pass the ERPM (Part A and Part B) within five years of completing Part A. Candidates will not be allowed to sit the examination thereafter.

The details of the ERPM Part B (New Format) are given below.

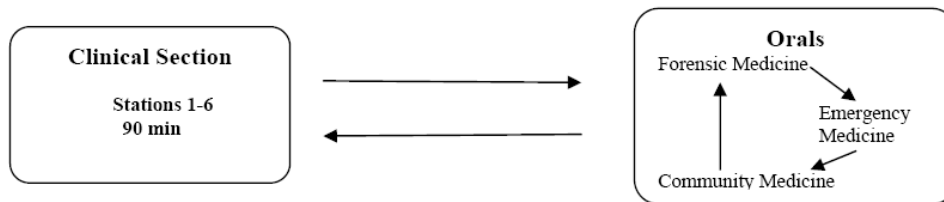
ERPM – Part B

Objective: Assessment of:

- a. skills in consultation and clinical examination.
- b. ability to cope with common medical emergencies and forensic problems.
- c. knowledge in nature and the scope of community health services in Sri Lanka.

This will have two components:

- a. Clinical section
- b. Orals



1. Clinical Section of ERPM Part B

Objective:

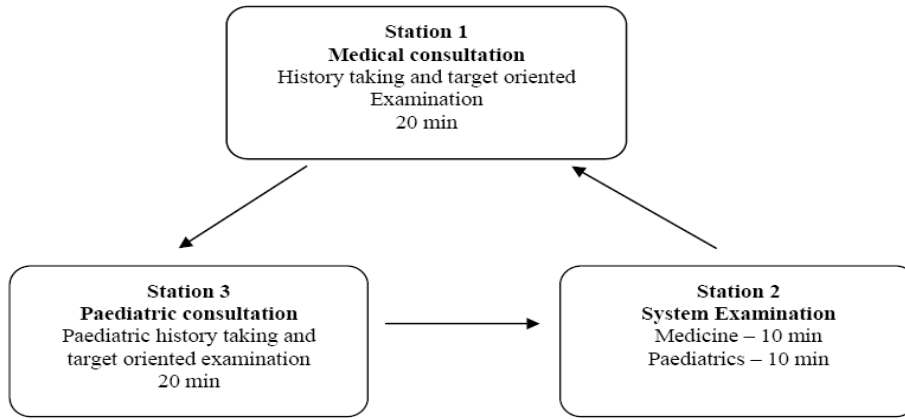
To assess the ability and competence in:

- a. history taking,
- b. clinical examination,
- c. drawing conclusions, planning management, and explaining to the patient about the illness and the proposed plan of action.

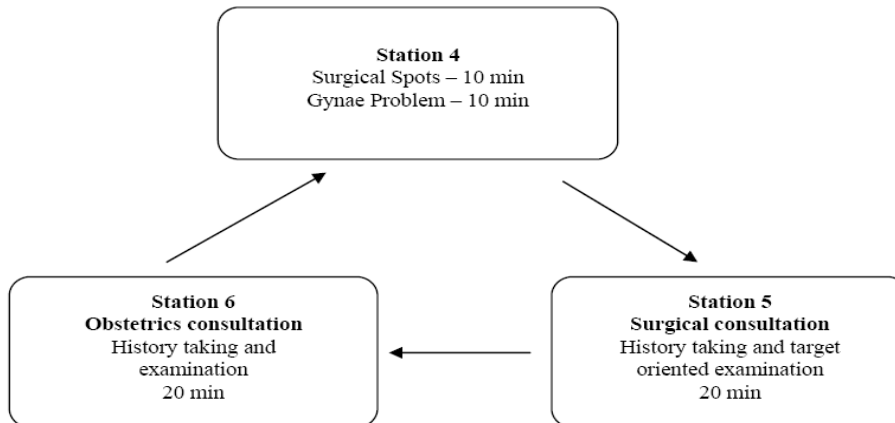
This section has six stations. There will be 2 sets of three stations each, as shown in the figure below. Each station will be assessed by two examiners independently. Candidates will start at one station and then move round the stations at 20 minute intervals until they complete the set.

There will be a three minutes interval between each station. At the end of a set there will be a short interval and then the candidate will move on to the next set.

Set 1



Set 2



Clinical Stations 1, 3 and 5

Objective:

These stations will assess the candidate's ability to gather data from the patient, assimilate the information, discuss the differential diagnoses, and examine and/or look for physical signs in the system(s) and/or area(s) as directed by the examiners. Candidates should also be able to:

- a. map out the preliminary management plan, and
- b. explain this to the patient.

Clinical Station 2

Objective:

This will assess the candidate's ability to examine a particular system, interpret physical signs, and discuss the possible diagnosis(es). There will be two patients, an adult and a child. Any two of the following systems – Cardiovascular, Respiratory, Abdomen and part of the Nervous system will be given at this station. For example, if the examination of the adult patient is in one system, the paediatric case would be in one of the other three.

The candidate will be examined by a physician and a paediatrician at this station.

Clinical Station 4

Objective:

This aims to assess the candidate's ability to examine surgical short case(s)/ "spots" and examine/discuss a gynaecological problem. The candidate will be examined by a surgeon and a gynaecologist at this station.

Clinical Station 6

Objective:

To assess the ability of the candidate to take an obstetric history, examine a pregnant lady and discuss the proposed plan of management with the examiners and with the lady.

Marking in the Clinical Stations 1 to 6:

Each examiner will mark independently, out of a possible 100 marks.

Pass: A candidate should obtain a minimum average mark of 50% to pass the clinical section. Any candidate who gets 30% or less from any 4 examiners will fail the entire clinical section. He/she has to re-sit the entire clinical section. The clinical section will either be preceded or followed by the orals in Emergency Medicine, Forensic Medicine and Community Medicine.

Orals:

Station 7

Emergency Medicine

Objectives:

To assess the knowledge of the candidate in managing common Clinical Emergencies in Medicine, Surgery, Paediatrics and Obstetrics and Gynaecology.

There will be a panel of 2 examiners from any two of the above specialties. Each examiner will question for 7½ minutes. Each will mark independently out of 50 and a candidate should obtain a total of 50 (50%) to pass this section.

Station 8

Forensic Medicine

Objectives:

To assess the ability of the candidate to deal with common Forensic problems. There will be two Forensic Specialist examiners. Each will mark independently out of 50 and a candidate should obtain a total of 50 (50%) to pass in this section.

Station 9

Community Medicine

Objectives:

- 1) To assess the knowledge of the candidate about the common public health problems and services, available in Sri Lanka.
- 2) To assess the ability of the candidate to plan out management with regard to common public health problems.

There will be two examiners who will mark independently out of 50. The candidate should obtain a total of 50 (50%) to pass this section.

Passing Part B of ERPM

A candidate can pass the Part B in full by scoring 50% (with not less than 30% marks from 4 examiners) in the Clinical Section, 50% in Emergency Medicine, 50% in the Forensic Medicine, and 50% in Community Medicine.

He/she can also pass section by section.