THE MEDICAL BOARD OF TRINIDAD AND TOBAGO

POLICY GUIDELINES FOR ELIGIBILITY TO THE MEDICAL SPECIALIST REGISTER 2025

JANUARY 1ST 2026

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INTRODUCTION

PURSUANT TO SECTION 16 OF THE MEDICAL BOARD ACT (1960) AND MEDICAL BOARD (SPECIALIST REGISTRATION) GUIDELINES

The Medical Board Act (Chapter 29:50, 10A) makes the Council of the Medical Board of Trinidad and Tobago (the MBTT) responsible for the maintenance of a Medical Specialist Register (MSR). This section highlights those sections of the Act that apply.
The initial Act was passed in 1960 and has been amended on eight (8) occasions.
Article 10A (2007) speaks to the Medical Specialist Register:

10A. (1) The Council shall cause to be kept a book or register to be known as the Medical Specialist Register which shall contain the following particulars:
(a) name and address of the specialist;
(b) area of expertise;
(c) training, experience and qualifications in the area of specialisation;
(d) date of registration in the Register; and
(e) date of registration in the Medical Specialist Register.

In addition to Specialist Registration, the Act also facilitates the registration of higher additional qualification:

15. Any member of the board who has obtained a diploma higher than or additional to the diploma in respect of which he has been admitted to registration and which is approved by the Board shall, on payment of such fee as may be prescribed, be entitled to have the higher or additional diploma shown in the Register in substitution for or in addition to, as the case may be, the diploma previously shown.

The Act covers the requirements. With several different specialties, the requirements will vary and the Council has the authority to establish standards.

16. An applicant for registration on the Register, Medical Specialist Register or for a temporary licence shall furnish to the Secretary:
(a) satisfactory evidence of his qualifications;
(b) satisfactory proof of his identity;
(c) such further and other information as the Council may require.

Applicants are required to read these policy guidelines and ensure the accuracy of the data supplied as the consequences of errors can be severe.

17. The Secretary shall on the advice of the Council and as prescribed by Regulation erase from the Register and the Medical Specialist Register any entry that has been incorrectly or fraudulently made.

It is an important distinction to appreciate that Specialist Registration Qualification now requires both **Certification by Examination, as well as Experience.** The field of Medicine is dynamic and continues to evolve. As such the Council and Board are minded that revisions of the MSR will be required.
The MSR commenced in 2016, and first revision was done in 2020 (**Appendix 1)**.
Those who are already entered in the MSR will remain on the register although the policy guidelines are updated.

RATIONALE FOR REVISION

- The MBTT recognises completed training in recognised programmes for Specialisation. These programmes include those certified by recognised Institutions such as the University of the West Indies - Doctor of Medicine (DM, UWI), or Certification by a member Board of the American Board of Medical Specialties (ABMS), British Completion of Specialist Training (CCST/CCT, CESR) and the equivalent certification from Australia, Canada, Ireland, New Zealand or South Africa.

- Specialty training programmes require curricula, review and assessment, certification and approval by educational and medical bodies. The full programmes comprise a variety of components. There are clinical rotations to different specialties, regular performance assessments (e.g. Routine In-Training Assessments or RITAs) in which the candidates' progress is assessed by trainers. It is then determined if remedial areas need to be addressed or if they are satisfactory to progress. The logbooks of surgical and other trainees who are required to perform procedures (e.g. endoscopy, biopsies, catheters, device implant etc) are reviewed to ensure adequate progress. A record of academic activities like audits, morbidity & mortality, attendance at meetings, presentations, publications and training courses attended is retained as a Trainee Portfolio. Some Specialties also require an "end-of-training" examination to be passed. Certification of Completion (e.g. Board Certification or CCT) requires both successful completion of the programme and passing the specialty examination.

- Doctors who have successfully completed this specialist training have been registered on the MSR under Pathway A.

- Initially the guidelines for entry in MSR had allowed doctors who had not undergone any specialist training or certification but had worked in only one area for more than 10 years to be registered by the Board as Specialists. The Board removed this pathway at the first revision of the guidelines.

- Currently applicants who have successfully completed examinations for specialty entry (e.g. MRCS combined with FRCS, MRCP, MRCOG), but who have not completed the accepted training programmes listed above, continue to be considered for specialist registration. They must also demonstrate that in the period after they have completed examination, they have then spent an appropriate amount of time working in "senior positions" in that specialty. These doctors can be registered as Specialists under Pathway B.

Examinations such as the MRCS, MRCP and MRCOG conducted by various Royal Colleges and the Specialty Certificate Examination (SCE) for medical specialties are not considered on their own as evidence of specialisation. The FRCS examination requires candidates to submit a logbook of procedures and have certification of time spent in the specialty. None of these qualifications confer specialist status in the jurisdiction in which it has been awarded.

- The training requirements in different Specialties vary widely in terms of time required to be spent working in the Specialty and in the competencies required. Generally, Surgical specialties are longer and require the assessment of competency in the performance of index procedures. These differences were addressed by reviewing both the time and competency requirements that are required in approved training programmes.

- Currently Pathway B accepts examination plus subsequent time spent within the specialty at a "Senior Level", but this is a very ambiguous term. The experience obtained is variable with minimal participation in training activities that are required in the training programmes. There are also those who cannot meet the requirements because appropriate "Senior" positions may not be available. To address this disparity, it will now be required that a record of all time spent in the specialty and Specialty Training Activities is produced for assessment similar to that which is also required for training programmes.

- There are also those who have undertaken Specialty Clinical Fellowships, and the requirement for these Fellowships to be approved by the Medical Board are now defined.

- The differences between the training undergone by those choosing the different Pathways A and B result in significant disparity in those recognised as Specialists.
  Certified training programmes in Pathway A require trainees to:
  - ✓ maintain operating & procedure logs
  - ✓ attend training courses, lectures & seminars,
  - ✓ participate and conduct audit
  - ✓ make group presentations,
  - ✓ have in-training assessments and
  - ✓ other activities that are not currently required of those applying under Pathway B.

- The updated policy guidelines seek to address this disparity by addressing the combination of experience and qualification and to also institute criteria required of those entering via Pathway B. It is hoped that the training obtained via both pathways will approach equivalence. This is necessary until a time when all Specialists would have completed a specialty training programme.

MEDICAL BOARD APPROVED CLINICAL FELLOWSHIP (MBACF)

- Requirements for Fellowship to be approved by MBTT:
  - ✓ Clearly Stated Named Specialty
  - ✓ Named Institution Providing Training
  - ✓ Stated Objectives
  - ✓ Curriculum
  - ✓ Named Supervisor(s)
  - ✓ Minimum of twenty-four (24) months (unless a specific requirement by the Specialty)
  - ✓ Activity Log including Specialty Clinics, Specialty Calls, Audits performed, Morbidity & Mortality and Conference presentations.
  - ✓ Certified Procedure Log (Operations, Endoscopies, device implants, etc) as per Specialty.
  - ✓ Certified competence in Specialty Specific Index Procedures
  - ✓ Fellowship Completion Certificate

SPECIALIST TRAINING ACTIVITIES (STAS)

STAs must be submitted in the form of a **Portfolio (Appendices 2, 3, 6)** and should be entered **prospectively** when possible and provide a basis for the assessment of training activities required of Pathway A programmes. In this way the applicant's Specialist Training can be assessed against these programmes.
These vary depending on the Specialty and are the specific requirements are documented in the relevant section.

- STA Requirements contain some of these elements:
  - ✓ Time spent in the Specialty **(Appendix 6)**
  - ✓ Documented evidence of time spent directly in Specialty;
  - ✓ Activity Log including Specialty Clinics, Specialty Calls (and at what level);
  - ✓ Audits presented;
  - ✓ Multi-disciplinary meetings (MDT), Morbidity & Mortality(M&M) meetings attended and level of participation;
  - ✓ Certified Procedure Log (Operations, Endoscopies, device implants etc) as per Specialty;
  - ✓ Objective assessment by appropriate Specialty assessor with respect to performance of Specialist Activities;
  - ✓ Attendance and presentations at Specialty meetings;
  - ✓ Publications.

CERTIFICATION OF ROTATIONS AND LOGBOOKS (APPENDIX 6)

- ✓ Certification must be by Specialists who appear in the MSR.
- ✓ Those who obtained overseas experience must provide evidence that their certification is by those on the Specialist Register in that country/jurisdiction or equivalent.
- ✓ Signatures of the supervising Consultant and validated by the Head of Department or the University Clinical Lecturer.
- ✓ The Medical Chief of Staff or Director of Health may provide a signature to validate, but only in the absence of the relevant signatory.
- ✓ Signatures must be accompanied with names, registration number and MSR registration clearly identified.

TRANSITION PERIOD

It is recognised that there are those who are pursuing a course of training as per current 2020 Guidelines. They must be allowed reasonable time to complete their objectives.
Anyone who is currently enrolled in Specialty Training, and who wishes to be considered under the Guidelines from 2020 must be allowed to do so once there is a legitimate expectation of completion of Specialty training within a reasonable time. Such individuals must apply to Council to be considered under the 2020 Guidelines. This application must include:

- Details of all rotations undertaken;
- All examinations taken and the respective dates, with the results;
- Prospective date of future examination; and
- Expected date of eligibility for entry into the MSR.

This request for consideration must be submitted by **JUNE 30th, 2026.** All applications will be considered by the Council for possible acceptance. The expected date of eligibility to enter the MSR must be before **DECEMBER 31st, 2027.**

THE FUTURE

Many more candidates who now have Full CCST/CESR or Board Certification from the U.S.A., Canada and South Africa, are registering into the Specialist Register via Pathway A. In addition, there has been an expansion of the DM Specialties offered by UWI (DM in Haemotology, Cardiology and Oncology). At present, there is a total of nineteen (19) DM Specialties offered by UWI (St. Augustine) and as a result of this expansion, Pathway B in all the DM Specialties will cease to exist on **DECEMBER 31st, 2028**.

Current practice worldwide is that a specialist training programme is successfully completed before registration as a Specialist. Many of our Registered Specialists have done so.
The Specialist Advisory Committee (SAC) of the Council of the Medical Board is responsible for reviewing all requests including certificates, documentation and comparing it with the requirements of Recognised Specialist Training Programmes for entry in the MSR.

Doctors who have undergone training in centres outside of those that have been accepted will be asked to have the programmes assessed and evidence of specialist registration where training was done.
Following assessment by SAC, a recommendation is made to the Council of MBTT who makes the final decision as to acceptance on the MSR.

THE APPLICATION PROCESS

Any individual applying to be entered onto the MSR must be Fully Registered by the MBTT and in good standing. The applicant completes and submits all relevant Application Forms. Specialist Registration requires that any essential Qualifications are Registered with MBTT. These include CCST, DM, Specialist Board Registration, Memberships, Fellowships, Masters, etc.
In addition, the application must include the required record of clinical experience, any Logbook of index procedures and the signed application for entry into the MSR.

CHECKLIST:

- MBTT Full Registration and in good standing;
- Portfolio of Specialist Training Activities (specialty specific: Appendix 2 or 3);
- Recommendation for entry in MSR by two (2) Specialists (Appendices 4 and 5);
- Record of Clinical Experience (Appendix 6);
- Application to enter MSR and application to register additional qualification (if required) (Appendix 7);
- Logbook of Index Procedures (specialty specific);
- The prescribed Application Fee.

PATHWAY A

Entry in the Medical Specialist Registrar via this route is for those who have successfully completed a recognized programme of specialization.

Any Qualifications that are obtained during this route as part of the training programme such as Fellowships, Memberships, Board Certifications, Completion Certifications or others must be registered with the MBTT as Higher Qualifications.

QUALIFICATIONS:

1. Doctor of Medicine (DM) or Doctor in Public Health (DrPH) from the University of the West Indies in the Specialty.

2. Certification by a member board of the American Board of Medical Specialties (ABMS) in the Specialty.

3. Certificate of Completion of Training (CCT/CCST) OR Certificate of Eligibility of Specialist Registration (CESR) in the specialty from the United Kingdom.

4. Certification equivalent to CCT/CCST from Australia, Canada, Ireland, New Zealand or South Africa.

5. Equivalent specialist training from countries not listed in 3 & 4. Any such applicant must provide the following:
    - Completion certificate of training, board certification or exit examination certificate;
    - Specialist Registration from the country qualification was received;
    - Course outline and syllabus of specialization programme;
    - Accreditation Council of Trinidad & Tobago (ACTT) approval of the institution training was obtained at.

Each application will be assessed by the Council of MBTT who may utilize other appropriate resources such as specialists, specialist societies, the University of the West Indies and others to decide on approval.

PATHWAY B

SPECIFIC QUALIFICATIONS AND EXPERIENCE ROUTE:

All applications via Pathway B must include the following documents:

1. Portfolio – Record of Specialist Training Activities AND two (2) Structured Recommendations for entry in the Medical Specialist Register (**Appendices 3 and 4**);
2. Record of Specialist Training (**Appendix 6**); and
3. The Application to enter the Medical Specialist Register (**Appendix 7**).

SURGICAL SPECIALTIES

SURGICAL SPECIALTIES

a) General Surgery
b) Orthopaedic Surgery
c) Neurosurgery
d) Otolaryngology (ENT)
e) Paediatric Surgery
f) Urology
g) Plastic Surgery

CARDIOTHORACIC SURGERY

- **Not available via Pathway B**

MAXILLO-FACIAL SURGERY

- **Not available via Pathway B**

Training by Surgical Clinical Fellowship in the other specialty areas will **NOT** be recognised as Sub-Specialists at this time.

CRITERIA

- Fellowship of the Royal College of Surgeons - FRCS in the Specialty;
- One (1) year post FRCS;
- Twenty-four (24) months in basic surgical rotations;
- At least five (5) years in the surgical specialty;
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**; and
- The Operative Logbook must provide evidence of having assisted at and performed Index procedures that are Specialty Specific as listed Below.

A. General Surgery

Procedures	Minimum Number Performed
Skin, Soft tissue	25
Breast	25
Head and neck	20
Alimentary Tract	70
Abdomen-Hernia	50
Liver	04
Pancreas	03
Vascular	30
Urology	15
Trauma (Operative)	20
Trauma (Non-Operative)	10
Thoracic	10
Pediatric Surgery	10
Plastic Surgery	10
Laparoscopic (Basic)	60
Laparoscopic (Complex)	15
Upper GI Endoscopy	15
Colonoscopy	15
Peri-Anal	25
Amputations	25

Must provide evidence of having performed or assisted at more than one thousand (1 000) General Surgical procedures.

B. ORTHOPAEDIC SURGERY

Procedures	Minimum Number Performed
• **Trauma Procedures**	100
1. Open Reduction and Internal Fixation (ORIF) of major fractures	20
2. Intramedullary Nailing (e.g., femoral, tibial fractures)	25
3. Closed Reduction of Fractures and Dislocations	10
4. External Fixation	
• **Joint Replacement Procedures**	25
1. Total Hip Arthroplasty (THA)	25
2. Total Knee Arthroplasty (TKA)	5
3. Revision Arthroplasty (Hip/Knee)	
• **Spine Procedures**	
1. Laminectomy/Discectomy	5
2. Spinal Fusion	5
• **Sports Medicine and Arthroscopic Procedures**	30
1. Arthroscopy (Knee, Shoulder, Ankle)	10
2. Anterior Cruciate Ligament (ACL) Reconstruction	10
3. Rotator Cuff Repair	
• **Pediatric Orthopaedic Procedures**	20
1. Pediatric Fracture Management	5
2. Congenital Deformity Corrections (e.g., clubfoot)	
• **Hand and Upper Limb Procedures**	
1. Carpal Tunnel Release	20
2. Fracture Fixation (Wrist, Radius, Ulna)	20
3. Tendon Repairs	20
• Foot and Ankle Procedures	25
1. Ankle Fracture ORIF	5
2. Bunion Surgery (Hallux Valgus)	10
3. Achilles Tendon Repair	
• **Oncology and Miscellaneous Procedures**	10
1. Soft Tissue Tumour Excision	10
2. Amputation (Major Limb)	

Must provide evidence of having performed or assisted at more than eight hundred (800) Orthopaedic Surgical procedures.

C. NEUROSURGERY

Procedures	Minimum Number Performed
Advanced Adult Supratentoral	10
Endoscopic and Transphenoidal	10
Convexity and Falcine meningiomas	10
Advanced Adult Infratentoral	10
Intradural Spinal	5
Complex Spinal Fusion	10
Advanced Paediatric Supratentoral	2
Advanced Paediatric Infratentoral	2

Must provide evidence of having performed or assisted at more than eight hundred (800) Neurosurgical procedures.

D. OTOLARYNGOLOGY (ENT)

Procedures	Minimum Number Performed
Otology	
Myringotomy and grommet insertion	30
Exploratory tympanotomy	5
Myringoplasty	15
Mastoidectomy- Canal wall up and canal wall down	8
Rhinology	
Nasal bone repositioning	15
Drainage of septal abscess	5
Septoplasty	15
Endoscopic Sinus Surgery	15
Endoscopic control of Epistaxis	5
Laryngology	
Direct laryngoscopy	30
Tracheostomy	20
Oesophagoscopy	20
Rigid Bronchoscopy	5
Head & Neck Surgery	
Lymph node biopsy	10
Drainage of neck abscess	5
Submandibular Gland Excision	10
Neck Dissection	10
Superficial & total Parotidectomy	8
Excision tumour Oral cavity	8
Glossectomy	5
Thyroidectomy	20
Uvulopalatopharyngoplasty	8
Paediatic ORL	
Adenoidectomy	30
Tonsillectomy	30
Drainage of peritonsillar abscess	8
Control of post tonsillectomy hemorrhage	5
Pre Auricular sinus excision	5
Thyroglossal duct cyst excision	5
Branchial cyst/sinus excision	5
Airway assessment in newborn	5

Must provide evidence of having performed or assisted at more than seven hundred (700) ENT surgical procedures.

E. PAEDIATRIC SURGERY

The FRCS (Paed Surg) followed by evidence of one (1) year working in an approved training centre in Paediatric Surgery is required. In addition, the European Board of Paediatric Surgery Certification followed by three (3) years working in an approved training centre in Paediatric Surgery, will also be accepted.

Procedures	**Minimum Number Performed**
Laparotomy/ Laparoscopy for -Small Bowel Resection -Stoma Formation -Adhesions	50 8 8 6
Posterior Sagittal Anorectoplasty (PSARP)	3
Pull through for Hirschsprung's	3
Pyloromyotomy	7
Oncology/ Endocrine Tumour biopsy – 5 Resection Neuroblastoma or Nephrectomy Lymph node biopsy	35 5 2 5
Central venous line placement	20
Excision thyroglossal cyst	5
Neonatal Surgeries Oesophageal atresia /TOF Repair of diaphragmatic hernias Repair of abdominal wall defects Correction malrotation /Duodenal atresia Surgery for NEC, other colorectal surgery Repair of neonatal inguinal hernia	60 4 4 8 4 20 10
Circumcision	50
Inguinal hernia	50
Repair epigastric/umbilical hernia	30
Appendicectomy	40
Orchidopexy	30
Chest drain insertion	15
GI Endoscopy, cystoscopy and laparoscopy	Experience must be included

Must provide evidence of having performed or assisted at more than five hundred (500) Paediatric Surgical procedures.

F. UROLOGY

Procedures	Minimum Number Performed
Flexible Cystoscopy	100
JJ Stent Insertion	75
Suprapubic Catheter	15
Prostate Biopsies	50
Semirigid Ureteroscopy	50
Flexible Ureteroscopy	30
Circumcision	25
Scrotal Exploration	15
Simple Orchidectomy	15
Radical Orchidectomy	05
TURP	30
TURBT	30
Nephrectomy	15
Radical Prostatectomy	10
Simple prostatectomy	10
Nephrolithotomy/PCNL	20

Must provide evidence of having performed or assisted at more than eight hundred (800) Urological procedures.

G. PLASTIC SURGERY

Procedures	Minimum Number Performed
Skin grafts of full thickness or split thickness	50
Major Flaps Lower limb Breast Head/neck Free Flaps	25 25 10 10
Minor flaps On the Face and trunk	 50
Tissue Expansion	5
Major burns surgically managed	50
Reconstruction Eyelid Ear Lip	10 5 10
Cleft lip/palate	20
Facial re-animation	5
Breast Reconstruction	20
Chest wall coverage	20
Breast Reduction	20
Gynaecomastia	10
Pressure Ulcers	10
Peripheral nerve repair and grafting	20
Flexor tendon repair in the hand	50
Tendon transfer	5
Upper limb nerve decompression	20
Skin cancer resection	100
Keloid surgery	100
Facial trauma repair	100
Benign facial lumps e.g. lipoma, epithelial cysts, osteomas, neurofibromas	100
Scalp reconstruction	20
Abdominal hernia repair/Abdominoplasty	20
Liposuction/Fat grafting	20

Must provide evidence of having performed or assisted at more than One Thousand Two Hundred (1 200) Plastic surgical procedures.

OPHTHALMOLOGY

- Fellowship of the Royal College of Ophthalmologist – FRC Ophth (London) or FRCS (Ophthal) Edinburgh/Glasgow/Ireland; Or
- Membership of the Royal College of Ophthalmologist MRCOphth (attained before 2008);
- Evidence must be supplied of having spent a minimum of eight (8) years working in Ophthalmology of which three (3) years in the Specialty **must** be **after** having obtained the required qualification (above);
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**;
- The Operative Logbook as listed below. Procedures must be validated by an Ophthalmologist who is on the MSR; and
- Structured Recommendation for Entry in MSR and Record of Specialist Training (**Appendices 4 and 6)**

INDEX PROCEDURES

Subspecialty	Procedure	Minimum Number Performed	Minimum Number Assisted Or Performed
• **Cataract**	Phacoemulsification	300	
	Extracapsular Cataract Extraction (ECCE) or Manual Small Incision Cataract Surgery (MSICS)	25	
• **Strabismus**	Squint surgery		10
• **Glaucoma**	Trabeculectomy, Glaucoma drainage devices, Minimally Invasive Glaucoma Surgery (MIGS)		20
• **Vitreoretinal surgeries**			5
• **Cornea**	Corneal grafts		4
• **Oculoplastics/ Lacrimal**	Chalazion	20	
	Lid margin repair	10	
	Blepharoplasty		4

Subspecialty	**Procedure**	Minimum Number Performed	Minimum Number Assisted or Performed
	Pterygium/ Conjunctival surgery	25	
	Ptosis		5
Laser surgery	Selective Laser Trabeculoplasty	50	
	Peripheral Iridotomies	10	
	YAG Capsulotomies	20	
	Retinal lasers	50	
Intravitreal injections		100	
Globe trauma		10	

Must provide evidence of having performed or assisted at more than one thousand (1 000) Ophthalmological surgical procedures, including more than five hundred (500) Cataract procedures.

OPHTHALMOLOGY SUB-SPECIALTIES

- Not currently recognised via Pathway B

OBSTETRIC & GYNAECOLOGY

CRITERIA

- Membership of the Royal College of Obstetrics & Gynaecology – MRCOG;
- At least three (3) years post MRCOG;
- Must include at least three (3) years in each of Obstetric and in Gynaecology;
- Portfolio: Record of Specialist Training Activity (Appendices 3, 6 and 7);
    - Inclusive of evidence of having regularly attended and presented at Perinatal Morbidity & Mortality conferences/meetings;
    - Evidence of regular attendance at Obstetric Emergency Skills Drills;
- The Operative Logbook must provide evidence of having assisted at and performed. Key procedures that are Specific to Obstetrics & Gynaecology as listed below.

INDEX PROCEDURES

Obstetric Procedures	Minimum Number Performed
Minor Obstetric	
1. Normal Vaginal Delivery	40
2. Repair of Perineal Tear (3rd & 4th Degree)	5
3. Instrumental Delivery (Non-rotational)	10
4. Surgical Management of Retained Products of Conception	10
5. Manual Removal of Placenta	10
Major Obstetric	
6. Primary Caesarean section	15
7. Secondary Caesarean section	10
8. Tertiary Caesarean section	10
9. Caesarean section at full dilatation	5
10. Caesarean section with abnormal presentation (breech or transverse position)	5
11. Caesarean section ≤34 weeks	5
12. Emergency Caesarean Section (Category 1)	25
13. Emergency Caesarean Section (Category 2)	25
14. Breech Delivery	5
15. Hysterotomy	4
16. Twins Delivery (Vaginal Section)	3
17. Twins Delivery (Caesarean Section)	3

Must provide evidence of having performed or assisted at more than five hundred (500) Obstetric procedures of which four hundred (400) must be major obstetric.

Gynaecological Procedures	Minimum numbers Performed
Minor Gynaecological Procedures	
1. Dilatation and Curettage (D&C)	10
2. Evacuation of Retained Products of Conception (ERPC)	10
3. Insertion/Removal of IUCD/IUS	10
4. Cervical Biopsy	10
5. Cervical Cerclage	10
6. Marsupialization	10
7. Colposcopy +/- biopsy	10
8. Subdermal Contraceptive Implant Insertion or Removal	10
9. Vulval Biopsy or Incision and Drainage of Abscess	10
10. Cervical Conization	10
11. LLETZ/LEEP (Large Loop Excision of Transformation Zone)	10
Major Gynaecological Procedures	
1. Total abdominal hysterectomy (+/- adnexal removal)	5
2. Abdominal myomectomy	5
3. Unilateral or Bilateral Oophorectomy +/- Salpingectomy	10
4. Surgical management of Ectopic Pregnancy (laparotomy)	8
5. Open ovarian cystectomy (functional or dermoid cysts, endometriomas)	5
6. Adhesiolysis (laparotomy or laparoscopy)	5
7. Surgical treatment of endometriosis (excision of endometriosis)	5
8. Vaginal Hysterectomy	5
9. Anterior Repair	5
10. Diagnostic Laparoscopy	5
11. Hysteroscopy	15
12. Laparoscopic procedures: cystectomy, salpingo-oophorectomy, tubal ligation, etc.	15

Must provide evidence of having performed or assisted at more than five hundred (500) Gynaecological surgical procedures of which at least two hundred and fifty (250) must be Major Gynaecological.

OBSTETRIC & GYNAECOLOGY SUB-SPECIALTIES

Not currently recognised via Pathway B

PAEDIATRICS

- Completion of Membership in the Royal College of Paediatrics and Child Health (MRCPCH) Examination;
- At least two (2) years prior to completion of MRCPCH in a public hospital paediatric setting; AND
- Three (3) years post MRCPCH following the core rotations listed below in a public hospital paediatric setting
- Current Certification in Paediatric Advanced Life Support (PALS) or equivalent;
- Portfolio: Record of Specialist Training Activity (Appendix 3);
- Structured recommendation for entry into the Medical Specialist Register by two (2) specialty referees, in regularized Specialist Medical Officer posts in a public hospital paediatric setting;
- Certification of rotations and logbook (Appendix 6) with evidence of time spent in the following rotations, including a specialty assessor report from an MBTT registered paediatric specialist or sub-specialist where relevant:

Core Rotations	**Minimum time**
General Paediatrics (inpatient and outpatient) AND on calls The following rotations will count towards general paediatrics: Oncology, cardiology, haematology, neurology, nephrology, palliative care, adolescent medicine, gastrointestinal, rheumatology, respiratory, endocrinology, development and behavioral pediatrics / community paediatrics (Must be signed off by an MBTT registered sub-specialist)	Total: 24 months
Primary Care Paediatrics (including community paediatrics, child assessment units)	3 months
Neonatal ICU / Special Care Baby Unit	6 months
Acute / urgent care (Paediatric Emergency / Intensive Care / Urgent Care setting / Filter Clinic setting)	3 months

STA Requirements for Specialist Registration in Paediatrics and Child Health **(Appendix 3)**

- Certification of rotations and logbook **(Appendix 6**);
- Objective assessment by appropriate Specialty assessor (Specialist Medical Officer in public hospital setting) with respect to performance of Specialist Activities within rotations;
- Presentations performed: Audits, Multidisciplinary Meetings (MDT), Morbidity & Mortality (M&M) meetings, Grand Rounds; Specialty Meetings;
- Scholarly activities / Research Publications

Certification of Rotations and Logbooks **(Appendix 6)**

- Certification must be by Specialists and Sub-specialists who appear in the Medical Specialist Register, validated by the Head of Department or the University Clinical Lecturer.
- Those who obtained overseas experience must provide evidence that their certification is by those on the Specialist Register in that country/jurisdiction.

PAEDIATRIC SUB-SPECIALTIES

- Qualification as Paediatric Specialist;
- **Two (2)** further years after Specialist Registration as Paediatrician;
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**; and
- **Completed Medical Board Approved Fellowship of 24 months duration** in the named paediatric sub-specialty.
- Adolescent Medicine 12 months completed MBAF

INTERNAL MEDICINE

CRITERIA

- Membership of the Royal College of Physicians – MRCP;
- Followed by three (3) years post completion of MRCP;
- Portfolio: Record of Specialist Training Activity (**Appendix 2)**;
- The Logbook must provide evidence of having assisted at and performed key procedures that are Specific to Internal Medicine as listed below.
- Evidence of having spent time in **mandatory** General Medicine call of 24 months; inclusive of a total of 12 months (can be accrued in non-consecutive manner) in second on call capacity
- Evidence of having spent time in a minimum of Four (4) sub-specialty postings for a minimum of three (3) months each, including but not exclusive to:
  a) Cardiology - mandatory
  b) Nephrology - mandatory
  c) Neurology - mandatory
- Including one of the following
  d) Endocrinology
  e) Dermatology
  f) Rheumatology
  g) Gastroenterology
  h) Infectious Diseases
  i) Pulmonology.

INDEX PROCEDURES

Internal Medicine

Index Procedures	Minimum numbers Performed
1. Advanced cardiovascular life support (ACLS) certified and Leadership of response team	10
2. Temporary cardiac pacing using an external device	5
3. Central venous cannulation (internal jugular or subclavian)	10
4. Access to circulation for resuscitation (femoral vein or intraosseous)	10
5. Femoral Dialysis Catheter Insertion	5
6. Internal Jugular Dialysis Catheter Insertion	5
7. Nasogastric (NG) tube insertion	20
8. Ascitic tap or Abdominal paracentesis	10
9. Lumbar puncture	10

Must provide evidence of having performed or assisted at more than two hundred (200) Index Medical procedures logged and signed by consultant supervisor.

Procedures that are optional:

1. Bedside ECHO
2. EMG
3. EEG
4. Spirometry
5. Punch Biopsy
6. Endoscopy
7. Bronchoscopy
8. Thoracocentesis
9. Other specialty-specific procedures

GASTROENTEROLOGY

- Qualification as Internal Medicine Specialist
- Membership of the Royal College of Physicians (MRCP) followed by three (3) years' experience in Internal Medicine post completion of MRCP
- Completion of a Medical Board Approved Adult Gastroenterology Fellowship ≥ 2 years (*Thus, in total five (5) years' experience post completion of MRCP*) in duration (with completion certificate) ***if not approved for direct inclusion via Pathway A***

  N.B. Sub-subspecialties within gastroenterology such as hepatology, transplant hepatology, motility, inflammatory bowel disease, etc. are NOT to be considered within the core 2 year training of the adult gastroenterology fellowship specified above.

- Successful Completion of the European Specialty Examination in Gastroenterology and Hepatology (ESEGH) - previously named as the Specialist Certificate Examination (SCE)
- Portfolio: Record of Specialist Training Activity (Appendix 2) endorsed by a supervising Gastroenterologist mentor
- Gastroenterology procedure logbook (see below) endorsed by a supervising Gastroenterologist. (Insufficient numbers of specific procedures performed may necessitate completion under the supervision of a qualified consultant gastroenterologist.

GASTROENTEROLOGY PROCEDURE LOGBOOK					
Procedure	**Minimum Number (ASGE-based)**	**Competency Goals**	**Fellow's Logged Count**	**Faculty Initials**	**Evaluation Score (1-5)**
Diagnostic Upper Endoscopy (EGD)	130	Duodenal intubation, pathology identification, biopsy			
Diagnostic Colonoscopy	275	Cecal intubation >90%, adequate withdrawal, biopsy			

Procedure	Minimum Number (ASGE-based)	Competency Goals	Fellow's Logged Count	Faculty Initials	Evaluation Score (1-5)
Cold Snare Polypectomy	25	Safe removal of lesions using cold snare techniques			
Hot Snare Polypectomy	25	Safe removal of 1–2 cm lesions using hot snare techniques			
Endoscopic assessment in lower GI bleed (Colonoscopy)	10	Assessment with or without control of bleeding using clips, injection, coagulation			
Clip application techniques	15	Use of hemostatic clips			
Injection for hemostasis or endoscopic mucosal resection	20	Use of submucosal injection			
Thermal application techniques in hemostasis	20	Use of thermal methods			
Variceal band ligation	15	Multiband application; elective and emergency use			
Argon plasma coagulation (APC) techniques	10	Use of APC in the management of bleeding GI lesions			
PEG Placement	5	Safe placement and complication management			
Foreign Body Removal/ Retrieval	5	Safe management using appropriate devices			
Stricture Dilation (Balloon/Bougie)	20	Effective stricture dilation under supervision using bougie/balloon under endoscopic guidance			

Procedure	Minimum Number (ASGE-based)	Competency Goals	Fellow's Logged Count	Faculty Initials	Evaluation Score (1-5)
Biopsy Technique	30	Appropriate targeting and sampling of mucosa			
Terminal Ileum Intubation	20	Consistent intubation and biopsy of terminal ileum			

INFECTIOUS DISEASES

- Qualification as Internal Medicine Specialist;
- Membership of the Royal College of Physicians – MRCP;
- Completion of a Medical Board Approved Clinical Fellowship ≥ two (2) years duration in Infectious Diseases (with completion certificate); (*Thus, in total five (5) years experience post completion of MRCP*)
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**;
- Combined Infection Certificate Examination (CICE).

NEUROLOGY

- Membership of the Royal College of Physicians – **MRCP**
- Qualification as Internal Medicine Specialist
- Completion of a Medical Board Approved Clinical Fellowship in Neurology (with completion certificate) of at least two (2) years duration covering all aspects of an internationally recognized curriculum. (*Thus, in total five (5) years experience post completion of MRCP*)
- SCE in Neurology
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**

ENDOCRINOLOGY AND DIABETES

- Membership of the Royal College of Physicians – **MRCP**
- Qualification as Internal Medicine Specialist
- Completion of a Medical Board Approved Clinical Fellowship in Endocrine (with completion certificate) of at least two (2) years duration covering all aspects of an internationally recognized curriculum. (*Thus, in total five (5) years experience post completion of MRCP*)
- SCE in Endocrine and Diabetes or European Specialty Examination in Endocrine
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**

PULMONARY

- Membership of the Royal College of Physicians – **MRCP**
- Qualification as Internal Medicine Specialist
- Completion of a Trinidad and Tobago Medical Board approved Clinical Fellowship in Pulmonary Medicine (with completion certificate) of at least two (2) years duration covering all aspects of an internationally recognized curriculum. (*Thus, in total five (5) years experience post completion of MRCP*)

Mandatory

- Specialty Certificate Examination (SCE) in Pulmonary Medicine
- Submission of Portfolio: Record of Specialist Training Activity (**Appendix 3)** With Evidence of procedure competence.

Index Procedures	Minimum numbers Performed
1. Bedside chest and Cardiac Ultrasound	25
2. Competency in reading Pulmonary Function Tests / Body Plethesmography	100
3. Competency in performing Bronchoscopy	100
4. Competency in performing ABG interpretation	25
5. Competency in performing Polysomnography	20
6. Competency in preforming Thoracentesis inclusive of Pleural Biopsy	25
7. Competency in chest tube insertion	25

RHEUMATOLOGY

- Membership of the Royal College of Physicians – **MRCP**
- Qualification as Internal Medicine Specialist
- Completion of a Medical Board Approved Clinical Fellowship in Rheumatology (with completion certificate) of at least two (2) years duration covering all aspects of an internationally recognized curriculum. (*Thus, in total five (5) years experience post completion of MRCP*)
- Specialist Certificate Examination (**SCE**) in Rheumatology
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**

DERMATOLOGY

- Membership of the Royal College of Physicians – MRCP;
- Four (4) years in Dermatology post MRCP with at least one (1) year served second on call in dermatology;
- Specialty Certificate Examination (SCE) in Dermatology;
- Portfolio: Record of Specialist Training Activity (**Appendix 2)**; and
- Medical Board approved MSc in Dermatology from an accredited institution **BELOW:**
    - MSc in Clinical Dermatology - Cardiff University
    - Msc Clinical Dermatology - King's College London (St John's Institute of Dermatology)
    - MSc Clinical Dermatology - Boston University

  *Online courses and Aesthetic qualifications are excluded from these criteria

  *Other Certifications will require submission of transcript and course outline for consideration.

Each prospective candidate must be assigned to a supervisor/ mentor. The details of STA activities for each candidate should be recorded in a logbook. The following serves as a guide regarding the required STA activities.

Surgical Procedures

Procedure	Level of Competence required	Minimum Numbers to be logged
Curette and cautery	Competent to perform the procedure unsupervised	
Incisional skin biopsy	Competent to perform the procedure unsupervised	
Punch Biopsy	Competent to perform the procedure unsupervised	100 per year
Shave Excision	Competent to perform the procedure unsupervised	100 per year
Excision of benign and malignant skin lesions	Competent to perform the procedure unsupervised	50
Repair (closure) – Simple/Intermediate/Complex	Competent to perform the procedure unsupervised	50
Genital/Mucosal biopsy	Competent to perform the procedure unsupervised	20
Cryotherapy	Competent to perform the procedure unsupervised	
Laser - Combined (Ablative, Non-ablative, Vascular)	Perform or Observe	15
Botulinum Toxin Chemodeinnervation	Perform or Observe	15
Soft Tissue Augmentation/Skin Fillers	Perform or Observe	15
Nail Procedures *	Perform or Observe	3
MOHS Surgery	Perform or observe	10

Observed- this does not include online/virtual courses. Must be present with live subjects.
Performed- does not include cadaver specimens or 3D models.
*Only one nail procedure performed on a human cadaver hand or foot can count toward satisfying this requirement.

Non-Surgical Procedures

Procedure	Level of Competence required
Dermoscopy	Competent to perform the procedure unsupervised
Dermatology Life Quality Index and other assessment tools e.g. Psoriasis Area Severity Index, Eczema Area Severity Index	Competent to perform the procedure unsupervised
Triamcinolone injection / intralesional injections	Competent to perform the procedure unsupervised
Take skin scrapings and nail clippings for mycology	Competent to perform the procedure unsupervised
Wood's light examination	Competent to perform the procedure unsupervised

You should provide evidence for the following procedures to demonstrate knowledge, but you are not required to show you can perform them unsupervised	
ABPI (ankle brachial pressure index) measurement	Microscopy for identification of scabies mite
Allergen prick testing	Monochromator testing
	Patch test application
Diphencyprone sensitisation	Photopatch testing
Iontophoresis	Photoprovocation testing
Minimal Erythema Dose or Minimal Phototoxic Dose (MED or MPD)	Photodynamic therapy
Microscopy of hair shaft	
Microscopy of skin scrapings for fungi	Phototherapy

Academic Activities

Procedure	Minimum Numbers to be logged
Morbidity and Mortality/ Grand Rounds/ MDT's/ Audits	4 per year
Presentations at regional/ international meetings	2 per year

Candidates are expected to participate in inpatient care as well as outpatient clinic solely seeing dermatology patients. Each candidate should align with an "advisor/supervisor". A summary report/evaluation report must be submitted for each candidate.

CARDIOLOGY

- Membership of the Royal College of Physicians –
    - Internal Medicine Specialist (3 years post MRCP) then completion of a Medical Board Approved Clinical Fellowship in Cardiovascular Medicine (with completion certificate) of at least three (3) years duration covering all aspects of an internationally recognized curriculum. (*Thus, in total six (6) years' experience post completion of MRCP*)
      OR
    - Five (5) years in Cardiology at a registrar level
- Candidate should have passed American College of Cardiology Certified Cardiovascular Knowledge Examination AND/OR European Society Cardiology European Examination in Core Cardiology Examination
- Portfolio: Detailed Record (logbook see **Appendix 3**) of Specialist Training Activity (**See Below)** signed by Head of Department/Program Director
- Two Referees (see **Appendix 4**)

Rotation	Total Months	Procedure	Minimum Number (Level II)
Inpatient Cardiology Wards and CCU	14	Diagnostic Coronary Angiogram as First and Second Operator	300
Electrophysiology	2	*Right Heart Catheterizations	10
Stress Testing	2	2D-TTE Interpretation	1500

Rotation	Total Months	Procedure	Minimum Number (Level II)
Cardiac Catheterization	6	ECG Interpretation	3000
Echocardiography	3	TOE/TEE	50
*Cardiothoracic Surgery	1	Stress Testing (ETT/ESE/DSE)	300 (100 each)
*Vascular Medicine	1	Holter Monitor Interpretation	100
Advanced Imaging	1	Temporary Transvenous Pacing Wire Placement	10
*Research/Clinical Audits	5	*Pericardiocentesis	5
*Pediatric Cardiology	1	*Cardioversion	5
Total in Months	36	*Numbers follow COCATS 4.0 recommendations.*	

***Optional but desirable**

CARDIOLOGY SUB-SPECIALTIES

- Not available via Pathway B

NEPHROLOGY

- Membership of the Royal College of Physicians – **MRCP**
- Qualification as Internal Medicine Specialist
- Medical Board Approved 2 year (minimum) Clinical Fellowship in Nephrology. (*Thus, in total five (5) years experience post completion of MRCP*)
- Specialist Certificate Examination (**SCE**) in Nephrology OR European Certificate in Nephrology OR European Specialty Examination in Nephrology (ESENeph);
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**

ONCOLOGY

MEDICAL ONCOLOGY

- Not available via Pathway B

RADIATION ONCOLOGY

- Not available via Pathway B

CLINICAL ONCOLOGY

- Not available via Pathway B

FAMILY MEDICINE

- Membership of the Royal College of General Practitioners – MRCGP; Or
- Membership of the Irish College of General Practitioners – ICGP; Or
- Membership of the Caribbean College of Family Physicians- MCCFP
- **And** Three (3) years as a general practitioner post MRCGP/ICGP/MCCFP.
- **And** Two Referees (see Referees in **Appendix 4)**

PUBLIC HEALTH

- Masters of Public Health (MPH)
- Four (4) years post (MPH) experience working in Primary Care or Public Health at a senior level
- Portfolio of specialist training with evidence of involvement in:
    - Epidemiology and disease surveillance.
    - Disease outbreak management.
    - Plus any of the following:
        - Public Health Program Development and Implementation
        - Disaster Management
        - Research in Public Health
        - Resource Management in Public Health Initiatives
        - Health Promotion
        - Environmental Health Surveillance

PSYCHIATRY

1. Experience

- Minimum of five (5) years of work in psychiatry at a centre recognised for postgraduate psychiatric training.

2. Qualifications

- Must hold the Membership of the Royal College of Psychiatrists (MRCPsych) or equivalent.

3. Post-Membership Experience

- At least three (3) additional years in psychiatry in a supervisory role (Registrar or Consultant level).

4. Core Training Exposure (Documented in a Portfolio):

- Rotations of three (3) months each in key subspecialties:
  - Child Psychiatry
  - Substance Abuse Psychiatry
  - Forensic Psychiatry
  - Geriatric Psychiatry
  - Consultation-Liaison Psychiatry
- Three (3) months of clinical exposure in Neurology
- Multidisciplinary team experience (working with psychologists, psychiatric social workers, mental health officers)

5. Professional Development Activities:

- At least two (2) clinical audits
- Teaching activities: Minimum of three (3) sessions per year (undergraduate or postgraduate)
- Community mental health outreach: Minimum of two (2) events per year
- Mortality and Morbidity meetings: Attend at least three (3) per year; present at least one (1) annually
- Psychotherapy training: Completion of three (3) approved psychotherapy courses, e.g., CBT, Psychodynamic Therapy, Supportive Therapy, DBT (to be approved by a mentor)

6. Mentorship and Reflective Practice:

- Quarterly participation in Balint Group
- Quarterly check-ins with a senior psychiatrist (mentor) who has been on the Specialist Register for at least three (3) years (this mentor must be different from the referees listed in the application)

7. Two (2) referees as per Appendix 4

RADIOLOGY

- Must have spent five (5) years working in radiology in a centre that is recognised for postgraduate radiology training;
- Fellowship in the Royal College of Radiologists – FRCR;
- Two (2) years in Radiology following FRCR; and
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**;

ANAESTHESIA

- Must have spent five (5) years working in anaesthesia in a centre that is recognised for postgraduate anaesthetic training;
- Fellowship in the Royal College of Anaesthesia -FRCA;
- Two (2) years in anaesthesia post FRCA;
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**; and
- A Logbook of all Anaesthetic Procedures assisted at and performed.

CRITICAL CARE

- All those who are currently registered Specialists in Anaesthesia will automatically be registered as Critical Care Specialists.
- Those registering under Pathway B as Specialist Anaesthetists in the future will **not** be registered as Specialists in Critical Care. To register in this category, they will be required to **also** provide evidence of having worked for two (2) years in Critical Care in a training centre.
- Those already registered as Specialists in Medicine, Emergency Medicine or Surgery can obtain Specialist Certification in Critical Care after successful completion of a two (2) year **Medical Board Approved Clinical Fellowship** (MBACF) in Critical Care Medicine.
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**.

- The Logbook must provide evidence of having assisted at and performed. Key procedures that are Specific to Critical Care as listed below.

Index Procedures	Minimum numbers Performed
Endotracheal intubation	50
Central Line Insertion	25
Surgical Airway	5
Resuscitation of Child	10
Resuscitation of Adult	25
Defibrillation	10
Bronchoscopy	10
Chest Drain Insertion	5
Brain Stem Testing	5
Ascitic Tap/ Paracentesis	10
Transfer of Critical Patient	5

EMERGENCY MEDICINE

- Fellowship in the College of Emergency Medicine – FCEM;
- Three (3) years in Emergency Medicine post FCEM;
- Current Certification in Advanced Trauma Life Support (**ATLS),** Advanced Cardiac Life Support (**ACLS**) and Paediatric Advanced Life Support (**PALS), or Equivalent**;
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**;
- The Logbook must provide evidence of having assisted at and performed. Key procedures that are Specific to Emergency Medicine as listed below.
- Evidence must be provided of supervised approved rotations in the following mandatory specialties for the minimum outlined duration or full-time equivalent:

- ICU / Anaesthetics (3 months);
- Orthopaedic Surgery (3 months);
- Internal Medicine (3 months);
- Cardiology (6 weeks);
- Obstetrics and Gynaecology (6 weeks);
- Psychiatry (6 weeks);
- Radiology (3 months);
- Community Emergency Department (3 months);
- Tertiary Emergency Department (6 months);
- Paediatric Emergency Medicine (6 months).

Index Procedures	Minimum numbers Performed
Endotracheal intubation	20
Central Line Insertion	10
Surgical Airway	5
Upper Limb Immobilization	20
Lower Limb Mobilization	20
Reduction of Fracture/Dislocation	20
Incision and drainage of abscess	5
Screen for Sepsis	5
Resuscitation of Child	5
Resuscitation of Adult	10
Defibrillation	10
Fracture Immobilization	5
Chest Drain Insertion	5
Foreign Body Removal- ENT	5
Extended FAST	20
Spinal Immobilization and Cervical Spine clearance	10

PALLIATIVE MEDICINE

- Primary Certification in any of the following specialties (Medicine, Surgery, Family Medicine, Paediatrics, Haematology/Oncology, Anaesthesia/ Critical Care and Emergency Medicine), or sub-specialty certification.
- Three (3) years in Palliative Medicine; and related specialties (Table 1) with logbook of core competencies and procedures (see **Appendix 3** for format)
- Two (2) referees as per **Appendix 4**

Table 1: Required experience in palliative care and related specialties:	
Core areas of exposure	**Required Time/Criteria**
Palliative care inpatient service	3-6 months
Palliative care home visits	3-6 months
Palliative care outpatient clinic	A minimum of 10 consultations observed and 12 supervised
Palliative care hospital consultations	A minimum of 10 consultations observed (may include paediatric cases)

Core areas of exposure	**Required Time/Criteria**
Oncology out-patient/in-patient service (medical and radiation)	3-6 months
Internal Medicine (preferably neurology & geriatrics)	3-6 months
Elective/Research	6 months To include a quality improvement project or audit
Teaching	Evidence of facilitation of a minimum of 10 sessions.
Other recommended areas of exposure	**Palliative Medicine Casebook**: Must include the following: ▪ Three (3) cases from the **core areas of exposure** and three (3) cases from the **other recommended areas** of exposure. ▪ One of the six cases must focus on an ethical issue.
Psychiatry	
Social Work	
Chaplaincy	
Physical Therapy/Rehabilitation Medicine	
Chronic pain	
Table 2 **Index Procedures**	
Index Procedure	**Minimum Numbers Performed**
Communication skills Discussing prognosis Discussing goals of care Advance care planning Leading a family meeting	 20 20 20 20
Insertion and care of subcutaneous lines	15
Syringe pump set up, use and troubleshooting	5
Suction machines setup, use and troubleshooting	5
Oxygen delivery and management of delivery devices (oxygen tanks and concentrators)	15
Tracheostomy care and management of complications	10
PEG (Percutaneous endoscopic gastrostomy) care including management of complications	10
Insertion and care of rectal catheters	3 observed

Index Procedure	Minimum Numbers Performed
Suprapubic catheter care Chronic indwelling urinary catheters troubleshooting and care Nephrostomy tube care	5 10 5
Care of indwelling pleural catheters	5
Paracentesis - technique, management of complications.	5
Care of indwelling peritoneal drains	5
Management of complex wounds	15

OCCUPATIONAL MEDICINE

Certification:

- Membership of the Faculty of Occupational Medicine (MFOM) of the Royal College of Physicians of Ireland or of the Royal College of Physicians of London.

Mandatory Evidence of Experience:

- A total of Four (4) years working in Occupational Medicine, of which:
- Two (2) years should have been spent working in Occupational Medicine, post award of Membership; and
- Activity Log including Specialty Clinics, Specialty Calls, Workplace Health Risk Assessments.
- Portfolio: Record of Specialist Training Activity **(Appendix 3)**

PATHOLOGY SPECIALTIES

Histopathology, Immunology, Microbiology and Chemical Pathology

- Fellowship in the Royal College of Pathologists (FRCPath) Examination;
- Five (5) years' experience working in a Pathology Department ;
- One (1) year post FRCPath; and
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**.

HAEMATOLOGY

- Fellowship in the Royal College of Pathologists - FRCPath (Haematology) Examination;
- Five (5) years served in the specialty;
- Portfolio: Record of Specialist Training Activity (**Appendix 3)**.
- Record of specialty specific procedures as below
- Two (2) references see **Appendix 5**

Logbook	Should contain the following information: • only procedures that you were personally involved in • age and gender • date of the procedure • full name of the procedure • your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior) • any critical incidents • name of the hospital or clinic where procedure was performed • outcomes data. All evidence in this area must be anonymized for individual patient data
Consolidation, cumulative data sheets, summary lists and annual caseload statistics	You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure

PRACTICAL PROCEDURES

Procedure	**Minimum Number Recommended**
Bone Marrow Aspirate and Trephine	10
Intrathecal Chemotherapy Administration	10

FORENSIC PATHOLOGY

- Certified as a trained histopathologist/anatomical pathologist;
- Two further years in Forensic Pathology;
- Portfolio: Record of Specialist Training Activity (**Appendix 2)**; and
- Attainment of a Diploma in Forensic Pathology of the Royal College of Pathologists or Diploma in Medical Jurisprudence of the Society of Apothecaries.

HISTOPATHOLOGY

- Fellowship in the Royal College of Pathologists (FRCPath) examination in Histopathology or equivalent;
- Five (5) years' experience working in a Pathology department prior to attempting the FRCPath examination or equivalent;
- Portfolio: Record of specialist training activity (Appendix II); and
- Two (2) years post FRCPath or equivalent in a Registrar or semi-independent reporting role; with a Logbook that must be signed by at least two (2) Specialist Medical Officers in Histopathology on the Specialist Register. The logbook must provide evidence of having assisted in reporting on the following specimens:

Surgical Pathology specimens	At least 500; and must include tissue from the following systems: • Gastrointestinal • Hepatobiliary and pancreatic tract • Renal and genitourinary tract • Musculoskeletal • Neurological • Breast • Gynaecological • Skin • Lung • Lymph Nodes • Bone marrow • Soft tissue • Endocrine

Post-mortems	At least 30 cases inclusive of coroner cases; and at least 6 pediatric, perinatal and stillborn cases. The autopsy must include, as appropriate to the case: • Review of the clinical history and circumstances of death; • External examination of the body; • Gross dissection, including organ evisceration; • Review of microscopic and laboratory findings; • Preparation of written description of gross and microscopic findings; • Development of opinion as to the cause of death; and • Clinical pathologic correlation.
Non-gynaecologic cytology specimens	At least 250 cases
Cervical cytology specimens	At least 500 cases
Frozen Sections	At least 15 cases
Case Presentations	At least 3 case presentations with at least five (5) references. At least one (1) must be presented at a regional or international level.

Autopsy

- Must meet the criteria of Histopathology; and
- Certificate of Higher Autopsy Training (CHAT) or equivalent.

Cervical Cytology

- Must meet the criteria of Histopathology; and
- Certificate of Higher Cervical Cytology Training (CHCCT) or equivalent.

MICROBIOLOGY

- Fellowship in the Royal College of Pathologists (FRCPath) examination in Medical Microbiology or equivalent;
- Five (5) years experience working in a Microbiology department prior to attempting the FRCPath examination or equivalent; with a training log providing evidence of the following:
    - One (1) year in Bacteriology;
    - Nine (9) months in Virology;
    - Three (3) months in Parasitology;
    - Three (3) months in Mycology;
    - Three (3) months in Molecular Microbiology;
    - Five (5) years as a member of an Infection Prevention and Control Committee and Antimicrobial Stewardship Committee; and,
    - Five (5) years' experience doing clinical consultations under the supervision of an SMO Microbiologist. The candidate must do rounds in:
        - NICU – six (6) months;
        - ICU– six (6) months; and
        - Other high risk units – six (6) months.
- Portfolio: Record of specialist training activity (Appendix II).
- Two (2) years post FRCPath or equivalent in a Registrar or semi-independent reporting role; with a training log providing evidence of the following:
    - Two (2) years as a Registrar at minimum under the supervision of an SMO Microbiologist with rotations in Bacteriology, Virology, Mycology, Parasitology,
        - Immunology and Molecular Microbiology; and
    - Two (2) years portfolio of clinical consultations and membership on Infection Prevention and Control and Antimicrobial Stewardship Committees
- All portfolios must be signed by two (2) Specialist Medical Officers in Medical Microbiology on the Specialist Register.

Pathway 'C'

Temporary specialist registration route

1. Temporary specialist registration in the Medical Specialist Register may be offered for visiting doctors and doctors brought in under various healthcare undertakings.
2. Such registration will be at the discretion of the Council and the required qualifications will be similar to those outlined at Pathways 'A & B' above and recognized by the ACTT.
3. This category of registration will be subject to the immigration requirements of Trinidad and Tobago and will be for a period not exceeding 1 year at a time.
4. Doctors registered under this Pathway will not be allowed independent practice unless special dispensation is granted by the Council and this will be in circumstances where an absolute need exists for the service they can provide, such need arising due to a deficiency of specialists registered and practicing within their field.

APPENDIX 1

POLICY GUIDELINES FOR ELIGIBILITY TO

THE MEDICAL SPECIALIST REGISTER 2020

PURSUANT TO SECTION 16(C) OF THE MEDICAL BOARD ACT (1960) AND MEDICAL BOARD (SPECIALIST REGISTRATION) REGULATIONS

Pathway 'A'

Direct Routes

1. A medical doctor who has been awarded a DM (Doctorate of Medicine) degree or a DrPH (Doctor of Public Health) degree by the University of the West Indies.

2. *Overseas qualifications*

   a. A medical doctor who is Board Certified in the United States of America or has a certificate of completion of training (CCT/CCST) from the United Kingdom or equivalent from Ireland, Canada, Australia and New Zealand; or

   b. A medical doctor who holds equivalent specialist training as 2(a) above and overseas qualification (completion certificate of training, board certification or exit examination certificate) from a country not listed in sub-paragraph (a) and who, on referral to the Accreditation Council of Trinidad and Tobago (ACTT) for institutional approval, and The Medical Council for programme appraisal; based on individual consideration, meets the requisite standard of qualification.

POLICY GUIDELINES FOR ELIGIBILITY TO

THE MEDICAL SPECIALIST REGISTER 2020

Pathway 'B'

Should be spent at an institution approved by Council

Specific qualifications and experience route

	SPECIALTY	CRITERIA
1	Surgical Specialist	(a) FRCS (Fellow of the Royal College of Surgeons) (International) in the particular specialty as administered by the Intercollegiate Board of UK & Ireland (JSCFE) followed by 3 years' service in the specialty at a senior level/second call; **OR** (b) FRCS (specialty), having completed the examinations within an accredited training scheme but not having attained a CCST/CCT followed by 3 years' service in the specialty at a senior level/second call.
2	Surgical sub-specialties	Qualification as a Surgical Specialist **AND** 2 further years at a senior level/second call served within the sub-specialty, at least 1 year of which must be at an ACTT accredited institute, Board accepted fellowship/training scheme in the sub-specialty.
3	Internal Medicine	MRCP (Member of the Royal College of Physicians) and an SCE (Specialty Certificate of Examinations) in Acute Medicine followed by 3 years post completion of MRCP served in the specialty at a senior level/second call.
4	Sub-specialties - Medical (excluding Dermatology)	Qualification as an Internal Medicine Specialist and 2 further years at a senior level/second call served within the sub-specialty, at least 1 year of which must be at an ACTT accredited institute, Board accepted fellowship/training scheme in the sub-specialty.
5	Ophthalmology	(a) FRCOphth (London); or (b) FRCS (Ophthal) Edinburgh/Glasgow/Ireland; or (c) MRCOphth, attained prior to 2008, followed by 3 years served in the specialty at a senior level/second call.
6	Obstetrics & Gynaecology	MRCOG followed by 3 years served in the specialty at a senior level/second call.
7	Anaesthesia	FRCA followed by 2 years served in the specialty at a senior level/second call.
8	Emergency Medicine	FCEM followed by 2 years served in the specialty at a senior level/second call.

	SPECIALTY	CRITERIA
9	Pathology Specialties (Histopathology, Haematology, Blood Transfusion, Microbiology and Chemical Pathology)	FRCPATH followed by 2 years served in the specialty at a senior level/second call.
10	Paediatrics	MRCPCH followed by 3 years served in the specialty at a senior level/second call.
11	Radiology	FRCR followed by 2 years served in the specialty at a senior level/second call.
12	Family Medicine	MRCGP and at least 2 years working in family medicine/general practice.
13	Public Health	MPH followed by 3 years served in the specialty at a senior level/second call (District Medical Officer, Primary Care Physician-2, Medical Officer of Health-1).
14	Psychiatry	MRC Psych. followed by 3 years served in the specialty at a senior level/second call.
15	Dermatology	*MRCP (Member of the Royal College of Physicians), with two years Internal Medicine AND an SCE (Specialty Certificate of Examinations) in Dermatology AND MBTT accepted Diploma / Masters (MSc) in Dermatology (excluding primary online courses), from an accredited institution, including 3 years served in the specialty post diploma/MSc at a second on call level, with evidence of direct clinical supervision. (A fellowship in General Dermatology from an ACTT accredited institute, for a period of at least one year, can be considered a substitute for Diploma/Masters in Dermatology, pending approval from the Specialist Advisory Committee, MBTT).*
16	Oncology	(a) FRCR in Clinical Oncology followed by 2 years served in the specialty at a senior level/second call; or (b) MRCP(UK) and an SCE in Medical Oncology followed by 3 years served in the specialty at a senior level/second call.
17	Forensic Pathology	Recognition as a trained Histopathologist (see 9 above) followed by 2 years training in the field of Forensic Pathology and the attainment of a Diploma in Forensic Pathology of the Royal College of Pathologists or Diploma in Medical Jurisprudence of the Society of Apothecaries.

NB: The time served must be verified by the yearly submission of an evaluation form determined by Council.

For specialty qualifications not listed above, qualifications will be referred to the ACTT and the Council of MBTT for individual consideration - please see our website for details.

POLICY GUIDELINES FOR ELIGIBILITY TO

THE MEDICAL SPECIALIST REGISTER 2020

Pathway 'C'

Temporary specialist registration route

1. Temporary specialist registration in the Medical Specialist Register may be offered for visiting doctors and doctors brought in under various healthcare undertakings.

2. Such registration will be at the discretion of the Council and the required qualifications will be similar to those outlined at Pathways 'A & B' above and recognized by the ACTT.

3. This category of registration will be subject to the immigration requirements of Trinidad and Tobago and will be for a period not exceeding 1 year at a time.

4. Doctors registered under this Pathway will not be allowed independent practice unless special dispensation is granted by the Council and this will be in circumstances where an absolute need exists for the service they can provide, such need arising due to a deficiency of specialists registered and practicing within their field.

APPENDIX 2: PORTFOLIO

RECORD OF SPECIALIST INTERNAL MEDICINE TRAINING ACTIVITIES

To be completed on a separate document.

To contain the following information:

Applicants Name:

MBTT Number:

Specialty:

Specialty Clinics Attended Seeing Referrals (signed by lead consultant)

Grand Rounds/Ward round Teaching Presentations (Minimum 10)

Morbidity & Mortality Meetings Presented

Specialty Training Courses Attended

Local Specialty Meetings Attended

International Specialty Meetings Attended

Specialty Training Courses Conducted.

Audits/Research performed

APPENDIX 3: PORTFOLIO
RECORD OF SUB-SPECIALIST TRAINING ACTIVITIES

To be completed on a separate document.

To contain the following information:

Applicants Name:

MBTT Number:

Specialty:

Specialty Clinics Attended Seeing Referrals (signed by lead consultant) with logbooks (see **Appendix 6** for format)

Grand Rounds/Ward round Teaching Presentations

Morbidity & Mortality Meetings Presented

Specialty Training Courses Attended

Local Specialty Meetings Attended

International Specialty Meetings Attended

Specialty Training Courses Conducted.

Audits/Research performed

APPENDIX 4: STRUCTURED RECOMMENDATION FOR ENTRY IN MEDICAL SPECIALIST REGISTER

(EXCEPTION HAEMATOLOGY, REFER APPENDIX 5)

Two Referees Required

Both Referees must:

- be directly supervising Specialists (for at least 6 months) in the same field as the Applicant.
- be on the Medical Specialist Register either in Trinidad & Tobago or in another country. Evidence of this Registration must be provided if from overseas; and
- have been on the Specialist Register for more than two (2) years.

Applicants Name:_____

MBTT Number:_____

Specialty:_____

Referees Name:_____

MBTT or other Registration Number:_____

Specialty:_____

I have reviewed this application (Logs, Specialist Training Activities and Record of Specialist Training) for entry into the Medical Specialist Register.

I am satisfied that _____has reached the standard required to be entered onto the Medical Specialist Register of the Medical Board of Trinidad & Tobago in the Specialty of _____.

_____ _____

Signature Date

APPENDIX 5: STRUCTURED RECOMMENDATION FOR ENTRY IN HAEMATOLOGY SPECIALIST REGISTER

Two Referees Required:

One Referee must:

- be directly supervising Specialists (for at least 6 months) in the same field as the Applicant;
- be on the Medical Specialist Register either in Trinidad & Tobago or in another country. Evidence of this Registration must be provided if from overseas; and
- have been on the Specialist Register for more than two (2) years.

Other Referee must:

- Specialist in the field of Pathology
- be on the Medical Specialist Register either in Trinidad & Tobago or in another country. Evidence of this Registration must be provided if from overseas; and
- have been on the Specialist Register for more than two (2) years.

Applicants Name:_____

MBTT Number:_____

Specialty:_____

Referees Name:_____

MBTT or other Registration Number:_____

Contact:_____

E-mail:_____

Specialty:_____

I am satisfied that _____has reached the standard required to be entered onto the Medical Specialist Register of the Medical Board of Trinidad & Tobago in the Specialty of _____.

_____ _____

Signature Date

APPENDIX 6

RECORD OF SPECIALIST TRAINING

RECORD OF SPECIALIST TRAINING

Start Date (MM/YY)	End Date (MM/YY)	Time Spent (Months)	Hospital	SPECIALTY	Consultant Name (Print)	Consultant Signature And Date	Validate

Signature:_____ Date:_____

NAME:_____ MBTT Registration Number: _____ PAGE NUMBER _____

APPENDIX 7:

APPLICATION FORM FOR REGISTERING AN ADDITIONAL QUALIFICATION AND TO REGISTER WITH SPECIALIST STATUS

APPLICATION TO REGISTER AN

ADDITIONAL QUALIFICATION

I, _____hereby apply for Registration
(NAME IN BLOCK LETTERS)
with the Medical Board of Trinidad and Tobago (in accordance with Section 15 of the Medical Board Act 1960) and by virtue of the following qualifications of which I am lawfully possessed.

1. List qualifications registering with the Medical Board of Trinidad and Tobago:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

2. List qualifications previously registered with the Medical Board of Trinidad and Tobago:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

3. List any qualifications registered with other Medical Bodies:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	REGISTERING BODY	OFFICE

4. FELLOWSHIP DETAILS:

Title of Fellowship	
Specialty	
Hospitals/Institutes	
Certifying body approving Fellowship	
Dates employes in Fellowship	
Time spent in Fellowship	

_____

Applicant's Ordinary Address:

_____

_____

Applicant's Signature:_____

Date of Application:_____

Applicant must submit with this Application:-

1. ***Original Qualifying Diploma and a photocopy.***
2. ***Prescribed Fee of TT$500.00 (Additional Diploma)***

Reg. Number:_____ Date Issued:_____

Receipt No._____

APPLICATION TO ENTER

MEDICAL SPECIALIST REGISTER

*I,*_____hereby apply for Registration
(NAME IN BLOCK LETTERS)
with the Medical Board of Trinidad and Tobago (in accordance with Section 15 of the Medical Board Act 1960) and by virtue of the following qualifications of which I am lawfully possessed.

1. List qualifications registering with the Medical Board of Trinidad and Tobago:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

2. List qualifications previously registered with the Medical Board of Trinidad and Tobago:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

3. List any qualifications registered with other Medical Bodies:-

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	REGISTERING BODY	OFFICE

4. FELLOWSHIP DETAILS:

Title of Fellowship	
Specialty	
Hospitals/Institutes	
Certifying body approving Fellowship	
Dates employes in Fellowship	
Time spent in Fellowship	

Applicant's Ordinary Address:

_____

_____

Applicant's Signature:_____

Date of Application:_____

Applicant must submit with this Application:-

3. ***Original Qualifying Diploma and a photocopy.***
4. ***Prescribed Fee of TT$1000.00 (Higher Diploma)***

Reg. Number:_____ Date Issued:_____

Receipt No._____