ACADEMIC REGULATIONS

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to take the learner to provide health care to the evolving needs of the nation and the world.

More than twenty years have passed since the existing Regulations on Graduate Medical Education, 1997 was notified, necessitating a relook at all aspects of the various components in the existing regulations and adapt them to the changing demography, socio-economic context, perceptions, values and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration. The strong and forward looking fundamentals enshrined in the Regulations on Graduate Medical Education, 1997 has made this job easier. A comparison between the 1997 Regulations and proposed Graduate Medical Education Regulations, 2018 will reveal that the 2018 Regulations have evolved from several key principles enshrined in the 1997 Regulations.

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gendersensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using “broad competencies”; instead, the reports have written end of phase subject (sub) competencies. These “sub-competencies” can be mapped to the global competencies in the Graduate Medical Education Regulations.

A significant attempt has been made in the outcome driven undergraduate curriculum to provide the orientation and the skills necessary for life-long learning to enable proper care of the patient. In particular, the curriculum provides for early clinical exposure, electives and longitudinal care. Skill acquisition is an indispensable component of the learning process in medicine. The curriculum reinforces this aspect by necessitating certification of certain essential skills. The experts and the writing group have factored in patient availability, access, consent, number of students in a class etc. in suggesting skill acquisition and assessment methods; use of skills labs, simulated and guided environments are encouraged. In the pre-internship years,- the highest level of skill acquisition is a show how (SH) in a simulated or guided environment; few skills require independent performance and certification - these are marked with P (for performance). Opportunity to ‘perform’ these skills will be available during internship.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

In addition to the above, an attempt has been made to allow students from diverse educational streams and backgrounds to transition appropriately through a Foundation Course. Dedicated time has been allotted for self directed learning and co-curricular activities.

Formative and internal assessments have been streamlined to achieve the objectives of the curriculum. Minor tweaks to the summative assessment have been made to reflect evolving thought and regulatory requirements. Curricular governance and support have been strengthened, increasing the involvement of Curriculum Committee and Medical Education Departments/Units.

The curriculum document in conjunction with the new Graduate Medical Education Regulations (GMR), when notified, must be seen as a "living document" that should evolve as stakeholder requirements and aspirations change. We hope that the current GMR does just that. The Medical Council of India is 13 grateful to all the teachers, subject experts, process experts, patients, students and trainees who have contributed through invaluable inputs, intellectual feedbacks and valuable time spent to make this possible. This document would not have been possible without the dedicated and unstinting intellectual, mental and time-consuming efforts of the members of the Reconciliation Board of the Council and the Academic Cell of MCI.

Section 1: It provides the global competencies extracted from the Graduate Medical Education Regulations, 2018. The global competencies identified asdefining the roles of the Indian Medical Graduate are the broad competencies that the learner has to aspire to achieve; teachers and curriculum planners must ensure that the learning experiences are aligned to this Manual.

Extract from the Graduate Medical Education Regulations, 2018

Section 2. Objectives of the Indian Graduate Medical Training Programme

The undergraduate medical education program is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed:-

2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

(a) recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.

(b) learn every aspect of National policies on health and devote herself/himself to its practical implementation.

(c) achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

(d) develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

(e) become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

2.2. Institutional Goals

In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

(a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

(b) be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

(c) appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side effects.

(d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

(e) possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

(f) be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

(i) Family Welfare and Maternal and Child Health (MCH);

(ii) Sanitation and water supply;

(iii) Prevention and control of communicable and non-communicable diseases;

(iv) Immunization;

(v) Health Education;

(vi) Indian Public Health Standards (IPHS) at various level of service delivery;

(vii) Bio-medical waste disposal; and

(viii) Organizational and or institutional arrangements.

(g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counselling.

(h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

(i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

(j) be competent to work in a variety of health care settings.

(k) have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed in Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and

Bachelor of Surgery (MBBS) – Indian Medical Graduate, as given in the Graduate Medical Education Regulations, 2018

2. 3. Goals for the Learner

In order to fulfil this goal, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

2.3.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.3.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3.3. Communicator with patients, families, colleagues and community.

2.3.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.3.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

3. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

i) Disease prevention,

ii) Health promotion and cure,

iii) Pain and distress alleviation, and

iv) Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3.2. Leader and member of the health care team and system

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

3.3. Communicator with patients, families, colleagues and community

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4. Demonstrate ability to search (including through electronic means), and critically revaluate the medical literature and apply the information in the care of the patient.

3.4.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

3.5.1. Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2. Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole.

ADMISSION, SELECTION, COUNSELING, MIGRATION & TRAINING

4. **Admission to the Medical Course** - Eligibility Criteria: No Candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery (MBBS)

Course until:

1. He/she shall complete the age of 17 years on or before 31st December of the year of admissionto the MBBS Course.

2. In order to be eligible to take National Eligibility-cum-Entrance Test, he/she should have passedat first attempt the qualifying examination as under:

(a) The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary examination after a period of 12 years study, the last two years of study comprising of Physics, Chemistry, Biology/Bio- technology and Mathematics or any other elective subjects with English at a level not lessthan core course of English as prescribed by the National Council of Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education;

Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre-professionaltraining before admission to the Medical colleges;

Or

(b) The intermediate examination in science of an Indian University/Board or other recognised examining body with Physics, Chemistry and Biology/Bio-technology which shall include a practical test in these subjects and also English as a compulsory subject;

Or

(c) The pre-professional/pre-medical examination with Physics, Chemistry and Biology/Bio-technology, after passing either the higher secondary school examination, or the pre- university or an equivalent Examination. The pre-professional / pre-medical examination shall include a practical test in Physics, Chemistry and Biology / Bio-technology and also English asa compulsory subject;

Or

(d) The first year of the three years degree course of a recognized university, with Physics, chemistry and Biology / Bio-technology including a practical test in three subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course;

Or

(e) B.Sc. examination of an Indian University, provided that he / she has passed the B.Sc. examination with not less than two of the following subjects Physics, Chemistry, Biolog (Botany, Zoology)/Bio-technology and further that he/she has passed the earlier qualifying examination with the following subjects - Physics, Chemistry, Biology and English.

Or

(f) Any other examination which, in scope and standard is found to be equivalent to the

intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology/Bio-technology including practical test in each of these subjects and English.

Note: The pre-medical course may be conducted either at Medical College, or a science College. Afterthe 10+2 course is introduced, the integrated courses should be abolished.

3. Three percent (3%) seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% and 70%. Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% and 50% - before they are included in the annual sanctioned seats for General Category candidates. Provided further that this entire exercise shallbe completed by each medical college / institution as per the statutory time schedule for admissions and in no case any admission will be made in the MBBS course after 30th of September.

4. The percentage of NRI students to be admitted shall not exceed 15% of the total intake. The guidelinesto be followed for eligibility for NRI admission are as follows:

Candidates should fulfil the minimum eligibility criteria to seek admission under Non Resident Indians (NRI) Category. The seats under NRI quota should be utilized by the children or wards of Bonafide NRI's only. It may be noted that the admission procedure, application form and fees are different from the domestic students.

1. As per the GO(MS)No.243/2014/H&FWD dated 6-8-2014 "An Applicant who depends upon his/her Father/Mother / Brothers/Sisters (inclusive of first cousins) / Husband/Wife / Brothers and Sisters (inclusive of first cousins) of Father or Mother / Half Brother/Half Sister / Adopted Father orAdopted Mother or guardian (declared as the guardian of the candidate by the court as per provisions in 'The Guardian and Wards Act, 1890,") who is working abroad, will only be eligible to apply in the NRI category seats. Further, the Candidate should be of Indian origin settled in Foreign (OR) Candidate born in a foreign country and whose parents are of Indian Origin (OR) Child of Indian Citizen staying abroad on employment or business (OR) Child of Indian citizen deputed abroad by Public Sector Undertaking (OR) Child of the Official of the Central / State Government on deputation abroad shall fall under the NRI category. This is subject to further orders, if any, from Government, regarding the matter.

2. The candidate himself/herself should produce the proof for NRI/ Overseas Citizenship India (OCI) or Person of Indian Origin (PIO) or child of NRI/OCI/PIO with current year NRI certificate issued from the Indian embassy of concerned country along with valid passport and visa copies.

3. The candidate should have completed 17 years of age on or before 31st December of the yearof admission.

4. Candidate seeking admission to MBBS course under NRI Quota should have, at first attempt, passed H.Sc, Examination (10+2 pattern / equivalent) and must have taken courses in Biology, Physics and Chemistry. English should be one of the subjects in the qualifying examination. And obtained minimum of marks at 50th percentile in 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year.

5. The candidate should have obtained a minimum of 50% marks in Biology or Botany and Zoology taken together and a minimum of 50% marks each in Physics and Chemistry Admissions are done on the basis of marks obtained in the qualifying examination Wherever grades like A, B-,C+, etc. are used by the issuing school, appropriate equivalence in terms of percentage like 90%, 75% and 60% should be made available. Rounding off of the percentage of marks to the nearest whole

number is not permitted.

6. Candidates with foreign qualifications will have to obtain the 'Equivalence Certificate' from Association of Indian Universities, New Delhi who will equate their qualifications as equivalent to the 10+2 of India. This certificate will have to be submitted at the time of counselling.

Address of AIU, New Delhi:

Evaluation Officer,
Association of Indian Universities,
AIU House, 16 Comrade Indrajit Gupta Marg (Kotla Marg),New Delhi
– 110 002, India
Phone: +91 11 23230059, 23232429, 23232305, Fax: +91 11 23232131
Email: evaluation@aiuweb.org/info@aiuweb.org; Website: aiuweb.org/evaluation

7. For candidates applying under NRI Quota, the Sponsorship should be given by the parents (father or mother) or a blood relative (brother or sister), Candidate who have no living parents or blood relatives and has been taken as a ward by a guardian i.e., by some other NRI relative living abroad with suitable proof of relationship and domicile with copies of Valid passport and visa copies.

8. The selected NRI candidate must join on the specified date. Failure to join on the mentioned date shall result in cancellation of the seat.

Required Documents for Admission under NRI Category

Note: All certificates should be produced in English or Translated version and notarised by a notary along with the original version.

Certified copy (English translated) of educational marks sheets. NEET eligibility certificate
Class 10+2/12th Equivalence Certificate obtained from the Association of Indian Universities, New Delhi. Copy of Passport and Visa wherever applicable. Proof of NRI status of the candidate/ sponsors (parents/blood relatives/legal guardian). Birth certificate of the candidate. Registration certificate/Residential permit from local police. Student Visa, PIO Card or OCI Card whichever is/are applicable. Any other documents required by the Government of India from time to time.

5. **Selection of Students:**

Procedure for selection to MBBS course shall be as follows:-

1. There shall be a single eligibility cum entrance examination namely 'National Eligibility-cum-Entrance Test for admission to MBBS course' in each academic year. The overall superintendence, direction and control of National Eligibility-cum-Entrance Test shall vest with Medical Council of India. However, Medical Council of India with the previous approval of the Central Government shall select organizations to conduct 'National Eligibility-cum-Entrance Test for admission to MBBS course.

2. In order to be eligible for admission to MBBS Course for a particular academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in 'National Eligibility

cum-Entrance Test to MBBS course' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with locomotory disability of lower limbs terms of Clause 4(3) above, the minimum marks shall be at 45th percentile. The percentile shall be determined on the basis of highest marks secured in the All- India common merit list in 'National Eligibility-cum-Entrance Test for admission to MBBS course'. Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to MBBS Course, the Central Government in consultation with Medical Council of India may at its discretion lower the minimum marks required for admission to MBBS Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only."

3. The reservation of seats in medical colleges for respective categories shall be as per applicablelaws prevailing in States/ Union Territories. An all India merit list as well as State-wise merit listof the eligible candidates shall be prepared on the basis of the marks obtained in National Eligibility-cum- Entrance Test and candidates shall be admitted to MBBS course from the said lists only.

4. No Candidate who has failed to obtain the minimum eligibility marks as prescribed in Sub Clause (ii) above shall be admitted to MBBS Course in the said academic year.

5. All admissions to MBBS course within the respective categories shall be basedsolely on marks obtained in the National Eligibility-cum-Entrance Test."

6. To be eligible for admission to MBBS course, a candidate must have passed at first attempt inthe subjects of Physics, Chemistry, Biology / Bio-technology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology / Bio-technology at the qualifying examination as mentioned in clause (2) of Regulation 4 and in addition must have come in the merit list of "National Eligibility-cum-Entrance Test" for admission to MBBS course. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or other Backward Classes the minimum marks obtained in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 40% instead of 50%. In respect of candidates with locomotory disability of lower limbs in terms of Clause 4(3) above, the minimum marks in qualifying examination in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 45% instead of 50%. Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he/she may be provisionally permitted to take up the National Eligibility-cum-Entrance Test and in case of selection for admission to the MBBS course, he/she shall not be admitted to that course until he fulfils the eligibility criteria under Regulation 4.

7. The Central Board of Secondary Education shall be the organization to conductNational Eligibility-cum-Entrance Test for admission to MBBS course.

5A Common Counseling:

1. There shall be a common counselling for admission to MBBS course in all Medical Educational Institutions on the basis of merit list of the National Eligibility Entrance Test.

2. The Designated Authority for counselling for the 15% All India Quota seats of the contributing States shall be the Directorate General of Health Services.

3. The counselling for all admission to MBBS course in all Medical Educational Institutions in a State/ Union Territory, including Medical Educational Institutions established by the Central Govt, State Govt, University, Deemed University, Trust, Society/ Minority Institutions/ Corporations or a Companyshall be conducted by the State/ Union Territory Govt. Such common counselling shall be under theoverall superintendence, direction, and control of the State/ Union Territory Govt.

(The above clause 5 "Selection of students" is subject to amendments, if any, by the Supreme Court of India in the admission year 2017 and thereafter)

6. **Migration:**

1. Migration of students from one medical college to another medical college may be granted on any genuine ground subject to the availability of vacancy in the college where migration is sought and fulfilling the other requirements laid down in the Regulations. Migration would be restricted to 5% of the sanctioned intake of the college during the year. No migration will be permitted on any ground from one medical college to another located within the same city.

2. Migration of students from one College to another is permissible only if both the colleges are recognised by the Central Government under section 11(2) of the Indian Medical Council Act, 1956 and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of the receiving medical college.

3. The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination. Migration during clinical course of study shall not be allowed on any ground.

4. For the purpose of migration an applicant candidate shall first obtain "No Objection Certificate" from the college where he is studying for the present and the university to which that college is affiliated and also from the college to which the migration is sought and the university to it that college is affiliated. He/She shall submit his application for migration within a period of 1 month of passing (Declaration of result of the 1st Professional MBBS examination) alongwith the above cited four "No Objection Certificates"to: (a) the Director of Medical Education of the State, if migration is sought from one college to another within the same State or (b) the Medical Council of India, if the migration is sought from one college to another located outside the State.

5. A student who has joined another college on migration shall be eligible to appear in the IInd professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed under Regulation 12(1).

Note-1: The State Governments/Universities/Institutions may frame appropriate guidelines for grant ofNo

Objection Certificate or migration, as the case may be, to the students subject to provisions of these regulations.

Note-2: Any request for migration not covered under the provisions of these Regulations shall be referred to the Medical Council of India for consideration on individual merits by the Director (Medical Education) of the State or the Head of Central Government Institution concerned. The decision taken by the Council on such requests shall be final.

Note-3: The College/Institutions shall send intimation to the Medical Council of India about the number of students admitted by them on migration within one month of their joining. It shall be open to the Council to undertake verification of the compliance of the provisions of the regulations governing migration by the Colleges at any point of time.

7. Training Period and Time Distribution:

1. Every student shall undergo a period of certified study extending over 4 ½ academic years divided into 9 semesters,(i.e. of 6 months each) from the date of commencement of his study for the subjects comprising the medical curriculum to the date of completion of the examination and followed by one year compulsory rotating internship. Each semester will consist of approximately 120 teaching days of 8 hours each college working time, including one hour of lunch.

2. The period of 4 ½ years is divided into three phases as follows:-

a) Phase-1 (two semesters) - consisting of Pre-clinical subjects (Human Anatomy,Physiology including Bio-Physics, Bio- chemistry and introduction to Community Medicine including Humanities). Besides 60 hours for introduction to Community Medicine including Humanities, rest of the time shall be somewhat equally divided between Anatomy and Physiology plus Biochemistry combined (Physiology 2/3 & Biochemistry 1/3).

b) Phase-II (3semesters) - consisting of para-clinical / clinical subjects. During this phase teaching of para-clinical and clinical subjects shall be done concurrently. The para-clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and part of Community Medicine. The clinical subjects shall consist of all those detailed below in Phase III. Out of the time for Para-clinical teaching approximately equal time be allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and Community Medicine combined (1/3 Forensic Medicine & 2/3 Community Medicine). See Appendix C.

c) Phase-III (Continuation of study of clinical subjects for seven semesters after passing Phase-I). The clinical subjects to be taught during Phase II & III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynaecology and Community Medicine. Besides clinical posting as per schedule mentioned herewith, rest of the teaching hours be divided for didactic lectures, demonstrations, seminars, group discussions etc. in various subjects. The time distribution shall be as per Appendix C. The Medicine and its allied specialties training will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc. The Surgery and its allied specialties training will include General Surgery, Orthopaedic Surgery including Physio-therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio-therapy etc. The Obstetrics &Gynaecology training will include family medicine, family welfare planning etc.

3. The first 2 semester (approximately 240 teaching days) shall be occupied in the Phase I (Pre-clinical) subjects and introduction to a broader understanding of the perspectives of medical

education leading to delivery of health care. No student shall be permitted to join the Phase II (Para-clinical/clinical) group of subjects until he has passed in all the Phase I (Pre-clinical subjects) for which he will be permitted not more than four attempts (I MBBS University examination), provided four chances are completed in three years from the date of enrolment.

4. After passing pre-clinical subjects, 1½ year (3 semesters) shall be devoted to para-clinical subjects.Phase II will be devoted to para-clinical & clinical subjects, along with clinical postings. During clinical phase (Phase III) pre-clinical and para-clinical teaching will be integrated into the teaching of clinical subjects where relevant.

5. Didactic lectures should not exceed one third of the time schedule; two third schedule should include practicals, clinicals or/and group discussions. Learning process should include living experiences, problem oriented approach, case studies and community health care activities.

6. The Universities and other authorities concerned shall organize admission process in such a way that teaching in first semester starts by **1 st of August** each year.

6A.There shall be no admission of students in respect of any academic session beyond30th September under any circumstance. The Universities shall not register any student admittedbeyond the said date.

6B. The University may direct, that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study.

The institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by MCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.

7. The supplementary examination for 1st Professional MBBS examination may be conducted within 6 months* so that the students who pass can join the main batch and the failed students will have to appear in the subsequent year provided that the students who pass the supplementary examination shall be allowed to appear in the second professional MBBS examination only after he/she completes the full course of study of three semesters (i.e. 18 months) for the second professional MBBS examination irrespective of the examination ofthe main batch.

Conduct of supplementary examination and declaration of its results, ideally before 1st August eachyear so as to enable students passing the supplementary examination to join the regular batch of IIMBBS at the earliest. Students can be permitted to appear for the II MBBS University examination
with the main batch (November session), provided that a minimum of 75% of attendance is feasibleand obtained in each subject.

8. Maximal duration permitted to complete the MBBS course (examinations) is 8 years.

9. In case of a candidate discontinuing in the middle and wishing to rejoin, the period of absence willbe condoned only if prior permission has been sought from the University before discontinuing, failing which he admission will be considered as cancellled.

Subjects covered during different Phases of MBBS

(Details of course and evaluation content of each subject is provided in Chapter III)

Phase I (Pre-Clinical subjects)

1. Human Anatomy
2. Human Physiology
3. Biochemistry
4. Introduction to Humanities and Community Medicine

Phase II (Para-Clinical subjects)

1. Pathology
2. Microbiology
3. Pharmacology
4. Forensic Medicine including Toxicology
5. Community Medicine

Phase II & III (Clinical subjects)

1. Medicine and its allied specialities
    a) Medicine
    b) Paediatrics
    c) Psychiatry
    d) Dermatology & STD
    e) Tuberculosis and Respiratory Medicine
2. Surgery and its allied specialities
    a) Surgery
    b) Orthopaedics
    c) Radiodiagnosis and Radiotherapy
    d) Oto-rhino-laryngology
    e) Ophthalmology

3. Obstetrics & Gynaecology

4. Family Planning (Training in Family Planning should be emphasized in all the three phases and during internship)

5. Community Medicine

6. Emergency Medicine

8. Phase Distribution and Timing of Examinations:

a) **Passing in 1st Professional is compulsory before proceeding to Phase II training.**

b) **A student who fails in the 2nd professional examination, should not be allowed to appear 3rd Professional Part I examination unless he passes all subjects of 2nd Professionalexamination.**

c) **Passing in 3rd Professional (Part I) examination is not compulsory before entering for 8th & 9th semester training, however passing of 3rd Professional (Part I) is compulsory for being eligible for 3rd Professional (Part II) examination.**

d) **The student is required to complete the course within 8 years of admission after which he will not be allowed to appear for any examination, unless he has an arrear of one subject alone.**

During 3rd to 9th semesters, clinical postings of 3 hours duration daily as specified in the Table below is suggested for various departments, after Introductory course in Clinical Methods in Medicine & Surgery of 2 weeks each for the whole class.

TABLE

Total	3rd semester (Wks)	4th semester (Wks)	5th semester (Wks)	6th semester (Wks)	7th semester (Wks)	8th semester (Wks)	9th semester (Wks)	Total (Wks)
General Medicine* **	6	-	4	-	4	6	6	**26**
Paediatrics	-	2	-	2	2	4	-	**10**
Tuberculosis and Chest Diseases	-	2	-	-	-	-	-	**02**
Skin & STD	-	2	-	2	-	2	-	**06**
Psychiatry	-	-	2	-	-	-	-	**02**
Radiology*	-	-	-	-	2	-	-	**02**
General Surgery** **	6	-	4	-	4	6	6	**26**
Orthopaedics**	-	-	4	4	-	-	2	**10**
Ophthalmology	-	4	-	4	-	-	-	**08**
Ear Nose and Throat	-	4	-	4	-	-	-	**08**
OBG including Family Welfare Planning*** **	2	4	4	-	4	4	6	**24**
Community Medicine	4	4	-	4	-	-	-	**12**
Casualty	-	-	-	2	-	-	-	**02**
Dentistry	-	-	-	-	2	-	-	**02**
Total (in Weeks)	**18**	**22**	**18**	**22**	**18**	**22**	**20**	**140**

Clinical methods in Medicine and Surgery for whole class will be for 2 weeks each respectively at thestart of 3rd semester

* This posting includes training in Radiodiagnosis and Radiotherapy where existent.

** This posting includes exposure to Rehabilitation and Physiotherapy.

*** This posting includes exposure to laboratory medicine and infectious diseases.

**** This posting includes exposure to dressing and Anaesthesia.

***** This includes maternity training and Family medicine and the 3rd semester posting shall be inFamily Welfare Planning.

CHAPTER - III

12. Examination Regulations:

Essentialities for qualifying to appear in professional examinations. The performance in essential components of training are to be assessed, based on:

Attendance:

75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching i.e.seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary, Secondary, Primary) posting and bed side clinics etc."

For appearing at the University Examination, student should have minimum 75% attendance in each subject, even if shortage is in one subject, he/ she will be detained for the entire examination.

Students cannot appear in part or separately in individual subjects during the first appearance at the Professional examination.

Internal Assessment:

It shall be based on day to day assessment (see note), evaluation of student assignment, preparation for seminar, clinical case presentation etc.

Regular periodical examinations shall be conducted throughout the course. Two notified tests per semester and a model examination are minimum compulsory before each University examination. The computation of internal assessment is based on n- 1 where n is the number of notified tests.

Improvement examinations for students who have failed the University examination at first attempt: a minimum of two theory examinations are to be conducted as improvement examinations.Students who wish to appear for these improvement examinations need to obtain prior permission of the University. Internal Assessment marks cannot be improved after two attempts at the University examination.

(i) Day to day records should be given importance during internal Assessment. The marks for the record book submitted are to be included in the practical internal assessment.

(ii) Weightage for the internal assessment shall be 20% of the total marks in each subject.

(iii) Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final university examination of that subject.

Note: Internal assessment shall relate to different ways in which students participation in learning participation in learning process during semesters in evaluated.