



राष्ट्रीय आयुर्विज्ञान आयोग **National Medical Commission**

NMC Compendium (2020–2023) **– Compulsory Rotating Medical Internship–**



Volume 1

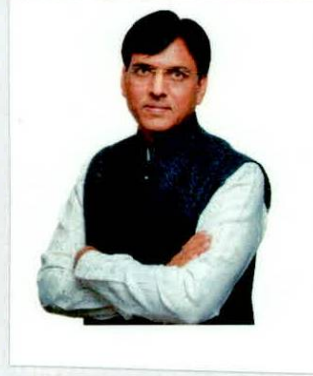
Publication Division, National Medical Commission
Pocket- 14 , Sector – 8, Dwarka Phase -1, New Delhi – 110077, INDIA



डॉ. मनसुख मांडविया
DR. MANSUKH MANDAVIYA



सत्यमेव जयते



MESSAGE

I express my appreciation for the unwavering commitment of the National Medical Commission (NMC), India's Apex Regulatory Authority, in upholding the highest standards in Medical Education. It ensures the delivery of top-notch Medical Education, Practice and Training throughout the nation.

I do appreciate the diligent efforts of NMC in the bringing out of valuable Publications, like the Compendium on NMC Advisories, Public Notices, Circulars & Guidelines for the years 2020-21 and 2022-23 and the Compendium on NMC Regulations (2020-23). I hope that these publications will be a valuable resource for the diverse stakeholders of the health ecosystem including Policymakers, Medical Education Fraternity, Researchers, Clinicians, other Healthcare Professionals, and the general public seeking awareness of Policies and Regulations of Medical Education and Practice.

I extend my heartfelt congratulations to the entire team for publication of the above compendium and hope to have more such commendable endeavors by the Commission in the future.

(Dr. Mansukh Mandaviya)

सुधांश पंत

सचिव

Sudhansh Pant
Secretary



सत्यमेव जयते



MESSAGE

The National Medical Commission (NMC), India's premier regulatory body has been committed to upholding the highest standards in healthcare education, ensuring delivery of quality medical education, practice and training across the nation.

I applaud the diligent efforts of the Publication Team of NMC who have worked hard to bring Publications on Compendium on NMC Advisories, Public Notice, Circular & Guidelines (2020-21), Compendium on NMC Advisories, Public Notice, Circular & Guidelines (2022-23) and Compendium on NMC Regulations (2020-23). I envision that it would serve a variety of audiences such as the policymakers, researchers, clinicians, other health professionals and the public which needs to be aware of the Gazette notification, Advisories, Circulars, Public Notices etc. issued by NMC from time to time.

Congratulations to the team and waiting for more such endeavours.

Dated 13th November, 2023

Sudhansh Pant

(Sudhansh Pant)



डॉ. बी. न. गंगाधर
Dr. B. N. Gangadhar
अध्यक्ष/ President
चिकित्सा मूल्यांकन और मापन बोर्ड
Medical Assessment & Rating Board
& Officiating Chairman, NMC

राष्ट्रीय आयुर्विज्ञान आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
National Medical Commission
Ministry of Health & Family Welfare
Government of India

MESSAGE



I am delighted to announce the publication of the Compendium of the National Medical Commission (NMC). This provides a comprehensive collection of Regulations, Guidelines, circulars, notices, advisories and other important documents.

The compendium is an important milestone in the journey towards mission of NMC; excellence in healthcare delivery. The contents of the compendium help all the stakeholders including the functionaries at NMC to adhere to the standards that will help sound medical education and practice of the profession. The National Medical Commission is committed to fostering an environment of innovation, professionalism and mutual trust within the medical community.

I urge all stakeholders to become familiar with all the Regulations, Guidelines and other advisories brought out by the NMC using this compendium.

Let us all work together to elevate the standards of medical education and care in our country, ultimately benefitting the health and well-being of our fellow citizens.


(Dr B.N. Gangadhar)



डॉ. विजय ओझा
Dr. Vijay Oza
अध्यक्ष/President
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
Post Graduate Medical Education Board



सत्यमेव जयते
75
आज़ादी का
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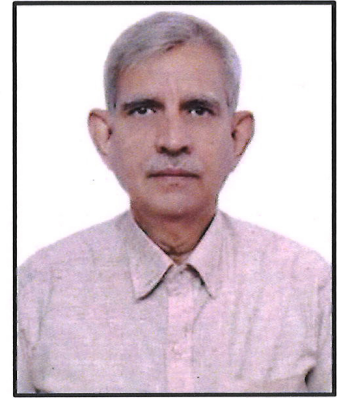


राष्ट्रीय आयुर्विज्ञान आयोग
भारत सरकार
National Medical Commission
Government of India

Message

It gives me immense pleasure in being a part of NMC to share the information with the readers and particularly stake holders about various Public Notifications, circulars, guidelines & regulations issued by National Medical Commission (NMC) and its four Boards.

As the readers are aware, NMC was created by the Act of Parliament on 25th September, 2020 replacing the erstwhile Medical Council of India (MCI). Since all officers and employee of erstwhile Medical council of India where asked to vacate their offices with immediate effect and new staff were appointed over a period of time, there were some difficulties initially. In spite of that everyone in NMC worked hard to stabilize the organization to serve the purpose for which it was created.



I congratulate Prof. Yogender Malik and his team to take up this Herculean task and coming out with this compendium which will be very useful to the students, to the faculty, to the academia at large, to the friends involved in legal system and will also be a window to the world for understanding and following Indian Medical Education, particularly when WFME has accredited NMC for the coming ten years. In turn this will help NMC also by receiving feedbacks and suggestions from various stake holders and luminaries.

Vijay V. Oza.
(Dr. Vijay Oza)

**President,
Post Graduate Medical Education Board, NMC**

डॉ. अरुणा वि. वणीकर

Dr. Aruna V. Vanikar

अध्यक्ष/President

स्नातक चिकित्सा शिक्षा बोर्ड

Under Graduate Medical Education Board



सत्यमेव जयते



MESSAGE

It gives me immense pleasure in being a part of NMC to share the information with the readers and particularly stake holders about various Public Notifications, circulars, guidelines & regulations issued by National Medical Commission (NMC) including Undergraduate Medical Examination Board (UGMEB), from time to time.

As the readers are aware, NMC was created by the Act of Parliament on 25th September, 2020 bringing an end to the erstwhile Medical Council of India (MCI) and the aura associated with it.

This timeline of NMC & UGMEB may be divided into two parts; the first part from year 2020 to year 2021 as covid period; and years 2022 to 2024 as post-covid period. NMC was born in the period when the entire world was caught in snares of the dreadful covid-19 virus pandemic. Medical education of our country was also hit by this attack. By the time, we were recovering from it, Ukraine-Russia war overtook the world scenario and once again affected education of Indian students studying in CIS countries and in neighbouring countries.

Even in this turmoil, NMC continued to function as effectively as possible, with whatever manpower and resources available to it and practically no institutional memory. This publication including a series of Notifications were issued from UGMEB, which includes issues broadly classified as follows. New notifications shall be added as and when needed.

- (i) Related to conduct of medical education and examinations in online and offline mode.
- (ii) Academic calendar for various batches from academic year 2020 to 2023.
- (iii) Regulations/ Guidelines:-
 - Compulsory Rotating Medical Internship Regulations, 2021
 - Foreign Medical Graduate Licentiate Regulations, 2021
 - Prevention of Ragging Regulations, 2021
 - Graduate Medical Education Regulations, 2023
 - Maintenance of Standards of Medical Education Regulations, 2023
 - NMC (MSR) for Establishment of New Medical College/ increase of seats in MBBS course, Guidelines, 2023
 - Establishment of Medical institutions, Assessment & Rating Regulations, 2023".
 - Guidelines for Under Graduate Courses under Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations, 2023".

I congratulate Prof. Yogender Malik and his team to take up this Herculean task and bring forth a 'Users' guide' which will be very useful to the students, to the faculty, to the academia at large, to the friends involved in legal system and will also be a window to the world for understanding and following Indian Medical Education, particularly when WFME has accredited NMC for the coming ten years.

Place: New Delhi
Date: 22nd November, 2023



राष्ट्रीय आयुर्विज्ञान आयोग

भारत सरकार

National Medical Commission
Government of India

Aruna V. Vanikar

(Dr. Aruna V. Vanikar)
President (UGMEB)



डॉ. योगेन्द्र मालिक

Dr. Yogender Malik

सदस्य/Member

आचार और चिकित्सा पंजीकरण बोर्ड

Ethics & Medical Registration Board

राष्ट्रीय आयुर्विज्ञान आयोग

भारत सरकार

National Medical Commission
Government of India

From Editor's Desk

In releasing this Compendium, I am extremely grateful for the help, expertise and inspiration to our Hon'ble Chairman-Dr.B.N .Gangadhar, along with Dr.ArunaV.Vanikar-President, Under-Graduate Medical Education Board; Dr.Vijay Oza, President, Post-Graduate Medical Education Board; and Secretary, NMC.



The need for the compendium was felt not only by Members of NMC but also by officers working in NMC and Boards. Even stakeholders from public wanted authentic information online. So, this compendium as one of the most genuine, informative and up to date book for the Registered Medical Practitioners, medical institutions/ organizations, general public and other stakeholders.

I once again appreciate and thank the Govt. departments/ Ministries, and also to our Publication Division staff in helping us making this a reality.

I hope that the associated Boards and agencies will continue to extend their co-operation and shall also provide us their full co-operation, for the benefit of all in future too.

Yogender Malik
(Dr. Yogender Malik) 06.12.2023

Member EMRB and Head
Publication & Media Division
National Medical Commission

Pocket-I4, Sector-8, Dwarka, Phase-I, New Delhi-II 0077

Tele: 011-25361272, Website: www.nmc.org.in, E-mail: dryogendermalik@gmail.com

**Volume 01:
Compulsory
Rotating Medical
Internship**

NMC Compendium 2020-2023 – Volume 1

COMPULSORY ROTATORY INTERNSHIP			
S. no.	Area	Page No.	Subheading
1.	Removal of Difficulties in Internship for Medical Graduates (MBBS) in the wake of COVID-19 Pandemic – Public Notice dated 09.04.2020	1-3	Circular
2.	Advisory regarding completion of 12 months of Internship by Medical Graduates commencing on/after 01.04.2020 in view of extraordinary situation due to outbreak of COVID-19 Pandemic – Advisory dated 07.04.2020	4-5	Guideline
3.	Guidelines for Internship Completion (Post COVID-19 LOCKDOWN) - Advisory dated 09.12.2020	6	Guidelines
4.	FAQs on NMC (Compulsory Rotating Medical Internship) Regulations, 2021	7-10	FAQ
5.	ADVISORY- Compulsory Rotational Internship dated 18.11.2021	11-54	Circular
6.	ADVISORY- COVID-19 management during compulsory rotating internship dated 03.05.2021	55	Circular
7.	Public Notice- Draft Regulations for Compulsory Rotating Internship 2021. Dated 07.07.2021	56-89	Circular
8.	Advisory on payment of Stipends to PG Medical Students. dated 24.08.2023	90	Circular
9.	Information regarding internship completion date of 2018 batch of MBBS students dated 21.12.2023	91	Circular

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org



पॉकेट - 14, सेक्टर - 8,
द्वारका फेस- 1
नई दिल्ली-110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

No. MCI-34(1)/2020/Med./ 201870

Date: 09.04.2020

PUBLIC NOTICE

Subject: Removal of Difficulties in Internship for Medical Graduates (MBBS) in the wake of COVID-19 Pandemic – reg.

This is in continuation of Public Notice bearing No.MCI-34(1)/2020-UG-Med./201859 dated 02.04.2020 on the above-mentioned subject. In this connection, it is clarified that only the requirement of obtaining "NOC" or "Permission" from MCI has been dispensed with; the students still require permission from the Institution in which they are studying and permission from the Institution in which they wish to do compulsory rotating internship. It may further be noted that the internship is allowed only in Recognized Medical College/Recognized non-teaching hospital.


(Dr. Rakesh Kumar Vats)
Secretary General

Copy to:-

1. Additional Chief Secretary (Health/Medical Education)/Principal Secretary (Medical Education)/Secretary (Med. Education) of all State/UT Governments
2. Director of Medical Education of all State/UT Governments
3. Vice Chancellor of all Health Universities
4. Dean/Principal of all Medical Colleges

Copy for Information to:-

1. The Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, Delhi.
2. Special Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, Delhi.
3. Joint Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, Delhi.
4. Director (Medical Education), Ministry of Health and Family Welfare, Delhi.
5. Under Secretary (Med. Education), Ministry of Health and Family Welfare, Delhi



भारतीय आयुर्विज्ञान परिषद के अधिक्रमण में शासी बोर्ड

BOARD OF GOVERNORS IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

BY E-MAIL/MCI WEBSITE

PUBLIC NOTICE

No. MCI 34(1)/2020-UG-Med./201859

Dated: 02.04.2020

Subject:- Removal of Difficulties in Internship for Medical Graduates [MBBS] in the wake of COVID-19 Pandemic:- Reg.

It is brought to the attention of all concerned that the Regulation on Graduate Medical Education, 1997 as regards "Internship" in Regulation 14 (5) inter alia provides as under:-

(ii) Every candidate shall be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of College authorities and Universities concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.

2. Further concerning "Assessment of Internship" these Regulation 14 (6) inter alia provides as under:-

i) The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training. Based on the record of work and date of evaluation, the Dean/Principal shall issue certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

3. Now in view of COVID 19 Pandemic, it is clarified by the Board of Governors in Supersession of the Medical Council of India that no permission or "No Objection Certificate" or clearance is required from MCI for undergoing internship in any approved Medical Institution provided the Dean/Principal of the Medical College (in which the student is studying) allows the same.


(Dr. Rakesh Kumar Vats)
Secretary General

Copy to:-

1. Additional Chief Secretary (Health/Medical Education)/Principal Secretary (Medical Education)/Secretary (Medical Education) of all State/UT Governments



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BOARD OF GOVERNORS IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

2. Director of Medical Education of all State/UT Governments
3. Vice Chancellor of all Health Universities
4. Dean/Principal of all Medical Colleges

Copy for Information to:-

1. Secretary to the Government of India, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110003.
2. Special Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110003.
3. Joint Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110003.
4. Director (Medical Education), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110003.
5. Under Secretary (Medical Education), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110003.

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org



पॉकेट - 14, सेक्टर - 8,
द्वारका फेस- 1
नई दिल्ली-110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

No. MCI-23(1)/2020/Med./ 201867

Date: 07.04.2020

Subject: Advisory regarding Completion of 12 Months of Internship by Medical Graduates commencing on/after 01 April 2020 in view of extraordinary situation due to the outbreak of COVID-19 Pandemic-Reg.

It is brought to the attention of all concerned that the Regulation on Graduate Medical Education, 1997 as regards "Internship" in Regulation 14 (5) inter alia provides as under:-

(ii) Every candidate shall be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of College authorities and Universities concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.

2. Further concerning "Assessment of Internship" these Regulation 14 (6) inter alia provides as under:-

i) The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training. Based on the record of work and date of evaluation, the Dean/Principal shall issue certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

3. Furthermore, it is brought to attention of all concerned that Regulation 8 (3) of the Postgraduate Medical Education Regulations, 2000 provides as under:-

8 (3) Every student, selected for admission to a post-graduate medical course in any of the medical institutions on acquiring MBBS Degree or an equivalent qualification thereto shall have obtained permanent registration with the Medical Council of India, or any of the State Medical Council(s) or shall obtain the same within a period of one month from the date of his/her admission, failing which his/her admission shall stand cancelled.

4. The academic session for postgraduate broad speciality courses in all Medical Colleges/Medical Institutions falling under the purview of the Indian Medical Council Act, 1956 commences from 1st May of every academic year. A candidate who has qualified the National Eligibility-cum-Entrance Test in order to be considered for admission to postgraduate courses, in accordance with the Scheme of Online 50% All India Quota PG Counselling: 2020-21 concerning completion of Internship requires:

Contd.....2

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
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पॉकेट - 14, सेक्टर - 8,
द्वारका फेस- 1
नई दिल्ली-110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

- 2 -

v. Internship Completion Certificate/Certificate from the Head of Institution or College that the candidate shall complete the Internship by 31st March, of the year of admission.

vi. Permanent / provisional Registration Certificate issued by MCI or DCI/State Medical or Dental Council. Provisional Registration Certificate is acceptable only in cases where candidate is undergoing internship and likely to complete the same on or before 31st March of the year of admission.

5. It has come to the notice of the BoG that after passing final MBBS examination some MBBS students could not join the internship in time, or could not obtain provisional registration with the State Medical Council or the internship was interrupted after start due to Covid-19 pandemic. Therefore, the Board of Governors in supersession of MCI has decided that 12 months compulsory rotating internship can be completed by such students within 30th April, 2021. The total duration of the internship shall be 12 months only irrespective of the date of commencement. Such candidates will also be eligible to appear in PG NEET 2021 for admission in PG courses.

6. Further, the Dean/Principal/Medical Superintendent of the concerned Medical Colleges/Medical Institutions are advised for providing hands-on training to the Interns for tackling the COVID 19 Pandemic.


(Dr. Rakesh Kumar Vats)
Secretary General

Copy to:-

1. Additional Chief Secretary (Health/Medical Education)/Principal Secretary (Medical Education)/Secretary (Medical Education) of all State/UT Governments
2. Director of Medical Education of all State/UT Governments
3. Vice Chancellor of all Health Universities
4. Dean/Principal of all Medical Colleges
5. ADG (ME), Medical Counselling Committee, Directorate General of Health Services, Government of India, Nirman Bhawan, New Delhi-11003
6. Executive Director, National Board of Examination, Ansari Nagar, New Delhi.

Copy for Information to:-

1. The Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
2. Special Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
3. Joint Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
4. Director (Medical Education), Ministry of Health and Family Welfare, New Delhi.
5. Under Secretary (Medical Education), Ministry of Health and Family Welfare, New Delhi

राष्ट्रीय आयुर्विज्ञान आयोग

National Medical Commission

No. NMC/UGMEB/25447

Date: 09.12.2020

ADVISORY

GUIDELINES FOR INTERNSHIP COMPLETION (POST COVID-19 LOCKDOWN)

The National Medical Commission had on 25.11.2020 circulated the letter from Secretary, Health & Family Welfare, Government of India addressed to the Chief Secretaries of all the States/UTs instructing all States to take steps to open medical colleges on or before 1.12.2020 on the recommendations of the NMC, which had the approval of the Ministry of Home Affairs. That letter also had the revised academic calendar for all MBBS batches.

The NMC was cognizant that the internship training since March 2020 had been affected in a non-uniform manner across the country. In normal course students who started internship in 2020 should have completed the same before or within 31.3.2021. As per revised academic schedule issued by the NMC (cited above), this time limit for completion of internship has been extended up to 31.5.2021 in order to compensate for the lost period of "Clinical Clerkship" due to the lockdown and restrictions consequent to the COVID-19 pandemic in 2020. As the critical element of internship is the acquisition of specific hands-on experiences and skill, it is the responsibility of Medical Colleges/Institutions and Universities to ensure that the extended time provided for completion of internship is utilized most effectively to ensure that the students acquire the competencies as outlined in the Graduate Medical Education Regulations.

Towards achieving the above stated objectives, the colleges and Universities may take note of the following:

1. Each institution must review the missed internship training for its own students and issue a revised training schedule so as to complete the training by 31.5.2021 or earlier depending on the period of internship completed/lost by the institution prior to or during the lockdowns.
2. While re-scheduling the training roster, the colleges and the individual departments where the interns would rotate, must ensure that the trainees are able to acquire the key clinical competencies as outlined in the Graduate Medical Education Regulations.
3. The onus of ensuring that the interns have completed the training satisfactorily lies with the Medical Colleges and their affiliating Universities. Hence, it is important that Colleges ensure that the interns have acquired the key clinical competencies prior to issuing the Internship completion certificate.



(Dr. R.K. Vats)
Secretary

Frequently Asked Questions (FAQs)

National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021

Disclaimer: These FAQs are in the nature of explanation for ease of understanding of the general public and cannot be upheld in a court of law. Please refer to the relevant gazette notifications for legal validity.

Q1 When did the CRMI Regulations 2021 come into force?

CRMI Regulations 2021 came into force on the date of their final publication in the Official Gazette of India i.e. 18th November, 2021.

[Regulation 1(2)]

Q2 To whom do CRMI Regulations 2021 apply?

CRMI Regulations 2021 are applicable to all medical graduates who begin their internship on/after the date of publication in the Official Gazette of India i.e. 18th November, 2021 and wish to obtain permanent registration to practice medicine in India.

Q3 Is it mandatory to do CRMI?

Yes. All medical graduates have to undergo compulsory rotating medical internship in India to be eligible for permanent registration to practice medicine in India.

[Regulation 4]

Q4 Where can internships be done?

Internships for Indian/Foreign Medical Graduates can only be done from a medical college or institution approved/recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section 35 of the Act.

[Regulation 1 (a) of Schedule II]

Q5 Who is responsible for implementation of CRMI Regulations, 2021?

The Dean/ Principal/ Director or any other equivalent authority.

[Regulation 8]

Q6 What is the prescribed duration of the internship?

Minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

[Regulation 1 of Schedule I]

Q7 Are there any time restrictions for completion of CRMI?

The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NEXT Step-1 examination, whenever in force.

[Regulation 2 (a) of Schedule I]

Q8 Are there any exemptions from the time restrictions for completion of CRMI?

The minimum duration (i.e. 12 months) may be extended appropriately by a reasonable period on recommendation by the College or University for reasons including but not limited to:

- (i) insufficient period of attendance; or
- (ii) any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.

[Regulation 2 (b) of Schedule I]

Q9 Are interns allowed to take leave during internship?

Yes; The following types of leaves are allowed:

- (i) **Normal Leave:** A maximum of fifteen days leave with prior permission, during the entire period of internship.
- (ii) **Maternity Leave:** According to prevailing rules and regulations of the Central Government or State Government.
- (iii) **Paternity Leave:** Two weeks either in continuation or in intervals of one week each within one year of internship.
- (iv) **Medical Leave:** Included within the fifteen days of normal leave.

[Regulation 2(d) of Schedule I]

Q10 Are interns allowed transfer during internship?

No; All Indian Medical Graduates shall complete their entire period of compulsory rotating internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS).

[Regulation 1(c) of Schedule II]

Q11 What are the eligibility criteria for completion of CRMI by Indian Medical Graduates?

- (a) Successful completion of the MBBS course of any University from a college or institution approved and recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section 35 of the NMC Act, 2019.
- (b) The qualifying examination in accordance with the applicable rules and regulations of the Commission at the time of commencement of internship;
 - (i) The Final MBBS Examination;
 - (ii) The National Exit Test (NExT) Step-1 whenever this examination becomes operational;
 - (iii) Any other requirement as may be regulated or notified by the Central Government or the Commission.
- (c) All Indian Medical Graduates shall complete their entire period of CRMI in the institution where they have pursued and completed their MBBS;

- (i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre- registration training detailed above; and such training shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfil the norms of the NMC as proposed above. However NExT step 2 will be mandatory for these candidates also.

[Regulation 1 of Schedule II]

Q12 What are the eligibility criteria for completion of CRMI by Foreign Medical Graduates?

- (a) All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.
 - (i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NExT becomes operational.
- (b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021 shall be regulated by the provisions of sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956) in accordance with the Advisory no MCI-203(1)(Gen)/2020-Regn./118239, dated the 2nd September, 2020 and shall be required to complete CRMI in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.
- (c) Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;
 - (i) Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized;
 - (ii) May be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit;
 - (iii) Medical colleges or institutions may allow up to 7.5 per cent of their permitted quota of interns to accommodate internship by Foreign Medical Graduates.
- (d) The college or institution and its affiliated hospitals and Community Health Centres shall be recognised by the Commission for conducting the CRMI programme.

[Regulation 2 of Schedule II]

Q13 Who is a Mentor?

A mentor is an appropriately qualified and trained medical teacher and senior to the trainee, who guides the trainee in all aspects of graduation, such as, education, skill enhancement, research work and ethical values. The entire course of internship is to be done under active supervision of the mentor duly qualified in that respect.

[Regulation 2 and 6]

Q14 What should be the qualifications of a mentor?

A mentor for interns shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

[Regulation 1 of Schedule IV]

Q15 What is the amount of stipend to be paid to interns?

All interns shall be paid stipend as fixed by the appropriate authority applicable to the institution/ University or State. The total stipend paid for the entire internship may be for fifty-two weeks (Twelve months) only.

[Regulation 3 of Schedule IV]



भारत का राजपत्र The Gazette of India

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अधिसूचना

नई दिल्ली, 18 नवम्बर, 2021

फा.सं. यूजीएमईबी/एनएमसी/रूल्स एंड रेगुलेशंस/2021/—राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 (2019 का 30) की धारा 24 की उप-धारा (1) के साथ पठित धारा 57 द्वारा प्रदत्त शक्तियों का इस्तेमाल करते हुए राष्ट्रीय आयुर्विज्ञान आयोग एतद्वारा निम्नलिखित विनियम बनाता है:-

1. संक्षिप्त शीर्षक और प्रारंभण – (1) ये विनियम, राष्ट्रीय आयुर्विज्ञान आयोग (अनिवार्य आवर्ती आयुर्विज्ञान इंटरनशिप) विनियमावली, 2021 कहे जाएंगे।

(2) ये भारत के सरकारी राजपत्र में उनके अंतिम प्रकाशन की तारीख को प्रावृत्त होंगे।

2. परिभाषाएं – इन विनियमों में, जब तक संदर्भ से अन्यथा अपेक्षित न हो, -

(क) "अधिनियम" से, राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 (2019 का 30) अभिप्रेत है;

(ख) "आयोग" से, अधिनियम की धारा 3 के अंतर्गत गठित राष्ट्रीय आयुर्विज्ञान आयोग अभिप्रेत है;

(ग) "पाठ्यचर्या" में अनुसूची III में विस्तार से वर्णित कारक शामिल हैं;

(घ) "विदेशी आयुर्विज्ञान स्नातक" का वही अर्थ होगा जो उसे राष्ट्रीय आयुर्विज्ञान आयोग (विदेशी आयुर्विज्ञान स्नातक लाइसेंसिएट) विनियमावली, 2021 के विनियम 2 के खंड (ग) में दिया गया है;

(ङ) "इंटरन" से, इन विनियमों के अंतर्गत अनिवार्य आवर्ती इंटरनशिप प्रशिक्षण प्राप्त कर रहा कोई आयुर्विज्ञान स्नातक अभिप्रेत है;

(च) "लॉग बुक" से, किसी इंटरन के कार्य-निष्पादन और उसके द्वारा किए गए कार्य के रिकार्ड, की गई शल्य क्रियाओं

और प्राप्त की गई सक्षमताओं का इतिहास बताने वाले एक सरकारी दस्तावेज़ अभिप्रेत हैं;

(छ) "मेंटर" का अर्थ होगा – समुचित ढंग से योग्यताप्राप्त और प्रशिक्षित आयुर्विज्ञान अध्यापक और प्रशिक्षणार्थियों से वरिष्ठ, जो शिक्षा, कौशल वर्धन, अनुसंधान कार्य और नैतिकता मूल्यों जैसे क्रमिक विकास के सभी पहलुओं में प्रशिक्षणार्थी का मार्गदर्शन करता है;

(ज) "अधिसूचना" से, सरकारी राजपत्र में प्रकाशित अधिसूचना अभिप्रेत है और "अधिसूचित करें" अभिव्यक्ति का अर्थ तदनुसार लगाया जाएगा;

(झ) "स्थायी पंजीकरण" अधिनियम के अध्याय VI के उपबंधों के अंतर्गत यथा विनियमित, किसी विधिवत् मान्यताप्राप्त प्राथमिक आयुर्विज्ञान शैक्षिक योग्यता वाले पात्र व्यक्तियों का पंजीकरण है, जो स्थायी चिकित्सा विनियमावली, 2021 के अंतर्गत यथा विनियमित, भारत में आधुनिक वैज्ञानिक औषध प्रणाली या ऐलोपैथिक में स्वतंत्र रूप से प्रैक्टिस करने की अनुमति प्रदान करता है या लाइसेंस उपलब्ध कराता है;

(ञ) "प्राथमिक आयुर्विज्ञान शैक्षिक योग्यता" से अभिप्रेत है – भारत में प्रदान की गई कोई आयुर्विज्ञान स्नातक उपाधि जैसे औषधि स्नातक एवं शल्यचिकित्सा स्नातक (एमबीबीएस) या भारत के अलावा किसी देश की समतुल्य शैक्षिक योग्यता या भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102), जो उस अधिनियम के प्रारंभण की तारीख को यथास्थिति प्रवृत्त है, जिसका सभी उद्देश्यों के लिए उनकी समाप्ति की तारीख तक उसी प्रकार प्रवृत्त रहना जारी है जैसेकि वे अधिनियम या उसके अंतर्गत बनाए गए नियमों या विनियमों के अंतर्गत जारी या स्वीकृत किए गए थे, के अंतर्गत प्रदान की गई भारत की तत्कालीन लाइसेंसिएट शैक्षिक योग्यता;

(ट) "अनुसूची" से इन विनियमों से संबद्ध अनुसूची अभिप्रेत है;

(ठ) "विश्वविद्यालय" का वही अर्थ होगा जो उसे विश्वविद्यालय अनुदान आयोग अधिनियम, 1956 (1956 का 3) की धारा 2 के खंड (च) में दिया गया है और इसमें भारत में स्वास्थ्य विश्वविद्यालय या भारत के बाहर कोई ऐसा समतुल्य संस्थान शामिल है, जिसके पास उस देश में विधिवत् मान्यता प्राप्त कोई आयुर्विज्ञान संकाय है।

(2) इन विनियमों में इस्तेमाल किए गए और इसमें परिभाषित न किए गए परंतु अधिनियम में परिभाषित किए गए शब्दों और अभिव्यक्तियों के, अधिनियम में उन्हें दिए गए अपने-अपने अर्थ होंगे।

3. **इंटर्नशिप का, स्नातक-पूर्व आयुर्विज्ञान शिक्षा का एक अभिन्न अंग होना** – इन विनियमों के उपबंधों पर प्रतिकूल प्रभाव डाले बिना, अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप, स्नातक-पूर्व आयुर्विज्ञान शिक्षा उपाधि का एक अभिन्न अंग होगी।

4. **स्थायी पंजीकरण के लिए लाइसेंस पर रोक** – कोई भी आयुर्विज्ञान स्नातक, भारत में चिकित्सा व्यवसाय करने के लिए स्थायी पंजीकरण का पात्र नहीं होगा, जब तक वह अनुसूची II में यथा उपबंधित भारत में अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप पूरी नहीं कर लेता।

5. **इंटर्नशिप का कार्यकाल और अवधि** – अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप, 12 महीने से कम की नहीं होगी और संस्थान या अस्पताल, जहां से यह पूरी की जा सकती है, अनुसूची I में यथा विनिर्दिष्ट होंगे और यह इंटर्नशिप, अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप करने के लिए अर्हक प्रत्यय-पत्र की तारीख से दो वर्ष की अवधि के अंदर पूरी की जाएगी।

6. **इंटर्नशिप की गुणवत्ता** - किसी भी आयुर्विज्ञान स्नातक को अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप पूरा किया हुआ नहीं कहा जाएगा, जब तक-

(क) अनुसूची III और IV में विनिर्दिष्ट क्षेत्रों में चिकित्सा-शास्त्र के सभी अनिवार्य (प्रयोगात्मक) पहलू इंटर्नशिप के दौरान पूरे न कर लिए गए हों; और

(ख) इंटर्नशिप का पूरा पाठ्यक्रम, इस संबंध में विधिवत् योग्यताप्राप्त मेंटर के सक्रिय पर्यवेक्षण में न किया गया हो और मेंटर ने अनुसूची IV में यथा उपबंधित प्रपत्र के अनुसार इस संबंध में प्रमाणपत्र विधिवत् जारी न कर दिया हो।

7. **मेंटर की शैक्षिक योग्यताएं** – कोई भी व्यक्ति किसी आयुर्विज्ञान इंटर्नी का या तो पर्यवेक्षण करने या अनिवार्य आवर्ती आयुर्विज्ञान इंटर्नशिप की पूर्णता प्रमाणित करने का पात्र नहीं होगा, जब तक उसके पास, अनुसूची IV में विनिर्दिष्ट सभी शैक्षिक योग्यताएं न हों।

8. **डीन/प्रधानाचार्य/निदेशक या कोई अन्य समकक्ष प्राधिकारी**, इन विनियमों के कार्यान्वयन के लिए जिम्मेदार होगा।

अनुसूची-1

(विनियम 5 देखें)

सीआरएमआई का कार्यकाल और अवधि**1. कुल कार्यकाल**

प्रत्येक अभ्यर्थी के लिए यह आवश्यक होगा कि वह औषधि स्नातक और शल्यचिकित्सा स्नातक (एमबीबीएस) की अंतिम परीक्षा/ एमबीबीएस के लिए राष्ट्रीय एग्जिट परीक्षा (नेक्सट) में उत्तीर्ण होने के पश्चात संबंधित कॉलेज प्राधिकारियों और विश्वविद्यालय की संतुष्टि के अनुसार न्यूनतम 12 महीने की अवधि की अनिवार्य आवर्ती आयुर्विज्ञान इंटरनशिप पूरी करे ताकि वह संबंधित विश्वविद्यालयों द्वारा एमबीबीएस की उपाधि प्रदान किए जाने का पात्र बन सके।

2. पूर्णता की अवधि

(क) इंटरनशिप, एमबीबीएस की अंतिम परीक्षा या विदेशी आयुर्विज्ञान स्नातक परीक्षा (एफएमजीई) या नेक्सट चरण-1 परीक्षा, जब कभी लागू हो, में उत्तीर्ण होने के दो वर्ष के अंदर पूरी की जाएगी।

(ख) अनिवार्य आवर्ती आयुर्विज्ञान इंटरनशिप की न्यूनतम अवधि, कुछ कारणों से, जिनमें निम्नलिखित शामिल हैं, परंतु इन्हीं तक सीमित नहीं है, कॉलेज या विश्वविद्यालय द्वारा सिफारिश पर एक तर्कसंगत अवधि तक उपयुक्ततः बढ़ाई जा सकती है:

(i) उपस्थिति की अपर्याप्त अवधि या

(ii) कोई अत्यावश्यकता जैसे भारत सरकार या ऐसा करने के लिए विधिवत् प्राधिकृत किसी सक्षम प्राधिकारी द्वारा यथा अधिसूचित देश में आपदा या अप्रत्याशित परिस्थितियां।

(ग) इंटरनशिप का कार्यकाल, संबंधित प्राधिकरण के प्रचलित नियमों या विनियमों के अनुसार संस्थान या विश्वविद्यालय द्वारा किसी भी समय किया जा सकता है या यहां तक कि वापस लिया जा सकता है या निरस्त किया जा सकता है, बशर्ते कि-

(i) पंजीकरण कराने वाला व्यक्ति, किसी भी कारण से सीआरएमआई करने की इच्छा न रखता हो; या

(ii) पंजीकरण कराने वाला व्यक्ति, पात्रता की शर्तें पूरी किया गया न पाया गया हो; या

(iii) अनुशासनहीनता के कोई सिद्ध हुए कृत्य हों; या

(iv) व्यावसायिक अपराध या कदाचार के सिद्ध हुए कृत्य हों; या

(v) कोई अन्य कृत्य या कार्रवाइयां, जिनमें देश के कानून का उल्लंघन करने वाले कृत्य या कार्रवाइयां शामिल हैं।

(घ) किसी इंटरन (अंतरंग डॉक्टर) को निम्नलिखित छुट्टियां लेने की अनुमति होगी:

क. सामान्य छुट्टी:

(i) इंटरनों को, इंटरनशिप की पूरी अवधि के दौरान पूर्व अनुमति से अधिकतम 15 दिन की छुट्टी की अनुमति होगी;

(ii) 15 दिन की पूरी अवधि की छुट्टी, किसी एकल विभाग या विशेषज्ञता पर लागू किसी एक सप्ताह या दो सप्ताहों की पोस्टिंग के दौरान नहीं ली जा सकती।

ख. मातृत्व छुट्टी:

(i) महिला इंटरनों को, केंद्र सरकार या राज्य सरकार, जो भी लागू हो, के प्रचलित नियमों या विनियमों के अनुसार मातृत्व छुट्टी की अनुमति प्रदान की जा सकती है।

ग. पितृत्व छुट्टी : पुरुष इंटरनों को, इंटरनशिप के एक वर्ष के अंदर या तो निरंतरता में या एक-एक सप्ताह के अंतरालों में दो सप्ताह की पितृत्व छुट्टी की अनुमति प्रदान की जा सकती है।

घ. बीमारी की छुट्टी:

(i) बीमारी की छुट्टी, सामान्य छुट्टी के 15 दिनों के अंदर शामिल की जाएगी।

(ii) इस अवधि से अधिक बीमारी की किसी छुट्टी की सिफारिश केवल विधिवत् गठित मेडिकल बोर्ड द्वारा की जाएगी।

ड. इंटरनशिप आंगे बढ़ा दी जाएगी, यदि किसी भी प्रकार की अनुपस्थिति की छुट्टी अनुमेय 15 दिन की छुट्टी से अधिक हो जाती है:

- (i) विस्तारण की अवधि, अनुमेय 15 दिन की छुट्टी से अधिक की अवधि के बराबर होगी।
- (ii) इंटरनशिप, केवल उसी विभाग या विशेषज्ञता में दोहराई जाएगी, जिसमें उपर्युक्त विस्तारण आवश्यक हो।

अनुसूची-II

(विनियम 4 देखें)

सीआरएमआई की पूर्णता के लिए पात्रता मापदंड

सीआरएमआई के लिए पात्र होने हेतु निम्नलिखित शर्तें पूरी की जानी आवश्यक हैं:

1. भारतीय आयुर्विज्ञान स्नातक

(क) आवेदक को, आयोग द्वारा अनुमोदित और मान्यताप्राप्त किसी कॉलेज या संस्थान से किसी विश्वविद्यालय का एमबीबीएस पाठ्यक्रम सफलतापूर्वक पूरा किया हुआ और अधिनियम की धारा 35 के उपबंधों के अंतर्गत स्नातक-पूर्व आयुर्विज्ञान शिक्षा बोर्ड द्वारा सूचीबद्ध किया हुआ होना चाहिए।

(ख) भारतीय आयुर्विज्ञान स्नातकों के लिए अर्हक परीक्षा, इंटरनशिप के प्रारंभण के समय पर आयोग के लागू होने वाले नियमों और विनियमों के अनुसार होगी;

(i) भारत के विभिन्न विश्वविद्यालयों या संस्थानों की अंतिम एमबीबीएस परीक्षा;

(ii) अधिनियम की धारा 15 की उप-धारा (1) के अंतर्गत आयोजित की गई राष्ट्रीय एग्जिट परीक्षा (नेक्सट) चरण-1, जब कभी यह परीक्षा प्रचालनरत होती है;

(iii) कोई अन्य शर्त जो केंद्र सरकार या आयोग, जैसा भी मामला हो, द्वारा विनियमित या अधिसूचित की गई हो।

(ग) सभी भारतीय आयुर्विज्ञान स्नातक, अनिवार्य आवर्ती इंटरनशिप प्रशिक्षण (सीआरएमआई) की अपनी पूरी अवधि उस संस्थान से पूरी करेंगे, जहां उन्होंने औषधि स्नातक एवं शल्यचिकित्सा स्नातक (एमबीबीएस) का अध्ययन किया है और पूरा किया है;

(i) अंतिम एमबीबीएस परीक्षा उत्तीर्ण करने के पश्चात सशस्त्र बल चिकित्सा सेवाओं में एक वर्ष की अनुमोदित सेवा को, ऊपर वर्णित पंजीकरण-पूर्व प्रशिक्षण के समतुल्य माना जाएगा और यह प्रशिक्षण, जहां तक संभव हो, बेस या जनरल अस्पताल में होगा। कम्युनिटी मेडिसिन में प्रशिक्षण से ऊपर यथा प्रस्तावित एनएमसी के मापदंड पूरे होने चाहिए। तथापि, नेक्सट चरण-2, इन अभ्यर्थियों के लिए भी अनिवार्य होगा।

2. विदेशी आयुर्विज्ञान स्नातक

(क) राष्ट्रीय आयुर्विज्ञान आयोग (विदेशी आयुर्विज्ञान लाइसेंसिएट) विनियमावली, 2021 द्वारा यथा विनियमित सभी विदेशी आयुर्विज्ञान स्नातकों के लिए यह आवश्यक है कि वे भारतीय आयुर्विज्ञान स्नातकों के बराबर इंटरनशिप पूरी करें, यदि वे भारत में चिकित्सा व्यवसाय करने के लिए स्थायी पंजीकरण कराने के इच्छुक हैं।

(i) सभी विदेशी आयुर्विज्ञान स्नातकों, जब तक अन्यथा अधिसूचित न किया गया हो, के लिए आवश्यक होगा कि वे, नेक्सट के प्रचालनरत होने के पश्चात राष्ट्रीय एग्जिट परीक्षा चरण-1 के पश्चात भारतीय आयुर्विज्ञान स्नातकों के बराबर सीआरएमआई पूरी करें।

(ख) भारतीय नागरिक (समुद्रपारीय भारतीय नागरिकों सहित) जो विदेशी आयुर्विज्ञान स्नातक हैं, जो राष्ट्रीय आयुर्विज्ञान आयोग (विदेशी आयुर्विज्ञान स्नातक लाइसेंसिएट) विनियमावली, 2021 के दायरे में नहीं आते, दिनांक 2 सितंबर, 2020 की परामर्श संख्या भा.आ.प.-203(1)(सामान्य)/2020-पंजीकरण/118239 के अनुसार भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102) की धारा 13 की उप-धारा (3) के उपबंधों द्वारा विनियमित होंगे और उनके लिए भारत में सीआरएमआई पूरा करना आवश्यक होगा, यदि उन्होंने, ऐसी शैक्षिक योग्यता, जो वह शैक्षिक योग्यता प्रदान करने वाले देश में लागू नियमों और विनियमों द्वारा आवश्यक हो, प्राप्त करने के पश्चात ऐसा प्रयोगात्मक प्रशिक्षण पूरा नहीं किया है या उस देश में कोई प्रयोगात्मक प्रशिक्षण पूरा नहीं किया है।

(ग) विदेशी आयुर्विज्ञान स्नातक, जिनके लिए इंटरनशिप की एक अवधि पूरी करनी आवश्यक है, विदेशी आयुर्विज्ञान स्नातकों को सीआरएमआई प्रदान करने के लिए अनुमोदित मेडिकल कॉलेजों या संस्थानों में ही इंटरनशिप की अवधि पूरी करेंगे;

(i) विदेशी आयुर्विज्ञान स्नातक पहले उन कॉलेजों में तैनात किए जा सकते हैं जो नए-नए खोले गए हैं और जिन्हें अभी

मान्यता प्रदान की जानी है;

(ii) वे एक काउंसलिंग या मेरिट पर आधारित सीट आबंटन प्रक्रिया के जरिए भिन्न-भिन्न मेडिकल कॉलेजों या संस्थानों में तैनात किए जा सकते हैं।

(घ) कॉलेजों या संस्थानों और उनके संबद्ध अस्पतालों तथा सामुदायिक स्वास्थ्य केंद्रों को, सीआरएमआई कार्यक्रम आयोजित करने के लिए आयोग द्वारा मान्यता प्रदान की जाएगी।

अनुसूची-III

[विनियम 2(ग) देखें]

अनिवार्य आवर्ती आयुर्विज्ञान इंटरनशिप (सीआरएमआई) की पाठ्यचर्या और विशेषज्ञताएं

1. विधा

(क) **कम्युनिटी मेडिसिन** : कम्युनिटी मेडिसिन में स्नातक-पूर्व छात्रों को अध्यापन का उद्देश्य, ऐसा ज्ञान और कौशल प्रदान करना है जो उसे सामान्य चिकित्सीय रोगों का निदान और उपचार करने तथा समुदाय को सम्मिलित करने के महत्व को पहचानने में समर्थ बना सके। वह प्राथमिक स्वास्थ्य देखभाल के संदर्भ में व्यक्ति और समुदाय के साथ प्रभावी ढंग से व्यवहार करने में सक्षमता प्राप्त करेगा/करेगी। यह उद्देश्य जिला अस्पताल और प्राथमिक स्वास्थ्य केंद्र में व्यावहारिक अनुभव द्वारा प्राप्त किया जाएगा। इसके व्योरे निम्नलिखित हैं:

(i) 12 सप्ताह (कुल) : कम्युनिटी मेडिसिन (केंद्र में अनिवार्य आवास)

(ii) 3 सप्ताह : जनरल मेडिसिन

(iii) 3 सप्ताह : जनरल शल्यचिकित्सा

(iv) 3 सप्ताह : प्रसूति एवं स्त्रीरोग-विज्ञान

(v) 3 सप्ताह : कम्युनिटी मेडिसिन

जिला अस्पताल/सामुदायिक स्वास्थ्य देखभाल:

(क) ऐसे कार्य, जिन्हें किसी सहायता के बिना करने में किसी इंटरन को समर्थ होना चाहिए:

1. किसी इंटरन को:

(क) सामान्य बीमारियों का निदान करने और प्राथमिक देखभाल की सलाह देने में समर्थ होना चाहिए;

(ख) "आवश्यक औषध" और उनके इस्तेमाल पर जानकारी प्रदर्शित करनी चाहिए;

(ग) चिकित्सीय आपातकालिक स्थितियों की पहचान करनी चाहिए, पुनर्जीवित करना चाहिए और आरंभिक उपचार प्रारंभ करना चाहिए और उपयुक्त संस्थान में संदर्भित करना/मरीज को वैकल्पिक स्वास्थ्य देखभाल सुविधा का सुझाव देना चाहिए, यदि वह इसके बारे में जानना चाहता/चाहती है।

2. किसी इंटरन को, स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा संस्तुत सभी राष्ट्रीय स्वास्थ्य कार्यक्रमों (अर्थात् आरसीएच, यूआईपी, सीडीडी, एआरआई, एफपी, एएनसी, तपेदिक, कुष्ठरोग और अन्य) से परिचित होना चाहिए।

3. किसी इंटरन को:

(क) संक्रामक विकार रोग के प्रति प्रतिरक्षण में पूरी विशेषज्ञता प्राप्त करनी चाहिए;

(ख) पौषणिक विकार सहित स्थानीय रूप से फैली महामारी की बीमारियों की रोकथाम और नियंत्रण से संबंधित कार्यक्रमों में भाग लेना चाहिए;

(ग) परिवार कल्याण योजना की शल्यक्रियाओं में कौशल सीखने चाहिए।

4. किसी इंटरन को:

(क) स्वास्थ्य शिक्षा संबंधी कार्यक्रम आयोजित करने की सक्षमताएं प्राप्त करनी चाहिए;

(ख) श्रव्य दृश्य सहायक उपकरणों का इस्तेमाल करने की सक्षमताएं प्राप्त करनी चाहिए;

(ग) सामुदायिक स्वास्थ्य को बढ़ावा देने के लिए वैज्ञानिक सूचना का उपयोग करने की सक्षमता प्राप्त करनी चाहिए।

(ख) किसी इंटरन को निम्नलिखित में अवलोकन या वरीयत- सहायता करनी चाहिए:

1. कोई इंटरन अन्य एजेंसियों जैसे जलापूर्ति, खाद्य वितरण और अन्य पर्यावरणीय या सामाजिक एजेंसियों के साथ संपर्क स्थापित करने में सक्षम होना चाहिए।

2. किसी इंटरन को, पैरा-मेडिकल स्टाफ और अन्य स्वास्थ्य देखभाल व्यवसायविदों के क्रियाकलाप मॉनीटर करने और ड्यूटियों के प्रत्यायोजन सहित प्रबंधकीय कौशल प्राप्त करने चाहिए।

तालुका अस्पताल/प्रथम रेफरल इकाई/सीएचसी:

क. किसी इंटरन को सहायता के बिना निम्नलिखित करने में समर्थ होना चाहिए:

1. कोई इंटरन किसी व्यक्ति/समुदाय को निम्नलिखित पर स्वास्थ्य शिक्षा उपलब्ध कराएगा:

(क) तपेदिक;

(ख) छोटा परिवार, जन्म अंतर, समुचित गर्भनिरोधकों का इस्तेमाल;

(ग) अनुपयुक्त पोषाहार और माताओं तथा बच्चों की देखभाल

(घ) प्रतिरक्षण

ख. किसी इंटरन को पर्यवेक्षण के साथ निम्नलिखित करने में समर्थ होना चाहिए:

कोई इंटरन, चिकित्सा अधिकारी के रूप में कम से कम एक स्कूल स्वास्थ्य कार्यक्रम में भाग लेगा।

प्राथमिक स्वास्थ्य केंद्र/शहरी स्वास्थ्य केंद्र

क. किसी इंटरन को, सहायता के बिना निम्नलिखित करने में समर्थ होना चाहिए:

(क) परिवार संयुक्त स्वास्थ्य देखभाल (जन्म से मृत्यु तक), में भाग लेना, कार्यक्रमों की सूची;

(ख) सामुदायिक स्वास्थ्य अर्थात् सुरक्षित मातृत्व, पोषाहार निगरानी और स्वास्थ्य लाभ, अतिसार रोग आदि के लिए फील्ड प्रैक्टिस पर मॉड्यूलों के इस्तेमाल में भाग लेना;

(ग) प्रतिरक्षण और प्रतिश्याय श्रृंखला में भाग लेना और उनसे संबंधित दस्तावेजों का रखरखाव करना;

(घ) सामान्य बीमारियों जैसे मलेरिया, तपेदिक, आन्त्र ज्वर, रक्तसंकुलता हृदयाघात, यकृत-शोथ, तानिका-शोथ, वृक्कीय आघात के निदान और नियंत्रण में सहायता प्राप्त करना।

ख. किसी इंटरन को, पर्यवेक्षण के अधीन निम्नलिखित करने में समर्थ होना चाहिए:

(क) परिवार कल्याण कार्यक्रमों (नव-प्रसव देखभाल, सामान्य प्रसूति, गर्भनिरोधक आदि) में दक्षता प्राप्त करना;

(ख) ग्राम स्वास्थ्य केंद्रों, आशा उप-केंद्रों में अनुभव के साथ-साथ सामुदायिक स्वास्थ्य के मुद्दे समझने के लिए कम से कम एक सप्ताह की अवधि के ग्राम आसंग पूरा करना;

(ग) चिकित्सा अधिकारी के साथ संक्रामक रोग निगरानी और महामारी प्रबंधन क्रियाकलापों में भाग लेना।

(ख) जनरल मेडिसिन

1. **लक्ष्य :** जनरल मेडिसिन विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे सामान्य चिकित्सीय रोगों का निदान और उपचार करने में समर्थ बना सके। वह, इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग-निदान में सक्षमता प्राप्त करेगा/करेगी और प्रबंधन की समुचित पद्धति आरंभ करेगा/करेगी; इसमें उष्णकटिबंधीय में सामान्य बीमारियां (परजीवी, जीवाण्विक या वायरल संक्रमण, पौषणिक रोग, जिसमें निर्जलीकरण और विद्युत अपघट्य असामान्यताएं शामिल हैं) और विभिन्न दैहिक रोग शामिल होंगी।

2. किसी इंटरन को निम्नलिखित शल्यचिकित्साओं/ शल्य-क्रियाओं में अवलोकन/सहायता या वरीयत: कार्य-निष्पादन करना चाहिए:

(क) प्रोक्टोस्कोपी, ओफथैल्मोस्कोपी/ओटोस्कोपी, अप्रत्यक्ष लारिंगोस्कोपी;

(ख) चिकित्सीय शल्य-क्रियाएं;

(ग) मूत्रमार्गीय नाल शलाका लगाना, राइलेज ट्यूब डालना, फुफुसावरण, तापस फ्लुइड एस्पाइरेशन;

(घ) सेरेब्रोस्पाइनल फ्लुइड (सीएसएफ) एस्पाइरेशन, वायु मार्ग ट्यूब स्थापित करना;

(ङ) आक्सीजन देना आदि;

(च) **जीवोत्तिपरीक्षा शल्यक्रियाएं** : यकृत, गुर्दा, त्वचा, स्नायु, लसिका ग्रंथि और मांसपेशी जीवोत्तिपरीक्षा, अस्थि मज्जा एस्पाइरेशन, सतह पर असाध्य घावों की जीवोत्तिपरीक्षा, पर्यवेक्षण के अधीन कुष्ठरोग के लिए नासिकीय/स्नायु/त्वचा पर धब्बा लगाना;

(छ) ऐसे कौशल, जिन्हें पर्यवेक्षण के अधीन करने में किसी इंटरन को समर्थ होना चाहिए:

(i) चूषण यंत्र, श्वसन यंत्र और डिफ्रीलीटर, हृदयीय मॉनीटर, रक्त गैस विश्लेषक के इस्तेमाल सहित जीवन रक्षक प्रक्रियाओं से परिचित होना;

(ii) वायरल ज्वर, आमाशय जठर-शोथ, यकृत-शोथ, फुफुस-प्रदाह, म्योकार्डियल व्यतिक्रम और कण्ठ-शूल, टीआईए तथा आघात, दौरा, मधुमेह मेलाइटस, उच्च रक्त चाप, गुर्दा एवं यकृत आघात, अवटुग्रन्थि विकारों और रक्त विकारों जैसे अतिघाती और चिरकालिक रोगों के प्रबंधन और पूर्वानुमान के बारे में परामर्श देने में समर्थ होना चाहिए। उसे गैर-संक्रामक रोगों और तपेदिक वाले मरीजों तथा एचआईवी मरीजों आदि के लिए काउंसलिंग सत्रों में भाग लेना चाहिए;

(iii) मृत्यु की पुष्टि करने और विश्व स्वास्थ्य संगठन की मृत्यु के कारण की रिपोर्टिंग और आंकड़ों की गुणवत्ता की अपेक्षाओं की समझबूझ प्रदर्शित करने में समर्थ होना चाहिए;

(iv) स्थानीय लोगों के समन्वय और राष्ट्रीय महामारी प्रबंधन योजनाओं की समझबूझ प्रदर्शित करने में समर्थ होना चाहिए;

(v) नुस्खा लिखने के कौशल प्रदर्शित करने और भेषजीय-सतर्कता, प्रतिजैविक नीति, नुस्खा लेखापरीक्षा और आवश्यक औषध सूची की अवधारणा की जागरूकता प्रदर्शित करने में समर्थ होना चाहिए।

(ग) मनश्चिकित्सा

1. लक्ष्य : मनश्चिकित्सा विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है जो उसे सामान्य मनश्चिकित्सीय रोगों का निदान और उपचार करने में समर्थ बना सके। वह, इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग-निदान के लिए सक्षमता प्राप्त और प्रबंधन समुचित पद्धति आरंभ करेगा/करेगी। उसे दैहिक रोगों की व्यवहारजन्य अभिव्यक्ति की पहचान करने और मनश्चिकित्सीय विकारों से उन्हें भिन्न करने में भी समर्थ होना चाहिए।

2. चिकित्सीय:

क. किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) सामान्य मनश्चिकित्सा विकारों का रोग-निदान और प्रबंधन;

(ii) मनोवैज्ञानिक प्रतिक्रियाओं की पहचान और प्रबंधन करना;

(iii) चिकित्सीय और शल्यचिकित्सीय मरीजों में व्यवहारजन्य विकारों का रोग-निदान और प्रबंधन करना;

(iv) चिकित्सीय काउंसलिंग और अनुवर्तन।

(घ) बाल रोग:

1. लक्ष्य : बाल रोग विभाग में किसी इंटरन की तैनाती का लक्ष्य ऐसा ज्ञान और कौशल प्रदान करना है जो उसे नव-प्रसव विकारों सहित सामान्य बाल रोगों के निदान और उपचार के लिए समर्थ बना सके। वह, इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग-निदान के लिए सक्षमता प्राप्त करेगा/करेगी और प्रबंधन की समुचित पद्धति आरंभ करेगा/करेगी। इसमें उष्णकटिबंधों में सामान्य बीमारियां (परजीवी, जीवाण्विक या वायरल संक्रमण, पौषणिक रोग, जिसमें निर्जलीकरण और विद्युत अपघट्य असामान्यताएं शामिल हैं) और विभिन्न दैहिक रोग शामिल होंगी।

किसी इंटरन को निम्नलिखित शल्य-क्रियाओं में अवलोकन/सहायता या वरीयत: कार्य-निष्पादन करना चाहिए:

(i) नव-प्रसव विकारों, अत्यावश्यक आपातकालिक स्थितियों, रुग्ण बच्चों की जांच, सूचना का रिकार्ड बनाने सहित

सामान्य बालपन विकारों का रोग-निदान और प्रबंधन करना;

(ii) नैदानिक तकनीकें: रक्त संग्रहण (अरु शिरा और नाभि नाड़ी से रक्त संग्रहण सहित) फोड़े का अपवहन, सेरेब्रोस्पिनल का संग्रहण, फुफ्फुसावरण और उदरीय फ्लुइड, मूत्र का ऊपरी जघन एस्पाइरेशन;

(iii) मरीज देखभाल से संबंधित तकनीकें: प्रतिरक्षण, आप्लावन तकनीकें, नासोगेस्ट्रिक ट्यूब डालना, स्तनपान प्रक्रियाएं, गुलिकीय परीक्षण और स्तनपान काउंसलिंग;

(iv) उपकरणों का उपयोग: अनिवार्य मॉनीटरिंग, तापमान मॉनीटरिंग, जनम पर पुनरुज्जीवन और सघन देखभाल प्राप्त करने वाले बच्चों की देखभाल;

(v) बच्चों की दवाई की खुराक और निर्जलन थेरेपी के विशेष संदर्भ में बचपन के सामान्य विकारों का शीघ्र प्रबंधन आरंभ करना;

(vi) नवजात शिशुओं और किसी असामान्यताओं के लिए जोखिम कारकों वाले शिशुओं की जांच-परख करना और भविष्य में रोकथाम के लिए कदम उठाना, जन्मजात असामान्यताओं का पता लगाना;

(vii) विकास संबंधी असामान्यताओं का पता लगाना ७ मनोमिति विकास की असामान्यताओं का पता लगाना;

(viii) शिशुओं और बच्चों की पौषणिक और खुराक की स्थिति का मूल्यांकन करना और व्यक्तिगत तथा समुदाय दोनों स्तरों पर रोकथाम की व्यवस्था करना, कमी संबंधी विकारों का पता लगाना और अनुवर्तन करना, जैसे:

- प्रोटीन-ऊर्जा कुपोषण;
- विटामिनों की कमियां, विशेष रूप से ए, बी, सी और डी की;
- लौह की कमी।

2.2 ऐसे कौशल जिन्हें पर्यवेक्षण के अधीन करने में किसी इंटरन को समर्थ होना चाहिए:

(i) किसी इंटरन को, चूषण यंत्र, श्वसन यंत्र, हृदयीय मॉनीटर, रक्त गैस विश्लेषक के इस्तेमाल सहित जीवन रक्षक प्रक्रियाओं से परिचित होना चाहिए;

(ii) किसी इंटरन को, वायरल ज्वर, अमाशय जठर-शोथ, यकृत-शोथ, फुफ्फुस प्रदाह, जन्मजात हृदय रोगों, दौरों, गुर्दा और यकृत रोगों अवटुग्रंथि विकारों और रक्त विकारों जैसी अतिपाती और चिरकालिक रोगों के प्रबंधन और पूर्वानुमान के बारे में परामर्श देने में समर्थ होना चाहिए। उसे एचआईवी काउंसलिंग सहित मरीजों के साथ काउंसलिंग सत्रों में भाग लेना चाहिए।

(ड) जनरल शल्य-चिकित्सा

1. लक्ष्य : जनरल शल्यचिकित्सा विभाग में किसी इंटरन की तैनाती का लक्ष्य, उसे ऐसा ज्ञान और कौशल प्रदान करना है जो उसे सामान्य शल्यचिकित्सीय बीमारियों का रोग-निदान और उपचार करने में समर्थ बना सके। वह सभी अतिपाती और चिरकालिक बीमारियों का तर्कसंगत परिशुद्धता के साथ निदान करने और अनुमान लगाने की योजना प्राप्त करेगा।

2. चिकित्सीय-

क. किसी इंटरन को निम्नलिखित प्रक्रियाओं में अवलोकन/सहायता और वरीरूत- कार्य-निष्पादन करना चाहिए:

- (i) शिरा शल्यक्रिया या शिरीय प्रवेश;
- (ii) श्वासनलीच्छेदन और अंतःस्तर श्वासनली डालना;
- (iii) तीव्र अवधारण या ट्रोकार कोशिका छेदन के साथ मरीज को नाल शलाका लगाना;
- (iv) सतही फोड़े का अपवहन;
- (v) घाव का आधारीय टांका लगाना और घाव प्रबंधन (पट्टी बांधने सहित);
- (vi) सतही ट्यूमर की जीवोत्परीक्षा;
- (vii) शुक्रवाहिका छेदन ।

ख. ऐसे कौशल, जो किसी इंटरन को पर्यवेक्षण के अधीन करने में समर्थ होना चाहिए:

- (i) गंभीर और चिरकालिक शल्यचिकित्सीय बीमारियों, सिर की चोट, अभिघात, जलने और कैंसर के पूर्वानुमान के बारे में सलाह देना और उनके संबंध में मरीजों की काउंसलिंग करना;
- (ii) शल्यचिकित्सा के पश्चात मरीज के स्वास्थ्य लाभ के बारे में सलाह देना और शीघ्र स्वस्थ होने में उनकी सहायता करना;
- (iii) विश्व स्वास्थ्य संगठन के मृत्यु रिपोर्टिंग के कारण और आंकड़ों की गुणवत्ता की अपेक्षाओं की समझबूझ प्रदर्शित करने में समर्थ होना;
- (iv) राष्ट्रीय और राज्य/स्थानीय मृत्यु के कारण के आंकड़ों के इस्तेमाल की समझबूझ प्रदर्शित करने में समर्थ होना चाहिए।

ग. किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

- (i) गंभीर मरीजों का पुनरुज्जीवन;
- (ii) प्रमुख और लघु शल्यचिकित्सीय बीमारियों के लिए आधारीय शल्यक्रियाएं;
- (iii) घाव पर पट्टी बांधना और खपची बांधना;
- (iv) लापारोस्कोपिक/अल्पतम आक्रामक शल्यचिकित्सा;
- (v) लसीका ग्रंथि जीवोत्परीक्षा।

(च) संचेतनाहर-विज्ञान

1. **लक्ष्य :** संचेतनाहर विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है जो उसे संचेतनाहर के सिद्धांतों को समझने और संचेतनाहर के जोखिम और जटिलताओं का पता लगाने में समर्थ बना सके। इंटरनशिप के अंत में उसे हृदयघात का पता लगाने सहित हृदय-फुफुसीय पुनरुज्जीवन सही-सही करने में समर्थ होना चाहिए।

2. चिकित्सीय:

क. किसी इंटरन को निम्नलिखित में अवलोकन या वरीयत: सहायता करनी चाहिए:

- (i) संचेतनाहर-पूर्व जांच और संचेतनाहर-पूर्व दवाइयां लिखना;
- (ii) बेनेपेक्चर और अंतःशिरा ड्रिप लगाना;
- (iii) लंबर पेक्चर, मेरुदंड संचेतनाहर और सामान्य शिरा बंद करना;
- (iv) पर्यवेक्षण के अधीन सरल सामान्य शल्यक्रियाएं;
- (v) संचेतनाहर के दौरान और शल्योपचार की अवधि में मरीजों को मॉनीटर करना;
- (vi) संचेतनाहर संबंधी रिकार्ड रखना;
- (vii) हृदयघात का पता लगाने सहित हृदय-फुफुसीय पुनरुज्जीवन सही-सही करना।

ख. ऐसे कौशल, जो किसी इंटरन को पर्यवेक्षण के अधीन करने में समर्थ होना चाहिए:

- (i) संचेतनाहर की विभिन्न पद्धतियों से संबंधित काउंसलिंग और सलाह देना;
- (ii) आपातकालिक संचेतनाहर से संबद्ध समस्याओं का पता लगाना;
- (iii) शल्योपचार के पश्चात की अवधि में जटिलताओं का पता लगाना और उनका उपचार करने में सहायता करना।

ग. किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

प्रमुख और लघु शल्यचिकित्सीय और अन्य शल्यक्रियाओं के लिए संचेतनाहर देना।

(छ) प्रसूति एवं स्त्रीरोग-विज्ञान

1. **लक्ष्य :** प्रसूति एवं स्त्री रोग-विज्ञान विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है जो उसे प्रसव का निदान और प्रबंधन करने और प्रसवोत्तर अनुवर्तन करने, प्रसव पीड़ा का प्रबंधन करने और अंतःप्रसवी आपातकालिक स्थितियों का पता लगाने, सामान्य स्त्रीरोग-विज्ञान संबंधी बीमारियों का निदान और उपचार करने में समर्थ बना सके।

2. चिकित्सीय-

क. किसी इंटर्न को निम्नलिखित करना चाहिए या उसमें सहायता करनी चाहिए:

(i) प्रारंभिक गर्भावस्था का निदान और प्राक्प्रसव देखभाल उपलब्ध करना, प्राक्प्रसव श्रोणीय मूल्यांकन और शिरस्थ-श्रेणी असंगति का पता लगाना;

(ii) निम्नलिखित से संबंधित गर्भावस्था के रोग-विज्ञान का निदान:

- गर्भपात;
- इकटोपिक गर्भावस्था;
- ट्यूमर जिससे गर्भावस्था में जटिलता उत्पन्न हो;
- आरंभिक गर्भावस्था में तीव्र उदर;
- अति वमनकारी सगर्भता।

(iii) उच्च जोखिम गर्भावस्था वाले मामलों की पहचान करना और उचित सलाह देना जैसे पीआईएच, हाइड्रामानिओस, प्रसव-पूर्व रक्तस्राव, बहुल गर्भावस्थाएं, असामान्य प्रस्तुतीकरण और मूत्र वृद्धि विलंबन;

(iv) पर्यवेक्षण के अधीन प्रसव-पीड़ा और एमानियोटॉमी आरंभ कराना, सामान्य प्रसव-पीड़ा का प्रबंधन, आवश्यकताओं का पता लगाना, प्रसवोत्तर रक्तस्राव और चिरस्थायी विदारण की मरम्मत;

(v) दुग्धस्रावण की असामान्यताओं का पता लगाना और प्रबंधन;

(vi) काउंसलिंग के साथ मौखिक गर्भनिरोधकों का मूल्यांकन और नुस्खा लिखना;

(vii) भग, योनि, गर्भाशय और अण्डाशय की सामान्य जन्मजात प्रदाहक, अबुर्दीय और अभिघातज स्थितियों का पता लगाने के लिए वीक्षण-यंत्र द्वारा, योनि द्वारा और मलाशय द्वारा जांच;

(viii) स्त्रीरोग-विज्ञान और प्रसूति-विज्ञान में चिकित्सीय-विधिक जांच।

ख. ऐसे कौशल जो किसी इंटर्न को पर्यवेक्षण के अधीन करने में समर्थ होना चाहिए:

- (i) विस्फारण और क्यूरेज तथा आंशिक क्यूरेज;
- (ii) अंतःस्तर गर्भाशय जीवोतिपरीक्षा;
- (iii) अंतःस्तर एस्पाइरेशन;
- (iv) सानी मैल संग्रहण;
- (v) अंतरा-गर्भाशय गर्भनिरोधक यंत्र (आईयूसीडी) डालना;
- (vi) छोटा लेपन बांधना;
- (vii) शल्योपचारोत्तर रोगियों में सीवन खोलना;
- (viii) ग्रीवा छेदन जीवोतिपरीक्षा;

ग. किसी इंटर्न को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयतः सहायता करनी चाहिए:

- (i) प्रमुख उदरीय और यौनिक शल्यचिकित्सा के मामले;
- (ii) द्वितीय त्रैमास्य गर्भावस्था का चिकित्सीय परिसमापन (एमटीपी) शल्यक्रियाएं अर्थात् इमक्रेडिल प्रोस्टग्लेण्डिन इंस्टिलेशन, सीजेरियन सेक्शन।

(ज) अस्थिरोग-विज्ञान

1. लक्ष्य : अस्थिरोग-विज्ञान और भौतिक चिकित्सा एवं स्वास्थ्यलाभ विभाग में किसी इंटर्न की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे सामान्य बीमारियों का निदान और उपचार करने में समर्थ बना सके। वह अस्थिभंग, विस्थापन, वास्तविक अस्थि मृदुता, पोलियोमाइलिटिस और सामान्य जन्मजात विरूपताओं जैसे जन्मजात टेलीपेसेक्यूनोवेरस

(सीटीईवी) और कूल्हे के विस्थापन (सीडीएच) की मौजूदगी के निदान और पहचानने की योग्यता प्राप्त करेगा/करेगी।

2. चिकित्सीय

क. किसी इंटर्न को निम्नलिखित में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) आपातकालिक खपची बांधने के उद्देश्य के लिए खपनी (प्लास्ट स्लैब) बांधना, चिरस्थायी खपची लगाना और शल्योपचार उपरांत खपची बांधना और थॉमस स्पिलिंग का अनुप्रयोग;

(ii) सामान्य अस्थिभंगों की शारीरिक कमी – अंगुल्यास्थि, करभास्थि, अनुगुल्फिकास्थि और कोलस अस्थिभंग;

(iii) सामान्य विस्थापनों में शारीरिक कमी-अंतर – अंगुल्यास्थि, करमास्थि-करमास्थि, आंगुल्यास्थि, करमास्थि-आंगुल्यास्थि, कोहनी और कंधे के विस्थापन;

(iv) बाहु, प्रबाहु, टांग और टखने के अविस्थापित अस्थिभंगों के लिए प्लास्टर कास्ट अनुप्रयोग;

(v) बहुल चोट वाले किसी मरीज की आपातकालिक देखभाल;

(vi) मेरुदंड की चोट वाले मरीजों का परिवहन और बिस्तरे पर देखभाल।

ख. ऐसे कौशल जो पर्यवेक्षण के अधीन कोई इंटर्न करने में समर्थ होना चाहिए:

(i) पोलियामेलाइटिस, प्रमस्तिष्काघात, सीटीईवी और सीडीएच के पूर्वानुमान के बारे में सलाह देना;

(ii) अंगविच्छेद वाले व्यक्तियों और बहुपक्षीय अभिघातीय और हाथ की कुष्ठ संबंधी विरूपताओं वाले व्यक्तियों के स्वास्थ्यलाभ के बारे में सलाह देना।

ग. किसी इंटर्न को निम्नलिखित शल्योपचारों में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) अति अस्थिमृदुता के लिए अपवहन;

(ii) चिरकालिक अस्थिमृदुता में प्रथक्करण;

(iii) बाह्य उपस्कर का अनुप्रयोग;

(iv) लंबी हड्डियों के अस्थिभंगों का आंतरिक स्थायीकरण।

(झ) भौतिक मेडिसिन एवं स्वास्थ्य लाभ

1. लक्ष्य : भौतिक एवं स्वास्थ्यलाभ विभाग में किसी इंटर्न की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे, शारीरिक उपचार की आवश्यकता वाली सामान्य संधिवातीय, अस्थि संबंधी और तंत्रिका संबंधी बीमारियों के निदान और उपचार में समर्थ बना सके। वह इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग निदान और प्रबंधन की समुचित पद्धति आरंभ करने के लिए सक्षमता प्राप्त करेगा/करेगी।

2. चिकित्सीय-

क. किसी इंटर्न को निम्नलिखित में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) विकलांग करने वाली सामान्य स्थितियों जैसे पोलियोमेलाइटिस, प्रमस्तिष्काघात, अर्ध-पक्षाघात, अधरांगघात, अंगविच्छेदन आदि मूल्यांकन और विस्तृत इतिवृत्त के आधार पर नैदानिक रोग-निदान और प्रबंधन सक्षमता के साथ रोग-निदान और प्रबंधन करना;

(ii) विकलांग बनाने वाली सामान्य अवस्थाओं के समुचित अनुवर्तन सहित संपूर्ण स्वास्थ्यलाभ में दल के एक सदस्य के रूप में भाग लेना;

(iii) कृत्रिम अंगों और उपकरणों के निर्माण और मरम्मत की प्रक्रियाएं।

ख. किसी इंटर्न को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) स्वयं सहायता यंत्रों और खपची तथा सचलता सहायक उपकरणों का इस्तेमाल;

(ii) विकलांग व्यक्तियों के लिए उपगम्यता समस्याएं और होम मेकिंग;

(iii) सामान्य अवस्थाओं जैसे पालियों में विरूपता की रोकथाम में सरल अभ्यास थेरेपी और अंग विच्छेदन वाले व्यक्तियों में

स्टम्प अभ्यास;

(iv) चिकित्सीय काउंसलिंग और अनुवर्तन।

(ज) नाक कान गलारोग-विज्ञान (ईएनटी)

1. **लक्ष्य :** ईएनटी विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे कर्ण शूल, विजातीय तत्वों जैसे नाक कान गलारोग-विज्ञान संबंधी सामान्य अवस्थाओं का रोग-निदान और उपचार करने में समर्थ बना सके। वह, आपातकालिक स्थितियों और सिर तथा गर्दन के असाध्य अबुर्दों सहित नाक कान और गले (ईएनटी) के सामान्य रोगों के व्यापक रोग-निदान के लिए योग्यता प्राप्त करेगा।

2. **चिकित्सीय**

क. किसी इंटरन को निम्नलिखित में अवलोकन या वरीयतः सहायता करनी चाहिए:

- (i) कान में पिचकारी मारना, कोटर वेधन और इपिस्टाक्सिस के लिए नाक की पैकिंग;
- (ii) बाह्य नाल की नासिका, ड्रिजिंग और पैकिंग;
- (iii) नाक और कान से विजातीय तत्वों को निकालना;
- (iv) विभिन्न एंडोस्कोपिक शल्यक्रियाओं और श्वासनलीछेदन का अवलोकन करना और उसमें सहायता करना।

ख. ऐसे कौशल जो पर्यवेक्षण के अधीन कोई इंटरन करने में समर्थ होना चाहिए:

- (i) इंटरन, ईएनटी संबंधित विभिन्न रोगों के रोग-निदान में दल के एक सदस्य के रूप में भाग लेना;
- (ii) इंटरन, ईएनटी से संबंधित स्वास्थ्यलाभ के विभिन्न कार्यक्रमों का ज्ञान प्राप्त करेगा।

ग. किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयतः सहायता करनी चाहिए:

इंटरन, हेड मिरर, आटोस्कोप और अप्रत्यक्ष लारंगोस्कोपी के इस्तेमाल और कान नाक गला (ईएनटी) की सामान्य समस्याओं के प्रथम श्रेणी के प्रबंधन में कौशल प्राप्त करेगा।

(ट) नेत्ररोग-विज्ञान

1. **लक्ष्य :** नेत्ररोग-विज्ञान विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल उपलब्ध कराना है जो उसे अभिघात, अतिपाती नेत्र-श्लेष्मला, शुष्कण, आट्रोपियोन, कोरनियल अल्सर, इरीडोसिकलिटिस, निकटदृष्टिता, हाइपरमेट्रोपिया, मोतियाबिंद, सबलबाय, चाक्षुष चोट और दृष्टि की अचानक क्षति जैसी नेत्र रोगों की सामान्य अवस्थाओं के रोग-निदान और उपचार में समर्थ बना सके।

2. **चिकित्सीय-**

क. किसी इंटरन को निम्नलिखित में अवलोकन या वरीयतः सहायता करनी चाहिए:

- (i) उप-नेत्र श्लेष्मला इंजेक्शन;
- (ii) आंख में पट्टी बांधना;
- (iii) कंकड़ निकालना;
- (iv) इपिलेशन और विद्युत अपघटन;
- (v) चक्षु से विजातीय तत्व निकालना;
- (vi) चाक्षुष अल्सरों का प्रदाहन;
- (vii) चालाजिओन निकालना;
- (viii) एन्ट्रोपियोन सुधार;
- (ix) चाक्षुष चीर-फाड़ की सीवन करना;
- (x) पलकों की मरम्मत;

(xi) सबलबाय शल्यचिकित्सा (सहायता प्रदत्त);

(xii) शव में नेत्र का निकालना।

ख. ऐसा कौशल, जो पर्यवेक्षण के अधीन किसी इंटरन को करने में समर्थ होना चाहिए:

नेत्रहीन के पुनर्वास के लिए पद्धतियों के संबंध में सलाह देना।

ग. किसी इंटरन को निम्नलिखित शल्पोचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) परावर्तक त्रुटियों का मूल्यांकन और उनके सुधार की सलाह देना;

(ii) सामान्य दैहिक विकारों में चाक्षुष परिवर्तनों का रोग-निदान करना;

(iii) टोनोमीटरी, पिचकारी मारने जैसी जांच-पड़ताल की प्रक्रियाएं करना;

(iv) प्रत्यक्ष ऑफ़थैल्मोस्कोपी, व्यक्तिपरक अपवर्तन और कार्निया के अभिरंजन में प्रतिदीप्तन।

(ठ) फोरेंसिक मेडिसिन और विष-विज्ञान

1. लक्ष्य : फोरेंसिक मेडिसिन और विष-विज्ञान विभाग में किसी इंटरन की तैनाती का लक्ष्य उसे ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे चिकित्सीय-विधिक मामलों से संबंधित आधारभूत प्रक्रियाओं की पहचान करने और उन्हें जानने में समर्थ हो सके।

यदि कॉलेज या संस्थान में शव-परीक्षा की सुविधाओं की कमी है तो उसी जिले में केंद्र के साथ समझौता ज्ञापन किया जाएगा ताकि इंटरनों को प्रशिक्षण उपलब्ध कराया जा सके।

2. किसी इंटरन को निम्नलिखित में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) अभिघात का दस्तावेजीकरण और प्रमाणन;

(ii) रोग-निदान और मृत्यु का प्रमाणन;

(iii) आपातकालिक मामलों से संबंधित कानूनी दस्तावेजीकरण;

(iv) चिकित्सीय-विधिक मामलों अर्थात् आयु का अनुमान, यौन प्रहार आदि का प्रमाणन;

(v) चिकित्सीय-विधिक मामलों में पुलिस, लोक स्वास्थ्य प्राधिकारियों, अन्य संबंधित विभागों आदि के साथ संसूचन स्थापित करना।

ख. किसी इंटरन को चिकित्सीय-विधिक शव-परीक्षा/मरणोत्तर शव-परीक्षा का अवलोकन करना चाहिए।

XIII. प्रयोगशाला सेवाएं जिनमें रक्त बैंकिंग के साथ-साथ नैदानिक रोग-विज्ञान, प्रयोगशाला औषध, जीव रसायन और रुधिर-विज्ञान सेवाएं शामिल हैं।

किसी इंटरन को सहायता के बिना निम्नलिखित प्रयोगशाला जांच-पड़ताल करने और उनके परिणामों की व्याख्या करने में समर्थ होना चाहिए:

(i) रक्त : प्लेटलैट काउंट, मलेरिया के परजीवियों सहित परिधीय रक्त मैल तैयार करने और जांच करने सहित संपूर्ण रक्त काउंट;

(ii) मूत्र : (नैत्यक रासायनिक और माइक्रोस्कोपिक जांच);

(iii) मल : (ओवा:सिष्ट और गुप्त रक्त);

(iv) रक्त बैंकिंग : रक्त ग्रुपिंग (हस्त्य), सलाइन क्रॉस मैचिंग;

(v) ग्राम स्टेन और ऐसिड फास्ट स्टेन के लिए थूक और गले का स्वैब;

(vi) प्रोटीन, शूगर और मैल के लिए सेरेब्रोसपाइनल फ्लुइड (सीएसएफ);

(vii) शर्करामापी यंत्र द्वारा शूगर परीक्षण करना;

(viii) नैत्यक रसायन और माइक्रोस्कोपी के लिए फुफ्फुसीय और एसिटिक फ्लुइड;

(ix) स्वतंत्र रूप से वेनेपंक्चर द्वारा रक्त निकालना और उचित तरीके से समुचित बोतलों में नमूने एकत्र करना;

(x) रक्त परीक्षण, जीवाणु समूह, ऊतकरोग-विज्ञान और कोशिका-रोग-विज्ञान संबंधी जांच-पड़ताल के लिए नमूने सही-सही एकत्र करना और उनका परिवहन करना;

(xi) समुचित ढंग से मांग फार्म भरना।

(ड) हताहत सेवाएं/आपातकालिक औषध

1. **लक्ष्य :** हताहत विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे सामान्य अतिपाती शल्यचिकित्सीय/चिकित्सीय बीमारियों का रोग-निदान और उपचार करने में समर्थ बना सके। वह आपातकालिक स्थितियों सहित अतिपाती शल्यचिकित्सीय बीमारियों का तर्कसंगत परिशुद्धता के साथ रोग-निदान और पता लगाने, गंभीर रूप से चोटग्रस्त मरीज और गंभीर रूप से जले हुए मरीज को पुनर्जीवित करने, सतही रक्तस्राव नियंत्रित करने और खुले घावों का प्रबंधन करने तथा सिर, मेरुदंड, वक्ष, उदर और श्रोणीय चोट तथा अतिपाती उदर के मरीजों को मॉनीटर करने और प्रथम पद्धति का प्रबंधन आरंभ करने में समर्थ हो सके।

2. **चिकित्सीय**

क. **किसी इंटरन को निम्नलिखित करना चाहिए या उसमें सहायता करनी चाहिए:**

(i) चिकित्सा पद्धति की विभिन्न विधाओं में अतिपाती आपातकालिक स्थितियों की पहचान;

(ii) अतिपाती ऐनाफिलाटिक आघात का प्रबंधन;

(iii) परिधीय-संवहनी घात और आघात का प्रबंधन;

(iv) अतिपाती फुफुसीय इडेमा और लेफ्ट वेंट्रिकुलर फेल्योर (एलवीएफ) का प्रबंधन;

(v) डूबने, विष देने और दौरे का आपातकालिक प्रबंधन;

(vi) श्वसनी देने और स्टेट्स दमे का आपातकालिक प्रबंधन;

(vii) हाइपरपाइरेक्सिया का आपातकालिक प्रबंधन;

(viii) वायु मार्गों, विष देने, श्वास लेने और चोटों की रोकथाम के संबंध में सम्मूर्द्धित मरीजों का आपातकालिक प्रबंधन;

(ix) जलने का मूल्यांकन और आपातकालिक प्रबंधन करना;

(x) विभिन्न अभिघात पीड़ितों का मूल्यांकन करना और आपातकालिक प्रबंधन कार्यान्वित करना;

(xi) चिकित्सीय-विधिक मामलों की पहचान करना और चोट, विष देने, यौन अपराधों, नशे की और अन्य अस्वाभाविक स्थितियों के मामलों में फार्म भरना और अन्य चिकित्सीय-विधिक औपचारिकताएं पूरी करना।

ख. **ऐसे कौशल, जो पर्यवेक्षणाधीन किसी इंटरन को करने में समर्थ होना चाहिए:**

(i) अतिपाती शल्यचिकित्सीय बीमारियों, सिर की चोट, अभिघात और जलने के पूर्व-लक्षण के बारे में सलाह देना। इसके संबंध में मरीजों को परामर्श देना;

(ii) इलेक्ट्रोकार्डियोग्राम (ईसीजी);

(iii) वक्ष, उदर, खोपड़ी आदि का नैत्यक रेडियोग्राफ।

ग. **किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयतः सहायता करनी चाहिए:**

(i) गंभीर मरीजों का पुनरुज्जीवन;

(ii) चिकित्सीय-विधिक मामलों का दस्तावेजीकरण;

(iii) रक्तस्राव का प्रबंधन और स्पलेंटों का अनुप्रयोग।

(ड) **त्वचारोग-विज्ञान, रतिजरोग-विज्ञान एवं कुष्ठरोग**

1. **लक्ष्य :** त्वचारोग-विज्ञान, रतिजरोग-विज्ञान एवं कुष्ठरोग विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है जो उसे सामान्य त्वचारोग-विज्ञान संबंधी संक्रमणों और कुष्ठरोग का रोग-निदान और उपचार करने में समर्थ

बना सके। वह, इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग-निदान के लिए सक्षमता प्राप्त करेगा/करेगी और प्रबंधन की समुचित पद्धति आरंभ करेगा/करेगी। इसमें उष्ण कटिबंधों में सामान्य बीमारियां (परजीवी, जीवाण्विक या वायरल संक्रमण और दैहिक बीमारियों की त्वचीय अभिव्यक्ति) शामिल होंगी।

2. चिकित्सीय

क. इंटरनशिप के अंत में कोई इंटरन निम्नलिखित में समर्थ होना चाहिए:

(i) उचित नैदानिक जांच करना, वास्तविक निष्कर्ष प्रकाश में लाना और उनकी व्याख्या करना, और सामान्य विकारों और आपातकालिक स्थितियों का रोग-निदान करना;

(ii) चिकित्सीय प्रत्युत्तर की अनुप्रयुक्तता के मामले में विशेषज्ञता वाली देखभाल के लिए रेफरल की आवश्यकता पहचानते हुए सामान्य रोगों का प्रबंधन करना।

ख. किसी इंटरन को निम्नलिखित प्रक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) बेडसाइड रोग-निदान करने के लिए सरल, नैत्यक जांच-पड़ताल की प्रक्रियाएं करना, विशेष रूप से फंफूंद के लिए स्कैपिंग की जांच, चीर-फाड़ का मैल तैयार करना और कुष्ठरोगियों के लिए तथा एसटीडी रोगियों के लिए एएफबी हेतु स्टेनिंग;

(ii) नैदानिक उद्देश्य के लिए त्वचा की जीवोत्तिपरीक्षा।

(ण) श्वसनी मेडिसिन

1. **लक्ष्य :** श्वसनी मेडिसिन विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे सामान्य श्वसनी बीमारियों का रोग-निदान और उपचार करने में समर्थ बना सके। वह इतिवृत्त, शारीरिक जांच और सुसंगत प्रयोगशाला जांच-पड़ताल के आधार पर नैदानिक रोग-निदान के लिए सक्षमता प्राप्त करेगा/करेगी और प्रबंधन की समुचित पद्धति आरंभ करेगा/करेगी।

2. चिकित्सीय-

क. किसी इंटरन को निम्नलिखित करना चाहिए या उसमें सहायता करनी चाहिए:

(i) सामान्य श्वसनी विकारों और आपातकालिक स्थितियों का रोग-निदान और प्रबंधन करना;

(ii) बेडसाइड रोग-निदान करने के लिए अपेक्षित सरल, नैत्यक जांच-पड़ताल की प्रक्रियाएं, विशेष रूप से थूक संग्रहण, एएफबी जैसे निदानशास्त्र के अवयवी के लिए जांच, वक्ष एक्स-रे और श्वसनी क्रिया परीक्षणों की व्याख्या करना;

(iii) विभिन्न बीमारियों में पीएच विसंगतियों और विभिन्न रक्त गैसों की व्याख्या और प्रबंधन करना।

ख. किसी इंटरन को निम्नलिखित शल्योपचारों/शल्यक्रियाओं में अवलोकन या वरीयत: सहायता करनी चाहिए:

(i) लारिंगोस्कोपी;

(ii) फुफुसीय श्वसन, श्वसनी फिजियोथेरेपी, लारिंगल इंडुबेशन और वापवीय-वक्षीय अपवहन एस्पाइरेशन;

(iii) चिकित्सीय काउंसलिंग और अनुवर्तन।

(त) विकिरण-निदान

1. **लक्ष्य :** विकिरण-निदान विभाग में किसी इंटरन की तैनाती का लक्ष्य, ऐसा ज्ञान और कौशल प्रदान करना है, जो उसे प्रतिबिंबन-विज्ञान के सिद्धांतों को समझने और विकिरणीय प्रक्रियाओं के जोखिमों और जटिलताओं तथा संरक्षात्मक तकनीकों की आवश्यकता की पहचान में समर्थ बना सके। इंटरनशिप के अंत में उसे परामर्श देने और विभिन्न विकिरणीय प्रक्रियाओं के लिए मरीजों को तैयार करने में समर्थ होना चाहिए।

क. किसी इंटरन को निम्नलिखित में सक्षमता प्राप्त करनी चाहिए:

(i) अतिपाती उदरीय अवस्थाओं का पता लगाना और नैदानिक रूप से उनका रोग-निदान करना तथा रोग-निदान के लिए उपयुक्त प्रतिबिंबन रूपात्मकता चुनना;

(ii) अस्थिभंग और सिर की चोटों पर जोर देने के साथ एक्स-रे/सीटी स्कैन का इस्तेमाल करके हड्डियों और खोपड़ी में अतिपाती अभिघातीय अवस्थाओं की पहचान करना और उनका रोग-निदान करना;

(iii) विकिरण-नैदानिक पद्धतियों में, विशेष रूप से गर्भावस्था से संबंधित पद्धतियों में आधारभूत खतरों और एहतियातों का पता लगाना;

(iv) गर्भधारण-पूर्व एवं प्रसव-पूर्व नैदानिक तकनीकें (यौन चयन का निषेध) अधिनियम, 1994 (1994 का 57) जैसे विभिन्न कानूनों की जागरूकता प्रदर्शित करना।

2. प्रशिक्षण के लिए विशेषज्ञताएं

(क) इंटरनशिप के लिए समय वितरण – किसी इंटरन को, नीचे दी गई सारणी में यथा विनिर्दिष्ट चक्रानुक्रम द्वारा तैनात किया जाएगा:

क्रम सं.	तैनाती का स्वरूप	विभाग/विशेषज्ञता	अवधि	अभ्युक्तियां
(1)	(2)	(3)	(4)	(5)
1.	अनिवार्य अनन्य	कम्युनिटी मेडिसिन	12 सप्ताह	(क) तैनाती, निम्नलिखित के चक्रानुक्रम के साथ सामुदायिक स्वास्थ्य केंद्र (सीएचसी)/ ग्रामीण स्वास्थ्य केंद्र (आरएचसी) में होनी चाहिए। (i) 3 सप्ताह – जनरल सर्जरी (ii) 3 सप्ताह – जनरल मेडिसिन (iii) 3 सप्ताह – प्रसूति एवं स्त्रीरोग-विज्ञान (iv) 3 सप्ताह – कम्युनिटी मेडिसिन (ख) एक केंद्र में किसी निश्चित समय पर 15 से अधिक इंटरन नहीं होंगे। (ग) कम्युनिटी मेडिसिन से संबंधित, वार्षिक एमबीबीएस दाखिलों के लिए वार्षिक न्यूनतम शर्तें विनियमावली (2020) धारा क.1.14 में यथा उपबंधित शर्तों का पालन किया जाना चाहिए।
2.	अनिवार्य अनन्य	जनरल मेडिसिन	6 सप्ताह	इसमें बाह्य रोगी विभाग में, अंतरंग रोगी वार्डों में और दाखिला दिवस आपातकालीन वार्ड में तैनाती तथा उच्च आश्रितता इकाइयों (एचडीयू) और सघन देखभाल इकाइयों (आईसीयू) में तैनाती शामिल है।
3.	अनिवार्य अनन्य	मनश्चिकित्सा	2 सप्ताह	आपातकालिक स्थितियां संभालने के अनुभव के साथ मुख्यतः बाह्य रोगी विभाग में तैनातियां।
4.	अनिवार्य अनन्य	बाल रोग	3 सप्ताह	इसमें बाह्य रोगी विभाग में, अंतरंग रोगी वार्डों में और दाखिला दिवस आपातकालीन वार्ड में तैनाती तथा नव-प्रसव या बाल रोग उच्च आश्रितता और सघन देखभाल इकाइयों (एचडीयू/ एनआईसीयू/ पीआईसीयू) में तैनातियां शामिल हैं।
5.	अनिवार्य अनन्य	जनरल मेडिसिन	6 सप्ताह	इसमें बाह्य रोगी विभाग में, अंतरंग रोगी वार्डों में और दाखिला दिवस आपातकालीन वार्ड में तैनाती और लघु तथा मुख्य ऑपरेशन थियेटर्स में तैनाती तथा उच्च आश्रितता इकाइयों (एचडीयू) और सघन देखभाल इकाइयों (आईसीयूज) में अनुभव शामिल हैं।
6.	अनिवार्य अनन्य	संचेतनाहर-विज्ञान और क्रिटिकल केयर	2 सप्ताह	इसमें ऑपरेशन थियेटर, सघन देखभाल इकाइयों, आधारभूत जीवनरक्षक (बीएसएल) प्रशिक्षण और अतिरिक्त रूप से दर्द निदान गृह और प्रशामक

				देखभाल, यदि उपलब्ध है, में तैनातियां शामिल हैं।
7.	अनिवार्य अनन्य	परिवार कल्याण और परिवार नियोजन सहित प्रसूति एवं स्त्रीरोग-विज्ञान	7 सप्ताह	इसमें बाह्य रोगी विभाग और अंतरंग रोगी वार्डों, दाखिला दिवस आपातकालिक वार्ड, प्रसव कक्ष और ऑपरेशन थियेटर में तैनातियां और उच्च आश्रितता इकाइयों (एचडीयू), सघन देखभाल इकाइयों (आईसीयू) तथा परिवार नियोजन पद्धतियों का अनुभव शामिल है।
8.	अनिवार्य अनन्य और साथ ही साथ अस्थिरोग के साथ पीएमआर	भौतिक मेडिसिन एवं पुनर्वास (पीएमएंडआर) सहित अस्थिरोग	2 सप्ताह	इसमें बाह्य रोगी विभाग, अंतरंग रोगी विभाग, दाखिला दिवस आपातकालिक वार्ड, प्लास्टर कक्ष और ऑपरेशन थियेटर में तैनातियां और भौतिक मेडिसिन एवं पुनर्वास (पीएमएंडआर) में तैनातियां दोपहर के बाद/शाम को साथ-साथ चल सकती हैं। यह चार आधे दिनों के बराबर होंगी (कुल तैनातियों का 14 प्रतिशत)।
9.	अनिवार्य अनन्य	आपातकालिक/अभिघात/हताहत	2 सप्ताह	इसमें पुनरुज्जीवन क्षेत्रों, ट्राइएज, अंतरंग रोगी वार्ड और ऑपरेशन थियेटर, आधारभूत जीवन रक्षक से संबंधित तैनातियां और चिकित्सीय/विधिक प्रक्रियाओं का अनुभव शामिल है।
10.	अनिवार्य अनन्य	फॉरेंसिक मेडिसिन एवं विष-विज्ञान	एक सप्ताह	इसमें शव-परीक्षा विभाग में तैनातियां शामिल हैं।
11.	अनिवार्य अनन्य	त्वचारोग-विज्ञान, रतिजरोग-विज्ञान एवं कुष्ठरोग	एक सप्ताह	आपातकालिक स्थितियों संभालने में अनुभव के साथ मुख्य रूप से बाह्य रोगी विभाग में तैनातियां।
12.	अनिवार्य अनन्य	कान-नाक-गला रोग विज्ञान	2 सप्ताह	आपातकालिक स्थितियों संभालने के अनुभव, लघु और मुख्य ऑपरेशन थियेटरों के अनुभव के साथ मुख्य रूप से बाह्य रोगी विभाग में तैनातियां।
13.	अनिवार्य अनन्य	नेत्ररोग-विज्ञान	2 सप्ताह	आपातकालिक स्थितियों संभालने, लघु और मुख्य ऑपरेशन थियेटरों के अनुभव के साथ मुख्य रूप से बाह्य रोगी विभाग में तैनातियां।
14*	वैकल्पिक अनन्य*	व्यापक विशेषज्ञताएं समूह	कुल 4 सप्ताह न्यूनतम 2 सप्ताह	• श्वसन मेडिसिन और तपेदिक में प्रत्यक्ष रूप से अवलोकित उपचार अल्पकालिक पाठ्यक्रम (डॉट्स-टीबी) केंद्र। • विकिरण निदान • प्रयोगशाला औषधि • जिरायु मेडिसिन
15*.	वैकल्पिक अनन्य	भारतीय चिकित्सा पद्धति	एक सप्ताह	निम्नलिखित में से कोई चुन सकते हैं: • आयुर्वेद • योगा • यूनानी • सिद्धा • होम्योपैथी • सोवा रिगपा

* टिप्पणी 1 : वैकल्पिक विषय अभ्यर्थियों द्वारा अपनी पसंद के अनुसार चुना जा सकता है।

- वैकल्पिक विषयों के लिए वितरण
- प्रमुख व्यापक विशेषज्ञता : एक सप्ताह के लिए न्यूनतम एक।
- बाकी तीन सप्ताह – कोई व्यापक विशेषज्ञता या व्यापक विशेषज्ञता के लिए दो सप्ताह और आयुष के लिए एक सप्ताह
- भारतीय चिकित्सा पद्धति : एक सप्ताह के लिए कोई एक वैकल्पिक। यदि कॉलेज के पास आयुष में वैकल्पिक विषयों के लिए सुविधाएं नहीं हैं तो कॉलेज द्वारा उसी नगर/शहर/जिले में किसी सरकारी संस्थान के साथ समझौता ज्ञापन (एमओयू) स्थापित किया जा सकता है; यह प्रशिक्षण उस कॉलेज/संस्थान, जहां अभ्यर्थी एमबीबीएस के लिए नामांकित है, की सहमति से मेंटर द्वारा प्रमाणित किया जाना चाहिए।

टिप्पणी 2 : निम्नलिखित विभागों में प्रशिक्षण के लिए तैनाती के दौरान निम्नलिखित सुसंगत क्षेत्रों में इंटरनों का अनुभव अनिवार्य है, नामतः:

- (i) प्रयोगशाला मेडिसिन और नैदानिक जीवरसायन;
- (ii) ऊतक रोग-विज्ञान और साइटोपैथोलॉजी;
- (iii) रुधिर-विज्ञान एवं आद्यान मेडिसिन/ रक्त बैंक;
- (iv) सूक्ष्मजीव-विज्ञान (रतिजरोग-विज्ञान सहित);
- (v) अस्पताल संक्रमण नियंत्रण, बायोमेडिकल अपशिष्ट प्रबंधन, केंद्रीय स्टेराइल आपूर्ति इकाइयां;
- (vi) चिकित्सीय रिकार्ड रखना;
- (vii) अस्पताल सूचना सेवाएं

3. प्रमाणन योग्य प्रक्रियात्मक कौशल

(क) औषध स्नातक और शल्यचिकित्सा स्नातक (एमबीबीएस) – भारतीय आयुर्विज्ञान स्नातक, जो लॉग बुक में शामिल की जानी चाहिए, के लिए वांछनीय के रूप में संस्तुत कौशलों की व्यापक सूची

विशेषज्ञता	प्रक्रिया
जनरल मेडिसिन	• वेनिपंक्चर (आई) • अंतरा-मांसपेशीय इंजेक्शन (आई) • इंटास-डर्मल इंजेक्शन (डी) • सबकुटानियस इंजेक्शन (आई) • अंतःशिरा (आईवी) इंजेक्शन (आई) • आईवी इनफ्यूजन स्थापित करना और ड्रिप रेट का परिकलन करना (आई) • रक्ताधान (ओ) • मूत्रमार्गीय नाल शलाका लगाना (डी) • आधारभूत जीवन रक्षक (डी) • ऑक्सीजन थेरेपी (आई) • एयरोसोल थेरेपी/नैबुलाइजेशन (आई) • राइलेज ठूब डालना (डी) • लंबर पंक्चर (ओ) • प्लेउरल और ऐसिटिक फ्लुइड एस्पाइरेशन (ओ) • हृदयी पुनरुज्जीवन (डी) • परिधीय रक्त मैल व्याख्या (आई) • बेडसाइड मूत्र विश्लेषण (डी)
जनरल सर्जरी	• आधारभूत सीवन लगाना (आई) • आधारभूत घाव देखभाल (आई) • आधारभूत पट्टी बांधना (आई) • सुपरफिसियल एक्सकस का इनसीजन और अपवहन (आई) • अभिघात का प्रारंभिक प्रबंधन (आई) और अभिघात जीवन रक्षा (डी)
अस्थिरोग	• आधारभूत खपचियों और सिलिंगों का अनुपयोग (आई) • आधारभूत अस्थि भंग और विस्थापन प्रबंध (ओ) • संपीडन बैंडेज (आई)
प्रसूति	• प्रसूति संबंधी जांच (आई)

	• इपिसियोटोमी (आई) • सामान्य प्रसव पीड़ा और प्रसव (पारटोग्राम सहित) (आई)
स्त्रीरोग-विज्ञान	• स्पेकुलम (पीएस) द्वारा और वैजाइनल द्वारा (पीवी) जांच (आई) • एसेटिक एसिड वाले सर्विक्स (वीआईए) का चाक्षुष निरीक्षण (ओ) • पैप मैल नमूना संग्रहण और व्याख्या (आई) • अंतःगर्भाशय गर्भनिरोधक यंत्र (आईयूसीडी) लगाना और हटाना (आई)
बालरोग	• नव-प्रसव पुनरुज्जीवन (डी) • पेडियाट्रिक आईवी इन्फ्यूजन स्थापित करना और ड्रिप रेट का परिकलन करना • पेडियाट्रिक इंटरा-ओसियस लाइन स्थापित करना (ओ)
फॉरेंसिक मेडिसिन	• अभिघात का दस्तावेजीकरण और प्रमाणन (आई) • मृत्यु का पूर्वानुमान और प्रमाणन (डी) • आपातकालिक मामलों से संबंधित कानूनी दस्तावेजीकरण (डी) • चिकित्सीय-विधिक मामलों अर्थात् आयु आकलन, यौन प्रहार आदि का प्रमाणन (डी) • पुलिस, लोक स्वास्थ्य प्राधिकारियों, अन्य संबंधित विभागों आदि के साथ चिकित्सीय-कानूनी मामलों में संसूचन स्थापित करना (डी)
नाक-कान-गला रोग विज्ञान	• एंटेरियर नेसल पैकिंग (डी) • ऑटोस्कोपी (आई)
नेत्ररोग-विज्ञान	• चाक्षुष इक्युटी परीक्षण (आई) • डिजिटल टोनोमीटरी (ओ) • अप्रत्यक्ष ऑपथेल्मास्कोपी (ओ) • इपिलेशन (ओ) • आंख में जल (आई) • आंख में दवाई डालना (आई) • चाक्षुष पट्टी बांधना (आई)
त्वचारोग-विज्ञान	• कुष्ठरोग के लिए स्लिट स्किन मैल (ओ) • त्वचा जीवोति परीक्षा (ओ) • ग्राम के स्टैंड मैल की व्याख्या (आई) • फफूंद के लिए स्कैपिंग की केओएच जांच (डी) • डार्क ग्राउंड इलुमिनेशन (ओ) • टिश्यु मैल (ओ) • कोटरी – रासायनिक एवं विद्युतीय (ओ)
रोग-विज्ञान और रक्त बैंकिंग	• परिधीय रक्त मैल तैयार करना, स्टेनिंग और व्याख्या (आई) • मूत्र नैत्यक और माइक्रोस्कोपी जांच (आई) • मैनुअल रक्त शर्करा अनुमानन (आई) • सीएसएफ जांच (आई) • रक्त समूहीकरण (आई) • सैलाइन क्रॉस मैच पद्धति (आई)
सूक्ष्म जीव-विज्ञान	• ग्राम की स्टैंड मैल व्याख्या (आई) • फफूंद के लिए स्कैपिंग की केओएच जांच (आई) • डार्क ग्राउंड इलुमिनेशन (ओ) • जैडएन स्टैंड मैल व्याख्या (आई) • ओवा और सिस्ट के लिए मल की वेट माउंट जांच (आई) • पीबीएस पर रक्त परजीवियों की पहचान (आई)
भेषज-विज्ञान	• नुस्खा लिखना (डी) • दिए गए नुस्खे की लेखापरीक्षा (डी) • प्रतिकूल औषध प्रतिक्रिया का पता लगाना (आई) • स्वास्थ्य देखभाल सुविधा के लिए अनिवार्य औषधियों की सूची तैयार करने में समर्थ होना
अनुप्रयुक्त शरीररचना-विज्ञान	• एक्स-रेज/अल्ट्रासाउंड पर संरचनाओं की पहचान करना
अनुप्रयुक्त शरीरक्रिया-विज्ञान	• पुलमोनरी फंक्शन (अर्थात् एफवीसी, एमवीवी) करना, उसका विश्लेषण करना

	और व्याख्या करना (ओ) - हृदयी और संवहनी फंक्शन (अर्थात् एचआर, बीपी, ईसीजी करना, उसका विश्लेषण करना और मापनों की व्याख्या करना (डी))। - रक्त पैरामीटरों की व्याख्या करना (अर्थात् हेमाटोक्रिट/रेड ब्लड सेल काउंट, लेक्टेट, ग्लूकोज) (आई) - जीएनएस फंक्शन (अर्थात् नर्व कंडक्शन वेलोसिटी, ईएमटी, क्रेनियल नर्व परीक्षा) करना, उसका विश्लेषण करना और व्याख्या करना (डी)
अनुप्रयुक्त जीव रसायन	- ग्लूकोज, क्रेटनीन, यूरिया और कुल प्रोटीनों का अनुमान लगाना, सीरम में ए:जी का अनुपात (डी) - सीरम टोटल कोलेस्ट्रॉल, एचडीएल कोलेस्ट्रॉल, ट्राइग्लिसरीन का अनुमान लगाना (डी) - सीरम बिलिरुबिन, एसटीओजी/एसजीपीटी/अल्कलाइन फॉस्फेट का अनुमान लगाना (डी) - कैल्शियम और फास्फोरस का अनुमान लगाना (डी)
बायोमेडिकल अवशिष्ट प्रबंधन	शॉर्प्स, ज़लास्टिक्स, ओटी सामग्री, एचआईवी/एचबीवी/एचसीवी/ कोरोना वायरस संक्रमित सामग्री को अलग-अलग छांटना और निपटान करना (ओ)

आई - मरीजों पर स्वतंत्र रूप से किया गया

ओ - मरीजों में या प्रतिरूपणों पर अवलोकन किया गया

डी - मरीजों या प्रतिरूपणों पर प्रदर्शन और मरीजों में पर्यवेक्षण के अधीन किया गया

अनुसूची-IV

[(विनियम (ख) और 7 देखें)]

1. **मेंटर – इंटरन** के किसी मेंटर के पास संबंधित विषय में स्नातकोत्तर शैक्षिक योग्यता होगी और वह संबंधित विभाग प्रमुख और प्रोफेसर द्वारा इंटरनों के लिए एक मेंटर के रूप में विधिवत् प्रमाणित होगा।

2. मूल्यांकन

(i) इंटरन एक लॉगबुक में कार्य का रिकार्ड रखेगा, जिसे उस चिकित्सा अधिकारी द्वारा सत्यापित और प्रमाणित किया जाएगा जिसके अधीन वह कार्य करता है/करती है।

(ii) कार्य के रिकार्ड की संवीक्षा के अलावा प्रशिक्षण का मूल्यांकन प्रशिक्षण के दौरान और अंत में ज्ञान, कौशलों और मनोवृत्ति में स्थितिगत परीक्षणों का इस्तेमाल करके एक उद्देश्यपरक दृष्टिकोण द्वारा किया जाएगा:

(क) ये मूल्यांकन मुख्य रूप से नैदानिक परीक्षण/प्रयोगात्मक कौशल होंगे।

(ख) फीडबैक तंत्र मौजूद होने चाहिए ताकि इंटरनों को प्रगति और कमियां संसूचित की जा सकें जिससे सुधार के उपाय शीघ्र और प्रभावी रूप से आरंभ किए जा सकें।

(ग) कार्य के रिकार्ड और प्रत्येक तैनाती के अंत में उद्देश्यपरक मूल्यांकन के आधार पर संबंधित इकाई प्रमुख/विभाग प्रमुख तैनाती की संतोषजनक ढंग से पूर्णता प्रमाणित करेगा।

(घ) डीन/प्रधानाचार्य, इंटरनशिप के अंत में प्रशिक्षण की संतोषजनक पूर्णता का संचयी प्रमाणपत्र जारी करेगा।

(ङ) इंटरनों को पात्रता लाइसेंसिएट परीक्षा/ नेक्स्ट चरण-2 पूरा करना होगा, जब कभी स्थायी पंजीकरण/प्रेक्टिस के लिए लाइसेंस स्वीकृत किए जाने की शर्त के रूप में विधिवत् अधिसूचित किया जाए।

3. वजीफा

(क) सभी इंटरनों को संस्थान/ विश्वविद्यालय या राज्य पर लागू होने वाले समुचित प्राधिकारी द्वारा निर्धारित किए गए वजीफे का भुगतान किया जाएगा।

(ख) विस्तारण की किसी अवधि के दौरान वजीफे का भुगतान नहीं किया जाएगा, सिवाय मातृत्व या पितृत्व छुट्टी या चिकित्सीय छुट्टी जो चिकित्सा बोर्ड द्वारा संस्तुत और अनुमोदित की जाए, के मामले में। पूरी इंटरनशिप के लिए भुगतान किया गया वजीफा केवलबावन सप्ताह (12 महीने) के लिए हो सकता है।

4. प्रशिक्षण**(i) इंटरनशिप प्रशिक्षण का पर्यवेक्षण निम्नलिखित द्वारा किया जाएगा:**

(क) प्रत्येक विभाग में नामजद किए गए पर्यवेक्षण चिकित्सक या पर्यवेक्षक, जो संकाय सदस्य होगा, के प्रत्यक्ष पर्यवेक्षण के अधीन इंटरन को नैदानिक जिम्मेदारियां सौंपी जाएंगी।

(ख) पर्यवेक्षक उसके द्वारा पर्यवेक्षित किए जा रहे इंटरनों से संबंधित किसी नैतिक और विधिक मुद्दों के लिए जिम्मेदार होगा।

(ग) इंटरनशिप के दौरान मरीज देखभाल और अन्य सेवाओं से संबंधित स्वतंत्र प्रैक्टिस के प्रतिबंध धारा 5.3 (ड) के अनुसार हैं।

(ii) इंटरनों को विश्वस्त प्राथमिक देखभाल चिकित्सक बनने के लिए सक्षमताएं प्राप्त करने हेतु पर्याप्त अवसर दिए जाएंगे:

(क) इंटरनशिप के दौरान स्नातक-पूर्व पाठ्यक्रम में प्राप्त की गई वैज्ञानिक और सैद्धांतिक पृष्ठभूमि लागू करते हुए व्यावहारिक प्रशिक्षण पर जोर दिया जाएगा।

(ख) ज्ञान, कौशल प्राप्ति की प्रगति के आधार पर मरीज देखभाल की श्रेणीकृत जिम्मेदारी दी जानी चाहिए।

(ग) इंटरनों को सामान्य अतिपाती आपातकालिक स्थितियां स्वतंत्र रूप से संभालने और व्यक्तिगत सीमाओं से परिचित होने तथा समुचित केंद्रों को ऐसे मामलों को उचित तथा समय से रेफर करने की आवश्यकता से परिचित होने के लिए प्रशिक्षित किया जाएगा।

(iii) इंटरनों को प्रभावी संसूचन तथा अन्य कौशल, जो परानुभूति तथा अनुकम्पा नैदानिक देखभाल के लिए आवश्यक हों, प्राप्त करने के लिए मेंटर किया जाएगा।**(iv) प्रत्येक मेडिकल कॉलेज को यह सुनिश्चित करना चाहिए कि इंटरन समुदाय में ज्ञानार्जन अनुभव प्राप्त करें।**

(क) इनमें सामुदायिक और बाह्य क्रियाकलाप, ग्रामीण और शहरी सामुदायिक स्वास्थ्य केंद्रों के साथ सहयोग, सरकारी स्वास्थ्य कार्यक्रमों में सहभागिता आदि शामिल होंगे।

(ख) इंटरनशिप अध्यापन अस्पताल के अलावा जिला अस्पताल, तालुका अस्पताल, सामुदायिक स्वास्थ्य केंद्र और प्राथमिक स्वास्थ्य केंद्र में उपलब्ध नैदानिक सुविधाओं का उपयोग करने के लिए उतरोत्तर कार्यक्रमबद्ध की जाएगी।

(ग) इंटरनशिप का एक महत्वपूर्ण कारक विशिष्ट अनुभवों और कौशल, जो प्रमुख क्षेत्रों में सूचीबद्ध हो, प्राप्त करना होगा;

बशर्ते कि जहां किसी इंटरन को प्रशिक्षण के लिए अस्पताल या उप-मंडलीय अस्पताल में तैनात किया जाए, ऐसी स्थिति में कॉलेज/ विश्वविद्यालय, राज्य सरकार और जिला प्रशासन के प्रतिनिधियों वाली एक समिति होगी, जो ऐसे प्रशिक्षणार्थियों का प्रशिक्षण विनियमित करेगी।

(घ) पुनः बशर्ते कि ऐसे प्रशिक्षणार्थी के लिए सुसंगत प्रशासनिक प्राधिकारियों से प्रशिक्षण की संतोषनक पूर्णता का एक प्रमाणपत्र प्राप्त किया जाएगा जिस पर कॉलेज के प्रधानाचार्य या डीन द्वारा प्रति-हस्ताक्षर किए जाएंगे।

(v) अनुसूची-V

(vi) [(विनियम 2(च) देखें)]

क. लॉग बुक पृष्ठ का नमूना**आपातकालिक मेडिसिन/हताहत/अभिज्ञात में कौशल**

कौशल	अवलोकन किया		सहायता की		पर्यवेक्षण के अधीन किया		स्वतंत्र रूप से करने में समर्थ		अभ्युक्तियां
	तारीख	संख्या	तारीख	संख्या	तारीख	संख्या	तारीख	संख्या	
रक्त स्राव नियंत्रण									
इंटुबेट									
आधारभूत वयस्क पुनरुज्जीवन									
आधारभूत पेडियाट्रिक पुनरुज्जीवन									
रक्त निकालना									
वेकुटेनर का इस्तेमाल									

कैनुलेट वेन									
आईवी इनफ्यूजन स्थापित करना									
आईवी इनफ्यूजन मॉनीटर करना									
आईएम इंजेक्शन देना									
एससी इंजेक्शन देना									
आईवी इंजेक्शन देना									
मांग-फार्म भरना									
ऑर्डर ग्रूपिंग/ क्रॉस मैचिंग									
ऑर्डर ब्लड/ रक्त उत्पाद									
ट्रांसफ्यूजन स्थापित करना									
कल्चर ऐसेप्टिकली के लिए रक्त लेना									
वक्ष दर्द का तत्काल मूल्यांकन									
उदरीय दर्द का तत्काल मूल्यांकन									
बेहोश मरीज का तत्काल मूल्यांकन									
आघात का तत्काल मूल्यांकन									
अभिघात का तत्काल मूल्यांकन									

ख. लॉग बुक पृष्ठ का नमूना

कौशल	अवलोकन किया		सहायता की		पर्यवेक्षण के अधीन किया		स्वतंत्र रूप से करने में समर्थ		अभ्युक्तियां
	तारीख	संख्या	तारीख	संख्या	तारीख	संख्या	तारीख	संख्या	
उच्च रक्तचाप नियंत्रण									
ट्राइएज									
किसी बीमार मरीज के पहुंचने के पहले कुछ मिनटों में आवश्यक कार्रवाइयां करना									
समुचित ढंग से सहायता प्राप्त करना									
मैनुअली हैंडल/लिफ्ट/ मरीज को ले जाना									
आपातकालिक									

शल्यचिकित्सा/ प्रक्रियाओं के लिए तैयारी									
आक्सीजन की आवश्यकता वाले मरीजों को मॉनीटर करना									
समुचित ढंग से मास्क का इस्तेमाल करना, गैर-आक्रामक वेंटिलेशन									
एचडीयू में बीमार मरीजों को मॉनीटर करना									

टिप्पणी:

- ये कौशलों के केवल अपूर्ण नमूने हैं।
- प्रत्येक संस्थान प्रत्येक तैनाती के लिए ऐसी सूचियां तैयार कर सकता है और संसूचन कौशल आदि शामिल कर सकता है।
- सरलता के लिए और भारग्रस्त प्रवृत्तियों से बचने के लिए संख्याओं के स्थान पर चेक बॉक्सों का इस्तेमाल किया जा सकता है।

ग. इंटरशिप मूल्यांकन और फीडबैक फार्म का नमूना

नाम ----- छात्र/इंटरन पहचान सं. ----- पर्यवेक्षक : -----
 ----- विभाग/ विशेषज्ञता: ----- इकाई: -----
 ----- तारीख: ----- से ----- तक ----- दिन की छुट्टी

मूल्यांकन
 कृपया

क : उत्कृष्ट

ख: अच्छा

ग: औसत

घ: आगे प्रशिक्षण की आवश्यकताएं
 के साथ क, ख, ग, घ के पैमाने पर मूल्यांकन करें

स्कोरिंग निम्नलिखित के आधार पर की जा सकती है:

- (क) ज्ञान
 (ख) मरीज देखभाल
 (ग) प्रक्रियात्मक कौशल
 (घ) स्वतंत्र देखभाल
 (ङ) संसूचन कौशल
 (च) प्रणाली आधारित प्रैक्टिस
 (छ) व्यावसायिकता
 (ज) आजीवन ज्ञानार्जन

फीडबैक

शक्तियां:

सुधार की आवश्यकता वाले क्षेत्र

अभ्युक्तियां

छात्र ----- तारीख: -----

संकाय सदस्य ----- तारीख: -----

डॉ. संध्या भुल्लर, सचिव

[फा. सं. विज्ञापन-III/4/असा./448/2021-22]

NATIONAL MEDICAL COMMISSION

NOTIFICATION

New Delhi, the 18th November, 2021

No. UGMEB/NMC/Rules & Regulations/2021/ .— In exercise of the powers conferred by section 57 read with sub-section (1) of section 24 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission hereby makes the following regulations namely:-

1. Short title and commencement.— (1) These regulations may be called the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

(2) They shall come into force on the date of their final publication in the Official Gazette of India.

2. Definitions.— (1) In these regulations, unless the context otherwise requires,—

(a) “Act” means the National Medical Commission Act, 2019 (30 of 2019);

(b) “Commission” means the National Medical Commission constituted under section 3 of the Act;

(c) “Curriculum” includes the elements detailed in Schedule III;

(d) “Foreign Medical Graduate” shall have the meaning assigned to it in clause (c) of regulation 2 of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021;

(e) “Intern” means a medical graduate undergoing compulsory rotating internship training under these regulations;

(f) “Log Book” means an official document chronicling the performance of an intern and a record of the work done, procedures performed and competencies achieved by him;

(g) “Mentor” shall mean an appropriately qualified and trained medical teacher and senior to the trainee, who guides the trainee in all aspects of graduation, such as, education, skill enhancement, research work and ethical values;

(h) “Notification” means a notification published in the Official Gazette and the expression “notify” shall be construed accordingly;

(i) “Permanent Registration” is the registration of eligible persons with a duly recognised primary medical qualification as regulated under the provisions of Chapter VI of the Act, that provides license to an individual to independently practice modern scientific system of medicine or allopathy in India;

(j) “Primary Medical Qualification” means a medical graduation degree, such as, Bachelor of Medicine and Bachelor of Surgery (MBBS) conferred in India or an equivalent qualification of any country other than India or an

erstwhile licentiate qualification of India granted under the Indian Medical Council Act, 1956 (102 of 1956), which are in force as on the date of commencement of the Act that continues to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of the Act or the rules or regulations made thereunder;

(k) “Schedule” means the Schedule annexed to these regulations;

(l) “University” shall have the same meaning assigned to it in clause (f) of section 2 of the University Grants Commission Act, 1956 (3 of 1956) and includes a health University in India or an equivalent institution outside India that has a Medical faculty duly recognised in that country.

(2) Words and expressions used in these regulations and not defined herein but defined in the Act shall have the respective meanings assigned to them in the Act.

3. Internship to be an integral part of undergraduate medical education.— Without prejudice to the provisions of these regulations, compulsory rotating medical internship shall be an integral part of undergraduate medical education degree.

4. Bar on licence to permanent registration.—No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in Schedule II.

5. Duration and Period of Internship.— The overall duration of compulsory rotating medical internship shall not be less than twelve months and institutions or hospitals from where it may be undergone shall be such as specified in Schedule I and shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

6. Quality of internship.— No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

(a) all the essential (practical) aspects of medicine in the areas specified in the Schedule III and IV are completed during the internship; and

(b) the entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided in Schedule IV

7. Qualifications of mentor.— No person shall be eligible either to supervise a medical internee or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in Schedule IV.

8. The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

SCHEDULE - I

[See regulation 5]

DURATION and PERIOD OF CRMI

1. Total Duration

Every candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

2. Period for Completion

(a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NExT Step-1 examination, whenever in force.

(b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the College or University for reasons including but not limited to:

(i) insufficient period of attendance; or

(ii) any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.

(c) The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the institution or University according to the prevailing rules or regulations of the relevant authority, provided—

- (i) the registrant, due to any reason whatsoever, desires not to pursue CRMI; or
- (ii) the registrant is not found to have fulfilled eligibility requirements; or
- (iii) there are proven acts of indiscipline; or
- (iv) there are proven acts of professional misdemeanor or misconduct; or
- (v) any other acts or actions including those violating law of the land.
- (d). An intern shall be allowed to avail the following leaves;-
 - A. Normal Leave:
 - (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
 - (ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty
 - B. Maternity Leave:
 - (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central Government or State Government, as may be applicable
 - C. Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship.
 - D. Medical Leave:
 - (i) Medical Leave shall be included within the fifteen days of normal leave.
 - (ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.
 - E. The internship shall be extended if the leave of absence of any kind exceeds beyond this period:
 - (i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave.
 - (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

SCHEDULE- II

(See Regulation 4)

ELIGIBILITY CRITERIA FOR COMPLETION OF CRMI

The following requirements need to be fulfilled to be eligible for CRMI.

1. Indian Medical Graduates

- (a) The applicant should have successfully completed the MBBS course of any University from a college or institution approved and recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section 35 of the Act.
- (b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the Commission at the time of commencement of internship;
 - (i) The Final MBBS Examination of various Universities or institutions of India;
 - (ii) The National Exit Test (NExT) Step-1 held under sub-section (1) of section 15 of the Act whenever this examination becomes operational;
 - (iii) Any other requirement as may be regulated or notified by the Central Government or, as the case may be, the Commission.
- (c) All Indian Medical Graduates shall complete their entire period of compulsory rotating internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS);
 - (i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre- registration training detailed above; and such training shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfill the norms of the NMC as proposed above. However NExT step 2 will be mandatory for these candidates also.

2. Foreign Medical Graduates

(a) All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.

(i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NExT becomes operational.

(b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021 shall be regulated by the provisions of sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956) in accordance with the Advisory no MCI-203(1)(Gen)/2020- Regn./118239, dated the 2nd September, 2020 and shall be required to complete CRMI in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.

(c) Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;

(i) Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized;

(ii) May be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit;

(iii) Medical colleges or institutions may allow up to 7.5 per cent of their permitted quota of interns to accommodate internship by Foreign Medical Graduates.

(d) The college or institution and its affiliated hospitals and Community Health Centres shall be recognised by the Commission for conducting the CRMI programme

SCHEDULE- III

[See regulation 2(c)]

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

1. DISCIPLINE

(a). COMMUNITY MEDICINE. The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre. The details are as under: -

- (i) 12 weeks (Total): Community Medicine (compulsory residence in center)
- (ii) 3 weeks: General Medicine
- (iii) 3 weeks: General Surgery
- (iv) 3 weeks: Obstetrics and Gynecology
- (v) 3 weeks: Community Medicine

District Hospital /Community Health Centre:

A. Tasks an intern must be able to do without assistance:

1. An intern must:
 - (a) Be able to diagnose common ailments and advise primary care;
 - (b) Demonstrate knowledge on 'Essential drugs' and their usage;
 - (c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.
2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.
3. An intern must:

- (a) Gain full expertise in immunization against infectious disease;
- (b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
- (c) Learn skills in family welfare planning procedures.

4. An intern must:

- (a) Gain capabilities to conduct programmes on health education;
- (b) Gain capabilities to use Audio visual aids;
- (c) Acquire capability of utilization of scientific information for promotion of community health.

B. An intern must have observed or preferably assisted at the following:

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.
2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:
 - (a) tuberculosis;
 - (b) small family, spacing, use of appropriate contraceptives;
 - (c) applied nutrition and care of mothers and children;
 - (d) immunization.

B. An intern must be able to do with supervision:

An intern shall attend at least one school health programme with the medical officer.

Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

- (a) Participate in family composite health care (birth to death), inventory of events;
- (b) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;
- (c) Participate in and maintain documents related to immunisation and cold chain;
- (d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

B. An intern must be able to do under supervision the following:

- (a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception, etc.);
- (b) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;
- (c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

(b). GENERAL MEDICINE

1. **Goal:-**The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2. An intern must have observed/assisted or preferably performed at the following operations/procedures:

- (a) Proctoscopy, Ophthalmoscopy/ Otoroscopy, Indirect laryngoscopy;
- (b) Therapeutic procedures;
- (c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration;
- (d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;
- (e) Oxygen administration, etc.;
- (f) **Biopsy Procedures:** Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;
- (g) **Skills that an intern should be able to perform under supervision:**
 - (i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;
 - (ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non- communicable diseases and tuberculosis, HIV patients, etc.;
 - (iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;
 - (iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans;
 - (v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

(c). PSYCHIATRY

1. **Goal:-**The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Diagnose and manage common psychiatric disorders;
- (ii) Identify and manage psychological reactions;
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients;
- (iv) ECT administration;
- (v) Therapeutic counseling and follow-up.

(d). PEDIATRICS

1. Goal:

The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

An intern must have observed / assisted or preferably performed the following procedures:

- (i) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;

(ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;

(iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;

(iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;

(v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;

(vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;

(vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;

(viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:

- protein-energy malnutrition
- deficiencies of vitamins especially A, B, C and D;
- Iron deficiency

2.2 Skills that an intern should be able to perform under supervision:

(i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.

(ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

(c). GENERAL SURGERY

1. **Goal**-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must have observed / assisted or preferably performed the following procedures:

- (i) venesection or venous access;
- (ii) tracheostomy and endotracheal intubation;
- (iii) catheterization of patients with acute retention or trocar cystostomy;
- (iv) drainage of superficial abscesses;
- (v) basic suturing of wound and wound management (including bandaging);
- (vi) biopsy of surface tumours;
- (vii) perform vasectomy.

B. Skills that an intern should be able to perform under supervision:

(i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;

(ii) Advise about rehabilitation of patients after surgery and assist them for early recovery;

(iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;

(iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Resuscitation of critical patients;
- (ii) Basic surgical procedures for major and minor surgical illnesses;
- (iii) Wound dressings and application of splints;
- (iv) Laparoscopic/ Minimally Invasive surgery;
- (v) Lymph node biopsy.

(f). ANESTHESIOLOGY

1. **Goal:-** The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

- (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications;
- (ii) Venepuncture and set up intravenous drip;
- (iii) Laryngoscopy and endotracheal intubation;
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;
- (v) Simple general anaesthetic procedures under supervision;
- (vi) Monitor patients during anaesthesia and in the post-operative period;
- (vii) Maintain anaesthetic records;
- (vii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia;
- (ii) Recognise problems associated with emergency anaesthesia;
- (iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

Anaesthesia for major and minor surgical and other procedures.

(i). OBSTETRICS AND GYNAECOLOGY

1. **Goal-**The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;
- (ii) Diagnosis of pathology of pregnancy related to:
 - abortion;
 - ectopic pregnancy;
 - tumours complicating pregnancy;
 - acute abdomen in early pregnancy;
 - hyperemesis gravidarum;
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- (iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,

- (v) Assist in forceps delivery;
- (vi) Detection and management of abnormalities of lactation;
- (vii) Evaluation and prescription oral contraceptives with counseling;
- (viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;
- (ix) Medico-legal examination in Gynecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision:

- (i) Dilatation and curettage and fractional curettage;
- (ii) Endometrial biopsy;
- (iii) Endometrial aspiration;
- (iv) Pap smear collection;
- (v) Intra Uterine Contraceptive Device (IUCD) insertion;
- (vi) Mini-lap-ligation;
- (vii) Urethral catheterization;
- (viii) Suture removal in post-operative cases;
- (ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Major abdominal and vaginal surgery cases;
- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

(j). ORTHOPAEDICS

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipesequinovarus (CTEV) and dislocation of hip (CDH).

2. THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

- (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;
- (ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture;
- (iii) Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow and shoulder dislocations;
- (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;
- (v) Emergency care of a multiple injury patient;
- (vi) Transport and bed care of spinal cord injury patients.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;
- (ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Drainage for acute osteomyelitis;
- (ii) Sequestrectomy in chronic osteomyelitis;
- (iii) Application of external fixation;
- (iv) Internal fixation of fractures of long bones.

(k). PHYSICAL MEDICINE AND REHABILITATION

1. Goal:-The aim of posting of an intern in Physical Medicine & Rehabilitation is to impart such knowledge and skills that may enable him/ her to diagnose and treat common rheumatologic, orthopedic and neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC-**A. An intern must have observed or preferably assisted in:-**

(i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;

(ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;

(iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Use of self-help devices and splints and mobility aids;

(ii) Accessibility problems and home-making for disabled;

(iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;

(iv) Therapeutic counselling and follow-up.

(l). OTORHINOLARYNGOLOGY (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

2. THERAPEUTIC**A. An intern must have observed or preferably assisted in:**

(i) Ear syringing, antrum puncture and packing of the nose for epistaxis;

(ii) Nasal douching and packing of the external canal;

(iii) Removing foreign bodies from nose and ear;

(iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

(i) Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware of National programme on prevention of deafness;

(ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

(m). OPHTHALMOLOGY

1. Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. THERAPEUTIC-**A. An intern must have observed or preferably assisted in:**

(i) Sub-conjunctival injection;

- (ii) Ocular bandaging;
- (iii) Removal of concretions;
- (iv) Epilation and electrolysis;
- (v) Corneal foreign body removal;
- (vi) Cauterization of corneal ulcers;
- (vii) Chalazion removal;
- (viii) Entropion correction;
- (ix) Suturing conjunctival tears;
- (x) Lids repair;
- (xi) Glaucoma surgery (assisted);
- (xii) Enucleation of eye in cadaver.

B. Skill that an intern should be able to perform under supervision:

Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Assessment of refractive errors and advise its correction;
- (ii) Diagnose ocular changes in common systemic disorders;
- (iii) Perform investigative procedures such as tonometry, syringing;
- (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

(n). FORENSIC MEDICINE AND TOXICOLOGY

1 Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

2 An intern must have observed or preferably assisted in:

- (i) Documentation and certification of trauma;
- (ii) Diagnosis and certification of death;
- (iii) Legal documentation related to emergency cases;
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

B. An intern must have observed a medico-legal autopsy/ post-mortem.

XIII. LAB SERVICES CONSISTING OF CLINICAL PATHOLOGY, LABORATORY MEDICINE, BIOCHEMISTRY AND HEMATOLOGY SERVICES ALONG WITH BLOOD BANKING

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

- (i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;
- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;

- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

(o). CASUALTY SERVICES/ EMERGENCY MEDICINE

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice;
- (ii) Management of acute anaphylactic shock;
- (iii) Management of peripheral-vascular failure and shock;
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);
- (v) Emergency management of drowning, poisoning and seizure;
- (vi) Emergency management of bronchial asthma and status asthmaticus;
- (vii) Emergency management of hyperpyrexia;
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;
- (ix) Assessment and administering emergency management of burns;
- (x) Assessing and implementing emergency management of various trauma victims;
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico-legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;
- (ii) Electrocardiogram(ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Resuscitation of critical patients;
- (ii) documentation medico legal cases;
- (iii) management of bleeding and application of splints.

(p)DERMATOLOGY, VENEREOLOGY AND LEPROSY

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses).

2. THERAPEUTIC-

A. At the end of internship an intern must be able to:

- (i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies;
- (ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following procedures:

(i) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;

(ii) Skin biopsy for diagnostic purpose.

(q). RESPIRATORY MEDICINE-

Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC –**A. An intern must perform or assist in:**

(i) Diagnosing and managing common respiratory disorders and emergencies;

(ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;

(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Laryngoscopy;

(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo- thoracic drainage aspiration;

(iii) Therapeutic counseling and follow up.

(r). RADIO-DIAGNOSIS

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

(i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis;

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries;

(iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy;

(iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

2. SPECIALTIES FOR TRAINING:

(a) Time Distribution for Internship- An intern shall be posted by rotation as specified in the Table below:-

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
(1)	(2)	(3)	(4)	(5)

1.	Mandatory Exclusive	Community Medicine	12 weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: (i) 3 weeks- General Surgery (ii) 3 weeks- General Medicine (iii) 3 weeks- Obstetrics and Gynaecology (iv) 3 weeks- Community Medicine (b) Not more than 15 interns at any given time in one centre (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.
2.	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3.	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies
4.	Mandatory Exclusive	Pediatrics	3 weeks	Includes postings in Out- patient, In-patient wards and Admission Day Emergency postings and exposure to Neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5.	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6.	Mandatory Exclusive	Anesthesiology and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU) and Family Planning methods
8.	Mandatory Exclusive and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out- patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)

9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center • Radio diagnosis • Lab Medicine • Geriatric Medicine
15.*	Electives Exclusive	Indian Systems of Medicine	1 week	May choose any: • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa

***Note 1: Electives may be selected by candidates as per their choice:**

• **Distribution for electives:**

- Major broad specialty: One minimum for 1 week
- Remaining 3 weeks- Any broad specialty or 2 weeks for broad specialty and 1 week for AYUSH

• Indian systems of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, an Memorandum of Understanding (MOU) with any Government institution in the same town/ city / district may be established by the college; training must be certified by the mentor with the concurrence of college/ institution where the candidate is enrolled for MBBS.

Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely:—

- (i) Laboratory Medicine and Clinical Biochemistry;
- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine / Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

3. CERTIFIABLE PROCEDURAL SKILLS

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books

Specialty	Procedure
General Medicine	• Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and ascitic fluid aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	• Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	• Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)
Obstetrics	• Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	• Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	• Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	• Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)
Otorhinolaryngology	• Anterior nasal packing (D) • Otoscopy (I)

Ophthalmology	• Visual acuity testing (I) • Digital tonometry(O) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	• Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	• Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	• Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	• Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	• Identification of structures on X-rays/ ultrasound
Applied Physiology	• Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D) • Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)
Applied Biochemistry	• Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) • Estimate serum total cholesterol, HDL cholesterol, triglycerides(D) • Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D) • Estimate calcium and phosphorous(D)
Biomedical waste management	• Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed on patients

O: Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in Patients

SCHEDULE-IV**(See regulation 6 (b) and 7)**

1 MENTOR- A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

2 ASSESSMENT

(i) The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.

(ii) Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training;

(a) The assessments shall predominantly test clinical/ practical skills.

(b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.

(c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.

(d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.

(e) Interns shall have to undergo an eligibility licentiate test/NEt step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

3 STIPEND

(a) All interns shall be paid stipend as fixed by the appropriate authority applicable to the institution/ University or State.

(b) Stipend may not be paid during any period of extension except in the case of maternity or paternity leave or medical leave, as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for fifty-two weeks (Twelve months) only.

4 TRAINING**(i). Internship training shall be supervised:**

(a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.

(b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them.

(c) The restrictions of independent practice related to patient care and other services during internship are as in section 5.3(e).

(ii). Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:

(a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.

(b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given.

(c) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres.

(iv). Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.**(v). Each medical college must ensure that the intern gets learning experience in the community:**

(a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in Government health programmes, etc.

(b) Internship should be increasingly scheduled to utilise clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.

(c) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas:

Provided that where an intern is posted to District or Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.

(d) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College.

SCHEDULE-V

[See regulation 2(f)]

A. Sample Log Book Page

Skills in Emergency Medicine / Casualty/ Trauma

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control Hemorrhage									
Intubate									
Basic Adult Resuscitation									
Basic Pediatric Resuscitation									
Draw blood									
Use vacutainer									
Canulate vein									
Set up IV infusion									
Monitor IV infusion									
Give IM injection									
Give SC injection									
Give IV Injection									
Fill Requisition Form									
Order grouping /cross matching									
Order blood/ blood products									
Set up transfusion									
Draw blood for culture aseptically									
Immediate assessment of chest pain									
Immediate assessment of abdominal pain									
Immediate assessment of unconscious patient									
Immediate assessment of stroke									
Immediate assessment of trauma									

B. Sample Log Book Page

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control hypotension									
Triage									
Perform actions necessary in the first few minutes of arrival of a sick patient									
Seek help appropriately									
Manually handle / lift / shift patients									
Prepare for emergency surgery / procedures									
Monitor patients requiring oxygen									
Appropriately use mask, Non invasive ventilation									
Monitor sick patients in HDU									

Note:

- These are only incomplete sample skills
- Every institution can prepare such lists for each posting and include communication skills etc.
- Instead of numbers check boxes can be used for simplicity and to avoid cumbersome entries

C. SAMPLE INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____ Student / Intern ID: _____

Supervisor: _____ Department/ Specialty: _____

Unit: _____ Dates: ____/____/____ to ____/____/____ Leaves: _____ days

RATINGPLEASE RATE ON A SCALE OF A, B, C, D
WITH

A: Outstanding

B: Good

C: Average

D: Needs further training

Scoring may be based on

- Knowledge
- Patient Care
- Procedural Skills
- Independent care
- Communication Skills
- System Based Practice
- Professionalism
- Life-long Learning

FEED-BACK

Strengths:

Areas of Improvement needed:

Comments:

Student: _____

Date: _____

Faculty: _____

Date: _____

Dr. SANDHYA BHULLAR, Secy.
[ADVT.-III/4/Exty./448/2021-22]

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

No. NMC/Secy/2021/27

Date : 03.05.2021

ADVISORY

Considering the unprecedented situation due to COVID-19 Pandemic where augmentation of medical manpower is immediately required, the duties performed by interns during their posting in following places/departments for COVID-19 management will be treated as the duty in those department for purpose of compulsory rotating intership.

1. General Medicine (including psychiatry) – 2 months
2. Casualty/Emergency Medicine/Critical Care – 15 days
3. Community Medicine/Public Health – 2 months



(Dr. R. K. Vats)
Secretary

**NATIONAL MEDICAL COMMISSION
UNDERGRADUATE MEDICAL EDUCATION BOARD**

22th April 2021

DRAFT REGULATIONS FOR COMPULSORY ROTATING INTERNSHIP, 2021

No. NMC_____ In exercise of the powers conferred by Section 57 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission through the Undergraduate Medical Education Board under the provisions of Section 24 of the National Medical Commission Act 2019 hereby makes the following regulations namely:

**CHAPTER I
PRELIMINARY**

1. GENERAL

1.1 Short title:

These regulations may be called the *Compulsory Rotating Internship Regulations, 2021*.

1.2 Commencement:

These Regulations shall come into force from the date of publication in the Official Gazette.

1.3 Jurisdiction:

These regulations shall apply to all the medical colleges/institutions/universities conducting undergraduate medical courses (hereinafter referred to as the Medical College) in accordance with the provisions of the NMC Act 2019 in India

2. DEFINITIONS

- 2.1 "Competencies" in these Regulations mean the ability to do specific tasks related to the practice of medicine well and efficiently ensuring quality.
- 2.2 "Curriculum" means a statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of an educational programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. *This is distinguished from a syllabus which is a statement of content to be taught and learnt.*
- 2.3 "Foreign Medical Graduate" or "FMG" is a person who has graduated with a Primary Medical Qualification outside India having fulfilled the applicable requirements in accordance with the *Screening Test Regulations, 2002* and the *Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002* of the erstwhile Medical Council of India with amendments duly recognized by the NMC under Section 61(2) of the NMC Act, 2019 superseded by the *Foreign Medical Graduates Regulations 2021* of the NMC whenever this regulation comes into force and is equivalent to *International Medical Graduates* terminology used elsewhere.
- 2.4 "Indian Medical Graduate" or "IMG" is a person who has graduated with a Primary Medical Qualification in India having fulfilled the applicable requirements as recognized by the NMC in

accordance with the “*Graduate Medical Education, 1997*” and “*Regulations on Graduate Medical Education (Amendment), 2019*” with subsequent amendments, if any, duly recognized by the National Medical Commission under Section 61(2) of the NMC Act, 2019.

- 2.5 “Intern” means a medical graduate who is undergoing a period of training, “Compulsory Rotating Internship” or “Internship” as provided in these Regulations.
- 2.6 “Log book” in these Regulations mean an official document chronicling the performance of an Intern over time and is a record of the work done, procedures performed and competencies achieved.
- 2.7 “MBBS” means the degree of Bachelor of Medicine and Bachelor of Surgery of a university or an approved institution from India in accordance with the “*Graduate Medical Education, 1997*” and “*Regulations on Graduate Medical Education (Amendment), 2019*” with subsequent amendments, if any, duly recognized by the National Medical Commission under Section 61(2) of the NMC Act.
- 2.8 “Medical institution” or “Medical college” or “Institution” or “College” in this regulation means any institution within or outside India which grants degrees, diplomas or licenses in medicine and include affiliated colleges and deemed to be Universities.
- 2.9 “Medicine” means modern scientific system of medicine or allopathy in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery.
- 2.10 “National Medical Commission” or “NMC”: means a Commission, known as the National Medical Commission, constituted by the Central Government to exercise the powers conferred upon, and to perform the functions assigned to it, as under Section 3 (1) of the National Medical Commission Act, 2019.
- 2.11 “NMC Act” or “Act” means the National Medical Commission Act 2019 of the Parliament that has received the assent of the President of India and duly published in The Gazette of India on 8th August 2019.
- 2.12 “Notification” means notification published in the Official Gazette and the expression “notify” shall be construed accordingly.
- 2.13 “Permanent Registration” is the registration of eligible persons with a duly recognized primary medical qualification as regulated under Chapter VI of the National Medical Commission Act 2019, that permits or provides license to the individual to independently practice modern scientific system of medicine / allopathy in India, as regulated under the Permanent Medical Regulations, 2021 of the NMC.
- 2.14 “Prescribed” means prescribed by rules made under the NMC Act, 2019 and these Regulations.
- 2.15 “Primary Medical Qualification” means a medical graduation degree such as MBBS conferred in India or an equivalent qualification of any country other than India or an erstwhile licentiate qualification of India granted, under the Indian Medical Council Act, 1956, which are in force as on the date of commencement of the NMC Act, 2019 that continues to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of this Act or the rules or regulations made thereunder.
- 2.16 Provisional Registration is licence / registration for supervised practice of modern system of medicine / allopathy granted by appropriate State Medical Councils for a period limited to the period

of Compulsory Rotating Internship as applicable under the *Regulations for Compulsory Rotating Internship, 2021* to those who fulfil the necessary eligibility requirements.

- 2.17 “Recognised medical qualification” means a medical qualification recognised under Section 35 or Section 36 or Section 37 or Section 40 of the NMC Act, 2019 as the case may be.
- 2.18 “Regulations” means the regulations made by the Commission under this Regulations.
- 2.19 “Skills” or “Clinical Skills” may contain one or several different domains such as: physical examination skills, practical procedure, communication skills, and management, and consists of procedural knowledge and its performance, application of underlying basic science knowledge and clinical reasoning in the context of patient care.
- 2.20 “State Medical Council” means a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine.
- 2.21 “Supervisor” or “Mentor” means an appropriately qualified and trained medical teacher, senior to the trainee, who guides the trainee’s education and/skill enhancement / research work.
- 2.22 “Undergraduate Medical Education Board” or “UGMEB”: means an autonomous board constituted under Section 16 of the National Medical Commission Act 2019.
- 2.23 “University” shall have the same meaning as assigned to it in clause (f) of section 2 of the University Grants Commission Act, 1956 and includes a Health University in India or an equivalent institution outside India that has a Medical faculty duly recognized in that country.

CHAPTER II GENERAL

3. INTERNSHIP

Internship is a phase of training wherein a medical graduate will acquire the skills and competencies for practice of medical and health care under supervision in preparation for independent, unsupervised primary care.

The learning methods and modalities have to be initiated and inculcated during the MBBS course itself with larger number of hands-on-sessions and practice on simulators preceding actual clinical training.

3.1 Goal

The goal of the internship programme is to train medical graduates to fulfill their roles as doctors of first contact in the community.

3.2 Objectives

At the end of the internship period, the medical graduate will possess all competencies required of an Indian

Medical Graduate, necessary to function as a:

- (a) Clinician who understands and independently provides safe preventive, promotive, curative, palliative and holistic care with compassion and is confident of handling common acute

emergencies.

- (b) Leader and member of the health care team and health system.
- (c) Effective communicator with patients, families, colleagues and the community.
- (d) Clinician with reliable competencies in diagnostic and therapeutic skills in different disciplines of medicine, appropriate for a primary care physician.
- (e) Lifelong learner committed to continuous improvement of skills and knowledge.
- (f) Professional who is committed to excellence and is ethical, responsive and accountable to patients, community and profession.

4. DURATION OF INTERNSHIP

4.1 Total Duration

Every candidate shall be required to undergo Compulsory Rotating internship to the satisfaction of the College authorities and University concerned after passing the final MBBS examination/ NExT whenever operational, for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) by the respective universities and Permanent Registration in accordance with the Permanent Registration Regulations 2021 of the NMC.

4.2 Period for Completion

- (a) The Internship shall be completed within 2 years of passing the Final MBBS / FMGE/ NExT Examination whenever in force.
- (b) The minimum duration of Compulsory Rotating Internship may be extended appropriately by a reasonable period on recommendation by the College/ University for reasons including but not limited to:
 - (i) Insufficient period of attendance
 - (ii) Unsatisfactory acquisition of required competence
 - (iii) Unsuccessful qualification on assessment
 - (iv) Any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.
- (c) The duration of Internship may be curtailed / temporarily suspended or even withdrawn / cancelled at any time by the Institution / University according to prevailing rules/ regulations of the relevant authority provided
 - (i) The registrant due to any reason whatsoever desires not to pursue Compulsory Rotating Internship
 - (ii) The registrant is not found to have fulfilled eligibility requirements
 - (iii) There are proven acts of indiscipline
 - (iv) There are proven acts of professional misdemeanor/ misconduct
 - (v) Any other acts / actions including those violating law of the land

4.3 Time Distribution for Internship

An intern shall be posted by rotation as presented in the table below:

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
1	Mandatory Exclusive	Community Medicine	2 months	a. Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) b. Not more than 15 interns at any given time in one centre c. In the event of more than one college utilizing the same facility, at a given time interns from only one college shall be posted in the given health Centre d. As provided in the Minimum Requirements for MBBS Admissions, 2020 Section A.1.14 related to Community Medicine must be followed.
2	Mandatory Exclusive	General Medicine	1.5 months	Includes postings in Out-patient, In-patient wards & Admission Day Emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies
4	Mandatory Exclusive	Pediatrics	1 month	Includes postings in Out-patient, In-patient wards & Admission Day Emergency postings and exposure to Neonatal/ Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5	Mandatory Exclusive	General Surgery	1.5 months	Includes postings in Out-patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6	Mandatory Exclusive	Anesthesiology & Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units and additionally Pain Clinic and Palliative Care, if available
7	Mandatory Exclusive	Obstetrics & Gynaecology including Family Welfare & Planning	1.5 months	Includes postings in Out-patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)

8	Mandatory Exclusive & Concurrent <i>PMR with Orthopedics</i>	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out-patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) <i>may</i> run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)
9	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre as well as exposure to medico-legal procedures
10	Mandatory Exclusive	Forensic Medicine & Toxicology	1 week	Includes Autopsy postings
11	Mandatory Exclusive	Dermatology, Venereology & Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12	Mandatory Concurrent	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres <i>Postings in Forenoon with Postings in Laboratory Sciences and Hospital Support Services in Afternoon</i>
13	Mandatory Concurrent	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres <i>Postings in Forenoon with Postings in Laboratory Sciences and Hospital Support Services in Afternoon</i>
14	Mandatory Concurrent	Laboratory Sciences and Hospital Support Sciences	2 weeks	• Laboratory Medicine and Clinical Biochemistry • Histopathology & Cytopathology • Hematology, and Transfusion Medicine / Blood Bank <i>Minimum 3 half-days in each of the three above groups of specialties</i> <i>Postings in Afternoon with Postings in Otorhinolaryngology/ Ophthalmology in Forenoon</i>
			2 weeks	• Microbiology (including Virology), • Hospital Infection Control,

				<i>Internship is being done</i> • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa
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4.4 Institutions

- (a) Indian Medical Graduates shall complete their entire period of Compulsory Rotating Internship in the institution where they have pursued and completed their MBBS.
 - (i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital. The training in Community Medicine should fulfill the norms of the NMC as proposed above.
- (b) Foreign Medical Graduates who require to complete a period of Internship shall do so only in Medical Colleges/ Institutions approved for providing Compulsory Rotating Internship to Indian Medical Graduates
 - (i) Foreign Medical Graduates may be posted to different Medical Colleges/ Institutions through a counselling / seat allocation process based on the merit or by any other scheme/ method as may be notified by the National Medical Commission or any other authority as applicable
 - (ii) Medical Colleges / Institutions may admit up to 7.5 % of their permitted annual intake of MBBS seats applicable to that batch of interns to accommodate internship by Foreign Medical Graduates
- (c) The College / Institution and its affiliated hospitals and Community Health Centres shall be recognized by the National Medical Commission for the conduct of MBBS Course for that batch and also for conducting the Compulsory Rotating Internship programme.

5. ELIGIBILITY

Following requirements need to be fulfilled to be eligible for Compulsory Rotating Internship

5.1 Indian Medical Graduates

- (a) The applicant should have successfully completed the MBBS Course of any university from a college/ institution approved and recognized by the National Medical Commission and listed by the Undergraduate Medical Education Board under the provisions of Section 35 of the NMC Act, 2019
- (b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the National Medical Commission at the time of commencement of internship
 - (i) The Final MBBS Examination of various universities / institutions of India

- (ii) The National Exit Test (NExT) held under Section 15 (1) of the NMC Act 2019 whenever this examination becomes operational
- (iii) Any other requirement as may be regulated / notified by the Government of India / National Medical Commission

5.2 Foreign Medical Graduates

- (a) Foreign Medical Graduates as regulated by the Foreign Medical Graduate Regulations 2021 of the NMC, whenever this comes into force are required to undergo Internship at par with Indian Medical Graduates *if they desire or seek Permanent Registration to practice Medicine in India.*
 - (i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo Compulsory Rotating Internship at par with Indian Medical Graduates after the National Exit Test (NExT) becomes operational.
- (b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the Foreign Medical Graduate Regulations 2021 shall be regulated by the provisions of Section 13(3) of the Indian Medical Council Act, 1956 in accordance with the Advisory no MCI-203(1)(Gen)/2020-Regn./118239 dated 02/09/2020 and shall be required to complete Compulsory Rotating Internship in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.

5.3 Provisional Registration in a State Medical Council

It shall be mandatory to obtain Provisional Registration in a State Medical Council or any other body authorized for such registration *prior* to internship *provided*

- (a) The Registration shall be valid only for Compulsory Rotating Internship by the applicant provided the applicable rules / regulations of the registering authority are fulfilled
- (b) The Provisional Registration shall normally be valid for a period of ONE YEAR and shall stand cancelled/ withdrawn/ invalid after this period unless otherwise extended
- (c) The Provisional Registration shall be applicable only in the College/ Institution where the intern is registering for Compulsory Rotating Internship
- (d) The intern shall not be permitted for independent practice during the period of Compulsory Rotating Internship.
- (e) The intern shall *not*:
 - (i) issue any medical certificates
 - (ii) independently perform medicolegal procedures such as autopsy, or complete such records without supervision
 - (iii) perform independent surgical/interventional procedures without supervision
 - (iv) hold a teaching position in a medical college / institution
 - (v) indulge in any form of medical practice, clinical or otherwise outside the purview of the requirements of Compulsory Rotating Internship
 - (vi) do any other act as may be restricted / forbidden by the rules and regulations of the institution

university as applicable

6. ADMINISTRATION

6.1. Authority

The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

6.2. Leave

(a) Normal Leave

- (i) Interns shall be permitted a maximum of 15 days leave with prior permission, during the entire period of internship
- (ii) The entire period of 15 days cannot be availed during any of the one week / two-week postings applicable to a single department / specialty as indicated under Section 4.3(a)

(b) Maternity Leave

- (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central / State Government as may be applicable

(c) Medical Leave

- (i) Medical Leave shall be included within the 15 days of Normal leave
 - (ii) Any Medical Leave beyond this period shall be recommended only by a duly constituted Medical Board
- (d) The internship shall be extended if the leave of absence of any kind exceeds beyond this period
- (i) The period of extension shall be equivalent to the period beyond permissible 15 days of leave
 - (ii) The internship shall be repeated only in the department / specialty wherein the above extension is necessary

6.3. Stipend

All interns shall be paid stipend as fixed by the appropriate fee fixation authority applicable to the institution/ university/ state.

- (i) Stipend may not be paid during any period of extension except in the case of Maternity Leave or Medical Leave as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for 48 weeks (12 months) only.

7. TRAINING

7.1. Internship training shall be supervised

- (a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician / mentor in each department / supervisor who shall be a Faculty member

- (b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them
 - (c) The restrictions of independent practice related to patient care and other services during internship are as in Section 5.3(e)
- 7.2 Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians
- (a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course
 - (b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given
 - (b) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres
- 7.3 Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care
- 7.4 Each medical college must ensure that the intern gets learning experience in the community
- (a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in government health programmes etc.
 - (b) Internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.
 - (c) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas: provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.
 - (d) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College.
- 7.5 The Training Programs shall be implemented as per the guidelines elaborated in Chapter III

8. ASSESSMENT

- 8.1 The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.
- 8.2. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.
- (a) The assessments shall predominantly test clinical/ practical skills.

- (b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.
- (c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
- (d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.
- (e) Interns shall have to undergo an eligibility licentiate test whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

CHAPTER III

GUIDELINES FOR THE IMPLEMENTATION OF THE TRAINING PROGRAMME

1. DISCIPLINE

(i) Community Medicine

1. **Goal:-**The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre. The details are as under: -

2.1 District Hospital /Community Health Centre:

A. An intern must be able to do without assistance:

1. An intern must:

- a) Be able to diagnose common ailments and advise primary care;
 - b) Demonstrate knowledge on 'Essential drugs' and their usage;
 - c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.
2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:

- a) Gain full expertise in immunization against infectious disease;
- b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
- c) Learn skills in family welfare planning procedures;

4. An intern must:

- a) Conduct programmes on health education,
- b) Gain capabilities to use Audio visual aids,
- c) Acquire capability of utilization of scientific information for promotion of community health

B. An intern must have observed or preferably assisted at the following:

- 1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.
- 2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

2.2 Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:

- a) tuberculosis,
- b) small family, spacing, use of appropriate contraceptives,
- c) applied nutrition and care of mothers and children,
- d) immunization.

B. An intern must be able to do with supervision:

- 1. An intern shall attend at least one school health programme with the medical officer.

2.3 Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

- a) Participate in family composite health care (birth to death), inventory of events.
- b) Participate in use of the modules on field practice for community health e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders etc.
- c) Participate in and maintain documents related to immunization and cold chain.
- d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure etc.

B. An intern must be able to do under supervision the following:

- a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception etc.).

- b) Undergo village attachment of atleast one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres.
- c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

ii. General Medicine

1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2.1 An intern must be able to PERFORM without assistance and interpret the results of the following investigations:

- a) Blood: (Routine haematology smear and blood groups),
- b) Urine: (Routine chemical and microscopic examination),
- c) Stool: (for ova/cyst and occult blood),
- d) Sputum and throat swab for gram stain or acid-fast stain,
- e) Cerebrospinal Fluid (CSF) for proteins, sugar and smear,
- f) Electrocardiogram (ECG),
- g) Glucometer recording of blood sugar,
- h) Routine radiographs of chest, abdomen, skull etc.

2.2 An intern must perform independently the following diagnostic procedures:

- (a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy.
- (b) Therapeutic procedures;
- (c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration,
- (d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation,
- (e) Oxygen administration etc.

2.3 An intern must have observed or preferably assisted at the following operations/procedures:

- a) **Biopsy Procedures:** Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone

marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision.

(b) Skills that an intern should be able to perform under supervision:

- (i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser.
- (ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non-communicable diseases and tuberculosis, HIV patients etc.
- (iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements.
- (iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans.
- (v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

Psychiatry

1. Goal:- The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) Diagnose and manage common psychiatric disorders,
- (ii) Identify and manage psychological reactions,
- (iii) Diagnose and manage behavioral disorders in medical and surgical patients.

B. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) ECT administration,
- (ii) Therapeutic counseling and follow-up.

iii. Pediatrics

1. Goal:

The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2.1 An intern must be able to do without assistance:

- (i) An intern shall be able to diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information.

2.2. An intern shall perform:

- (i) **Diagnostic techniques:** blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine.
- (ii) **Techniques related to patient care:** immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counseling.
- (iii) **Use of equipments:** vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care.
- (iv) Institute early management of common childhood disorders with special reference to pediatric dosage and oral rehydration therapy.

2.3 An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Screening of newborn babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;
- (ii) Recognise growth abnormalities; recognise anomalies of psychomotor development;
- (iii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:
 - protein-energy malnutrition
 - deficiencies of vitamins especially A, B, C and D;
 - Iron deficiency

2.4. Skills that an intern should be able to perform under supervision:

- (i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.
- (ii) An intern should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

iv. General Surgery

1. Goal-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must perform or assist in:

- (i) venesection or venous access
- (ii) tracheostomy and endotracheal intubation
- (iii) catheterization of patients with acute retention or trocar cystostomy
- (iv) drainage of superficial abscesses
- (v) basic suturing of wound and wound management (including bandaging)
- (vi) biopsy of surface tumours
- (vii) perform vasectomy

B. Skills that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same.
- (ii) Advise about rehabilitation of patients after surgery and assist them for early recovery.
- (iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements.
- (iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Resuscitation of critical patients
- (ii) Basic surgical procedures for major and minor surgical illnesses
- (iv) Wound dressings and application of splints
- (v) Laparoscopic/ Minimally Invasive surgery
- (vi) Lymph node biopsy

v. Anesthesiology

1. Goal:- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications,
- (ii) Venepuncture and set up intravenous drip,
- (iii) Laryngoscopy and endotracheal intubation,
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks,
- (v) Simple general anaesthetic procedures under supervision,
- (vi) Monitor patients during anaesthesia and in the post-operative period,
- (vii) Maintain anaesthetic records,
- (viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia,
- (ii) Recognise and manage problems associated with emergency anaesthesia,
- (iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

- (i) Anaesthesia for major and minor surgical and other procedures;

vi. Obstetrics and Gynaecology

1. **Goal**-The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion,
- (ii) Diagnosis of pathology of pregnancy related to:
 - abortion
 - ectopic pregnancy
 - tumours complicating pregnancy
 - acute abdomen in early pregnancy
 - hyperemesis gravidarum,
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation,
- (iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,
- (v) Assist in forceps delivery,
- (vi) Detection and management of abnormalities of lactation,
- (vii) Evaluation and prescription oral contraceptives with counseling,
- (viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries,
- (ix) Medico-legal examination in Gynecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision:

- (i) Dilatation and curettage and fractional curettage,
- (ii) Endometrial biopsy,
- (iii) Endometrial aspiration,
- (iv) Pap smear collection,
- (v) Intra Uterine Contraceptive Device (IUCD) insertion,
- (vi) Mini-lap-ligation,
- (vii) Urethral catheterization,
- (viii) Suture removal in post-operative cases,
- (ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Major abdominal and vaginal surgery cases,

- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

vii. Orthopaedics

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipes equinovarus (CTEV) and dislocation of hip (CDH).

2. THERAPEUTIC-

A. An intern must assist in:

- (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint,
- (ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture,
- (iii) Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow and shoulder dislocations,
- (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle,
- (v) Emergency care of a multiple injury patient,
- (vi) Transport and bed care of spinal cord injury patients.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH,
- (ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Drainage for acute osteomyelitis,
- (ii) Sequestrectomy in chronic osteomyelitis,
- (iii) Application of external fixation,
- (iv) Internal fixation of fractures of long bones.

vii. Physical Medicine And Rehabilitation

1.Goal:-The aim of posting of an intern in Physical Medicine & Rehabilitation is to impart such knowledge and skills that may enable him/ her to diagnose and treat common rheumatologic, orthopedic and neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC-

A. An intern must perform or assist in:-

- (i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc.
- (ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions,
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Use of self-help devices and splints and mobility aids
- (ii) Accessibility problems and home-making for disabled
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee etc.
- (iv) Therapeutic counselling and follow-up

viii. Otorhinolaryngology (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

2. THERAPEUTIC

A. An intern must perform or assist in:

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis,
- (ii) Nasal douching and packing of the external canal,
- (iii) Removing foreign bodies from nose and ear,
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

- (i) Intern shall have participated as a team member in the diagnosis of various ENT- related diseases and

be aware of National programme on prevention of deafness,

(ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

ix. Ophthalmology

1.Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Sub-conjunctival injection
- (ii) Ocular bandaging
- (iii) Removal of concretions
- (iv) Epilation and electrolysis
- (v) Corneal foreign body removal
- (vi) Cauterization of corneal ulcers
- (vii) Chalazion removal
- (viii) Entropion correction
- (ix) Suturing conjunctival tears
- (x) Lids repair
- (xi) Glaucoma surgery (assisted)
- (xii) Enucleation of eye in cadaver.

B. Skill that an intern should be able to perform under supervision:

(i) Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Assessment of refractive errors and advise its correction,

- (ii) Diagnose ocular changes in common systemic disorders,
- (iii) Perform investigative procedures such as tonometry, syringing,
- (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

(x) Forensic Medicine and Toxicology

1.Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and

2. An intern must perform or assist in:

- (i) Documentation and certification of trauma
- (ii) Diagnosis and certification of death
- (iii) Legal documentation related to emergency cases
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault etc.
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc

B. An intern must have observed a medico-legal autopsy/ post-mortem.

(xi) Lab services consisting of Clinical Pathology, Laboratory Medicine, Biochemistry and Hematology services along with Blood Banking

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

- Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites
- Urine: (Routine chemical and microscopic examination)
- Stool: (for ova/cyst and occult blood)
- Blood Banking: Blood grouping (manual), saline cross-matching
- Sputum and throat swab for Gram stain and acid-fast stain,
- Cerebrospinal Fluid (CSF) for proteins and smear,
- Performing blood sugar test by glucometer,
- Pleural and ascitic fluid for routine chemistry and microscopy
- Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order
- Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations
- Fill requisition forms appropriately

xii. Casualty services/ Emergency Medicine

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTIC-

A. An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice,
- (ii) Management of acute anaphylactic shock,
- (iii) Management of peripheral-vascular failure and shock,
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF),
- (v) Emergency management of drowning, poisoning and seizure,
- (vi) Emergency management of bronchial asthma and status asthmaticus,
- (vii) Emergency management of hyperpyrexia,
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries,
- (ix) Assessment and administering emergency management of burns,
- (x) Assessing and implementing emergency management of various trauma victims,
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico-legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Resuscitation of critical patients
- (ii) documentation medico legal cases
- (iii) management of bleeding and application of splints;

xi. Dermatology, Venereology & Leprosy

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such

knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses).

2. THERAPEUTIC-

A. At the end of internship an intern must be able to:

- (i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies,
- (ii) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases,
- (iii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Skin biopsy for diagnostic purpose

xii. Respiratory Medicine-

Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC –

A. An intern must perform or assist in:

- (i) Diagnosing and managing common respiratory disorders and emergencies,
- (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests,

(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Laryngoscopy,

(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration,

(iv) Therapeutic counseling and follow up.

xiii. Radio-Diagnosis

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

(i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis,

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries,

(iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy,

(iv) Demonstrating awareness of the various laws like PC PNDT Act.

xiv. Forensic Medicine And Toxicology

1. Goal:- The aim of posting of an intern in Forensic Medicine is to impart such knowledge and skills that may enable him to manage common medico-legal problems in day to day practice. He/she shall acquire competence for post-mortem diagnosis based on history, physical examination and relevant observations during autopsy.

A. An intern must perform or assist in:

- (i) Identifying and documenting medico-legal problems in a hospital and general practice,
- (ii) Identifying the medico-legal responsibilities of a medical man in various hospital situations,
- (iii) Diagnosing and managing with competence basic poisoning conditions in the community,
- (iv) Diagnosing and managing with competence and documentation in cases of sexual assault,
- (v) Preparing medico-legal reports in various medico-legal situations.

A. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Various medico legal / post-mortem procedures and formalities during their performance by police.

ANNEXURE 1
Certifiable Procedural Skills

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books

Specialty	Procedure
General Medicine	• Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and ascitic aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	• Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	• Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)

Obstetrics	• Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	• Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	• Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	• Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)

Otorhinolaryngology	• Anterior nasal packing (D) • Otoscopy (I)
Ophthalmology	• Visual acuity testing (I) • Digital tonometry(D) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	• Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	• Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	• Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	• Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	• Identification of structures on X-rays/ ultrasound
Applied Physiology	• Perform, analyze, and interpret pulmonary function (eg FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (eg HR, BP, ECG) (D) • Interpret blood parameters (eg hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (eg nerve conduction velocity, EMG, cranial nerve examination) (D)

Applied Biochemistry	- Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) - Estimate serum total cholesterol, HDL cholesterol, triglycerides(D) - Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D) - Estimate calcium and phosphorous(D)
Biomedical waste management	Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed on patients

O: Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in Patients

ANNEXURE 2

Sample Log Book Page

Skills in Emergency Medicine / Casualty/ Trauma

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control Hemorrhage									
Intubate									
Basic Adult Resuscitation									
Basic Pediatric Resuscitation									
Draw blood									
Use vacutainer									
Canulate vein									
Set up IV infusion									
Monitor IV infusion									
Give IM injection									
Give SC injection									
Give IV Injection									
Fill Requisition									

Form									
Order grouping / cross matching									
Order blood/ blood products									
Set up transfusion									
Draw blood for culture aseptically									
Immediate assessment of chest pain									
Immediate assessment of abdominal pain									
Immediate assessment of unconscious patient									
Immediate assessment of stroke									
Immediate assessment of trauma									

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control hypotension									
Triage									
Perform actions necessary in the first few minutes of arrival of a sick patient									
Seek help appropriately									
Manually handle / lift /									

shift patients									
Prepare for emergency surgery / procedures									
Monitor patients requiring oxygen									
Appropriately use mask, Non invasive ventilation									
Monitor sick patients in HDU									

Note:

- These are only incomplete sample skills
- Every institution can prepare such lists for each posting and include communication skills etc.
- Instead of numbers check boxes can be used for simplicity and to avoid cumbersome entries

Annexure #: SAMPLE INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____ Student / Intern ID: _____

Supervisor: _____ Department/ Specialty: _____

Unit: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____ Leaves: _____ days

RATING

PLEASE RATE ON A SCALE OF 1 TO 10 WITH
1 BEING EXCEPTIONALLY POOR AND 10 BEING EXCEPTIONALLY OUTSTANDING
[Actual marks may be given instead of a score based on the assessment]

Knowledge		1	2	3	4	5	6	7	8	9	10
Patient Care		1	2	3	4	5	6	7	8	9	10
Procedural Skills	1	2	3	4	5	6	7	8	9	10	
independent care	1	2	3	4	5	6	7	8	9	10	
Communication Skills	1	2	3	4	5	6	7	8	9	10	
System Based Practice		1	2	3	4	5	6	7	8	9	10
Professionalism	1	2	3	4	5	6	7	8	9	10	
Life-long Learning		1	2	3	4	5	6	7	8	9	10

FEED-BACK

Strengths:

Areas of Improvement needed:

Comments:

Student: _____

Date: _____

Faculty: _____

Date: _____

Ahanika
President (UGMEB)
07/07/2021

DRAFT

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
स्नातकोत्तर चिकित्सा शिक्षा बोर्ड
Post Graduate Medical Education Board (PGMEB)

File No. File No. NMC/PG/Legal/2023/(21033)/048792

Dated: 24th August, 2023

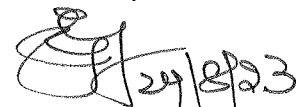
Subject: - Advisory on payment of Stipends to PG Medical Students

An online survey was conducted through Google Form on the issue of stipend being paid to Under Graduate Interns and Post Graduate Medical Students in the self-financed/Private Medical College. A total of 10,178 responses were received from the PG Students. Out of this 7901 responses were from PG students of Private Medical Colleges and considered for analysis. Balance responses were either from students of Government Medical College or DNB hospitals and some duplicate responses. Analysis of 7901 responses received from PG students from 213 Colleges of 19 States and 02 UTs shows as under: -

- a) A total of 2110 PG students of various Private Medical Colleges across the country gave feedback that they are not receiving stipend.
- b) 4288 students have responded that stipend being paid is not equal to the stipend being paid in the Government Medical Colleges in that States.
- c) 1228 students who are getting stipend informed that stipend given by colleges/institutes is taken back by management.

2. It may be noted that as per Regulation 13 of Post Graduate Medical Education Regulation, 2000, as amended from time to time stipulates- "The Post Graduate students of the institutions which are located in various States/Union Territories shall be paid remuneration at par with the remuneration being paid to the Post Graduate students of State Government Medical Institutions/ Central Government Medical Institutions, in the State/Union Territory in which the institution is located".

3. All the Self-financed/Private Medical Colleges are directed to implement the above mentioned Regulation 13 of the PGMER, 2000. All the Self-Financed/ Private Medical Colleges are warned that NMC will take strict action for non-compliance of the provisions of the Regulations of PGMER, 2000 if any complaint is received in future.



(Aujender Singh)

Deputy Secretary, PGMEB

I/3637881/2023

दूरभाष/Phone : 25367033,

25367035, 25367036

फैक्स/Fax : 0091-11-

25367024

ई-मेल/E-mail :

pgmeh.recognition@nmc.org.in

पॉकेट -14, सेक्टर-8, द्वारका, फेस1-, नई
दिल्ली-77-

Pocket- 14,
Sector- 8, Dwarka,
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission

स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड

Post Graduate Medical Education Board (PGMEB)

F.No. N-P018(20)/7/2023-PGMEB-NMC

Dated: 21.12.2023

To

The Registrar of all Health/ Medical Universities

Subject: Information regarding internship completion date of 2018 batch of MBBS students

Sir/ Madam,

Due to COVID-19 pandemic, the time schedule for admission and completion of course including internship has been affected. Hence, to assess the completion of internship of MBBS students of 2018 batch in order to conduct NEET PG-2024, all the Universities are requested to fill in the Google Form as per link given below latest by 25.12.2023, positively:-

https://docs.google.com/forms/d/1AcDoisIgHXfgjQ_8Ft7qswirqxf15hAkUF54ybbrp3g/edit?pli=1

Yours faithfully,

(Aujender Singh)
Deputy Secretary, PGMEB

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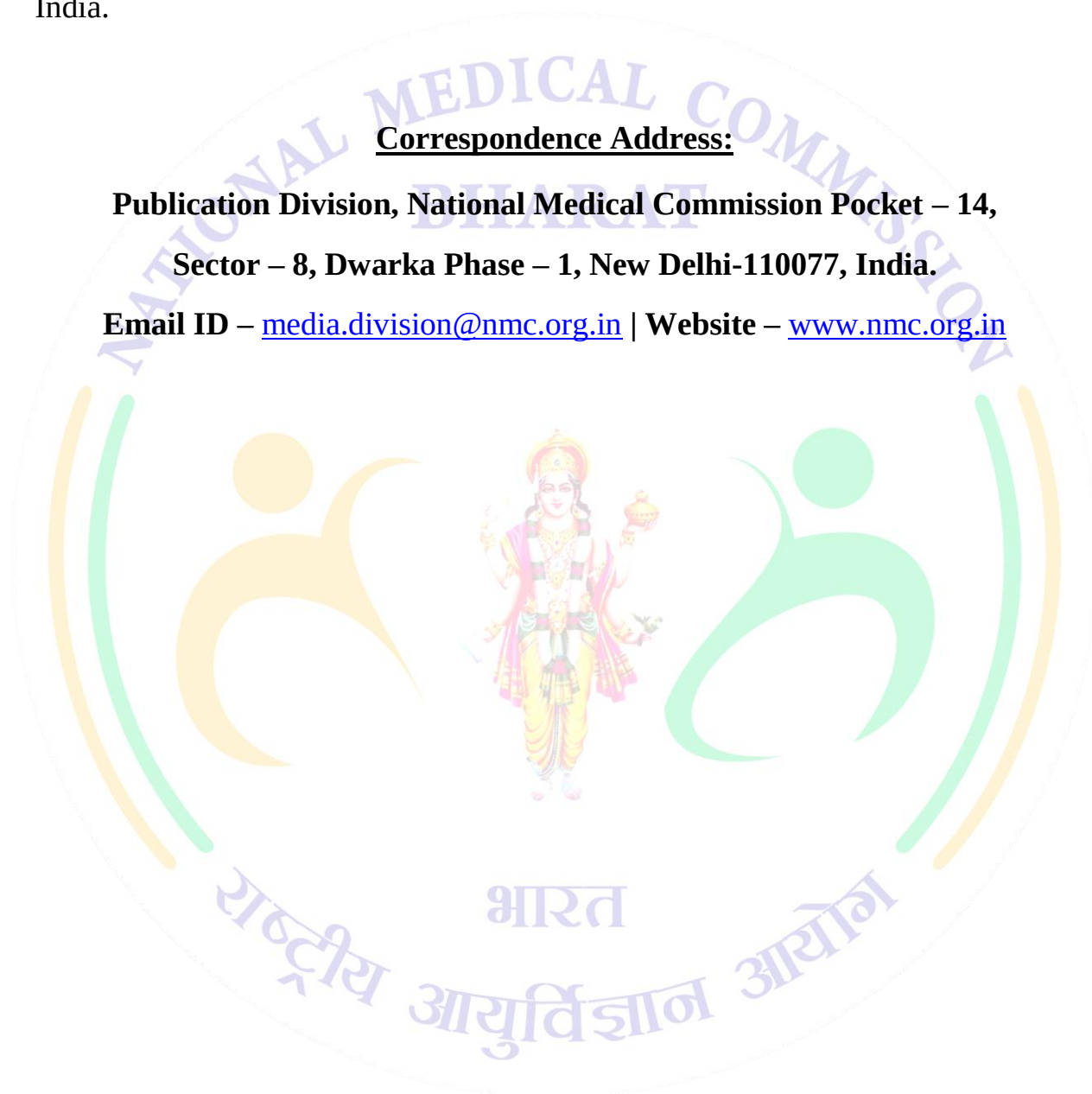
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Correspondence Address:

**Publication Division, National Medical Commission Pocket – 14,
Sector – 8, Dwarka Phase – 1, New Delhi-110077, India.**

Email ID – media.division@nmc.org.in | Website – www.nmc.org.in



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National Medical Commission

Publication Division, National Medical Commission
Pocket-14 , Sector-8, Dwarka Phase -1, New Delhi-110077, INDIA