



Ordinance 13

Curriculum of Bachelor of Medicine and Bachelor of Surgery (MBBS) Programme

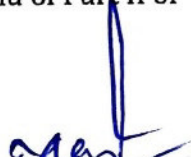
1.0 Purpose and Objective

This ordinance shall apply to the Programme leading to M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) degree of GS University. These regulations are congruent with the current regulations of the National Medical Commission and are designed to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that s/he may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

2.0 Definitions

2.1 **Academic Programme:** shall mean a Programme leading to award of M.B.B.S (Bachelor of Medicine and Bachelor of Surgery) degree.

2.2 **Course:** shall mean a component of Academic Programme, carrying a distinctive code number. ★ Courses included in the First Professional are Anatomy, Physiology and Biochemistry. ★ Courses included in the Second Professional are Pathology, Microbiology, Pharmacology. ★ Courses included in the Third Professional Part I are Ophthalmology, E.N.T. (Oto-rhino-laryngology), Community Medicine, and Forensic Medicine and Toxicology. ★ Courses included in the Third Professional Part II are Medicine and Allied Subjects, Paediatrics, Surgery and Allied Subjects, Orthopaedics and Obstetrics and Gynaecology. ★ Teaching of various courses included in the various Professionals begin at the start of the next Professional i.e. from the second year of the MBBS course in second Professional, from third year in III Professional Part I and from fourth year in III Professional Part II. ★ However, teaching in Community Medicine begins at the start of the First Professional and continues till the end of Part II of the curriculum.


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- 2.3 Board of Studies (BOS) shall mean the Board of Studies of GS Medical College & Hospital, GS University.
- 2.4 External examiner shall mean an examiner who is not in the employment of GS University.
- 2.5 Student shall mean a person admitted to GS University for the academic Programme to which this Ordinance is applicable.
- 2.6 UGMEB: shall mean Undergraduate Medical Education Board, duly constituted under Section 16 of the National Medical Commission Act, 2019.
- 2.7 NEET-UG: shall mean 'National Eligibility-cum-Entrance Test' in Section 14 of the National Medical Commission Act, 2019.
- 2.8 Act means the National Medical Commission Act, 2019 (30 of 2019);
- 2.9 Commission means the National Medical Commission constituted under section 3 of the Act;
- 2.10 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;
- 2.11 Intern means a medical graduate undergoing compulsory rotating internship training under these regulations;
- 2.12 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;
- 2.13 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;
- 2.14 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;
- 2.15 University shall mean GS University, Hapur.

3.0 Admission Process

Admissions to GS Medical College will be made by Director General Medical Education, Uttar Pradesh, strictly as per the merit of NEET-UG. Candidates shall deposit their fee to the Director General Medical Education, Uttar Pradesh, and shall report to GS Medical College & Hospital, Pilkhuwa, district Hapur on receiving the college allocation. The candidates will be required to submit a copy

of the following documents at the time of admission to GS Medical College & Hospital:

- (a) Certificate of having passed the 10+2 or equivalent examinations, showing the subjects offered by her/him in the Examination.
- (b) Certificate from the Board from which s/he passed the High School/Higher Secondary Examination, showing his/her date of birth.
- (c) Certificate/Mark sheet from the Board from which s/he passed the 10+2 or equivalent Examination showing that s/he has secured 50% or more marks.
- (d) Migration Certificate from the University/Board last attended by him/her.

3.1. Enrolment Method:

3.2. Fees and Other Payments:

The fees and other payments may vary with each batch in compliance of the fees fixed by the regulatory body.

3.3. Hostel and Accommodation:

GS Medical College & Hospital offers furnished hostel accommodation, with dining and both indoor and outdoor recreational facilities.

4.0 Training Programme:

4.1 Duration Of Course:

The course of studies leading to the award of degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.) of the GS Medical College & Hospital shall last for a minimum of five and a half academic years including one-year compulsory internship.

4.2 Duration of Training in Clinical Subjects:

Training in various clinical subjects of the programme will be according to latest CBME guidelines prescribed by NMC from time to time, presently the one notified on 12.09.2024.

4.3 Attendance:

4.3.1 Attendance to MBBS course is compulsory.

4.3.2 There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject.

4.3.3 In subjects that are taught in more than one phase — the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject.

4.3.4 There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family Adoption Programme.

4.3.5 If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.

4.4 **Compulsory Rotatory Internship:**

After passing the Final M.B.B.S. Examination, all the candidates will be required to do compulsory internship for a period of one calendar year (12 months). The degree of M.B.B.S. shall only be awarded after satisfactory completion of one year internship.

4.5 **Academic Committee:**

- 4.5.1. The Academic Committee is constituted by the faculty of GS Medical College & Hospital. It comprises of maximum twenty-five members.
- 4.5.2. This Committee shall coordinate the implementation of the courses for optimum utilization of resources.
- 4.5.3. There shall be an Academic Coordinator for every Professional.
- 4.5.4. The Academic Coordinators shall also perform other tasks as assigned to them by the Board of Studies.
- 4.5.5. The Academic Coordinators shall meet various Head of Departments as and when required but at least once during every six months.

4.6 **Schedule Of Terms:**

Schedule of terms will be as notified in the Academic Calendar every year by the Dean, GS Medical College & Hospital with the approval of the Vice Chancellor, GS University.

4.7 **Anti-Ragging Measures:**

As per the directions of the Hon'ble Supreme Court of India, the Government has banned ragging completely in any form inside and outside the campus. All authorities at GS Medical College & Hospital are *therefore determined not to* allow any form of ragging. Whosoever directly or indirectly commits, participates in, abets or instigates ragging within or outside the institution shall have an FIR lodged against him/her and s/he will be suspended or rusticated from the institution and shall also be liable to be fined.

5.0 **Minimum Standard Of Requirements (MSR) For Medical Education**

GS Medical College & Hospital shall follow the guidelines for minimum standards of requirements (MSR) for undergraduate medical education prescribed by the UGMEB of NMC from time to time.

6.0 **Competency Based Dynamic Curriculum At Undergraduate Level**

6.1. **Preamble:**

Curriculum guidelines are learner-centred, patient-focused, gender-sensitive, and outcome-oriented, aligning with global trends. They emphasize the integration of subjects both horizontally and vertically while maintaining the importance of subject-based instruction and

assessment. The defined competencies align with global standards in Graduate Medical Education. Ethical values, patient needs, and communication skills are prioritized through a longitudinal Programme called 'AETCOM,' focusing on Attitude, Ethics, and Communication. The curriculum also highlights collaborative teamwork, professionalism, altruism, and respect in professional relationships, with sensitivity to differences in thought, socioeconomic status, and gender.

6.2. Objectives of the Indian Graduate Medical Training Programme:

The undergraduate medical Programme aims to produce an "Indian Medical Graduate" (IMG) with the necessary knowledge, skills, attitudes, and values to effectively serve as the first-contact physician in the community, while being globally relevant. The IMG should be skilled in primary care, as well as promotive, preventive, rehabilitative, palliative care, and referral services.

6.3. National Goals:

At the end of undergraduate Programme, the Indian Medical Graduate is required to possess the ability of delivering the following goals:

- Possess the ability to recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession to fulfil his social obligations towards realization of this goal.
- Know the key aspects of National policies on health and devote himself to its practical implementation.
- Achieve competence in the practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- Become an exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

6.4. Institutional Goals:

Indian Medical Graduates from GS Medical College & Hospital should:

- Be skilled in diagnosing and managing common health problems at various healthcare levels using clinical skills.
- Work effectively in healthcare teams from Phase 1 MBBS to CRMI, with increasing complexity and multi-department involvement.

- Practice preventive, promotive, curative, palliative, and rehabilitative medicine for common health issues.
- Understand the rationale for different therapeutic modalities and essential medicines.
- Consider socio-psychological, cultural, economic, and environmental factors in healthcare, with a humane attitude towards patients.
- Commit to lifelong learning and pursue expertise or research in any medical field.
- Understand National Health Programs and their implementation, covering areas like Family Welfare, sanitation, disease control, immunization, and more.
- Develop management skills for human resources, materials, and healthcare delivery.
- Identify community health issues and work towards resolving them with community participation.
- Lead healthcare teams, refine communication skills, and work across various healthcare settings with professional integrity.

6.5. Goals for the Learner:

The Indian Medical Graduate must be able to function in the following roles appropriately and effectively:

- Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
- Leader and member of the health care team and system with capabilities to collect, analyse, synthesize, and communicate health data appropriately.
- Communicate with patients, families, colleagues, and community in a methodological and skilful way using various approaches in family visits, family adoption Programme, clinic-social cases, clinical cases and AETCOM training programs.
- Lifelong learner committed to continuous improvement of skills and knowledge.
- Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession and society. Training of humanities and social sciences will be useful for this training.
- Critical Thinker who demonstrates problem solving skills in professional practice
- Researcher who generates and interprets evidence to ensure effective patient care as well as contribute in the field of medical research and practice.

6.6. Competency Based Training Programme:

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

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

- Demonstrate understanding of normal human structure, function, and development from various perspectives (molecular, cellular, biological, clinical, behavioural, and social).
- Demonstrate understanding of abnormal human structure, function, and development in similar contexts.
- Demonstrate knowledge of medico-legal, ethical, societal, and humanitarian principles influencing healthcare.
- Demonstrate knowledge of national and regional health policies, including the National Health Mission, NRHM, NUHM, and their impact on health promotion, disease prevention, and patient safety.
- Demonstrate ability to gather comprehensive patient history relevant to disease identification, prevention, and health promotion, considering all sources (patient, family, caregivers).
- Demonstrate the ability to gather patient history considering factors such as gender, age, socioeconomic status, and individual preferences.
- Demonstrate proficiency in performing a thorough physical examination relevant to disease prevention and health promotion.
- Perform physical examinations that consider gender, social, and economic status, and patient values.
- Demonstrate clinical problem-solving and judgment to integrate data and form effective management plans that address preventive, promotive, and therapeutic goals.
- Maintain accurate and legally compliant patient records.
- Demonstrate ability to choose and interpret diagnostic tests based on clinical context, scientific validity, and cost-effectiveness.
- Prescribe appropriate therapies, including nutrition and pharmacotherapy, based on rational drug therapy and evidence-based guidelines aligned with national health policies.
- Provide continuous care at primary or secondary levels, addressing

chronic conditions and disabilities, including mental health.

- Appropriately identify and refer patients for specialized or tertiary care when necessary.
- Demonstrate familiarity with clinical and translational research relevant to patient care.

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

- Collaborate effectively with colleagues in an inter-professional healthcare team, respecting diverse roles, responsibilities, and competencies.
- Lead a healthcare team in primary and secondary settings, educating and motivating team members to enhance healthcare delivery.
- Use healthcare system components efficiently, ensuring cost-effectiveness, fairness, and adherence to national health policies, while collecting and analysing health data.
- Contribute to improving healthcare quality and patient safety within the system.
- Advocate for health promotion, disease prevention, and healthcare quality improvement, focusing on lifestyle diseases and cancer, in collaboration with the healthcare team.

6.6.3. Communicator with patients, families, colleagues and community

- Communicate effectively, sensitively, and respectfully with patients, families, colleagues, and the community in a way that is mutually beneficial and promotes positive healthcare outcomes.
- Build professional, ethical, empathetic, and trustworthy relationships with patients, families, colleagues, and the community.
- Communicate in a way that respects patient preferences, values, beliefs, and confidentiality.
- Encourage shared decision-making and participation in healthcare, addressing any hesitations towards health initiatives.

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

- Perform self-assessment of knowledge and skills, continue learning, and refine or acquire new abilities.
- Apply newly learned knowledge and skills to patient care.
- Reflect on experiences to promote personal and professional growth, and critically evaluate medical literature to improve patient care.
- Identify and choose a career path that is both professionally rewarding

and personally fulfilling.

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

- Demonstrate selflessness, integrity, responsibility, accountability, and respect in practice.
- Maintain professional boundaries with patients, colleagues, and society.
- Recognize and manage ethical and professional conflicts.
- Adhere to ethical and legal codes of conduct.
- Contribute to the growth of the medical profession.
- Analyse and evaluate information to make rational clinical decisions.
- Assess the credibility of information sources.
- Consider social, cultural, and geographic factors in personalized medicine.
- Develop independent, clear, and confident decision-making skills.
- Engage in research to generate and apply evidence for effective patient care.
- Review and critique scientific literature for Evidence-Based Medicine.
- Apply a scientific approach to generate evidence and understand research ethics.

6.7. Curriculum:

6.7.1. Phase 1:

6.7.1.1. ANATOMY

Subject Goals:

At the end of anatomy teaching, the student should be able to:

- Understand the normal structure, development, genetic pattern of organs and systems, and the clinical relevance of these structures in diseases.
- Comprehend the normal disposition, inter-relationships, functional, and cross-sectional anatomy of organs and structures.
- Identify the microscopic structure of organs and tissues and relate them to disease processes.
- Recognize the principles and stages of organ/system development and the effects of teratogens, genetic mutations, and environmental factors.
- Understand karyotyping principles and identify gross congenital anomalies.
- Understand newer imaging techniques and interpret CT scans, sonograms, MRIs, and angiography.

6.7.1.2. PHYSIOLOGY

Subject Goals:

At the end of physiology teaching, the learner must be able to:

- Demonstrate knowledge of normal human physiology, inter-relationships between cells, tissues, organs, and systems, and age/sex-related physiological changes.
- Explain physiological variations across the lifespan and the physiological responses and adaptations to the environment and exercise.
- Perform experiments to demonstrate physiological phenomena and interpret relevant investigation results.
- Apply physiological principles in diagnosing and managing clinical conditions.
- Conduct general and system-based physical examinations and recognize altered findings in diseased conditions.

6.7.1.3. BIOCHEMISTRY

Subject Goals:

After biochemistry teaching, the learner should be able to:

- Understand and explain the biochemical and molecular processes in health and disease.
- Describe cell organelles with their molecular and functional organization.
- Understand enzymology and its clinical applications in disturbed enzymatic activity.
- Explain the importance of nutrition in health and disease.
- Describe nutrient digestion, assimilation, and the consequences of malnutrition.
- Explain the function and interrelationships of biomolecules and deviations from normal.
- Integrate metabolic pathways of biomolecules and their regulation in clinical conditions.
- Understand the biochemical basis of clinical laboratory tests and perform relevant biochemical tests for diagnosis.
- Explain the biochemical basis of inherited disorders and their consequences.
- Understand the mechanisms of water, electrolyte, and acid-base balance, and the effects of imbalances.
- Understand the basics of genetics, gene expression, regulation, biotechnology principles, and their medical applications.
- Solve scientific and clinical problems and make informed decisions.

6.7.2 Phase 2:

6.7.2.1 PATHOLOGY

Subject Goals:

At the end of pathology teaching, the learner should be able to:

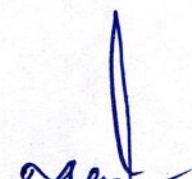
- Demonstrate knowledge of the causes, mechanisms, and morphological changes of organs in disease.
- Analyse and interpret pathology in relation to clinical conditions, including regionally relevant diseases.
- Conduct routine pathological tests on blood, explain principles, and interpret results.
- Perform pathological investigations on various biological samples and explain principles, interpreting results.
- Apply updated pathological investigations on biological samples.

6.7.2.2 MICROBIOLOGY

Subject Goals:

At the end of microbiology teaching, the learner should be able to:

- Understand immunological mechanisms in health and disease.
- Recognize the role of microbial agents in health and disease.
- Relate the natural history and clinical manifestations of infectious diseases to microbial properties.
- Comprehend infection control measures and their application.
- Understand the selection and interpretation of laboratory diagnostic tests.
- Understand principles of antimicrobial therapy and infection prevention.
- Recognize antimicrobial resistance (AMR) mechanisms and the role of antimicrobial stewardship.
- Understand outbreak investigation and control.
- Describe commensals, opportunistic, and pathogenic organisms, and host-parasite relationships.
- Explain the characteristics of microorganisms, including morphology, virulence factors, and transmission.
- Understand the host's defence mechanisms against infections.
- Describe the laboratory diagnosis of microorganisms causing human infections.
- Understand prophylaxis for specific infectious microorganisms.
- Operate routine and advanced laboratory instruments.
- Ensure patient sample confidentiality and demonstrate effective communication in patient care.


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6.7.2.3 PHARMACOLOGY:

Subject Goals:

At the end of pharmacology teaching, the learner should be able to:

- Understand commonly used drugs and the pharmacological basis of therapeutics.
- Apply pharmacokinetics and pharmacodynamics in drug selection and dosing.
- Explain the mechanism of action of commonly used drugs.
- Select and prescribe drugs based on clinical conditions, efficacy, safety, and cost.
- Understand different types of drugs: generic, branded, OTC, and prescription.
- Understand pharmacovigilance and identify adverse drug reactions and interactions.
- Understand essential medicine concepts and sources of drug information.
- Administer drugs via common routes of administration.
- Apply evidence-based medicine and rational drug use principles.
- Communicate drug-related information effectively to patients.
- Understand new drug delivery systems and the industry-doctor relationship.
- Critically evaluate drug promotional literature and formulations.
- Understand regulatory and ethical aspects of drug discovery and use.

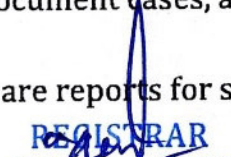
6.7.3 Phase 3 Part 1

6.7.3.1 FORENSIC MEDICINE AND TOXICOLOGY

Subject Goals:

At the end of teaching in forensic medicine and toxicology, the learner should be able to:

- Understand the medico-legal responsibilities of a general physician in rural and urban community settings.
- Comprehend basic medico-legal aspects of hospital and general practice.
- Apply scientific and legal principles to the investigation of crime.
- Understand medico-legal frameworks, codes of conduct, ethics, professional misconduct, and medical negligence.
- Conduct medico-legal examinations, document cases, and interpret post-mortem findings in unnatural deaths.
- Perform post-mortem exams and prepare reports for suicidal, homicidal, and accidental deaths.


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- Prepare Medical Certificates of Cause of Death (MCCD) and medico-legal reports for injuries and age estimation.
- Document sexual offenses, intoxication cases, and preserve materials for medico-legal examination.
- Analyse and manage the legal aspects of acute and chronic poisoning cases.
- Understand the latest laws related to medical professionals, such as the MTP Act, CPA, and HOTA.

6.7.3.2 COMMUNITY MEDICINE

Subject Goals:

At the end of community medicine teaching, the learner should be able to:

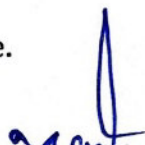
- Understand the role of a primary care physician in preventive, promotive, curative, rehabilitative, palliative care, and referrals.
- Comprehend health concepts, demography, population dynamics, and disease burden globally and nationally, including health economics and hospital management.
- Recognize and manage common health problems at individual, family, and community levels within the context of National Health Programs.
- Implement and monitor National Health Programs in primary care settings.
- Identify and manage community health problems, including malnutrition and emergencies.
- Apply the role of nutrition in health promotion and disease prevention.
- Understand epidemiological study designs and critically review disease epidemiology.
- Investigate and plan responses to emerging diseases and health crises, in line with national and international health regulations.
- Apply public health and community medicine principles, utilizing family adoption programs and providing services under mentor guidance.
- Use behaviour change communication to improve health in relation to diseases, addictions, and misinformation.

6.7.3.3 OTO-RHINOLARYNGOLOGY (ENT)

Subject Goals:

At the end of ENT training, the learner should be able to:

- Recognize and manage common ENT emergencies in primary care.
- Perform basic ENT procedures in a primary care setting.
- Identify hearing impairments and refer patients to appropriate


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- rehabilitation programs.
- Communicate empathetically and respectfully with patients.
- Discuss medico-legal, socio-cultural, and ethical issues related to ENT procedures and address patient concerns in simulated environments.

6.7.3.4 OPHTHALMOLOGY

Subject Goals:

At the end of ophthalmology teaching, the learner should be able to:

- Recognize and manage common eye diseases in the community and primary care setting.
- Diagnose and manage ocular emergencies and understand when referral is needed.
- Understand the causes of blindness and visual impairment in the community.
- Apply knowledge of national programs for blindness control and implement them in primary care.
- Know common ocular drugs, their actions, dosages, and side effects.
- Understand common ocular surgeries, patient counselling, and indications for referral.
- Understand eye donation, transplantation, and eye bank processes.
- Perform basic ocular procedures in primary care.
- Participate in national blindness control programs.
- Maintain positive rapport with patients, colleagues, and staff.
- Counsel patients and families on ocular conditions, management, and referrals.
- Provide rehabilitation counselling for blind and visually impaired patients.

6.7.4 Phase 3 Part 2

6.7.4.1 GENERAL MEDICINE:

Subject Goals:

By the end of training, the learner should be able to:

- Understand pathophysiology, epidemiology, signs, symptoms, and management of diseases.
- Conduct competent patient interviews, examinations, and clinical diagnoses.
- Order and interpret laboratory tests appropriately.
- Initiate rational and cost-effective treatments, including medical interventions and preventive measures.



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- Follow up with patients and refer as necessary.
- Communicate, educate, and counsel patients and families effectively.
- Manage common medical emergencies and refer when needed.
- Independently perform common medical procedures and understand patient safety.
- Diagnose common clinical disorders, focusing on infectious, nutritional, tropical, and environmental diseases.
- Outline various management modes, including drug therapy and potential side effects, dosages, and contraindications.
- Propose and interpret diagnostic and investigative procedures.
- Provide first-level management of emergencies and determine appropriate referral.
- Recognize and manage geriatric disorders.
- Develop clinical skills to diagnose common medical disorders and emergencies.
- Refer patients to higher-level care after providing primary care.
- Perform routine investigations like hemogram, stool, urine, sputum, and biological fluid examinations.
- Assist with common bedside investigative procedures like pleural tap, lumbar puncture, and biopsies.

6.7.4.2 PAEDIATRICS

Subject Goals:

By the end of training, the learner should be able to:

- Assess and promote optimal growth, development, and nutrition in children and adolescents.
- Recognize and provide care for neonates, infants, children, and adolescents in emergencies and routine settings.
- Perform necessary procedures in primary care for children of all ages.
- Recognize children with special needs and refer appropriately.
- Promote child health and disease prevention.
- Participate in national child health programs, following the IMNCI strategy.
- Communicate effectively with children and families.
- Describe normal growth and development stages and deviations.
- Recognize common paediatric disorders, their diagnosis, treatment, and rehabilitation.
- Determine age-related requirements for nutrition, fluids, and drug dosages.

- Discuss preventive strategies for infectious diseases, malnutrition, genetic/metabolic disorders, and accidents.
- Outline national child health programs, including immunizations.
- Take detailed paediatric and neonatal histories and perform clinical examinations.
- Perform bedside investigations and interpret laboratory results.
- Take anthropometric measurements, perform neonatal resuscitation, and administer vaccines and other basic interventions.
- Recognize the need for special care in newborns and provide appropriate care, including for preterm or low birth weight babies.
- Provide ambulatory care and refer for specialized care when necessary.

6.7.4.3 DERMATOLOGY, VENEREOLOGY, AND LEPROSY:

Subject Goals:

By the end of training, the learner should be able to:

- Understand diagnosis principles for skin, hair, nail, and mucosa diseases.
- Recognize, diagnose, and treat common skin diseases, including leprosy, and refer appropriately.
- Apply a syndromic approach to manage sexually transmitted diseases, including HIV.
- Recognize and manage emergencies, including drug reactions.
- Educate and counsel patients on sexual health and disease prevention.

6.7.4.4 PSYCHIATRY:

Subject Goals:

By the end of training, the learner should be able to:

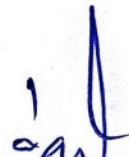
- Promote mental health and hygiene.
- Diagnose and manage common psychiatric disorders.
- Manage psychotic disorders, primarily schizophrenia.
- Address stress-related psychiatric disorders and provide preliminary treatment and referrals.
- Identify and refer alcohol/substance abuse disorders.
- Assess suicide risk and refer appropriately.

6.7.4.5 GENERAL SURGERY:

Subject Goals:

By the end of training, the learner should be able to:

- Understand the principles of diagnosis and management of common


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- surgical problems in adults and children.
- Administer appropriate fluids, electrolytes, and blood products.
 - Apply aseptic techniques and use antibiotics rationally.
 - Recognize common malignancies and their prevention and management.
 - Perform diagnostic and surgical procedures at the primary care level.
 - Understand organ retrieval from donors.
 - Administer informed consent for surgical procedures.
 - Recognize and manage common surgical problems, including emergencies.
 - Identify types of anaesthetic agents and their uses.
 - Plan and interpret laboratory tests for surgical conditions.
 - Manage shock, septicaemia, and haemorrhage.
 - Perform Basic Life Support in trauma cases.
 - Monitor patients with head, chest, spinal, and abdominal injuries.
 - Provide primary care for burn victims.
 - Learn principles of operative surgery and patient monitoring.
 - Manage open wounds and prevent infections like tetanus.

6.7.4.6 ANAESTHESIOLOGY

Subject Goals:

By the end of training, the learner should be able to:

- Administer general, regional, and local anaesthesia, including case selection and pre-operative evaluation.
- Manage acute and chronic pain, including labour analgesia, and maintain airways in unconscious patients.
- Administer oxygen therapy and select appropriate devices.
- Perform cardiopulmonary resuscitation and transfer patients for advanced care.
- Obtain informed consent for procedures and maintain documentation.

6.7.4.7 RADIO DIAGNOSIS

Subject Goals:

By the end of training, the learner should be able to:

- Choose appropriate imaging modalities for common diseases.
- Understand risks associated with imaging techniques.
- Work with interdisciplinary teams and document effectively.
- Interpret normal and abnormal x-rays, particularly for emergency conditions.



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6.7.4.8 OBSTETRICS AND GYNECOLOGY

Subject Goals:

By the end of training, the learner should be able to:

- Provide preconception counselling and antenatal care.
- Identify high-risk pregnancies and refer when necessary.
- Conduct normal deliveries and manage complications.
- Safely prescribe medications during pregnancy and lactation.
- Diagnose labour complications and refer when needed.
- Perform early neonatal resuscitation.
- Offer postnatal care and breastfeeding education.
- Counsel on contraception choices.
- Interpret test results in obstetric care.
- Apply medico-legal principles related to reproductive health.
- Perform gynaecologic history-taking and examinations, including PAP smears.
- Recognize and manage common reproductive tract infections.
- Identify and manage common genital cancers and refer for further care.

6.8 Phase Wise Training and Time Distribution for Professional Development

The Competency-Based Undergraduate Curriculum 2024 and the Attitude, Ethics, and Communication (AETCOM) course will serve as the curriculum for MBBS batches starting from the academic year 2024-25. These will be updated periodically.

Teaching and assessment will be conducted in a bilingual mode alongside English. GS Medical College will organize a Foundation Course to prepare medical students, focusing on communication, technical, and language skills.

6.8.1 Training period and time distribution:

- Admissions will be organized to ensure teaching in Phase I begins with the Foundation Course at the start of the academic year, with no student admitted beyond the specified dates.
- The MBBS course lasts 4½ years, divided into four professional years, followed by a compulsory rotating internship. Each academic year will consist of at least 39 weeks with a minimum of 39 hours per week.
- Large group teaching will be limited to one-third of the total allotted hours, with the remainder dedicated to small group teaching, clinical sessions, practical, and self-directed learning.



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- Learner-centred methods will be used, with early clinical exposure, problem-based learning, and integrated teaching across specialties. University exams will be held at the end of each professional year.

7.0 Faculty Development Programme

The new curriculum training requires the teaching faculty to understand and apply the concepts of group dynamics in teaching students, team building exercises and small group teachings, encourage the students towards self-directed learning and enhance their skills to become team leaders at the primary health care level. These training skills shall be imparted through various programs as described in the guidelines to be notified from time to time.

8.0 Student Welfare

The student welfare is central to good learning atmosphere. The issues related to ragging disrupt student's well-being. Hence, students are expected to abide by Prevention and Prohibition of Ragging in Medical Colleges and Institutions Regulations, 2021. Provided that there shall be an elected student association and representation of students in decision making by the GS Medical College affecting student welfare.

9.0 Vacation For Students

Vacation for students shall be two weeks duration during a professional out of which one week shall be designated for sports and cultural events, which will be notified in the Academic Calendar every year.

10.0 Compulsory Rotating Medical Internship

- These regulations are in accordance with the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.
- No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India.
- The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

10.1. Total Duration

The overall duration of compulsory rotating medical internship shall not be less than twelve months after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for


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MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

10.2. Period of Completion

- 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.
- The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by GS Medical College & Hospital or GS University for reasons including but not limited to:
 - insufficient period of attendance; or
 - 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.
- The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the GS Medical College & Hospital or GS University, provided-
 - the registrant, due to any reason whatsoever, desires not to pursue CRMI; or
 - the registrant is not found to have fulfilled eligibility requirements; or
 - there are proven acts of indiscipline; or
 - there are proven acts of professional misdemeanour or misconduct; or
 - any other acts or actions including those violating law of the land.

10.3. Leaves :

An intern shall be allowed to avail the following leaves:

10.3.1. Normal Leave:

- Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- 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

10.3.2 Maternity Leave:

Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations.

10.3.3 Medical Leave:

Medical Leave shall be included within the fifteen days of normal leave.

- Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.
- The internship shall be extended if the leave of absence of any kind

exceeds beyond this period.

- The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

10.4 Eligibility Criteria for Completion of CRMI

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

10.4.1. Indian Medical Graduates

- The applicant should have successfully completed the MBBS course from GS Medical College.
- The qualifying examination for Indian Medical Graduates shall be:
 - The Final MBBS Examination of GS Medical College;
 - The National Exit Test (NEXT) Step-1, whenever this examination becomes operational.

10.4.2 Foreign Medical Graduates

Foreign Medical Graduates are also permitted by U.P. Medical Council to complete a period of internship in GS Medical College following counselling.

10.5 Curriculum And Specialities Of Compulsory Rotating Medical Internship (CRMI)

An intern shall be posted by rotation in different specialities and shall fulfil the duties as specified in the table below.



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
1.	Mandatory Exclusive	Community Medicine	12 eeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: 1) 3 weeks- General Surgery 2) 3 weeks- General Medicine 3) 3 weeks- Obstetrics and Gynaecology 4) 3 weeks- Community Medicine (b) Not more than 15 interns at any given time in one centre	to diagnose and treat common medical illnesses and recognize the importance of community involvement.	1. able to diagnose common ailments and advise primary care 2. able to demonstrate knowledge on 'Essential drugs' and their usage; 3. be able to 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. 4. familiar with all National Health Programs as recommended by the Ministry of Health and Family Welfare.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						5. able to gain full expertise in immunization against infectious disease; 6. able to participate in programs related to prevention and control of locally prevalent endemic diseases including nutritional disorders. 7. able to learn skills in family welfare planning procedures. 8. able to establish linkages with other agencies as water supply, food distribution and other environmental or social agencies. 9. able to acquire managerial skills

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.
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)	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	1. able to observe/assist or preferably perform following procedures: Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy; Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration; Cerebrospinal Fluid (CSF) aspiration, Air way tube installation; Oxygen administration, etc. 2. able to do Biopsy

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					management	Procedures under supervision 3. familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser; 4. be able to advise about management and prognosis of acute & chronic illnesses and participate in counselling sessions for patients with non-communicable diseases and tuberculosis, HIV patients, etc. 5. able to confirm death and demonstrate understanding of World Health Organization

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						cause of death reporting and data quality requirements. 6. be able to demonstrate understanding of the coordination with local and national epidemic management plans. 7. be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.
3.	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies	to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric	1. able to diagnose and manage common psychiatric disorders. 2. able to identify and manage psychological reactions.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.	3. able to diagnose and manage behavioural disorders in medical and surgical patients. 4. able to do ECT administration. 5. able to do therapeutic counselling and follow-up.
4.	Mandatory Exclusive	Paediatrics	3 weeks	Includes postings in Outpatient, Inpatient wards and Admission Day Emergency postings and exposure to Neonatal or Paediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)	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	1. able to diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child, making a record of information; 2. able to perform Diagnostic techniques: blood collection, drainage of

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.	abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine 3. able to perform techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling; 4. able to use equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care; 5. able to institute early management of common childhood disorders with special reference to

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						paediatric dosage and oral rehydration therapy; 6. able to screen new born babies and those with risk factors for any anomalies 7. able to recognise growth abnormalities; recognise anomalies of psychomotor development; 8. able to 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. 9. familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						10. able to advise about management and prognosis of acute and chronic illnesses.
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)	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.	1. 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;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(vii) perform vasectomy. 2. able to advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer; rehabilitation of patients after surgery and assist them for early recovery; 3. able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements; 4. able to demonstrate understanding of the use of national and state/ local cause of death statistics. 5. An intern must have observed or preferably assisted at the following operations/procedures:



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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.
6.	Mandatory Exclusive	Anaesthesiology 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	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	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;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.	(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. Able to counsel and advice regarding various methods of anaesthesia; Able to Recognise problems associated with emergency anaesthesia; able to Recognise assist in treating complications in the post-operative period.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
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	to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labour and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.	1. able to do diagnosis of early pregnancy and provision of ante-natal care; 2. able to diagnose abortion, ectopic pregnancy, tumours complicating pregnancy, acute abdomen in early pregnancy, hyperemesis gravidarum 3. able to detect high risk pregnancy cases and give suitable advice e.g. PIH, hydramnios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation. 4. able to do induction of labour and amniotomy under supervision, management of normal labour, detection of abnormalities, post-partum

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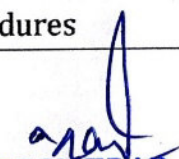
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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						haemorrhage and repair of perennal tears, assist in forceps delivery; 5. able to detect and manage abnormalities of lactation. 6. able to do evaluate and prescribe oral contraceptives with counselling. 7. able to do per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries; 8. able to do medico-legal examination in gynaecology and obstetrics. 9. be able to perform under supervision:

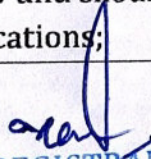


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(i) dilatation and curettage and fractional curettage (ii) endometrial biopsy; (iii) endometrial aspiration; (iv) pap smear collection; (v) intra uterine contraceptive device (iucd) insertion; (vi) mini-lap-ligation; (vii) urethral catheterization; (viii) suture removal in post-operative cases; (ix) cervical punch biopsy. 10. able to assist in major abdominal and vaginal surgery cases; second trimester medical termination of pregnancy (mtp) procedures


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
8.	Mandatory Exclusive and Concurrent PMR with Orthopaedics	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)	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	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, metacarpal-phalangeal, elbow and shoulder dislocations;


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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:


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(i) Drainage for acute osteomyelitis; (ii) Sequestrectomy in chronic osteomyelitis; (iii) Application of external fixation; (iv) Internal fixation of fractures of long bones.
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	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	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 oedema and Left Ventricular Failure (LVF);

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					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.	(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;



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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

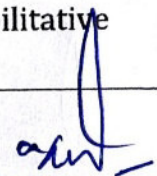
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						assisted at the following operations/ procedures: (i) Resuscitation of critical patients; (ii) documentation medico legal cases; (iii) management of bleeding and application of splints.
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings	to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.	A. 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.;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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.
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies	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,	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.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					physical examination and relevant laboratory investigations and institute appropriate line of management	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.
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres	to impart such knowledge and skills that may enable him to diagnose and treat common	A. An intern must have observed or preferably assisted in: (i) Ear syringing, antrum puncture and packing of the nose for epistaxis;


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					otorhinolaryngological conditions	(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) 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 programs.


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						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.
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres	to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions	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;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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. An intern should be able to advise under supervision 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;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						(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.
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total. 2 weeks minimum,	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Centre	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	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 bedside diagnosis, especially sputum collection, examination for etiological

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.	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 counselling and follow up.

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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			• Radio diagnosis	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) Recognizing 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).
			• Lab Medicine	Lab services consist of clinical pathology, laboratory medicine, biochemistry and		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


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
				haematology services along with blood banking	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 (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations; (xi) Fill requisition forms appropriately.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
Elective s Exclusiv e*	Broad Specialties Group	4 weeks total. 2 weeks minimum,	• Respi ratory Medicine and Directly Observed Treatment Short Course in Tuberculosi s (DOTS-TB) Centre	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.	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 counselling and follow up.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			Radio diagnosis	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) Recognizing 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).	
			Lab Medicine	Lab services consist of clinical pathology, laboratory medicine, biochemistry and	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	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
				haematology services along with blood banking	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 (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations; (xi) Fill requisition forms appropriately.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
Elective s Exclusiv e	Indian Systems of Medicine	1 week	May choose any: • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa Major broad specialty: One minimum for 1 week - Remaining 3 weeks- Any broad			

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			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, and Memorandum of Understanding (MOU) with any Government			

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			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.			

10.6. 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.

10.7. Assessment:

- 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.
- Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken which shall predominantly test clinical/ practical skills.
- 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.
- The Dean/Principal of GS Medical College & Hospital shall issue cumulative certificate of satisfactory completion of training at the end of internship.

10.8. Stipend:

All interns shall be paid stipend as fixed by GS University.

11 Award of Degree

Following successful completion of the program and having been declared pass by GS University, the degree will be awarded. Various medals and Prizes will also be given to rank holders.

12. Provision to Amend the Graduate Medical Education Ordinance

The national regulatory body NMC is empowered to notify any addition, deletion, substitution or any other amendment to Graduate Medical Education Ordinance at any time. These amendments shall be applicable to the University with effect from the date such amendments are promulgated.


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13. Annexures

Annexure 1: AETCOM Modules teaching and assessment

The tables below show the suggested AETCOM blueprinting for various university papers and for module leader/in-charge for coordinating Module teaching. Each module leader/in-charge should select a multi-subject team and then the module is taught by various members of the team. The module teaching learning activities should be planned and conducted by this team.

Assessment: All internal and University exams must have one question/application based question on AETCOM in each theory paper (5%) and it should be assessed in various components of practical/clinical exams.

AETCOM Phase 1	
Subject	Module number
Anatomy	1.5
	1.4 Foundations of communications
Physiology	1.2
	1.3
Biochemistry	1.1
	- Enumerate and describe professional qualities and roles of a physician - Describe and discuss commitment to lifelong learning as an important part of physician growth
	1.1
	- Describe and discuss the role of a physician in health care system - Identify and discuss physician's role and responsibility to society and the community that she/he serves

AETCOM Phase 2		
Subject	Paper	Module number
Microbiology	Paper 1	2.1
	Paper 2	2.8
Pharmacology	Paper 1	2.2, 2.3
	Paper 2	2.5
Pathology	Paper 1	2.4
	Paper 2	2.7

AETCOM Phase 3, part I		
Subject	Paper	Module number
Ophthalmology	Single paper	3.1
ENT	Single paper	3.3
Forensic Medicine & Toxicology	Single paper	2.6, 3.4
Community Medicine	Paper 1	3.2
	Paper 2	3.5

AETCOM Phase 3, part 2		
Subject	Competency Number	Competency
Medicine and Allied Subjects, integration	Paper 1	4.1
	Paper 2	4.3
Surgery and Allied Subjects,	Paper 1	4.4
	Paper 2	4.5, 4.6
Obstetrics and Gynaecology	Paper 1	4.2, 4.7
	Paper 2	4.8
Paediatrics	Single paper	4.9

Annexure 2: Time distribution of MBBS Teaching & Examination Schedule

Academic calendar for admission batch 2024-2025

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Adm year										1 14 Oct	2	3
Phase 1 exam	4	5	6	7	8	9	10	11	12 Phase 1 exam, result	13 Phase 2 starts	14	15
Phase 2 exam	16	17	18	19	20	21	22	23	24 Phase 2 exam, result	25 Phase 3 part 1 starts	26	27
Phase 3 part I exam	28	29	30	31	32	33	34	35	36 Phase 3 Part1 exam, result	37 Phase 3 part 2 starts	38	39
	40	41	42	43	44	45	46	47	48	49	50	51
Phase 3 part II exam	52	53	54 Proposed NExTstep1	1 CRMI	2	3	4	5	6	7	8	9
Internship	10	11	12 Proposed NExTstep2									

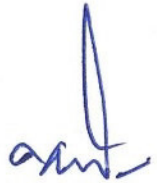
Legends: CRMI-Compulsory rotating medical internship

Proposed time distribution of MBBS Teaching & Examination Schedule from A.Y. 2025-'26

Generic proposed academic calendar from admission batch 2025-2026 onwards												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Adm year									1	2	3	4
Phase 1 exam	5	6	7	8	9	10	11	12 Phase 1 exam, result	13 Phase 2 starts	14	15	16
Phase 2 exam	17	18	19	20	21	22	23	24 Phase 2 exam, result	25 Phase 3 part 1 starts	26	27	28
Phase 3 part I exam	29	30	31	32	33	34	35	36 Phase 3 Part 1 exam, result	37 Phase 3 part 2 starts	38	39	40
	41	42	43	44	45	46	47	48	49	50	51	52
Phase 3 part II exam	53	54 Proposed NExT step1	1 CRMI	2	3	4	5	6	7	8	9	10
Internship	11	12 Proposed NExT step2										

Legends:

CRMI-Compulsory rotating medical internship

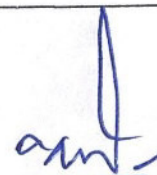

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Annexure 3 :Distribution of subjects in each Professional Phase

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
Phase-1	1. Foundation course of 2 weeks at start of course 2. Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption Programme (FAP) through village outreach 3. Early Clinical Exposure 4. Attitude, Ethics, and communication Module (AETCOM) including Humanities	12 months	Phase 1
Phase-2	1. Pathology, Microbiology, Pharmacology 2. Community Medicine (including FAP) 3. Forensic Medicine and Toxicology 4. Introduction to clinical subjects 5. Clinical postings, Family visits for FAP 6. AETCOM	12 months	Phase 2


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Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
Phase- 3, Part-I	1. Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Paediatrics, Obstetrics & Gynaecology 2. Family visits for FAP 3. Otorhinolaryngology, 4. Ophthalmology 5. Clinical postings 6. AETCOM	12 months	Phase 3, Part 1
Electives	2 blocks, 15 days each (after the annual exams are over, irrespective of result outcome)	1 month	Phase 3, Part II
Phase-3, Part- II, MBBS	1. General Medicine, Dermatology, Psychiatry, Paediatrics, General Surgery, Orthopaedics, Radio diagnosis, Anaesthesiology, Obstetrics & Gynaecology 2. Clinical postings 3. AETCOM	18 months (including electives)	Phase 3, Part II


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Subjects/Contents	Teaching hours
Orientation Module including History of Indian Medicine	15
Skills Module	15
Community orientation module	5
Professional Development and Ethics Module (P&E) including Mental health	20
Enhancement of Language and Computer Skills Module including clinico-laboratory communication	10
Sports and Extracurricular Activities	15
Total	80


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Annexure 5 : Distribution of Subject Wise Teaching Hours for each Professional Phase of MBBS

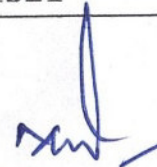
Distribution of Subject Wise Teaching Hours for Phase -1 MBBS

Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Foundation Course				80
Anatomy	180	430	10	620
Physiology	130	305	10	445
Biochemistry *	82	157	10	249
Early Clinical Exposure (ECE)**	-	27	-	27
Community Medicine	20	20	-	40
Family adoption Programme (FAP)	-	24	-	24
(AETCOM)***	-	26	-	26
Sports and extra-curricular Activities	-	-	-	10
Total	412	989	30	1521

SGT: Small group teaching, SDL: Self-directed learning

*Including Molecular Biology

**Minimum ECE hours. These hours are to be divided equally by anatomy, physiology & biochemistry.

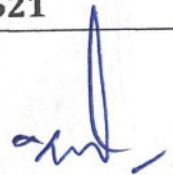

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***AETCOM module is a longitudinal Programme.

Distribution of Subject Wise Teaching Hours for Phase-2 MBBS

Subjects	Large group teaching	SGT/ Practical's/ Tutorials/ Seminars	Clinical Postings*	SDL	Total
Pathology	80	170	-	10	260
Pharmacology	80	170	-	10	260
Microbiology	75	143	-	10	228
Community Med (including FAP)	25	0	24	10	59
Forensic Medicine and Toxicology	12	25	-	08	45
Clinical Subjects	60		540	-	600
AETCOM	-	29	-	8	37
Sports, Yoga extra- curricular activities	-	-	-	32	32
Final total	332	537	564	88	1521

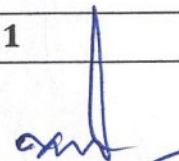
SGT: Small group teaching SDL: Self-directed learning


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*Pl. note: *Clinical postings shall be for 3 hours per day, Monday to Friday.
There will be 15 hours per week for all clinical postings.*

Distribution of Subject Wise Teaching Hours for MBBS Phase-3, part 1

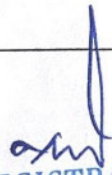
Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Electives	0	156	0	156
Gen. Medicine	20	30	10	60
Gen Surgery	20	30	10	60
Obstetrics & Gynaecology	20	30	10	60
Paediatrics	20	30	05	55
Forensic Medicine and Toxicology	35	65	20*	120
Community Med	50	80	20	150
FAP (Visits +log book submission)	-	26	10	36
Otorhinolaryngology (ENT)	30	50	20	100
Ophthalmology	30	50	20	100
Clinical posting#				593
AETCOM	0	19	12	31
Total	225	566	137	1521


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*Out of this, 21 Hours (07 days x 03 hours) must be utilized for demonstration of post mortem examinations
 #Clinical postings shall be for 3 hours per day, Monday to Saturday. There will be 18 hours per week for all clinical postings.

Distribution of Subject wise Teaching Hours for Phase 3 part-2 MBBS

Subjects	Lectures	SGL	SDL	Total
General Medicine	110	185	40	335
General Surgery	90	153	30	273
Obstetrics and Gynaecology	80	150	30	260
Paediatrics	20	35	10	65
Orthopaedics	30	50	20	100
AETCOM	30	0	22	52
Dermatology, Venereology & Leprosy	13	17	10	40
Psychiatry	13	17	10	40
Radiodiagnosis	8	10	8	26
Anaesthesiology	8	10	8	26
Clinical postings*				1201
TOTAL	402	627	188	2418

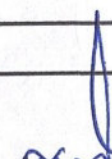

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*Pl. note: *Clinical postings shall be for 3 hours per day, Monday to Saturday. There will be 18 hours per week for all clinical postings.*

Extra hours may be used for preparation of NeXT or SDL

Annexure 6 :Clinical Posting Schedules in weeks phase wise

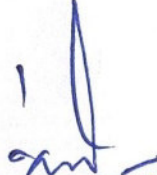
Subjects	Period of training in weeks			Total Weeks
	Phase 2	Phase 3, Part 1	Phase 3, Part 2	
Electives	0	4	0	4
General Medicine	8	3	13	24
General Surgery	6	5	13	24
Obstetrics & Gynaecology	6	3	13	22
Paediatrics	4	2	6	12
Community Medicine	4	4	0	8
Orthopaedics	0	2	6	8
Otorhinolaryngology	4	4	0	8
Ophthalmology	4	4	0	8


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Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	2
Dermatology, Venereology & Leprosy	0	0	6	6
Anaesthesiology	0	0	2	2
Total	36	33	65	134

Annexure 7 : Learner- Doctor Programme (Clinical Clerkship)

Year of Curriculum	Focus of Learner-Doctor Programme
Phase-1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness, family adoption Programme
Phase-2	History taking, physical examination, assessment of change in clinical status, communication and patient education, family adoption Programme
Phase-3, Part -1	All of the above and choice of investigations, basic procedures and continuity of care
Phase-3, Part -2	All of the above (except Family adoption Programme) and decision making, management and outcomes


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Annexure 8 : Marks distribution for various subjects for University Annual Examinations

Phase of Course	Theory	Practical's	Passing criteria
Phase-I MBBS			
Anatomy- 2 papers	Paper 1- 100	100	Mandatory to get 40% marks separately in theory and in practical's; and totally 50% for theory plus practical's.
	Paper 2 -100		
Physiology- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Biochemistry- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Phase-II MBBS			
Pathology - 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Microbiology- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Pharmacology- 2 papers	Paper 1 -100	100	
	Paper 2- 100		
Phase-III MBBS part 1			
Forensic Medicine and Toxicology- 1 paper	Paper 1 – 100	100	
Community Med –	Paper 1 -100	100	

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2 papers		
	Paper 2- 100	
Otorhinolaryngology	Paper-1 100	100
Ophthalmology	Paper-1 100	100
Phase-III MBBS part 2		
Medicine & allied	Paper 1- 100	100
	Paper 2- 100	
Surgery & allied	Paper 1- 100	100
	Paper 2- 100	
Obstetrics and Gynecology	Paper 1- 100	100
	Paper 2- 100	
Paediatrics	Paper-1 100	100

Medicine & allied Paper-2 to have Medicine 50%, Psychiatry 25% and Dermatology 25% questions.

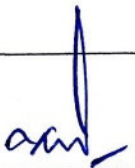
Surgery & allied Paper-2 to have General Surgery 40%, Orthopaedics 40%, Anaesthesia 10% and Radio diagnosis 10%.

Annexure 9 : Suggested format for a Theory paper

Suggested format for a Theory paper – Universities and colleges may design their unique question paper blueprint as per the principles given in the format

Duration-3 hours 100 marks

	Type of question/ Number of questions	Marks per question
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Q No 1	Scenario based MCQ/ 10-20	1-2
Q No 2	Long essay question/ ONE	10-12
Q No 3	Reasoning Questions/ FIVE	3
Q No 4	Short notes (applied aspects)/ FOUR All four subparts related to six integrated topics if subject is part of integrated modules. However, if a subject has less competencies in integrated module than at least 2 sub-parts from integrated modules.	4-5
Q No 5	Short notes / THREE	5-6
Q No 6	Short notes / FOUR (one subpart of 5 marks from AETCOM)	4-5

Annexure 10 : Phase I Alignment

Suggested Phase – I Alignment Table (Anatomy, Physiology & Biochemistry)

Topics written here are indicative and can be adjusted if required

Month	Anatomy	Physiology	Biochemistry
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1	General Anatomy Lower Limb (LL)	General Physiology, Blood	Cell Membrane And Organelles, Extracellular Matrix, Chemistry Of Carbohydrates, Amino Acid & Proteins, Lab Safety And Biomedical Waste Management And Chromatography (Demo)
2	LL/UL General Embryology & Histology	Blood , N-M	Plasma Protein, Immunoglobulins, Enzymes, Haemoglobin Structure And Hemoglobinopathies, Electrophoresis(Demo), Heme Synthesis, Porphyria's, Hem catabolism, Iron Metabolism (Mineral), Bilirubin Formation, Jaundice, Colorimetry (Demo)
3	UL General Embryology & Histology	ANS, CVS	Clinical Enzymology, Chemistry Of Lipids And Lipoprotein Metabolism, Carbohydrate Metabolism , Vitamins, Estimation Of Protein And Albumin
4	Abdomen Related Systemic Embryology & Histology	GIT, Renal	Vitamins, Nutrition , Liver Function Tests, Renal Function Tests, Acid Base Balance And Its Disorders, Water And Electrolyte Normal And Abnormal Analysis Of Urine (DOAP), Estimation Of Urea, Creatinine
5	Abdomen , Pelvis Related Systemic Embryology & Histology	GIT (cont.), Repro.	Metabolism Of Proteins And Their Metabolic Disorders, Metabolism Of Carbohydrate And Their Metabolic Disorders, Diabetes Mellitus, Electron Transport Chain And Oxidative Phosphorylation, Xenobiotics, Estimation Of Glucose
6	Thorax Related Systemic Embryology & Histology	Repro (contd.), RS	Metabolism Of Lipids(Remaining) And Disorders, Metabolism Of Proteins, Minerals, Vitamins, Reproductive Hormones, Prenatal Screening, New Born Screening
7	H & N-I Related Systemic Embryology & Histology, Genetics	Endocrine (Neck region), CNS	Hormone Biochemistry, Tumour Markers And Thyroid Function Tests, Adrenal Function Tests, Free Radicals And Antioxidant

8	H & N-II Related Systemic Embryology & Histology, Genetics	CNS cont., Special senses	Purine And Pyrimidines Metabolism, Gout, Purine Salvage Pathway, Replication, DNA Damage And Repair Mechanism, Transcription , Translation, Post Translational Modifications, Protein Synthesis Inhibitors, Genetic Code And Mutations, Estimation Of Uric Acid
9	Neuroanatomy Related Systemic Embryology & Histology	CNS (cont.), Integrated physiology	Molecular Biology Techniques And Miscellaneous

Annexure 11: Phase 2 Alignment

	Pathology	Microbiology	Pharmacology
1 st month	Gen. Path	Gen. Micro, Communication and Ethics(14 competencies)	Gen. Pharm
2 nd month	Gen. Path	Gen. Micro, Communication and Ethics(14 competencies)	Gen. Pharm
3 rd month	Inflammation Immunology HIV	Immunology and Immunological Disorders (8 competencies)	(ANS/PNS) NSAIDs
4 th month	Immunology	Immunology and Immunological Disorders	Immunosuppressant CVS
	CVS	CVS & Bloodstream infections (1.5 months)	
1 st Internal Assessment			
5 th month	CVS	CVS & Bloodstream infections (1.5 months)	CVS

	Haematology		Blood
6 th month	Respiratory System (2-3 weeks)	Respiratory System (2.5 weeks) Tb	Chemo
7 th month	Respiratory System CNS 2 hours Kidney	CNS 1.5 weeks	Respiratory System TB (7 hours) CNS 4weeks
2nd Internal Assessment			
8 th month	Kidney Genito-urinary 2 weeks	Genito-urinary and STI 2 weeks GIT Hepatobiliary	Chemotherapy
9 th month	GIT Hepatobiliary	GIT Hepatobiliary	GIT
10 th month	Bone Breast Skin, eye, joints Endocrine	Musculoskeletal system, Skin and Soft Tissue Infections (2 weeks) Zoonotic & Miscellaneous Infections (2 weeks) HAI and Antimicrobial Stewardship Hospital Infection Control	Drugs on skin, ocular Endocrine
3rd Internal Assessment/ Pre University			
11 th month	Phase 2 University Exam		

Annexure 12: Family Adoption Programme

Curriculum For Family Adoption Programme (FAP)

The National Medical Commission (NMC) envisages the FAP as an opportunity for the Institute(s) to discharge its social responsibility and as a critical platform to facilitate *Authentic learning* of the under-graduate students to sensitize them with the real-life challenges of working for the Universal health coverage (UHC). The FAP will present an opportunity for the students to experience the health inequities and understand the social factors contributing to it.

The FAP is expected to complement the other Competency-Based Medical Education (CBME) reforms e.g., posting of interns in the public health facilities under the Compulsory Rotating Medical Internship (CRMI) and the District Residency Programme (DRP) for producing socially-responsive competent Indian Medical Graduates who would contribute for the cause of reducing inequities in health and society in the future. Institute(s) should leverage collaboration and partnership with the community and the public health care delivery system for effective implementation of the FAP so as to serve the larger purpose of the CBME reforms in the country.

Targets To Be Achieved By Students:

Phase 1:

1. Rapport building and connect with the families
2. Learning communication skills and inspire trust building amongst families
3. Understand the dynamics of community set-up of that region
4. Mobilize families for participation in Screening programs
5. Undertake detailed family study and prepare the family diagnosis to identify diseases/ ill-health/ malnutrition of allotted families/ risk factors / scope for health promotion

Phase 2:

1. Continue active involvement to become the first doctor /reference point of the family by continued active interaction
2. Ensure follow-up of members from adopted families for vaccination, growth monitoring and promotion, menstrual

hygiene, IFA prophylaxis, health lifestyle adoption, nutrition, vector control measures, compliance to medications etc.

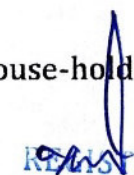
3. Work collaboratively with adopted families to achieve the formulated objectives
4. Inform families about ongoing government sponsored health related programs
5. Ensure appropriate referral of family members considering their choice for additional or annual screening at higher health facilities.

Phase 3:

1. Work collaboratively with adopted families to achieve the formulated objectives
2. Observation of services delivered at the community level during Village Health Nutrition Days (VHND), Community-based events (CBEs), Health and Wellness Centres (HWC) camps under the different national health Programme
3. Build understanding regarding work of frontline workers (ANM, ASHA/USHA, AWW, MPW) through interaction
4. Build understanding around intersectoral action for health through Local self- governing bodies, NGOs, SHGs etc. for health promotion
5. Undertake short term action projects for improving health in the adopted families or community
6. Analysis of their own involvement and impact on improving the health conditions in the adopted families

Final visit to have last round of active interaction with families and preparation of a report to be submitted to department addressing:

1. Improvement in overall health of the family
2. Immunization
3. Sanitation,
4. De-addiction
5. Whether healthy lifestyles like reading good books, sports/yoga activities have been inculcated in the house-holds
6. Improvement in anaemia, tuberculosis control
7. Health awareness
8. Any other issues


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9. Role of the student in supporting family during illness / medical emergency.

10. Social responsibility in the form of environment protection Programme in form of plantation drive (medicinal plants/trees) cleanliness and sanitation drive with the initiative of the medical student.

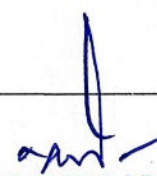
Phase wise competencies to be achieved through the FAP

Professional year and topics for visit	Competency	Objectives	Suggested T-L methods	Suggested Assessment methods	Teaching Hours
First year Visit 1- Rapport building with the families and orientation socio-demographic and socio-economic profile Visit 2- Environmental health Drinking water supply,	Collect demographic profile of allotted families, take history and conduct clinical examination of all family members Mobilize the adopted family members for participation in screening camps	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members and formulate objectives for each family By the end of this visit, students should be able to report the basic health profile and	Family survey, Screening camps Field visit clinics Screening camps Field visit clinics PLA techniques (sorting, ranking etc)	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies Community case presentation, OSPE, Observation, FAP logbook, Multi-source feedback, Reflections,	Total 24 hours [A minimum of 4 visits of full day of around 6 hours] OR [if 3 hours visit then 8 visits to be conducted]

Sanitation and Vector control	and coordinate treatment of adopted family under overall guidance of mentor	treatment history of allocated family members		Case studies	
Visit 3- Individual health profile including Anthropometry	Maintain communication and follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members for follow up of treatment and suggested remedial measures.	Family survey, Screening camps Field visit clinics Reporting of follow up visits.	Community case presentation. OSPE, FAP logbook based verification of competency, Multi-source feedback Reflections	
Visit 4- Addictions, Tobacco, Alcohol, Screen addiction and other addictions	Take part in health promotion, environment protection and sustenance activities	By the end of this visit, students should be able to report the activities undertaken for health promotion,	Participation in and process documentation of activities (NSS activities) along with reporting of case studies	Community case presentation. OSPE, Observation, FAP logbook, Multi-source feedback Reflections	

		environment protection and sustenance like tree plantation, herbal plantation activities conducted in the community		Case studies	
Second year	Take history and conduct clinical examination of all family members	By the end of this visit, Students should be able to compile the updated medical history of family members through family follow-up	Family survey, Field visit clinics Referral and follow-up	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours]
Visit 5 - Healthy Lifestyle Dietary assessment, Physical activity and Exercise					
Visit 6 - Micronutrient deficiencies - Nutritional anaemia, iodine deficiency disorders	Facilitate checkup and/or referral of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the details of clinical examination and investigations like HB %, blood group , urine	Field visit clinics Referral Field visit clinics Reporting of follow up visits.	Community case presentation. OSPE, FAP logbook Case studies Multi-source feedback	OR [If 3 hours visit then 8 visits to be conducted]

Care of under-5 children Visit 7 - Feeding, vaccination, HBYC Maternal health Visit 8 - Care of Pregnant and Lactating mothers		routine and blood sugar or any other investigation along with treatment history, compliance to treatment, of allocated family members			
	Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members including information about National programs provided. Students should also be able to follow up on treatment and	Family survey, Screening camps Field visit clinics Reporting of follow up visits	Community case presentation. OSPE, FAP logbook based verification of competency, multi-source feedback Reflections	


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		suggested remedial measures under the guidance of a mentor. Documentation of referral in logbook			
Third year	Take history and conduct clinical examination of all family members and facilitate health check-up if required	By the end of this visit, students should be able to maintain follow-up with the families and update the medical history of family members	Family survey Field visit clinics Referral and follow-up	Community case presentation, OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 36 hours [A minimum of 6 visits of full day of around 6 hours] OR [If 3 hours visit then 12 visits to be conducted]
Visit 9 - Communicable diseases - Tuberculosis, Influenza and others					
Visit 10- Non-communicable diseases - HTN, DM and others	Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members and collaborative	Family survey, Field visit clinics Referral and tracking Reporting of follow up visits.	Community case presentation. OSPE, Observation, FAP logbook-based verification of competency, Multi-source feedback Reflections	

Visit 11 - Adolescent health / School health Menstrual hygiene, Life skills		efforts undertaken with family members for improving their health.			
Visit 12 - Healthy ageing Health care of the Elderly	Counsel the family members of allotted families and analyse the health trajectory of adopted family under overall guidance of mentor	By the end of this visit, students should be able to analyse and report the findings of short-term action projects and its effect on health trajectory at individual Family and community level	Participation in and process documentation of activities (NSS activities) along with reporting of photographic evidence. Small group discussion (report of the health trajectory of adopted family)	Community case presentation. OSPE, Logbook based verification of competency. Observation Viva-voce Multi-source feedback Reflections	
Visit 13 - Mental health Healthy coping strategies and Resilience					
Visit 14 - Well-being of the Families Final visit and Report submission	Work as a member of Health Team and facilitate intersectoral action for health	By the end of this visit, students should be able to report the role of various frontline functionaries' delivery primary	Observation and reporting of events Exposure visits Interaction with frontline functionaries	Logbook based verification of competency, Observation Viva-voce , Multi-source feedback Reflections	


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		health care and Local self- governing bodies, NGOs, SHGs etc for health promotion			
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In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 13.


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