Ordinance 19

Rules and Regulations Pertaining to the University Examination for Bachelor of Medicine & Surgery (MBBS) Programme

1.0 Short Title and Commencement

1.1 The term "Ordinance" denotes the rules set forth by G.S. University, located in Pilkhuwa, Hapur, Uttar Pradesh, concerning the examinations for MBBS students. This ordinance is relevant to the examination process for obtaining the M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) degree at GS University. These guidelines are congruent with the existing regulations of the National Medical Commission and aim to foster an "Indian Medical Graduate" (IMG).

1.2 MBBS examinations refer to the formal assessments undertaken during the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, which is the foundational medical qualification.

1.3 These examinations, divided into four professional exams (First, Second, and Third Phase Part I and Part II), are conducted in phases throughout the four-and-a-half-year course and evaluate a student's knowledge and skills in pre-clinical, para-clinical, and clinical subjects.

1.4 GS University shall follow the guidelines prescribed by the National Medical Commission (NMC) in relation to the conduct of MBBS Examinations.

2.0 Key Aspects of MBBS Examinations

2.1 Purpose: To assess the progress and knowledge of students in the medical curriculum and to determine their eligibility for professional practice as doctors.

2.2 Structure: The MBBS program typically includes a four-and-a-half-year academic course followed by a 1-year mandatory internship. The professional examinations are usually structured into four main phases: First, Second, Third Part I, and Third Part II.

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2.3 Subjects

2.3.1 Phase 1 (First Professional): Anatomy, Physiology and Biochemistry.

2.3.2 Phase 2 (Second Professional):
Pathology, Pharmacology and Microbiology.

2.3.3 Phase 3 Part I (Third Professional Part I): Ophthalmology, Otorhinolaryngology (ENT), Forensic Medicine and Toxicology and Community Medicine.

2.3.4 Phase 3 Part II (Third Professional Part II): Medicine, Surgery, Paediatrics, and Obstetrics & Gynaecology.

3.0 Supplementary Examinations

3.1 The supplementary exams will be held 6-8 weeks after the regular examinations.

3.2 A candidate failing the supplementary exam in Phase I will join the junior batch for further training.

3.3 A candidate is allowed a maximum of four attempts to pass the Phase I examinations,
with completion limit of four years. Graduation should occur within ten years of starting the MBBS course. This includes the compulsory rotating internship of one year.

4.0 Phase wise details

Failure in Phase I exams prevents progression to Phase II.
Candidates failing in Phase II or III shall continue with their training in the next phase but shall not be eligible to appear for that phase of university examinations until they pass the prior Phase University Examination.

4.1 Phase I (12 months, including Foundation Course)

Phase I includes subjects Anatomy, Physiology, Biochemistry, AETCOM, and Family Adoption Program, with early clinical exposure and simulation-based learning.

4.2 Phase II (12 months, including university exams)

Subjects include Pathology, Pharmacology, Microbiology, General Medicine, Surgery, Obstetrics & Gynaecology, and a continuation of Family Adoption Program, with increased clinical complexity and simulation-based learning.

4.3 Phase III (30 months)

- Phase III Part 1 (12 months, including exams): Subjects include Forensic Medicine, Community Medicine, Paediatrics, Obstetrics & Gynaecology, and Clinical Postings.
- Phase III Part 2 (18 months, including exams): Subjects include Medicine, Surgery, Obstetrics, Paediatrics, and Clinical Postings.

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5.0 Teaching hours Distribution

- Phase I, II, and III Part 1: Each 12 months with 1,521 hours.
- Phase III Part 2: 18 months with 2,418 hours, including clinical postings.

6.0 New teaching/learning elements

- Foundation Course: Focuses on medical ethics, skills development, and physical and mental well-being. Includes language programs and extracurricular activities, with mandatory 75% attendance.
- AETCOM Module: Focuses on attitude, medical ethics, communication, and professionalism, with mandatory 75% attendance.
- Early Clinical Exposure: Aimed at understanding basic sciences, patient care, and professionalism through direct patient interaction.
- Alignment and Integration (AIT): Aligns subjects across phases to minimize redundancy and enhance interconnected learning.
- Clinical Clerkship: Provides hands-on patient care experience, with supervision and a logbook for evaluation.
- Electives: Offers diverse learning experiences in subjects like Research, Global Health, Nutrition, and more, with mandatory participation.
- This structure ensures comprehensive training, integrating theoretical knowledge with practical, real-world medical experience.

7.0 Eligibility for Professional Examinations

Eligibility is based on three criteria:

(i) attendance,
(ii) internal assessment, and
(iii) certifiable competencies. Training performance in key components must be assessed.

7.1 Attendance

- 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.
- 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.
- There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families/ households and preferably five families. The details shall be as per Family Adoption Program guidelines.
- 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.
- Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/NExT.

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7.2 Internal Assessment (IA)

- Internal assessment shall be based on day-to-day assessment. For subjects taught in more than one phase, there shall be IA in every phase in which the subject is taught.
- It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community, Quiz, Certification of competencies, museum study, log books, SDL skills etc.
- Internal assessment should have both subjective and objective assessment.
- Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card.
- The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/clinical (except in General Medicine, General Surgery and Obstetrics & Gynaecology, in which theory and practical assessment will be of 200 marks each).
- For subjects that teach in more than one phase, cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility. The details are:
- General medicine: The IA of 200 marks in medicine shall be divided across phases as:

Phase II:	50 marks
Phase III part 1	50 marks
Phase III part 2	100 marks
Phase III part 2	100 marks is divided as:
Medicine	75 marks
Psychiatry	13 marks
Dermatology	12 marks

The final cumulative IA for Medicine is out of 200 marks for theory and practical each.

- General surgery: The IA in surgery shall be divided across phases as:

Phase II:	25 marks
Phase III part 1	25 marks
Phase III part 2	150 marks
Phase III part 2	150 marks is divided as
General surgery	75 marks
Orthopaedics	50 marks
Anaesthesia	13 marks
Radiodiagnosis	2 marks

- The final cumulative IA for surgery is out of 200 marks for theory and practical each.

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- IA of Forensic Medicine and Toxicology is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each.
- IA in Community Medicine is divided as 25 marks in phase I, 25 marks in phase II, and 50 marks in Phase III- part 1. The final cumulative IA for Community Medicine is out of 100 marks for theory and practical each.
- IA in ophthalmology and ENT is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each for each subject.
- Learners must secure at least 50% of the total marks (combined in theory and practical/clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible to appear at the final University examination of that subject.

7.3 Certifiable Competencies

- Learners must complete certifiable competencies and logbooks to be eligible for the final examination.
- Regular periodic examinations shall be conducted throughout the course. There shall be no less than three theory and practical internal assessment examinations in each subject of phase 1 & II, and this mandatorily includes pre-university examination. There shall be no less than two theory and clinical examinations in each subject of Phase III part 1 & 2 and this mandatorily includes an end of posting assessment.
- Log book (including required skill certifications) to be assessed and marks given from 10-20% in internal assessment.
- A minimum of 50% overall marks (40% theory and practical separately) in IA is required for exam eligibility.
- The results of internal assessment should be intimated to students at least once in 3 months and as and when a student wants to see the results

7.4 Remedial Measures

A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

7.4.1 *During the course:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures. These students should be provided remedial measures as and when needed to improve IA. Any certifiable competency/ IA marks deficiency shall be attended with planned teaching/tests for them. Student should complete the remedial measures and it should be

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documented. In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be offered remedial for the same batch supplementary exam. For attendance, s/he will be allowed remedial measures ONLY IF attendance is more than 60% for each component.

7.4.2 *At the end of phase:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book at the end of regular classes in a phase, the student is detained to appear in regular university examination of that batch.

7.4.3 Remedial classes can be planned for students missing regular classes on genuine grounds, thus ensuring that all certifiable competencies are achieved.

7.4.4 Students who have less than 75% attendance in theory and 80% attendance in practical cannot appear for University examination. They may appear for Supplementary examination provided they attend the remedial classes organised between University Sit and Supplementary exam. Students who have attendance 60% or above shall be eligible for such remedial classes.

8.0 University Examinations

- Nature of questions in theory examinations shall include different types such as structured essays like Long-Answer Questions (LAQ), Short-Answer Questions (SAQ) and Multiple-Choice Questions (MCQ) shall be accorded minimum 20% weightage of the total marks of each theory paper.
- Scenario based MCQs shall be accorded more weightage in view of NEXT.
- Blueprint may be used for theory question papers.
- Practical/clinical examinations shall be conducted in the laboratories and /or hospital wards and a blueprint must be used. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyse the case and develop a management plan.
- Viva/oral examination should assess approach to patient management, emergencies and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data like X-rays, identification of specimens, ECG, etc. is to be also assessed.
- Application based questions should be included for newer CBME components like foundation course, ECE, AETCOM, Integrated topics, student-learner methods etc. in all theory, practical and clinical examinations of all internal assessments and university assessments

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8.1 University Exam Phases

- Phase I: Anatomy, Physiology, Biochemistry at the end of Phase I (12th month).
- Phase II: Pathology, Microbiology, Pharmacology at the end of Phase II (12th month).
- Phase III Part 1: Community Medicine, Forensic Medicine, Ophthalmology, Otorhinolaryngology at the end of Phase III part 1 (12th month).
- Phase III Part 2 /NEXT: General Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics at the end of Phase III part 2 (17th/18th month).

8.2 Passing Criteria

- A cumulative 50% in university exams, with at least 40% in both theory and practical, is required to pass a subject.
- For subjects with two papers, a 40% aggregate is necessary.

8.3 Setting of Theory Papers

- There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall mandatorily moderate the theory question paper(s).
- At least two sets of theory question papers shall be asked from External Examiners. Out of the two sets, one set will be selected randomly for holding the University Examination. The other set may be safe kept for the Supplementary Examination.
- All theory paper assessments will follow a standard assessment plan of the university.

8.4 Appointment of Examiners

- Eligibility: Examiners must have at least three years of teaching experience post-MBBS in a recognized medical college.
- Number of Examiners: For Practical /Clinical examinations, there shall be at least six examiners (looking at the volume of work including evaluating theory copies of 250 MBBS students) for every learner, out of whom not less than 50% must be external examiners.
- Chairman and Coordinator: Of the Six Examiners, the senior-most internal examiner shall act as the Chairman and Coordinator of the whole examination program so that uniformity in the matter of assessment of candidates is maintained.
- Internal examiners shall be appointed from GS Medical College and Hospital.
- External examiners may be from outside the college/ university/ state/ union territory.
- Rotation of Internal Examiners: The Head of the Department will always be an Internal Examiner. The second and subsequent Internal examiner will rotate every 2 years. Eligible examiners with the required qualifications and experience may be appointed as Internal examiners by rotation in their subjects.

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- Examiners for General Surgery and allied subjects must be from General Surgery, with 25% from Orthopaedics. One orthopaedics examiner will be included out of six examiners (internal or external).
- Ophthalmology and ENT examinations will be held separately, not combined with other subjects.

8.5 Appointment of External Observer for Theory Examinations

For the smooth and fair conduct of theory examinations, an external observer shall be appointed to oversee the process at the examination centre. The observer shall be appointed by the Controller of Examination following the approval by the Vice Chancellor, and the role of External Observer is to ensure that the examinations are conducted in accordance with established rules and regulations.

Scope of Duties:

The External Observer shall be tasked with various responsibilities, such as:

- Observing the conduct of examinations at the centre.
- Ensuring that the examination environment is conducive to fair assessment.
- Verifying the identity of candidates.
- Checking for any instances of unfair means.
- Reporting any irregularities or violations to the appropriate authorities.

8.6 Handling Students who are caught using Unfair Means

What constitutes UFM?

For a student to be considered an instance of UFM, they may not necessarily need to be actively involved in cheating. Wilful or inadvertent failure to follow the exam's instructions or rules could potentially result in UFM charges. Possession of property or participation in an activity that could result in illegal gains also constitutes use of unfair means.

Action by the Invigilators on Detecting Unfair Means Case

(a) The invigilator or another authorized individual must promptly seize the answer sheet and any pertinent materials that were discovered with the student if they suspect that the student has used unfair methods. The student and the invigilator must properly sign any papers, notes, books, electronic devices, etc. that are discovered in the student's possession. The documents must then be sealed and affixed to the confiscated answer sheet while the student is present. If it is discovered that a student has written something on a body part, a picture of the item may be taken.

(b) The invigilator must appropriately document the nature of the offense if the student engages in UFM in any way other than possessing unauthorized material, like food conversing with a fellow student, trying to copy from a fellow student, permitting a fellow student to copy, discussing an answer with a fellow student outside the hall, etc.

(c) The student must fill out and sign the prescribed form about unfair means, and the invigilator in charge must provide feedback on it at the designated location.

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(d) A new answer sheet marked "B" copy will be provided to the student to finish the test once all the aforementioned procedures have been completed.

(e) It will be noted on the prescribed form if the student fails to turn in the necessary paper work and/or declines to complete and sign it. The co-invigilator may sign as a witness to the incident in this situation.

(f) As a result of this process, no additional time will be allotted for finishing the test.

(g) Following the test, the answer sheets designated as 1 (confiscated copy) and 2 (freshly issued copy), together with any materials discovered in the possession of the invigilator in charge and the prescribed form duly completed and signed by them, must be delivered separately to the Controller of Examination.

8.7 Grace Marks

Candidates will not be given any grace marks for passing a university examination.

8.8 Rules and Regulations for Re-Evaluation

1. Re-evaluation means evaluating/examining/checking/assessing again the answer scripts of the theory subjects, and re-awarding of the marks by an evaluator other than the first evaluator.
2. The process of re-evaluation shall involve, scrutiny of the answer script before re-evaluation, verification of the marks on the answer script with the award-list, retotalling, and re-examining of the answer script through an evaluator from the approved list of the evaluators forwarded by the Department/College concerned.
3. A Student (examinee) can apply for re-evaluation of his/her answer script of any subject, on the following conditions:
   a) The re-evaluation of the answer script of the subjects should be applied within one week of the declaration of the results, excluding the day on which the result was declared. The Examination Branch shall reject all the applications for re-evaluation after the due date of submission. No request in this regard shall be entertained.
   b) Only theory subjects' re-evaluation shall be carried out.
   c) Revaluation for practical examination/ lab course/ internal examination/ dissertation/ thesis/ project work/ viva voce will not be carried out.
   d) The application for the re-evaluation of the answer script should be submitted through the "Re-evaluation Form" prescribed by the Examination Branch, GS University. Any other form of application shall not be considered for processing.

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e) Re-evaluation Fee for answer script(s) relating to each theory paper shall be chargeable separately as prescribed.

f) A student is necessarily required to submit with the "Re-evaluation Form" the following documents: 1) his/her Original Memorandum of Marks, 2) a photocopy of his/her "Admit Card" issued by the University, 3) Prescribed Re-evaluation Fee, in favour of GS University.

g) If the application form is not filled properly, or if any of the documents mentioned in *3f is not submitted with the application form, the application shall be rejected and the fee paid will be forfeited.

h) The Re-evaluation Application Form must be submitted in the Office of the Controller of Examinations, GS University.

4. If the Student's marks decrease on re-evaluation, his/her original marks (i.e. the marks that he/she was awarded in the first evaluation), will still be replaced by the marks given in re-evaluation.
5. There shall he no re-evaluation wherever double evaluation system exists. Such a system at this time exists in BAMS.
6. The results of the re-evaluation of shall be declared within 15 days from the last date of submission of the "Re-Evaluation Application Form" by the student.
7. Whether the re-evaluation of the answer script (s) changes the result or not, the student shall not claim refund or reimbursement of the re-evaluation fee in any circumstances. Any application or request in this regard shall not be entertained by the University.
8. The result declared after the re-evaluation shall be final and binding on the student. No request of any kind shall be entertained thereafter.
9. The result shall be declared on the website.
10. Only the student (examinee) concerned can apply for the re-evaluation. Application will not be accepted if any other person applies for re-evaluation of the answer script on some other person's behalf.
11. The names of the evaluators will not be disclosed to the student.
12. No third evaluation or challenged evaluation is permissible, and will not be carried out.

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 19.

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