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NEW DELHI, THURSDAY, NOVEMBER 18, 2021/KARTIKA 27, 1943

राष्ट्रीय आयुर्विज्ञान आयोग

अधिसूचना

नई दिल्ली, 18 नवम्बर, 2021

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

1. संक्षिप्त शीर्षक और प्रारंभण – (1) ये विनियम, राष्ट्रीय आयुर्विज्ञान आयोग (अनिवार्य आवर्ती आयुर्विज्ञान इंटरनशिप) विनियमावली, 2021 कहे जाएंगे।
 - (2) ये भारत के सरकारी राजपत्र में उनके अंतिम प्रकाशन की तारीख को प्रावृत्त होंगे।
2. परिभाषाएं – इन विनियमों में, जब तक संदर्भ से अन्यथा अपेक्षित न हो, -
 - (क) "अधिनियम" से, राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 (2019 का 30) अभिप्रेत है;
 - (ख) "आयोग" से, अधिनियम की धारा 3 के अंतर्गत गठित राष्ट्रीय आयुर्विज्ञान आयोग अभिप्रेत है;
 - (ग) "पाठ्यचर्या" में अनुसूची III में विस्तार से वर्णित कारक शामिल हैं;
 - (घ) "विदेशी आयुर्विज्ञान स्नातक" का वही अर्थ होगा जो उसे राष्ट्रीय आयुर्विज्ञान आयोग (विदेशी आयुर्विज्ञान स्नातक लाइसेंसिएट) विनियमावली, 2021 के विनियम 2 के खंड (ग) में दिया गया है;
 - (ङ) "इंटरन" से, इन विनियमों के अंतर्गत अनिवार्य आवर्ती इंटरनशिप प्रशिक्षण प्राप्त कर रहा कोई आयुर्विज्ञान स्नातक अभिप्रेत है;
 - (च) "लॉग बुक" से, किसी इंटरन के कार्य-निष्पादन और उसके द्वारा किए गए कार्य के रिकार्ड, की गई शल्य क्रियाओं

फीडबैक

शक्तियां:

सुधार की आवश्यकता वाले क्षेत्र

अभ्युक्तियां

छात्र ----- तारीख: -----

संकाय सदस्य ----- तारीख: -----

डॉ. संध्या भुल्लर, सचिव

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

NATIONAL MEDICAL COMMISSION

NOTIFICATION

New Delhi, the 18th November, 2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE - I

[See regulation5]

DURATION and PERIOD OF CRMI

1. Total Duration

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

2. Period for Completion

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

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

(i) insufficient period of attendance; or

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

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

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

SCHEDULE- II

(See Regulation 4)

ELIGIBILITY CRITERIA FOR COMPLETION OF CRMI

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

1. Indian Medical Graduates

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

2. Foreign Medical Graduates

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

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

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

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

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

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

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

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

SCHEDULE- III

[See regulation 2(c)]

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

1. DISCIPLINE

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

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

District Hospital /Community Health Centre:

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

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

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

4. An intern must:

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

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

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

Taluka Hospital/ First Referral Unit/ CHC

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

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

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

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

Primary Health Centre / Urban Health Centre

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

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

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

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

(b). GENERAL MEDICINE

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

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

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

(c). PSYCHIATRY

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

2. Therapeutic-

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

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

(d). PEDIATRICS

1. Goal:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e). GENERAL SURGERY

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

2. Therapeutic-

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

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

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

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

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

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

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

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

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

(f). ANESTHESIOLOGY

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

2. THERAPEUTIC-

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

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

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

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

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

Anaesthesia for major and minor surgical and other procedures.

(i). OBSTETRICS AND GYNAECOLOGY

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

2. THERAPEUTIC-

A. An intern must perform or assist in:

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

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

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

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

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

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

(j). ORTHOPAEDICS

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

2. THERAPEUTIC-

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

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

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

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

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

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

(k). PHYSICAL MEDICINE AND REHABILITATION

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

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

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

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

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

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

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

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

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

(iv) Therapeutic counselling and follow-up.

(l). OTORHINOLARYNGOLOGY (ENT)-

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

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

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

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

(iii) Removing foreign bodies from nose and ear;

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

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

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

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

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

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

(m). OPHTHALMOLOGY

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

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

(i) Sub-conjunctival injection;

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

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

Advise regarding methods for rehabilitation of the blind.

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

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

(n). FORENSIC MEDICINE AND TOXICOLOGY

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

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

2 An intern must have observed or preferably assisted in:

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

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

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

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

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

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

(o). CASUALTY SERVICES/ EMERGENCY MEDICINE

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

2. THERAPEUTIC-

A. An intern must perform or assist in:

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

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

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

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

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

(p)DERMATOLOGY, VENEREOLOGY AND LEPROSY

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

2. THERAPEUTIC-

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

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

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

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

(ii) Skin biopsy for diagnostic purpose.

(q). RESPIRATORY MEDICINE-

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

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

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

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

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

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

(i) Laryngoscopy;

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

(iii) Therapeutic counseling and follow up.

(r). RADIO-DIAGNOSIS

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

A. An intern must acquire competency in:

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

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

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

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

2. SPECIALTIES FOR TRAINING:

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

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

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

9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	<ul style="list-style-type: none"> • Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center • Radio diagnosis • Lab Medicine • Geriatric Medicine
15.*	Electives Exclusive	Indian Systems of Medicine	1 week	<p><i>May choose any:</i></p> <ul style="list-style-type: none"> • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa

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

• **Distribution for electives:**

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

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

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

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

3. CERTIFIABLE PROCEDURAL SKILLS

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

Specialty	Procedure
General Medicine	<ul style="list-style-type: none"> • Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and asciticfluid aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	<ul style="list-style-type: none"> • Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	<ul style="list-style-type: none"> • Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)
Obstetrics	<ul style="list-style-type: none"> • Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	<ul style="list-style-type: none"> • Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	<ul style="list-style-type: none"> • Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	<ul style="list-style-type: none"> • Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)
Otorhinolaryngology	<ul style="list-style-type: none"> • Anterior nasal packing (D) • Otoscopy (I)

Ophthalmology	<ul style="list-style-type: none"> • Visual acuity testing (I) • Digital tonometry(O) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	<ul style="list-style-type: none"> • Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	<ul style="list-style-type: none"> • Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	<ul style="list-style-type: none"> • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	<ul style="list-style-type: none"> • Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	<ul style="list-style-type: none"> • Identification of structures on X-rays/ ultrasound
Applied Physiology	<ul style="list-style-type: none"> • Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D) • Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)
Applied Biochemistry	<ul style="list-style-type: none"> • Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) • Estimate serum total cholesterol, HDL cholesterol, triglycerides(D) • Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D) • Estimate calcium and phosphorous(D)
Biomedical waste management	<ul style="list-style-type: none"> • Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed on patients

O: Observed in patients or on simulations

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

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

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

2 ASSESSMENT

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

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

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

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

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

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

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

3 STIPEND

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Sample Log Book Page

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

Note:

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

C. SAMPLE INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____ Student / Intern ID: _____

Supervisor: _____ Department/ Specialty: _____

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

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

A: Outstanding

B: Good

C: Average

D: Needs further training

Scoring may be based on

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

FEED-BACK

Strengths:

Areas of Improvement needed:

Comments:

Student: _____

Date: _____

Faculty: _____

Date: _____

Dr. SANDHYA BHULLAR, Secy.

[ADVT.-III/4/Exty./448/2021-22]

Frequently Asked Questions (FAQs)

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

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

Q1 When did the CRMI Regulations 2021 come into force?

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

[Regulation 1(2)]

Q2 To whom do CRMI Regulations 2021 apply?

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

Q3 Is it mandatory to do CRMI?

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

[Regulation 4]

Q4 Where can internships be done?

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

[Regulation 1 (a) of Schedule II]

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

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

[Regulation 8]

Q6 What is the prescribed duration of the internship?

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

[Regulation 1 of Schedule I]

Q7 Are there any time restrictions for completion of CRMI?

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

[Regulation 2 (a) of Schedule I]

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

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

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

[Regulation 2 (b) of Schedule I]

Q9 Are interns allowed to take leave during internship?

Yes; The following types of leaves are allowed:

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

[Regulation 2(d) of Schedule I]

Q10 Are interns allowed transfer during internship?

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

[Regulation 1(c) of Schedule II]

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

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

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

[Regulation 1 of Schedule II]

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

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

[Regulation 2 of Schedule II]

Q13 Who is a Mentor?

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

[Regulation 2 and 6]

Q14 What should be the qualifications of a mentor?

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

[Regulation 1 of Schedule IV]

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

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

[Regulation 3 of Schedule IV]

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)

No. U.15024/01/2022-UGMEB/

Date: 19th May 2022

CIRCULAR

Subject : Illegal charge of Internship Fee and non-payment of stipend to Interns.

It has been brought into the notice of the National Medical Commission through various sources that some medical colleges/institutes across the country are charging internship fee from the interns, Indian and Foreign Medical Graduates for doing their internship in their college/institutes and also not paying stipend to them.

2. In this regard, it is informed that the provisions contained in the NMC's Compulsory Rotatory Medical Internship Regulations 2021, which is applicable w.e.f. 18th November 2021, may kindly be read as under :

- ❖ *All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.*
- ❖ *All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NExT becomes operational.*
- ❖ *Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;*
 - ✓ *Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized;*
 - ✓ *May be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit;*
 - ✓ *Medical colleges or institutions may allow up to 7.5 per cent of their permitted quota of interns to accommodate internship by Foreign Medical Graduates.*

3. National Medical Commission vide circular dated 4th March 2022 also clarified that *no amount/fee is charged by the medical college from FMGs for permitting them to do their internship. The stipend & other facilities to FMGs should be extended equivalent to India Medical Graduates being trained at Government Medical Colleges as fixed by the appropriate authority applicable to the institution/University or State.*

Contd.....2/-

4. As per the provisions of the NMC's CRMI Regulation 2021, interns (not more than 15 interns at any given time in one centre) are posted at Rural Health Centres for period of 12 weeks. However, it has been observed that due to paucity of Rural Centres adopted by college authorities, a large numbers of interns are posted in one Rural Centre. Therefore, the college authorities are advised to adopt more Rural Centres to accommodate internship training and also provide residential accommodation or transportation (to and from Rural Centres) to these interns at the cost of college authorities.

5. All State Medical Councils and Directorates of Medical Education are requested to kindly take immediate necessary action in this regard and ensure that no internship fee is charged by the medical colleges/institutes from these interns, Indian and Foreign Medical Graduates, and stipend including other facilities is being provided to FMGs as equivalent to Indian Medical Graduates in the States/UTs.


(Shambhu Sharan Kumar)
Deputy Secretary

- (i) All Directorates of Medical Education
- (ii) All Registrars of State Medical Councils/UTs
- (iii) All Registrars/Vice-chancellor of Health universities