

WWW.LIVELAW.IN

IN THE SUPREME COURT OF INDIA
[S.C.R Order XXXVIII Rule 1 and 12(1) (d) and (2)]
CIVIL ORIGINAL JURISDICTION
Writ Petition (C.) No. _____ of 2021
(A PETITION UNDER ARTICLE 32 OF THE CONSTITUTION
OF INDIA)

IN THE MATTER OF

Dr. Shashidhar A and Others.

Petitioners

Vs.

Union of India and Others.

Respondents

PAPERBOOK
FOR INDEX: KINDLY SEE INSIDE

I.A. No./2021: An application seeking exemption from filing
notarized Affidavit

I.A. No./2021: An application seeking stay

DHARMAPRABHAS LAW ASSOCIATES
ADVOCATE FOR THE PETITIONERS
CODE 2718

RECORD OF PROCEEDINGS

S.No.	Date of Proceedings	Pg. no.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

INDEX

Sl. No.	Particulars of the documents	Page No. of the part to which it belongs		Remarks
		Part 1	Part 2	
		(Contents of paper book)	(Contents of file alone)	
(i)	(ii)	(iii)	(iv)	(v)
1	Listing Performa	A1-A2	A1-A2	
2	Cover page of the Paper book		A3	
3	Index of Record of proceedings		A4	
4	Limitation Report prepared by the Registry		A5	
5	Defect List		A6	
6	Note Sheet		NS1 to	
7	Synopsis and List of dates	B – H		
8	Writ Petition along with Affidavit.	1-30		
9	Appendix consisting of MCI Postgraduate Medical Education Regulations 2000	31-94		
10	<u>ANNEXURE P/1</u> A true copy of article titled as Psychological impact of COVID-	95-101		

	19 pandemic on health-care professionals in India – A multicentric crosssectional study published in Indian Journal of Medical Sciences dated nil			
11	<u>Annexure-P/2</u> A true copy of the notification dated 22.12.2020 by Respondent no. 3	102		
12	<u>Annexure-P/3</u> A true copy notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 issued by Respondent no. 3	103		
13	<u>Annexure-P/4</u> A true copy notification no. NMC/Secy/2021/25 dated 27.4.2021 issued by Respondent no. 3	104		
14	<u>Annexure-P/5</u> A true copy of the letter dated nil by Karnataka Association of Resident Doctors 1 to Respondent no. 3	105-107		
15	<u>Annexure-P/6</u> A true copy of the letter no. RDA/21/05 dated 5.5.2021 by Resident Doctors Association, Haryana to Respondent no. 3	108-109		

WWW.LIVELAW.IN

16	<u>Annexure-P/7</u> A true copy of the news Article dated 8.5.2021 published in Times of India	110-112		
17	<u>Annexure-P/8</u> A true copy of the report dated 9.5.2021 published in 'The Print'	113-116		
18	<u>Annexure-P/9</u> A true copy of the letter dated 25.5.2021 by Telangana Junior Doctors Association to Respondent no. 3	117-118		
19.	<u>I.A. No./2021</u> An application seeking exemption from filing notarised affidavit	129-120		
20.	<u>I.A. No...../2021</u> An application for Stay	121-124		
21	F/M		125	
22	V/A		126-154	

SYNOPSIS AND LIST OF DATES

The petitioners seek to challenge the notifications dated 27.4.2021 and 22.4.2021 issued by Respondent no. 3 whereby on one hand it had advised the medical colleges to further continue taking the services of post graduate Final year medical students/residents to keep up the fight against this pandemic and on the other it had advised the universities to decide the time and method of postgraduate practical final examination taking into consideration the pandemic situation in their area. The notifications are not only harsh but are manifestly arbitrary on the following counts:-

- I. They fail to consider that the post graduate final year medical students have been extremely occupied due to COVID duty and have hardly had anytime for the preparation for their final examination. It is important to note that ideally the final year PG students used to get a study leave of about 45 days for preparing for their final examination but owing to pandemic duty they have not been given even 1 day for preparation. In such circumstances the respondents ought to do away with the passing marks i.e. 50 %.
- II. Their duty towards covid-19 patient be considered while evaluating their practical experience as irrespective of their

stream, the Post Graduate students are being used for covid-19 duties.

- III. The respondents are extending the academic period of the petitioner beyond the prescribed schedule of 3 years due ongoing pandemic for their services but they are not given any credit for the same.
- IV. May it be noted that the final examination of the PG resident doctors is a extremely important cornerstone for them as it decides their specialty which is very significant for any doctor.

The petitioners are resident doctors pursuing post graduate courses (MD/MS/DM/Diploma) in various disciplines of medical science. They have satisfactorily completed their residency of three years and have been in the forefront of our nation's fight against covid. Though they have suffered personally by getting infected and have lost many of their colleagues, but their resolve to fight against this pandemic has gone undeterred.

However, the apathy of Respondents in not recognizing their efforts is writ large as they are expected to undertake the final examination without being given enough time for preparation. The issue attains immense importance in backdrop of current pandemic situation wherein

such post graduate medical students/resident doctors who are under no legal obligation to continue giving their services particularly when their residency period is admittedly over.

As per S. 61 (2) of National Medical Commission Act, the Post Graduate Education Regulation of erstwhile MCI is applicable. The said regulation mandates final examination for conferring a degree, but in the same vein it also mandates time limit for the same. The residency period of three years is already over. Despite being no provision for extension of residency the petitioners are made to extend it without any legal basis.

It would not be out of place to mention herein that Medical Council of India Post Graduate Medical Education Regulation 2000 (hereinafter referred as PG Regulations) deals with the standards, curriculum and examination of the Post Graduate students. Regulation 14 of the PG Regulations deals with examinations. As per the said regulation M.D./M.S. examinations consists of the following:-

- A. Thesis
- B. Theory Papers
- C. Clinical/Practical and Oral Examination

The petitioners have already submitted their thesis. With regard to the theory papers it is humbly submitted that they all are qualified doctors and they are not getting even one day of preparations while erstwhile

applicants got 45 days of preparation, the theory examination may be exempted. Owing to their continuous service to covid-19 patients their practical experience and clinical inputs cannot be ignored.

Moreover, the respondents having exercised their discretion in relaxing the provisions regarding the submission of Postgraduate Thesis owing to the pandemic vide notification dated 22.12.2020 can do away with the examination process and not extend the time period of the courses of the petitioners which is otherwise akin to 'imposed failure'.

Recognising the shortage of human resources particularly the doctors, the Prime Minister had recently recommended that the services of Final year resident doctors be extended to ensure adequate manpower to tackle the unprecedented crisis being thrown up by the pandemic. However, the Respondents have failed to realise that PG and super specialty courses are for a fixed tenure and extensions are normally handed over as punishment for poor performance or for attendance shortage. It is akin to 'imposed failure', which is very demoralizing for the petitioners. On the top of all this expecting the final year resident doctors to appear in final examination which is admittedly a gruesome exercise and requires tremendous preparation is adding 'salt to the injury'

24.3.2020	The alarming situation of the pandemic led to complete
-----------	--

	lockdown of nation
September 2020	The first wave of COVID-19 pandemic reached its peak and then the cases started declining
22.12.2020	Recognising the conditions of the Final year PG resident doctors in handling the pandemic, vide notification dated 22.12.2020 Respondent 3 had given relaxation to them in submission of thesis.
March, 2021	However, soon the second wave of the pandemic came in a more monstrous form. The entire healthcare system was strained. The second wave of the pandemic was ruthless as many people succumbed to it. Many final year post graduate doctors had lost their life, many got infected but that did not deter them from rendering their selfless services since beginning of the pandemic.
22.4.2021	Oblivious of the ground reality of lack of doctors and the fatigue of the existing workforce, Respondent no. 3 vide notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 while permitting the examiners from outside state to participate in the practical examination through video conferencing directed the universities to decide the

	date, time and method of examination taking into consideration the pandemic situation in their area.
27.4.2021	Vide another notification no. NMC/Secy/2021/25 dated 27.4.2021 Respondent no. 3 while Recognising the contribution of Final year PG students in fight against COVID directed continuation of their residency period until fresh batches of PG students joins.
5.5.2021	In this backdrop, the petitioners had represented their grievance to the Respondent no. 3 through their respective association and had interlaia, sought waiver of final examination. However, they have not received any reply.
8.5.2021	As per a news articles in The Times of India on 8.5.2021 in view of the second wave of the pandemic, some of the leading IITs have relaxed the norms for the benefit of students. While IIT-Bombay has extended the deadline for re-exam till June, IIT-Kanpur has allowed a waiver of two courses (out of 40-45 courses) for graduating students. Apart from relaxing the attendance norms and submission deadlines, IIT-Delhi is allowing students to take the I-grade (an incomplete grade) based on self-

	certification (instead of a medical certificate). The I-grade will allow them to take the exam later when their mental and physical condition is better.
9.5.2021	The precarious conditions of the doctors on Covid duty was aptly highlighted in a news article on 9.5.2021 published in 'The Print' whereby it was highlighted that apart from been infected and burnt out, the mental health of healthcare professionals has taken a toll. Admittedly they have been over stretched and cannot function on auto-pilot mode. The mental fatigue of the doctors particularly the Final year PG students/residents has been immense. Most of them have been emotionally traumatized and are in PTSD (post traumatic stress disorder).
4.6.2021	Hence this petition

IN THE SUPREME COURT OF INDIA
[S.C.R Order XXXVIII Rule 1 and 12(1) (d) and (2)]
CIVIL ORIGINAL JURISDICTION
Writ Petition (C.) No. _____ of 2021
(A PETITION UNDER ARTICLE 32 OF THE CONSTITUTION
OF INDIA)

IN THE MATTER OF:

1. Dr Shashidhar A Petitioner no. 1
MD (Dermatology)
Room no 4, boys new PG hostel,
VIMS campus, Ballari, Karnataka 583104
2. Dr Kavya Shree K Petitioner no. 2
MD (Dermatology)
Bengaluru medical college and Research
institute,
Srinivasa Nilaya, Basavanagudi badavane,
Lakkavanahalli road, Hiriyyur Taluk,
Chitradurga District, 577599, Karnataka
3. Dr Anil kumar Petitioner no. 3
Pathology BMCRI.
F- 064, DS max stone hill apartment,
JP nagar 9th phase , Bangalore -560062
4. Dr Irfan G, Petitioner no. 4
MD-Paediatrics
Belagavi Institute of Medical sciences,
1/21, Kenchanagudda post, Siruguppa
taluk, Ballari dist. PIN-583121 Karnataka
5. Dr. Prabeesh Nair Petitioner no. 5

- M.D (Psychiatry)
Karnataka Institute of Medical Science
Hubli Karnataka
6. Dr Shobhalakshmi C S Petitioner no. 6
MD (radiodiagnosis)
Bengaluru medical college and research
Institute.
Anjaneya block, opp to government high
school, Krishnarajanagar, Bengaluru
571602, Karnataka
7. B. Mani Deepika Reddy Petitioner no. 7
MS (OBG)
Jagadguru Jayadeva Murugarajendra
Medical College, KARNATAKA
Flat no 209, aparnas Chandradeep
apartments, Banjara Hills Road no 7,
500034, Hyderabad, Telangana
8. Dr Smriti Singh Petitioner no. 8
MD (Pathology)
BPS Govt Medical College(W)
Sonapat, Haryana
R/o Shiva Rice Mill, Kishanpur farm, Bye
pass Road, Kichha, Udham Singh Nagar
Uttarakhand
9. Dr Nitika Sindhu Petitioner no. 9
PG (Pharmacology)
College- BPS GMC for women, Khanpur

- kalan, sonapat Haryana
R/o 131/75 Subash Nagar, Rohtak Road,
Jind, Haryana
10. Dr. VinothKumar. N Petitioner no. 10
Physiology final year - MD
Bhagat phool singh government medical
college for women, Khanpur kalan,
Sonapat. Haryana - 131305.
11. Dr. Ramya N.A. RAO Petitioner no. 11
Branch: Radiodiagnosis
Bhaskar Medical college and general
Hospital, Moinabad,
r/o Plot no:196, venkat rao nagar colony,
kukatpally,hyderabad-500072, Telangana.
12. Kovida Yerra Petitioner no. 12
Branch: General Surgery
College: Bhaskar Medical college and
general hospital, Moinabad,
R/o 11-25-727, kothawada, warangal,
Telangana
13. N.Geetha sree Petitioner no. 13
Branch: General Medicine
Bhaskar Medical college and general
general hospital, Moinabad,
R/o H.no -7-36/1 , Main road , Ghatkesar ,
Medchal dist. 501301, Telangana
14. Dr.Indhra Priyadharshini Petitioner no. 14

MD.D.V.L

Osmania Medical college, Hyderabad

R/o R.K.P.devi homes, Gokhale nagar,

Ramanthapur, Hyderabad-500013.

15. Dr Rijo Sabu Petitioner no. 15

MD General Medicine

Kakatiya Medical College, Warangal.

16. Dr K.Mamatha Petitioner no. 16

Department of Microbiology

Osmania medical college

R/o H.no 8-3-169/25A, Siddharth Nagar,

vengalrao nagar,hyd 500038

17. Dr Jobin P Solomon Petitioner no. 17

Department of physiology

Government medical College Thrissur

R/o Palluruthil house, Mullakkara,

Thrissur, Kerala

18. Muneeb ambalavan karat Petitioner no. 18

Ms orthopaedics

Pushpagiri medical college Thiruvalla

R/o Ambalavan karat house, Cherukunnu,

Othukkungal post, Malappuram

Kerala

19. Dr Aarya Serin Raju Petitioner no. 19

Branch: Community Medicine

Pushpagiri Institute of Medical Sciences

and Research Centre, Tiruvalla, Kerala

- R/o Kanavu, Kizhathadiyoor P.O, Pala,
Kerala-686574
20. Dr. Priyadarshini R Petitioner no. 20
Dermatology department
Government medical College Trivandrum
Kerala
R/o CPWD Quarters,
Annanagar west, Chennai 600040,
Tamil Nadu
21. Dr Hasna Ibrahim Petitioner no. 21
Department of anesthesiology
Sree gokulam medical college and
research foundation, Trivandrum
R/o Karakunnel house, Edavetty po
Thodupuzha Idukki, Kerala
22. Dr. P.Yugandhar Petitioner no. 22
Final Year Orthopedics
Narayana Medical College
Nellore. Andhra Pradesh
524002
23. Dr Vrinda M Petitioner no. 23
Department of Anaesthesiology, Sree
Gokulam medical college hospital
Venjaramoode Trivandrum
R/o Mavila house, karamel, vellur po,
payyanur, Kannur, Kerala-670307
24. Dr. Yameena Hameed Petitioner no. 24

- Transfusion Medicine
Government Medical College
Thiruvananthapuram,
R/o Poovathungal House, Mahilaalayam
School Road, Thottumughom PO, Aluva,
Ernakulam, Kerala.
25. Dr P Venkata Satyasiva Arun Petitioner no. 25
MD Psychiatry
PES Medical College, Kuppam
R/o 14-483/8, Marriman street, Kuppam-
517425, Andhra Pradesh
26. Dr Golla srinivas Petitioner no. 26
Branch: surgery
Narayana medical college ...AP
R/o 1-46 avuladatla village 515867
rayadurg mandal, anantapur dist ...AP
27. Dr Palak Dewan Petitioner no. 27
MS ENT
R/o Lokmanya Tilak Municipal General
Hospital,
Mumbai, Maharashtra
28. Dr Neetu Mehrotra, Petitioner no. 28
Branch: <icrobiology,
Byramjee Jeejabhoy Government Medical
College, Pune, Maharashtra
R/o B-103,Kairali apts, Sector 3,plot no
10, Dwarka, Delhi-110065

29. Dr. Sadick PM Petitioner no. 29

Branch: Dermatology

Government Medical College

Thiruvananthapuram

R/o Puthiyaveetil, Mannam PO, North

Paravoor, Ernakulam, Kerala

Versus

1. Union of India Respondent no. 1

Through its Secretary,

Ministry of Health & Family welfare.

Nirman Bhawan, C-Wing,

New Delhi-110001.

2. Ministry of Home Affairs Respondent no. 2

Through its Secretary,

North Block, Central Secretariat,

New Delhi - 110001.

3. National Medical Commission Respondent no. 3

Through its Chairman

Pocket 14, Sector 8, Phase 1

Dwarka, New Delhi - 77

A PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA FOR ISSUANCE OF A WRIT IN THE NATURE OF MANDAMUS FOR EVOLVING MEASURES TOWARDS FOR WAIVING THE FINAL EXAMINATION OF THE PETITIONERS AND CONFERRING DEGREE TO THEM DUE TO PREVAILING CORONA PANDEMIC.

TO,

THE HON'BLE CHIEF JUSTICE AND HIS COMPANION JUSTICES OF THIS HON'BLE SUPREME COURT OF INDIA.

THE HUMBLE PETITION OF
THE PETITIONER ABOVENAMED

MOST RESPECTFULLY SHOWETH:

1. The petitioners seek to challenge the notifications dated 27.4.2021 and 22.4.2021 issued by Respondent no. 3 whereby on one hand it had advised the medical colleges to further continue taking the services of post graduate Final year medical students/residents to keep up the fight against this pandemic and on the other it had advised the universities to decide the time and method of postgraduate practical final examination taking into consideration

the pandemic situation in their area. The notifications are not only harsh but are manifestly arbitrary on the following counts:-

- i. They fail to consider that the post graduate final year medical students have been extremely occupied due to COVID duty and have hardly had anytime for the preparation for their final examination. It is important to note that ideally the final year PG students used to get a study leave of about 2 months for preparing for their final examination but owing to pandemic duty they have not been given even 1 day for preparation. The notifications fails to recognize the catastrophic impact of absence of the Final year PG residents in our nation's fight against Covid-19 pandemic, if the final exams were to happen. In such circumstances the respondents ought to do away with the passing marks i.e. 50 %.
- ii. Their duty towards covid-19 patient be considered while evaluating their practical experience as irrespective of their

stream, the Post Graduate students are being used for covid-19 duties.

iii. The respondents are extending the academic period of the petitioner beyond the prescribed schedule of 3 years due ongoing pandemic for their services but they are not given any credit for the same.

iv. May it be noted that the final examination of the PG resident doctors is a extremely important cornerstone for them as it decides their specialty which is very significant for any doctor.

2. The petitioners are resident doctors pursuing post graduate courses (MD/MS//Diploma) in various disciplines of medical science. They have satisfactorily completed their residency of three years and have been in the forefront of our nation's fight against covid. Though they have suffered personally by getting infected and have lost many of their colleagues, but their resolve to fight against this pandemic has gone undeterred.

3. However, the apathy of Respondents in not recognizing their efforts is writ large as they are expected to undertake the final examination without being given enough time for preparation. The issue attains immense importance in backdrop of current pandemic situation wherein such post graduate medical students/resident doctors who are under no legal obligation to continue giving their services particularly when their residency period is admittedly over.
4. The petition is filed under Article 32 of the Constitution of India as it impacts the final year post graduate medical students/resident doctors of the entire nation. It raises the following question of law:
 - a) Whether non waiver of final examination of the final year post graduate medical students/resident doctors and conferring them degree in the current pandemic situation in the backdrop of their services rendered contravenes Article 14 and 21 of the Constitution particularly, when they have been denied any preparation time owing to their COVID duty?

b) Whether the Respondents decision of not 'waiving' the final examination of the final year post graduate medical students/resident doctors and not evaluating them on the basis of past record/covid duty is harsh and manifestly arbitrary thereby contravening the fundamental rights of the petitioners guaranteed under Article 14 and 21 of the Constitution?

c) Whether under the provisions of Disaster Management Act the Central Government can issue mandatory directions to Respondent no. 3 for waiving the final examination of post graduate medical students?

5. FACTS CONSTITUTING CAUSE OF ACTION:

- i Our nation has been grappling with COVID-19 pandemic since February, 2020. The alarming situation of the pandemic led to complete lockdown of nation on 24.3.2020. First time in our Nation's illustrious history, the lockdown eventually led to the closure of courts too.
- ii The first wave of COVID-19 pandemic reached its peak in September 2020 and then the cases started declining.

- iii However, soon the second wave of the pandemic came in a more monstrous form. The entire healthcare system was strained. The second wave of the pandemic was ruthless as many people succumbed to it. Many final year post graduate doctors had lost their life, many got infected but that did not deter them from rendering their selfless services since beginning of the pandemic.
- iv In a research paper published in Indian Journal of Medical Sciences which assessed presence of psychological distress, depression, anxiety, stress, and insomnia experienced by the Indian healthcare worker during pandemic, it was found that Among the doctors working for the pandemic, around 55% of medical officers in the study reported having moderate levels of depression. With respect to anxiety, it was found that among men as many as 52% reported experiencing severe anxiety and 24% had moderate levels of anxiety whereas females reported as high as 68% and 48% of moderate and severe anxiety, respectively. It was also found that around 30% and 44% of male doctors reported mild and moderate levels of stress, respectively, whereas 70% and 56% of female doctors reported mild and moderate levels of stress, respectively. It was also

observed that among female doctors the rates of moderate insomnia were especially high (65%), whereas a high level of male participants reported sub-threshold insomnia (52%). A true copy of article titled as Psychological impact of COVID-19 pandemic on health-care professionals in India – A multicentric crosssectional study published in Indian Journal of Medical Sciences dated nil is annexed herewith as **Annexure-P/1**. (Pg. 95 to 101)

- v Recognising the conditions of the Final year PG resident doctors in handling the pandemic, vide notification dated 22.12.2020 Respondent 3 had given relaxation to them in submission of thesis. A true copy of the notification dated 22.12.2020 by Respondent no. 3 is annexed herewith as **Annexure-P/2**. (Pg. 102).

- vi It would not be out of place to mention herein that Medical Council of India Post Graduate Medical Education Regulation 2000 (hereinafter referred as PG Regulations) deals with the standards, curriculum and examination of the Post Graduate students. Regulations 14 of the PG Regulations deals with examinations. As per the said regulation M.D./M.S. examinations consists of the following:-

- A. Thesis
 - B. Theory Papers
 - C. Clinical/Practical and Oral Examination
- vii The petitioners have already submitted their thesis. With regard to the theory papers it is humbly submitted that they all are qualified doctors and they are not getting even one day of preparations while erstwhile applicants getting two months of preparation, the theory examination may be exempted. Owing to their continuous service to covid-19 patients their practical experience and clinical inputs cannot be ignored.
- viii The respondents having exercised their discretion in relaxing the provisions regarding the submission of Postgraduate Thesis owing to the pandemic vide notification dated 22.12.2020 can do away with the examination process and not extend the time period of the courses of the petitioners which is otherwise akin to 'imposed failure'.
- ix As per S. 61 (2) of National Medical Commission Act, the Post Graduate Education Regulation of erstwhile MCI is applicable. The said regulation mandates final examination for conferring a degree, but in the same vein it also mandates time limit for the same. The residency period of three years is already over.

Despite being no provision for extension of residency the petitioners are made to extend it without any legal basis.

- x It is well known fact that India ranks very badly in health infrastructure (110 out of 141 countries). The number of doctors for every 10,000 people in India has fallen to around nine in 2019 from 12 in 1991, according to data on World Health Organization's website, while the country's health expenditure was just 3.54% of GDP, lower than countries including Iraq, Afghanistan, Egypt, China and Kenya.
- xi Oblivious of the ground reality of lack of doctors and the fatigue of the existing workforce, Respondent no. 3 vide notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 while permitting the examiners from outside state to participate in the practical examination through video conferencing directed the universities to decide the date, time and method of examination taking into consideration the pandemic situation in their area. A true copy notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 issued by Respondent no. 3 is annexed herewith as **Annexure-P/3**. (Pg.103)
- xii Vide another notification no. NMC/Secy/2021/25 dated 27.4.2021 Respondent no. 3 while Recognising the contribution

of Final year PG students in fight against COVID directed continuation of their residency period until fresh batches of PG students joins. A true copy notification no. NMC/Secy/2021/25 dated 27.4.2021 issued by Respondent no. 3 is annexed herewith as **Annexure-P/4**. (Pg.104)

- xiii Recognising the shortage of human resources particularly the doctors, the Prime Minister had recently recommended that the services of Final year resident doctors be extended to ensure adequate manpower to tackle the unprecedented crisis being thrown up by the pandemic. However, the Respondents have failed to realise that PG courses are for a fixed tenure and extensions are normally handed over as punishment for poor performance or for attendance shortage. It is akin to ‘imposed failure’, which is very demoralizing for the petitioners. On the top of all this expecting the final year resident doctors to appear in final examination which is admittedly a gruesome exercise and requires tremendous preparation is adding ‘salt to the injury’.
- xiv In this backdrop, the petitioners had represented their grievance to the Respondent no. 3 through their respective association and had *interlaia*, sought waiver of final examination. However,

they have not received any reply. A true copy of the letter dated nil by Karnataka Association of Resident Doctors 1 to Respondent no. 3 is annexed herewith as **Annexure-P/5**. (Pg. 105-107)

A true copy of the letter no. RDA/21/05 dated 5.5.2021 by Resident Doctors Association, Haryana to Respondent no. 3 is annexed herewith as **Annexure-P/6**. (Pg. 108-109)

xv It is important to note that as per a news articles in The Times of India on 8.5.2021 in view of the second wave of the pandemic, some of the leading IITs have relaxed the norms for the benefit of students. While IIT-Bombay has extended the deadline for re-exam till June, IIT-Kanpur has allowed a waiver of two courses (out of 40-45 courses) for graduating students. Apart from relaxing the attendance norms and submission deadlines, IIT-Delhi is allowing students to take the I-grade (an incomplete grade) based on self-certification (instead of a medical certificate). The I-grade will allow them to take the exam later when their mental and physical condition is better.

A true copy of the news Article dated 8.5.2021 published in Times of India is annexed herewith as **Annexure-P/7**. (Pg. 110 to 112)

- xvi The precarious conditions of the doctors on Covid duty was aptly highlighted in a news article on 9.5.2021 published in 'The Print' whereby it was highlighted that apart from been infected and burnt out, the mental health of healthcare professionals has taken a toll. Admittedly they have been over stretched and cannot function on auto-pilot mode. The mental fatigue of the doctors particularly the Final year PG students/residents has been immense. Most of them have been emotionally traumatized and are in PTSD (post traumatic stress disorder). A true copy of the report dated 9.5.2021 published in 'The Print' is annexed herewith as **Annexure-P/8**. (Pg. 113-116)
- xvii Since the pandemic is likely to continue and the resident doctors have hardly been given any time for preparation of their final exams it is extremely harsh on the part of the Respondents to expect them to appear for final exam. The continuous requirements of the petitioners in fight against COVID 19 pandemic brings no time and space for conduction of final exams for them.
- xviii It is worthwhile to mention here that recognising the shortage of human resource particularly the doctors many countries in

Europe like Italy, UK, Germany etc had fast tracked the medical students into service by scrapping their service in an attempt to boost health systems.

- xix In this backdrop, the petitioners had represented their grievance to the Respondent no. 3 through their respective association and had *interlata*, sought waiver of final examination. However, they have not received any reply.

A true copy of the letter dated 25.5.2021 by Telangana Junior Doctors Association to Respondent no. 3 is annexed herewith as **Annexure-P/9**. (Pg. 117-118)

10. The petitioners do not have any other statutory and other effective legal remedy other than to file this petition. Moreover, the issue raised in this petition relates to the entire nation due to which the petitioner has approached this Hon'ble Court under Article 32 of the Constitution.

11. There is no civil, criminal or revenue litigation involving the petitioner which has or could have any legal nexus with the issues involved in this petition.

12. That the issue raised in this petition was neither dealt with nor decided by a Court of law at the instance of the petitioner or to the best of his knowledge, at the instance of any other person.
13. Thus being aggrieved and/or dissatisfied by such arbitrary, illegal, unreasonable action on the part of the Respondent the petitioner begs to move this petition under Article 32 of the Constitution of India before this Hon'ble Court, inter alia, on the following grounds amongst other:

14. GROUNDS

- a) Because non waiver of final examination of the final year post graduate medical students/resident doctors and not conferring them degree without final exams in the current pandemic situation contravenes Article 14 and 21 of the Constitution particularly, when they have been denied any preparation time owing to their COVID duty. It is important to note that preparation for final examinations requires undivided attention of the students which could hinder their services towards Covid care, and vice versa.

- b) Because the Respondents decision of not ‘waiving’ the final examination of the post graduate medical students and not evaluating them based on past record/covid duty is harsh and manifestly arbitrary thereby contravening the fundamental rights of the petitioners guaranteed under Article 14 and 21 of the Constitution.
- c) Because under the provisions of Disaster Management Act the Central Government can issue mandatory directions to Respondent no. 3 for waiving the final examination of post graduate medical students and evaluating them based on the past record and Covid duty.
- d) Because this Hon’ble Court in exercise of its Writ Jurisdiction can issue necessary directions to the Respondents as the law/regulations is silent on a vital question of fundamental rights. It is important to note that under S. 61 (2) of National Medical Commission Act, the Post Graduate Education Regulation of erstwhile MCI is applicable. The said regulation mandates final

examination for conferring a degree, but in the same vein it also mandates time limit for the same. The residency period of three years is already over. Despite being no provision for extension of residency the petitioners are made to extend it without any legal basis.

- e) Because conferring degree to post graduate residents doctors would add to the pool of healthcare personnel as conferment of degree can be subjected to rendering of compulsory COVID duty by resident doctors for a fixed time frame. Many nations across the world had fast tracked the induction of the medical students in the healthcare system in their fight against COVID-19 pandemic.
- f) Because the post graduate resident doctors being trained and experienced doctors can be very handy in our nation's fight against the pandemic. It is important to note that only adding health care infrastructure will not solve the paradox of strained healthcare system. Such infrastructure must be managed by qualified doctors else they would be futile.

- g) Because in the face of a pandemic like Covid-19, it is incumbent upon the Respondents, as their fundamental duty, to frame sustainable and effective policies, which looks after the interest of the post graduate resident doctors who have given their everything in fight against pandemic.
- h) Because the state being a custodian of welfare of citizen, cannot be a silent spectator to injustice meted out to post graduate medical students who have given their services selflessly till date.
- i) Because the petitioners can be awarded an MD/MS degree based on their clinical acumen of the residents which has been proved efficiently by them during ongoing pandemic. Moreover, there are considerable proportion of residents who would be covid positive already and thus, unable to sit for the exams due to ill health or prepare for the exams effectively while discharging Covid duties. It will also lead to mental agony and may result in depression in these resident doctors many of whom, already have had to deal

with the physical and mental exhaustion of Covid duties and losing their near and dear ones.

- j) Because the petitioners have not shied away from their duty of treating a highly infectious disease and thus, the Respondents must recognise their sacrifices and should act in a way which should further their career.
- k) Because the petitioners having already submitted their thesis, with regard to the theory papers it is humbly submitted that they are all qualified doctors and they are not getting even one day of preparations while erstwhile applicants getting two months of preparation, the theory examination may be exempted. Owing to their continuous service to covid-19 patients their practical experience and clinical inputs cannot be ignored.
- l) Because the respondents having exercised their discretion in relaxing the provisions regarding the submission of Postgraduate Thesis owing to the pandemic vide notification dated 22.12.2020 can do away with the examination process and not extend the time

period of the courses of the petitioners which is otherwise akin to 'imposed failure'.

m) Because this Hon'ble Court can seek the assistance of expert-panels, Commissioners, Advisory-committees, Amici etc. to render justice!! A fruitful reference may be made to Sheela Barse vs. Union of India & Ors. (1988) 4 SCC 226 wherein this Hon'ble had held:

“12. ... The pattern of relief need not necessarily be derived logically from the rights asserted or found. More importantly, the court is not merely a passive, disinterested umpire or onlooker, but has a more dynamic and positive role with the responsibility for the organisation of the proceedings, moulding of the relief and-this is important--also supervising the implementation thereof. The Court is entitled to, and often does seek the assistance of expert-panels, Commissioners, Advisory- committees, Amici etc.”

15. MAIN PRAYER

In the above facts and circumstances it is most humbly prayed that your lordships would most graciously be pleased to pass the following orders :

1. Issue writ of mandamus directing the respondents to, issue necessary directions waiving the final examination of final year post graduate medical residents.
2. Issue appropriate writ(s)/directions(s) for promoting the petitioners as senior residents and post-doctoral students as soon as the scheduled tenure completion of three or two years (whichever applicable) along with pay scale and other allowances.
3. Issue appropriate writ(s)/directions(s) for constitution of a joint expert committee for examining and recommending on the prayers of this petition and its recommendations, shall be binding on all the respondents.
4. Declare the impugned notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 [Annexure P/3] and notification No. NMC/Secy/2021/25 dated 27.4.2021 [Annexure P/4] issued by Respondent no. 3 to be unconstitutional and ultra vires;
5. Pass such other and further orders as may be deemed just and proper by this Hon'ble Court, in the facts and circumstances of this case.

FOR WHICH ACT OF KINDNESS, THE PETITIONER SHALL AS
INDUTY BOUND, EVER PRAY.

Drawn & Filed By



Dharmaprabhas Law Associates

Advocate for Petitioner

Drawn on: 3.06.2021.

Filed on: 4.06.2021.

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
Writ Petition (C.) No. _____ of 2021

IN THE MATTER OF

Dr. Shashidhar A and Others

Petitioners

Vs.

Union of India and Others

Respondents

Affidavit

I, Dr. Shashidhar A, aged 37 years, Hindu, S/o Narayana, R/o Room no 4, boys new PG hostel, VIMS campus, Ballari, Karnataka 583104 do hereby, solemnly affirm and swear to this affidavit as under:

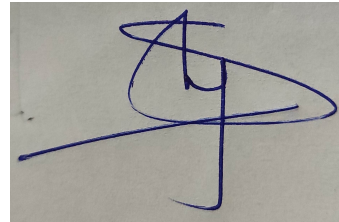
1. I am petitioner no. 1 in the abovementioned petition. I am well conversant with facts and circumstances of the case and hence competent to swear this affidavit. I am also authorised by all the petitioners to swear this affidavit on their behalf.
2. I have gone through the accompanying writ petition consisting from Synopsis and List of dates from page B to ..H., writ petition from pages .1.. to .28 and applications from pages ¹²⁰....to.....¹²⁴ which are correct to the best of my knowledge and belief. The same are in consonance with my instructions and has been explained to me by my counsel.
3. The annexures to the petition are true copies of their respective originals.



DEPONENT

VERIFICATION:

I, Dr. Shashidhar A, aged 37 years, Hindu S/o Narayana, R/o Room no 4, boys new PG hostel, VIMS campus, Ballari, Karnataka 583104, the deponent abovenamed do hereby, verify that the contents of this affidavit are true to my knowledge. Nothing material has been concealed therefrom and no part thereof is false.
Verified at Bellari on this 3rd day of June 2021.



DEPONENT

APPENDIX
WWW.LIVELEAW.IN
**MEDICAL COUNCIL OF INDIA
POSTGRADUATE MEDICAL EDUCATION
REGULATIONS, 2000**



(AMENDED UPTO MAY, 2018)

**MEDICAL COUNCIL OF INDIA
Pocket – 14, Sector 8, Dwarka,
NEW DELHI – 110 077**

Phone: +91-11-25367033, 25367035, 25367036

Fax: +91-11-25367024

E-mail: mci@bol.net.in, contact@mciindia.org

Website: <http://www.mciindia.org>

(PUBLISHED IN PART III, SECTION 4 OF GAZETTE OF INDIA DATED THE 7TH OCTOBER, 2000)

MEDICAL COUNCIL OF INDIA

NEW DELHI, DATED THE 22ND AUGUST, 2000

No. MCI-18(1)/90-Med./ In exercise of the power conferred by Section 33 read with section 20 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following regulations, namely:-

1. SHORT TITLE AND COMMENCEMENT:-

1. These regulations may be called "The Postgraduate Medical Education Regulations 2000.
2. They shall come into force on the date of their publication in the official Gazette.

2. GENERAL CONDITIONS TO BE OBSERVED BY POSTGRADUATE TEACHING INSTITUTIONS:

- I. Postgraduate Medical Education in broad specialities shall be of three years duration in the case of degree course and two years in the case of Diploma course after MBBS and in the case of super specialities the duration shall be of three years after MD/MS with the exceptions wherever indicated.

In the above clause, the words "with the exceptions wherever indicated" are deleted in terms of Notification published on 20.10.2008 in Gazette of India .

- II. Postgraduate curriculum shall be competency based.
- III. Learning in postgraduate programme shall be essentially autonomous and self directed.
- IV. A combination of both formative and summative assessment is vital for the successful completion of the PG programme.
- V. A modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub-specialities concerned with a discipline.

In the above clause the words "various sub-specialities concerned with a discipline" are substituted by "various areas concerned with the discipline" in terms of Notification published on 20.10.2008 in Gazette of India .

The training of PG students shall involve learning experience 'derived from' or 'targeted to' the needs of the community. It shall, therefore, be necessary to expose the students to community based activities.

II. GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION PROGRAMME TO BE OBSERVED BY POSTGRADUATE TEACHING INSTITUTION.

3.1 GOAL **WWW.LIVELAW.IN**

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

- i. who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy
- ii. who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- iii. who shall be aware of the contemporary advance and developments in the discipline concerned;
- iv. who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- v. who shall have acquired the basic skills in teaching of the medical and paramedical professionals;

3.2 GENERAL OBJECTIVES OF POST-GRADUATE TRAINING EXPECTED FROM STUDENTS AT THE END OF POST-GRADUATE TRAINING

At the end of the postgraduate training in the discipline concerned the student shall be able to;

- i. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.
- ii. Practice the speciality concerned ethically and in step with the principles of primary health care.
- iii. Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
- iv. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.
- v. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- vi. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
- vii. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- viii. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- ix. Play the assigned role in the implementation of national health programme, effectively and responsibly.
- x. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- xi. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
- xii. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- xiii. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

- xiv. Function as an effective leader of a health team engaged in health care, research or training.

4. STATEMENT OF THE COMPETENCIES :

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

5. COMPONENTS OF THE POSTGRADUATE CURRICULUM :

The major components of the Postgraduate curriculum shall be :

- Theoretical knowledge
- Practical and clinical skills
- Thesis skills.
- Attitudes including communication skills.
- Training in research methodology.

In the above clause the words "Thesis skills" are substituted by the words "Writing Thesis/Research articles" and the words "Training in research methodology" are substituted by the words "Training in Research Methodology, Medical Ethics and Medicolegal aspects" in terms of Notification published on 20.10.2008 in Gazette of India .

6. STARTING OF POSTGRADUATE MEDICAL COURSES AND THEIR RECOGNITION.

(1) An institution intending to start a Postgraduate Medical Education course or to increase the admission capacity shall obtain permission of the Central Government under Section 10A of the Act.

(2) The institution shall apply for recognition of the Postgraduate medical qualification to the Central Government through the affiliating university.

The above Regulation 6 is substituted in terms of Notification published on 21.07.2009.

STARTING OF POST GRADUATE MEDICAL COURSES AND THEIR RECOGNITION.

1. An institution intending to start a Post Graduate medical education course or to increase the annual intake capacity in an already ongoing course shall obtain prior permission of the Central Government as provided under section 10A of the Act.

2. The institution shall apply for recognition of the Post Graduate medical qualification to the Central Government

~~WWW.LIVEFLAW.TN~~

through the affiliating university, when the first admitted batch shall be due to appear for the examination to be conducted by the affiliating university.

3. Failure to seek timely recognition as required in sub-clause 2 shall invariably result in stoppage of admission to the concerned Post Graduate Course.

4. The recognition so granted to a Post Graduate Course shall be for a maximum period of 5 years, upon which it shall have to be renewed.

5. The procedure for 'Renewal' of recognition shall be same as applicable for the Award of recognition.

6. Failure to seek timely renewal of recognition as required in sub-clause-4 shall invariably result in stoppage of admissions to the concerned Post Graduate course.

7. In a period of 5 years from the date of Letter of Permission the college should have all pre and para clinical Post Graduate Courses.

8. The existing/new medical colleges should mandatorily have the department of Blood Bank with component of blood separation unit and Transfusion Medicine.

The above Regulation Clauses 6(1), (2) & (3) are substituted in terms of Notification published on 05.04.2018.

“(1) An institution intending to start a post-graduate medical education course or to increase the annual intake capacity in an already ongoing course shall obtain the prior permission of the Central Government under section 10A of the Act. The prior permission granted by the Central Government for Postgraduate Degree/Postgraduate Diploma courses shall be for four and three academic years respectively

Provided that it shall be incumbent upon Medical Colleges/Medical Institutions to make an application for starting of Post-graduate medical education courses within three years of grant of recognition, i.e., three years from the date of inclusion of the MBBS qualification awarded by the Medical College in the First Schedule of the Indian Medical Council Act, 1956. Failure to make an application for starting of Postgraduate courses within the stipulated time shall entail the withdrawal of recognition of MBBS qualification.

Provided further that a Medical College/Medical Institution that makes an application for starting of a Postgraduate course in the eventuality of disapproval shall be granted two more

opportunities for the succeeding years to make an application. Failure to obtain permission of the Central Government thereafter shall entail the withdrawal of Recognition of MBBS qualification." Provided further that above shall be applicable to the scheme submitted from the academic year 2020-21 onwards, in order to provide time to the existing colleges to apply.

- (2) The Institution shall apply for recognition of the Post Graduate Medical qualification to the Central Government through the affiliating University, when the first admitted batch shall be due to appear for the examination to be conducted by the affiliating University.

In the event of deficiencies being found in the assessment, the Institution shall be granted an opportunity to submit compliance within 30 days from the date of communication of deficiencies by the Council. Such an opportunity to comply with the deficiencies shall be availed by the Institute only twice. The Postgraduate Medical Education Committee on finding the compliance satisfactory shall convey the recommendation to recognize the course. In all others cases, the prior permission of the Central Government granted under sub-clause (1) shall be deemed to have lapsed after four and three years for Postgraduate Degree/Postgraduate Diploma courses respectively. Further, in such cases; recommendation shall be made to the Central Government to include the qualifications in the First Schedule of the Indian Medical Council Act, 1956 only in respect of first four batches of Postgraduate Degree Courses and three batches of Postgraduate Diploma courses.

- (3) Failure to seek timely recognition as required in sub-clause 2 shall invariably result in stoppage of admission to the concerned Post Graduate course.

In the event of failure of the institute to seek recognition for existing Post Graduate courses, the Council may recommend to the Central Government for imposition of exemplary penalty which may extend to Rupees ten lakhs per seat of the postgraduate course; and/or stoppage of other postgraduate Medical courses of the Institution; and/or debar the Institution from making any application for starting or increase of seats in postgraduate courses for a specified period; and/or reducing the intake capacity in MBBS."

7. NOMENCLATURE OF POSTGRADUATE COURSES.

The nomenclature of postgraduate medical courses shall be as provided in the Schedule annexed to these Regulation :

WWW.LLVELAW.IN

Provided that in the case of postgraduate medical degree and diploma courses instituted prior to the commencement of these Regulations with the approval of the Medical Council of India and which have not been included in these regulations, the institutions concerned shall continue such course till the students admitted complete the said courses.

8. GENERAL

(1) The institutions recognised by the Medical Council of India for running Postgraduate courses prior to the commencement of the Indian Medical Council (Amendment) Act, 1993 and those medical colleges recognised for running Bachelor of Medicine and Bachelor of Surgery (MBBS) course or institutions established by the Central Government for the purpose of imparting postgraduate medical education shall be eligible for starting any postgraduate degree or diploma and higher specialty course.

The following is included in clause 8(1) in terms of Notification published on 06.10.2009.

"However, the medical college/institute which is not yet recognised by Medical Council of India for the award of MBBS degree may apply for starting of a postgraduate course in pre clinical and para clinical subjects of Anatomy, Physiology, Biochemistry, Pharmacology, Forensic Medicine & Community Medicine at the time of third renewal – i.e. alongwith the admission of fourth batch for the MBBS course."

The above Regulation Clause 8(1) is substituted in terms of Notification published on 05.04.2018.

"The Medical Institution recognized under the Indian Medical Council Act, 1956 for running post-graduate courses prior to the commencement of the Indian Medical Council (Amendment) Act, 1993; the Medical Colleges recognised for running Bachelor of Medicine and Bachelor of Surgery (MBBS) course; and the Medical Institutions established by the Central Government for the purpose of imparting postgraduate medical education shall be eligible for starting a post-graduate medical education course or to increase the intake capacity in any already ongoing postgraduate medical education course.

Provided that it shall be permissible for Medical Colleges not yet recognized for the award of MBBS degree under the Indian Medical Council Act, 1956 to apply for starting of a Post-graduate medical education course in pre clinical and para clinical subjects, namely, Anatomy; Physiology; Biochemistry; Pharmacology; Pathology; Microbiology; Forensic Medicine; and Community Medicine at the time of third renewal i.e., alongwith the admission of fourth batch for the MBBS course; and in clinical subjects, namely, Anaesthesiology; Dermatology, Venerology and Leprosy; General Medicine; Paediatrics; Psychiatry; Radio-diagnosis; Radiation Oncology; Respiratory Medicine; Otorhinolaryngology; General Surgery; Ophthalmology;

WWW.LIVEFLAW.IN

Orthopaedics, Obstetrics & Gynaecology, at the time of fourth renewal, i.e., along with the admission of fifth batch for the MBBS course.”

(1A) The Central Government shall exempt any such existing/proposed non-teaching institutions or specialist institution or autonomous body owned and managed by the Central Government/State Government from fulfilling the prescribed provision of having an undergraduate teaching facility, and allow starting Postgraduate medical course.

(2) The maximum number of students for a postgraduate medical course, who can be registered in any recognised department, for training for the award of postgraduate degree or diploma by the affiliating university, shall be determined by the facilities available in the department in terms of infrastructure, teaching staff and clinical teaching material.

(3) Every student, selected for admission to postgraduate medical course in any of the medical institutions in the country, shall possess recognised MBBS degree or equivalent qualification and should have obtained permanent Registration with the Medical Council of India, or any of the State Medical Councils or should obtain the same within one month from the date of his admission, failing which the admission of the candidate shall be cancelled;

The above Clause 8(3) is substituted in terms of Notification published in the Gazette of India on 20.10.2008.

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

Provided that in the case of a foreign national, the Medical Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the Post Graduate training restricted to the medical college/institution to which he is admitted for the time being exclusively for Post Graduate studies.

The sentence “training restricted to the medical college/institution to which he is admitted for the time being exclusively for Post Graduate studies” has been substituted in terms of Notification published in the Gazette of India on 20.10.2008.

“course limited to the medical college/institution to which he/she is admitted for the time being exclusively for pursuing postgraduate studies”;

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered as medical practitioner

WWW.LIVEFLAW.IN
in his own country from which he has obtained his basic medical qualification and that his degree is recognized by the corresponding medical council or concerned authority.

The sentence "as medical practitioner in his own country from which he has obtained his basic medical qualification and that his degree is recognized by the corresponding medical council or concerned authority" has been substituted in terms of Notification published in the Gazette of India on 20.10.2008 .

"with appropriate registering authority in his own country wherefrom he has obtained his Basic Medical qualification, and is duly recognized by the corresponding Medical Council or concerned authority."

(4) The students undergoing postgraduate courses shall be exposed to the following :-

- a. Basics of statistics to understand and critically evaluate published research paper.
- b. Few lectures or other type of exposure to human behaviour studies.
- c. Basic understanding of pharmaco-economics.
- d. Introduction to the non-linear mathematics.

The above sub-Clause 8(4)(b) is substituted in terms of Notification published in the Gazette of India on 20.10.2008 .

(b) 'Exposure to Human Behaviour studies'.

The above sub- clauses 8(4)(c) and 8(4)(d) are deleted in terms of Notification published in the Gazette of India on 20.10.2008.

9. SELECTION OF POSTGRADUATE STUDENTS.

1. Students for Postgraduate medical courses shall be selected strictly on the basis of their academic merit.

The above Clause 9(1) is substituted in terms of Notification published in the Gazette of India on 20.10.2008.

9(1) (a) Students for Post Graduate medical courses shall be selected strictly on the basis of their Inter-se Academic Merit.

b) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical

WWW.TVETLAW.IN
Officers shall serve for two more years in remote and/or difficult areas.

In Clause 9(1)(b) after the words “remote and/or difficult areas” and in the proviso to the clause 9(2)(d), the following shall be inserted in terms of Notification published on 16.04.2010.

“As decided by the competent State authorities from time to time.”

2. For determining the academic merit, the university/institution may adopt any one of the following procedures both for degree and diploma courses :-
 - i. On the basis of merit as determined by the competitive test conducted by the State Government or by the competent authority appointed by the State Government or by the university/group of universities in the same state; or
 - ii. On the basis of merit as determined by a centralized competitive test held at the national level; or
 - iii. On the basis of the individual cumulative performance at the first, second and their MBBS examination, if such examination have been passed from the same university; or
 - iv. Combination of (i) and (iii):

Provided that wherever entrance test for Postgraduate admission is held by a State Government or a university or any other authorized examining body, the minimum percentage of marks for eligibility for admission to postgraduate medical courses shall be fifty per cent for candidates belonging to general category and 40 per cent for the candidate belonging to Scheduled Castes, Scheduled Tribes and Other Backward classes.

Provided further that in non-Governmental institutions fifty percent of the total seats shall be filled by the competent authority and the remaining fifty per cent by the management of the institution on the basis of merit.

The above Clause 9 (2) is substituted in terms of Notification published in the Gazette of India on 20.10.2008 .

9(2) For determining the ‘Academic Merit’, the University/Institution may adopt the following methodology:-

(a) On the basis of merit as determined by a ‘Competitive Test’ conducted by the state government or by the competent authority appointed by the state government or by the university/group of universities in the same state; or

(b) On the basis of merit as determined by a centralized competitive test held at the national level; or

WWW.LIVEFLAW.IN
(c) On the basis of the individual cumulative performance at the first, second and third MBBS examinations provided admissions are University wise. Or

(d) Combination of (a) and (c)

Provided that wherever 'Entrance Test' for postgraduates admission is held by a state government or a university or any other authorized examining body, the minimum percentage of marks for eligibility for admission to postgraduate medical course shall be 50 percent for general category candidates and 40 percent for the candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes.

Provided further that in Non-Governmental institutions fifty percent of the total seats shall be filled by the Competent authority notified by the State Government and the remaining fifty percent by the management(s) of the institution on the basis of Inter-se Academic Merit.

The following proviso is added after clause 9(2)(d) in terms of Gazette Notification published on 17.11.2009 .

"Further provided that in determining the merit and the entrance test for postgraduate admission weightage in the marks may be given as an incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained."

The following is added after the word General Category candidates in the fourth line of first proviso to Clause 9(2) (iv) in terms of Gazette Notification dated 25.3.2009.

"45% for persons with locomotory disability of lower limbs in the same manner as stipulated in Clause 9(1) (a) above."

The following sub clause 9(1)(a) is added after sub-clause 9(1) in terms of Notification published in the Gazette of India on 25.03.2009 .

"1(a). 3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%.

Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with

WWW.LIVEFLAW.IN
locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% - before they are included in the annual sanctioned seats for General Category candidates.

Provided further that this entire exercise shall be completed by each medical college / institution as per the statutory time schedule for admissions and in no case any admission will be made in the Postgraduate Medical course after 31st of May."

The following sub-clause 9(3) is included after sub-regulation 9(2) in terms of Gazette notification dated 23rd March, 2006 .

"3. (i) The Universities and other authorities concerned shall organize admission process in such a way that teaching in postgraduate courses starts by 2nd May and by 1st August for super speciality courses each year. For this purpose, they shall follow the time schedule indicated in Appendix-III.

The above dates "2nd May and 1st August" shall be substituted by "as per latest time schedule"

(ii) There shall be no admission of students in respect of any academic session beyond 31st May for postgraduate courses and 30th September for super speciality courses under any circumstances. They Universities shall not register any student admitted beyond the said date.

The above dates "31st May and 30th September" shall be substituted by "as per latest time schedule"

(iii) The Medical Council of India may direct, that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification for the purpose of the Indian Medical Council Act, 1956.

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

The Clause 9 under the heading 'SELECTION OF POSTGRADUATE STUDENTS' shall be substituted as under, in terms of Notification dated 21.12.2010:-

"9. Procedure for selection of candidate for Postgraduate courses shall be as follows:

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

II. 3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%.

Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% - before they are included in the annual sanctioned seats for General Category candidates.

Provided further that this entire exercise shall be completed by each medical college / institution as per the statutory time schedule for admissions.

III. In order to be eligible for admission to any postgraduate course in a particular academic year, it shall be necessary for a candidate to obtain minimum of 50% (Fifty Percent) marks in 'National Eligibility-cum-Entrance Test for Postgraduate courses' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum percentage marks shall be 40% (Forty Percent) and in respect of candidates as provided in clause 9 (II) above with locomotory disability of lower limbs, the minimum percentage marks shall be 45% (Forty Five Percent) in the National Eligibility-cum-Entrance Test :

Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to Post Graduate Courses, the Central Government in consultation with Medical Council of India may at its discretion lower the minimum marks required for admission to Post Graduate Course for candidates belonging to respective categories and marks so lowered by the

Central Government shall be applicable for the said academic year only.

- IV. The reservation of seats in medical colleges/institutions for respective categories shall be as per applicable laws prevailing in States/ Union Territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in National Eligibility-cum-Entrance Test and candidates shall be admitted to Post Graduate courses from the said merit lists only.
- V. No candidate who has failed to obtain the minimum eligibility marks as prescribed in Sub Clause (II) above shall be admitted to any Postgraduate courses in the said academic year.
- VI. In non-Governmental medical colleges/institutions, 50% (Fifty Percent) of the total seats shall be filled by State Government or the Authority appointed by them, and the remaining 50% (Fifty Percent) of the seats shall be filled by the concerned medical colleges/institutions on the basis of the merit list prepared as per the marks obtained in National Eligibility-cum-Entrance Test.”

The Clause 9 subclause III. under the heading ‘SELECTION OF POSTGRADUATE STUDENTS, as amended vide notification No. MCI.18(1)/2010-Med/49070 dated 21st December 2010, following shall be substituted as under, in terms of Notification dated 15.02.2012:-

“In order to be eligible for admission to any postgraduate course in a particular academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in ‘National Eligibility-cum-Entrance Test for Postgraduate courses’ held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates as provided in clause 9(II) above with locomotory disability of lower limbs, the minimum marks shall be at 45th percentile. The percentile shall be determined on the basis of highest marks secured in the All-India common merit list in ‘National Eligibility-cum-Entrance Test for Postgraduate courses.

Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to Post Graduate Courses, the Central Government in consultation with Medical Council of India may at its discretion lower the minimum marks required for admission to Post Graduate Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.”

The Clause 9 under the heading ‘SELECTION OF POSTGRADUATE STUDENTS, as amended vide notification No. MCI.18(1)/2010-Med/49070 dated 21st December 2010, following shall be added after sub-clause IV which is as under, in terms of Notification dated 15.02.2012:-

“Provided that in determining the merit of candidates who are in service of government/public authority, weightage in the marks may be given by the Government/Competent Authority as an incentive at the rate of 10% of the marks obtained for each year of service in remote

~~WWW.LIVEFLAW.IN~~
 and/or difficult areas up to the maximum of 30% of the marks obtained in National Eligibility-cum-Entrance Test. The remote and difficult areas shall be as defined by State Government/Competent authority from time to time.”

The Clause 9 under the heading ‘SELECTION OF POSTGRADUATE STUDENTS, as amended vide notification No. MCI.18(1)/2010-Med/49070 dated 21st December 2010, following shall be added after sub-clause VI which is as under, in terms of Notification dated 15.02.2012:-

“VII. 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and/or difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas as defined by State Government/Competent authority from time to time.

VIII. The Universities and other authorities concerned shall organize admission process in such a way that teaching in postgraduate courses starts by 2nd May and by 1st August for super speciality courses each year. For this purpose, they shall follow the time schedule indicated in Appendix-III

The above dates “2nd May and 1st August” shall be substituted by “as per latest time schedule”

IX. There shall be no admission of students in respect of any academic session beyond 31st May for postgraduate courses and 30th September for super speciality courses under any circumstances. They Universities shall not register any student admitted beyond the said date.

The above dates “31st May and 30th September” shall be substituted by “as per latest time schedule”

X. The Medical Council of India may direct, that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification for the purpose of the Indian Medical Council Act, 1956. The institution which grants admission to any student after the last date specified for the same shall also be liable to face such action as may be prescribed by MCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.”

(The above notification was quashed by the Honble Supreme Court on 18.07.2013 and has been revived on 11.04.2016 by the Hon’ble Supreme Court.)

The above Regulation Clause 9(1 to 11) is substituted in terms of Notification published on 05.04.2018.

Preamble

1. The Parliament of India has amended the Indian Medical Council Act, 1956 by the Indian Medical Council (Amendment) Act 2016. This Amendment Act after receiving the assent to the President has been notified in the Gazette of India on 5th August 2016. The Indian Medical Council (Amendment) Act 2016 has inserted section 10 D and section 33 (mb) to the Indian Medical Council Act, 1956. The said provision provides for a uniform entrance examination to all medical educational institutions at the under graduate level and post graduate level by the “designated authority”. By virtue of this Amendment the Parliament has provided legislative sanctity to the National Eligibility-Cum-Entrance Test [hereinafter “NEET”] included in the Post-Graduate Medical Education Regulations, 1997 by Amendments notified in the Official Gazette on 27th December 2010, 27th February 2012 and 23rd October 2012.
 2. Earlier the provisions relating to NEET were quashed by the Hon`ble Supreme Court vide its judgment dated 18th July 2013 in Christian Medical College Vellore &Ors. (TC (C) No. 98 of 2012 and other 114 connected petitions). However, on a Review Petition preferred by the Medical Council of India and the Union of India, the Hon`ble Supreme Court vide its order dated 11th April 2016 in Review Petition (c) Nos. 2059-2268 of 2013 captioned as Medical Council of India vs. Christian Medical College Vellore &Ors. has revived NEET Regulations. The admission to postgraduate courses for the academic year 2017-18 were conducted on the basis of provisions of the Indian Medical Council (Amendment) Act, 2016 and the NEET Regulations revived by the Hon`ble Supreme Court and in the Terms of the terms of the Indian Medical Council (Amendment) Act, 2016 the National Eligibility-cum-Entrance Test is the uniform entrance examination to all medical educational institutions at the post graduate level and shall continue to be the uniform entrance examination to all medical educational institutions at the post graduate level.
9. **Procedure for selection of candidate for Postgraduate courses shall be as follows:-**
- (1) There shall be a uniform entrance examination to all medical educational institutions at the Postgraduate level namely ‘National Eligibility-cum-Entrance Test’ for admission to postgraduate courses in each academic year and shall be conducted under the overall supervision of the Ministry of Health & Family Welfare, Government of India.
 - (2) The “designated authority” to conduct the ‘National Eligibility-cum-Entrance Test’ shall be the National Board of Examination or any

- (3) In order to be eligible for admission to Postgraduate Course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-Cum-Entrance Test for Postgraduate courses' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile for General Category and 40th percentile for SC/ST/OBC. The percentile shall be determined on the basis of highest marks secured in the All India Common merit list in National Eligibility-cum-Entrance Test for Postgraduate courses.

Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to Postgraduate Courses, the Central Government in consultation with Medical council of India may at its discretion lower the minimum marks required for admission to Post Graduate Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the academic year only.

- (4) The reservation of seats in Medical Colleges/institutions for respective categories shall be as per applicable laws prevailing in States/Union Territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in National Eligibility-cum-Entrance Test and candidates shall be admitted to Postgraduate Courses from the said merit lists only.

Provided that in determining the merit of candidates who are in service of government/public authority, weightage in the marks may be given by the Government/Competent Authority as an incentive upto 10% of the marks obtained for each year of service in remote and/or difficult areas or Rural areas upto maximum of 30% of the marks obtained in National Eligibility-cum Entrance Test. The remote and/or difficult areas or Rural areas shall be as notified by State Government/Competent authority from time to time."

- (5) 5% seats of annual sanctioned intake capacity shall be filled up by persons with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, based

WWW.LIVELAW.IN

on the merit list of National Eligibility-Cum-Entrance Test for admission to Postgraduate Medical Courses.

In order to be eligible for admission to Postgraduate Course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-Cum-Entrance Test for Postgraduate courses' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile for General Category and 40th percentile for SC/ST/OBC.

- (6) No candidate who has failed to obtain the minimum eligibility marks as prescribed in Sub-Clause (3) above shall be admitted to any Postgraduate courses in the said academic year.
- (7) In non-Governmental medical colleges/institutions, 50% (Fifty Percent) of the total seats shall be filled by State Government or the Authority appointed by them, and the remaining 50% (Fifty Percent) of the seats shall be filled by the concerned medical colleges/institutions on the basis of the merit list prepared as per the marks obtained in National Eligibility-cum-Entrance Test."
- (8) 50% of the seats in Postgraduate Diploma Courses shall be reserved for Medical Officer in the Government service, who have served for at least three years in remote and /or difficult areas and / or Rural areas. After acquiring the Postgraduate Diploma, the Medical Officers shall serve for two more years in remote and /or difficult areas and / or Rural areas as defined by State Government/Competent authority from time to time.
- (9) The Universities and other authorities concerned shall organize admission process in such a way that teaching in broad speciality postgraduate courses starts by 1st May and for super speciality courses by 1st August each year. For this purpose, they shall follow the time schedule indicated in Appendix-III.
- (10) There shall be no admission of students in respect of any academic session beyond 31st May for postgraduate courses and 31st August for super speciality courses under any circumstances. The Universities shall not register any student admitted beyond the said date.
- (11) No authority / institution shall admit any candidate to any postgraduate medicine course in contravention of the criteria / procedure as laid down by these Regulations and / or in violation of the judgements passed by the Hon'ble Supreme Court in respect of

admissions. Any candidate admitted in contravention / violation of aforesaid shall be discharged by the Council forthwith. The authority / institution which grants admission to any student in contravention / violation of the Regulations and / or the judgements passed by the Hon'ble Supreme Court, shall also be liable to face such action as may be prescribed by the Council, including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year / years."

The following shall be added in terms of Notification published in the Gazette of India on 11.03.2017

9A. Common Counseling

- (1) There shall be a common counseling for admission to all Postgraduate Courses (Diploma/ MD/ MS/ DM/ M.Ch.) in all Medical Educational Institutions on the basis of merit list of the National Eligibility-cum-Entrance Test.**
- (2) The designated authority for counselling for the 50% All India Quota seats of the contributing States shall be conducted by the Directorate General of Health Services. Such counselling as per the existing scheme shall be only for Diploma and MD/MS courses.**

The above Clause 9A(2) shall be substituted in terms of Gazette Notification dated 31.07.2017 as under .

"The Designated Authority for counselling for the 50% All India Quota seats of the contributing States, as per the existing scheme for Diploma and M.D./M.S. courses shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. Further, the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India shall conduct counselling for all postgraduate courses [Diploma, M.D./M.S., D.M./M.Ch.] in Medical Educational Institutions of the Central Government, Universities established by an Act of Parliament and the Deemed Universities. Furthermore, the Directorate General of Health Services shall conduct the counselling for all Superspecialty courses (D.M./M.Ch.) in Medical Educational Institutions of the Central Government, Medical Educational Institutions of the State Government, Deemed Universities, Universities established by an Act of Parliament, Universities established by an Act of State/Union Territory Legislature, Medical Educational Institutions established by Municipal Bodies, Trust, Society, Company or Minority Institutions".

- ~~WWW.LIVEJAWA.TN~~
- (3) *The counseling for all Postgraduate Courses (Diploma/ MD/ MS/ DM/ M.Ch.) in all Medical Educational Institutions in a State/Union Territory, including Medical Educational Institutions established by the Central Government, State Government University, Deemed University, Trust, Society or a Company/ Minority Institutions/ Corporations shall be conducted by the State Government. Such common counselling shall be under the over-all superintendence, direction and control of the State Government.*

The above Clause 9A(3) shall be substituted in terms of Gazette Notification dated 31.07.2017 as under .

“The counselling for admission to Diploma and M.D./M.S. in all Medical Educational Institutions in a State/Union Territory, including, Medical Educational Institutions established by the State Government, University established by an Act of State/Union Territory Legislature, Municipal Bodies Trust, Society, Company or Minority Institutions shall be conducted by the State/Union Territory Government.”

The following 9A(4) shall be added in terms of Notification published in the Gazette of India on 05.04.2018

9A(4) In order to prevent seat blocking in common counseling for admission to Postgraduate Courses and permissibility to exercise fresh choice during Counseling, forfeiture of fee shall be in accordance with the matrix contained in appendix-III.

10. PERIOD OF TRAINING

The period of training for the award of various postgraduate degrees or diplomas shall be as follows:

(1) Doctor of Medicine (M.D.) / Master of Surgery (M.S.)

The period of training for obtaining these degrees shall be three completed years including the period of examination.

Provided that in the case of students having a recognised two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two year.

In the above clause 10(1) the word "having" is substituted by the word "possessing" in terms of Notification published in the Gazette of India on 20.10.2008.

(2) Doctor of Medicine (D.M.) / Master Chirurgiae (M.Ch.)

The period of training for obtaining these degrees shall be three completed years (including the examination period) after obtaining M.D./M.S. degrees, or equivalent recognised qualification in the required subject;

The above clause has been substituted in terms of Notification published in the Gazette of India on 20.10.2008 .

"The period of training for obtaining these Degrees shall be three completed years including the examination period."

Provided that where an institution on the date of commencement for these Regulation, is imparting five year training in Neurology and Neuro-Surgery, such institution shall continue to have five year training course.

The above proviso to Section 10(2) is substituted in terms of Notification published in the Gazette of India on 21.07.2009 .

"Provided that where an institution, on the date of commencement of these Regulations, is imparting five years training in Neurology and Neurosurgery, such institution shall alter it to six years training course."

(3) Diplomas

The period of training for obtaining a postgraduate Diploma shall be two completed years including the examination period.

Migration/transfer of postgraduate student from one medical college or institution to another.

Migration/transfer of students undergoing any postgraduate course – degree /diploma shall not be permitted by any university or any authority.

The above para is substituted in terms of Notification published in the Gazette of India on 20.10.2008.

"MIGRATION

Under no circumstance, Migration/transfer of student undergoing any Post Graduate Degree/ Diploma / Super Specialty course shall be permitted by any University/ Authority"

11 Departmental training Facilities:-

A department having an independent academic entity of a teaching institution, consisting of one or more units, each having the prescribed minimum strength of faculty, staff and beds shall be recognised for Post Graduate training.

WWW.LIVEFLAW.TN
The above clause is substituted in terms of Notification published on 20.10.2008 in Gazette of India .

"A department having an independent academic identity in a teaching institution, comprising of one or more units, having prescribed strength of faculty, staff and teaching beds shall be recognised for Post Graduate training."

11.1 Staff – Faculty

- (a) A clinical department or its unit training candidates for broad or super specialities, shall have a minimum of three full time faculty members belonging to the concerned disciplines of whom one shall be a Professor, one Associate Professor/ Reader/ and one Astd. Professor/ Lecturer, possessing the qualification and experience prescribed by the Medical Council of India;

Provided that the second or subsequent additional unit may be headed by an Associate professor.

Of these faculty members only those who possess a total of eight years teaching experience, out of which at least five years teaching experience as Assistant Professor/Lecturer gained after obtaining Post Graduate degree, shall be recognised as Post Graduate teachers.

The above sub-clause 11.1(a) is substituted in terms of Notification published in the Gazette of India on 20.10.2008 .

"11.1 Staff – Faculty

(a) A clinical department or its unit training candidates for Broad or Super Specialities, shall have a minimum of three full time faculty members belonging to the concerned disciplines of whom one shall be a Professor, one Associate Professor/ Reader and one Astd. Professor/ Lecturer, possessing requisite qualification and teaching experience prescribed by the Medical Council of India.

Provided that the second or subsequent unit may be headed by an Associate Professor alongwith two Assistant Professors/Lecturers.

Of these faculty members only those who possess a total of eight years teaching experience, of which at least five years teaching experience is as Assistant Professor gained after obtaining Post Graduate Degree, shall be recognised as Post Graduate teachers."

The following provisio is added to Regulation 11.1(a) in terms of Gazette Notification dated 9th December, 2009 .

~~WWW.TVETLAW.IN~~

"Further provided that no teacher shall be considered as a postgraduate teacher in any other institution during the period till the postgraduate course at the institute which has been granted permission considering him as a postgraduate teacher is recognized u/s 11(2) of the Indian Medical Council Act, 1956."

The following shall be added in clause 11.1(a) after the second proviso in terms of Notification published in the Gazette of India on 05.04.2018:

Minimum staff required (Broad speciality):

(First Unit)

1-Professor

1-Associate Professor

1- Assistant Professor

1-Senior Resident

2-Junior Resident

Remaining units of the department (in multi unit departments) can be headed by Professor or Associate Professor and remaining two faculties can be Assistant Professor in addition to one Senior Resident and two Junior Resident.

The above definition shall not apply to the Departments of Critical Care/Departments with day care services such as Respiratory Medicine/Dermatology Venereology Leprosy/ Ophthalmology/ Otorhinolaryngology etc. The Council also decided to include the requirement of Residents in all departments in the Postgraduate.

- (b)** In each department, training candidates for super specialities, there shall be a minimum of three faculty members with requisite Post Graduate qualification and experience - One Professor, One Associate Professor / Reader and one Assistant Professor / Lecturer, with atleast two of them holding the degree of D.M./M.Ch. in the concerned discipline.

Of these faculty members only those who possess eight years teaching experience out of which at least five years teaching experience as Assistant Professor / Lecturer gained after obtaining the higher speciality degree shall be recognised as Post Graduate teachers;

Provided that in the case of super speciality courses which are being newly instituted relaxation of qualification and experience of Post Graduate teachers may be granted by the Medical Council of India for sufficient cause.

The above sub-clause 11.1(b) is substituted in terms of Notification published in the Gazette of India on 20.10.2008.

WWW.LIVEFLAW.TN
"(b) In a Department, training candidates for Super Speciality, there shall be a minimum of three faculty members with requisite Post Graduate qualification and experience, one shall be Professor, One Associate Professor / Reader and one Assistant Professor / Lecturer.

Provided that the second or subsequent unit may be headed by an Associate Professor along with two Assistant Professors /Lecturers.

Of these only those faculty members who possess eight years teaching experience of which at least five years teaching experience is as Assistant Professor or above gained after obtaining the Post Graduate degree shall be recognised as Post Graduate teachers :

Provided that in the case of super speciality courses which are newly instituted, relaxation of qualification and experience for recognition as Post Graduate teachers, may be granted by the Medical Council of India for sufficient cause."

The following proviso is added to Regulation 11.1(b) in terms of Gazette Notification dated 9th December, 2009.

"Further provided that no teacher shall be considered as a postgraduate teacher in any other institution during the period till the postgraduate course at the institute which has been granted permission considering him as a postgraduate teacher is recognized u/s 11(2) of the Indian Medical Council Act, 1956."

The following shall be added in clause 11.1(b) after the third proviso in terms of Notification published in the Gazette of India on 05.04.2018:

Minimum staff required (Super-speciality):
(First Unit)
1-Professor
1- Associate Professor.
1- Assistant Professor
1-Senior Resident
2-Junior Resident

WWW.LIVELEAW.IN
 Remaining units of the department (in multi-unit departments) can be headed by Professor or Associate Professor and remaining two faculties can be Assistant Professor in addition to one Senior Resident and two Junior Resident.

- (c) In addition to the faculty staff, the strength of Residents / Registrars / Tutors / Demonstrators, as well as technical and other para medical staff shall be as per the staff strength prescribed for 50 or 100 or 150 students in the 'Minimum Requirements for 50/100/150 MBBS Admissions Annually Regulations.'

The following sub-clause 11.1(d) has been included in terms of Notification published in the Gazette of India on 16th March, 2005.

"(d) Consultants of specialists who have the experience of working for a period of not less than 18 years and 10 years in the teaching and other general departments in the institution or hospitals, not attached to any medical college, where with the affiliation from any university, postgraduate teaching is being imparted as contemplated under sub-regulation (1A) of regulation 8, shall respectively be eligible to be equated as Professor and Associate Professor in the department concerned. The requisite experience for equating a Consultant or Specialist working in the super-speciality department of the said institution or hospitals as Professor and Associate Professor shall respectively be 16 years and 8 years. Consultants or specialists having postgraduate degree qualification, working in such an institution or hospital, who do not have the said period of experience, shall be eligible to be equated as Assistant Professor in the department concerned."

The following proviso has been included to clause 11.1(d) in terms of Notification published in the Gazette of India on 17th November, 2009.

"Provided that such conferment of the nomenclature of the designation/status of postgraduate medical teachers shall be awarded only to those many number of consultants in the concerned hospital/institution so as to fulfil the minimum requirement for imparting Postgraduate Medical Education to the sanctioned annual intake of the respective Govt. Hospital/Institute".

11.2 Minimum requirements for a Post Graduate institution :

- (a) An institution conducting both undergraduate and Post Graduate teaching shall satisfy the minimum requirement for undergraduate training as prescribed by the Medical Council of India and shall also fulfil additional requirements for Post Graduate training depending on the type of work

WWW.LIVEFLAW.IN

being carried out in the department. The extra staff required to be provided in various departments shall be as given in Appendix-I.

The above sub-clause 11.2(a) is substituted in terms of Gazette Notification dated 20.10.2008.

"(a) An institution conducting both Undergraduate and Post Graduate teaching shall fulfil the prescribed minimum requirements for undergraduate training and also additional requirements for Post Graduate training depending on the type of work being carried out in the Department. The additional staff required to be provided in following Departments shall be as under :-

1) Department of Pathology

- i) Associate Professor/Reader - 1***
- ii) Assistant Professor/Lecturer - 1***
- iii) Tutor/Demonstrator - 1***

2) Department of Radio-diagnosis

- i) Associate Professor/Reader - 1***
- ii) Assistant Professor/Lecturer - 1***
- iii) Tutor/Demonstrator - 1***

3) Department of Anaesthesiology

- i) Associate Professor/Reader - 1***
- ii) Assistant Professor/Lecturer - 1***
- iii) Tutor/Demonstrator - 1"***

(b) A Department imparting only Post Graduate training shall:-

- (i) Provide facilities consistent with the all round training including training in basic medical science and other departments related to the subject of training as recommended by the Medical Council of India.
- (ii) have as many autopsies, biopsies and cytopsies as possible for teaching purposes; and
- (iii) make available facilities of ancillary department for coordination of Training.

The following sub-clause 11.2(c) is included in terms of Notification published in the Gazette of India on 16th March, 2005.

~~WWW.TJVELAW.IN~~

(c) An institution eligible to start postgraduate course(s) under sub-regulation (1A) of regulation 8 may enter into a comprehensive Memorandum of Understanding with an ongoing recognized medical college, located within a reasonable distance from it as would not disrupt the smooth running of the said course(s), for the purpose of availing the facilities of the basic medical sciences departments of the college concerned; or it shall create the requisite facilities in its own set-up as per the guidelines indicated in Appendix-III. In addition, such an institution shall set up full-fledged departments of Pathology, Biochemistry, Microbiology and Radiology".

11.3 Bed Strength in Clinical Departments

A department to be recognised for training of Post Graduate students, shall have not less than 60 (Sixty) beds each of General Medicine, General Surgery, Obstetrics and Gynecology, 30 (thirty) beds each for others incase of M.D/M.S. and diploma and 20 (twenty) beds each in case of D.M./M.Ch

Explanation: - A unit shall consist of 30 beds for MD/MS and 20 beds for DM/M.Ch. respectively.

The above sub-clause is substituted in terms of Gazette Notification dated. 20.10.2008 .

"11.3 Bed Strength in Clinical Departments

A Department to be recognised for training of Post Graduate students, shall have at least 60 (Sixty) beds each of General Medicine, General Surgery, Obstetrics and Gynecology and 30 (thirty) beds each for others specialties for Degree and Diploma courses, and 20 (twenty) beds each in case of Super Specialty courses.

Explanation: - A unit shall consist of not less than 30 and more than 40 beds for Degree/Diploma courses and not less than 20 and more than 30 beds for Super Specialty courses respectively."

11.4 Out – patient departments

There shall be adequate space and sufficient number of examination cubicles available in the out – patient Department. Besides the general outpatient services, Speciality Clinics shall also be available for the training of post-graduate students in the relevant broad and super speciality;

To determine the number of students who may be admitted for training, outpatient attendance, work turnover and ambulatory care also have to be taken into consideration.

11.5 Laboratory Facilities

The institution shall have adequate laboratory facilities for the training of the Post Graduate students, and such laboratories shall provide all the investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge and technology and research requirements, and for training of students in non-clinical departments, proper and contemporary laboratory facilities shall be made available.

11.6 Equipment

The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the Council for each speciality from time to time.

The above sub-clause 11.6 is substituted in terms of Gazette Notification dated. 20.10.2008 .

"11.6 Equipment

The department shall have adequate number of all such equipments including the latest ones necessary for training and as may be prescribed by the Council for each speciality from time to time."

12. Number of Post Graduate Students to be admitted.

- (1) The ratio of recognised Post Graduate teacher to number of students to be admitted for the degree and diploma courses shall be 1:1 each for degree and diploma courses in each unit per year, to the extent that in no circumstances more than two students for degree and one for Diploma shall be registered in a unit in one academic year.

The above sub-clause 12(1) is substituted in terms of Gazette Notification dated. 21.07.2009 as follows.

"The ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course where diploma is not prescribed shall be 1:2 for a Professor and 1:1 for other cadres in each unit per year subject to a maximum of 4 PG seats for the degree per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit for broad specialities."

The above sub-clause 12(1) is substituted in terms of Gazette Notification dated. 24.04.2012 as follows.

"The ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course where diploma is not prescribed shall be 1:2 for

WWW.LIVELAW.IN

general note following this rule in each unit per year subject to a maximum of 5 PG seats for the degree per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit for broad specialties.

Further in case of Anesthesiology, Forensic Medicine and Radiotherapy where the ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course where diploma is not prescribed shall be 1:3 for a Professor and 1:1 for other cadre covered by the general note following this rule subject to a maximum of 6 PG seats for the degree per academic year."

In clause 12(1), the word Radiotherapy shall be substituted as "Radiation Oncology" in 2nd paragraph in terms of Gazette Notification dated 05.04.2018

In the above sub-clause 12(1) as amended on 24.04.2012 in the Gazette of India, the subject "Psychiatry" shall also be added after Radiotherapy in 2nd paragraph in terms of Gazette notification dated 01.02.2016.

In the above sub-clause 12(1) as amended on 24.04.2012 in the Gazette of India, the following shall be deleted in 2nd paragraph in terms of Gazette notification dated 21.06.2016.

"subject to a maximum of 6 PG seats for the degree per academic year."

In the above Clause 12(1) under the heading "Number of Postgraduate Students to be admitted", the following shall be added in terms of Gazette notification dated 31.01.2017.:-

Provided that in Public funded Government Medical Colleges the teacher:student ratio shall be 1:3 for Professor and 1:2 for Associate Professor if the Associate Professor is a unit head, in all clinical subjects.

In the above Clause 12(1) after the third paragraph, the following shall be added in terms of Gazette notification dated 05.04.2018.:-

WWW.LIVELAW.IN

Colleges/Medical Institution, the application for increase of seats on the basis of said ratio shall be considered only if the College/Institute:-

1. Has a standing of 15 years
 2. Should be running the Postgraduate course since 10 years
 3. Should have completed atleast 1 continuance of recognition assessment satisfactorily and
 4. Applies u/s 10A of the Indian Medical Council Act, 1956 for increase of seats which would be granted only after physical verification of faculty, resident, clinical material and infrastructural facilities etc.
- (2) In case the institution is having only Post Graduate diploma courses in any subject then it shall have a unit of 30 beds with three full time teachers. The ratio of number of students and recognised Post Graduate teachers shall be 1:1 and in no circumstances more than three students can be admitted in a unit per year.

The above sub-clause 12(2) is substituted in terms of Gazette Notification dated. 21.07.2009.

"The ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course in broad specialities where diploma is prescribed shall be 1:2 for a Professor and 1:1 for other cadres in each unit per year subject to a maximum of 4 PG seats including diploma per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit. "

The above sub-clause 12(2) is substituted in terms of Gazette Notification dated. 24.04.2012 as follows.

"The ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course in broad specialities where diploma is prescribed shall be 1:2 for a Professor and 1:1 for other cadre covered by the general note in each unit per year subject to a maximum of 5 PG seats including diploma per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit.

Further in case of Anesthesiology, Forensic Medicine and Radiotherapy where the ratio of recognized postgraduate teacher to the number of students to be admitted for the degree course where diploma is prescribed shall be 1:3 for a

WWW.LIVEFLAW.IN
Professor and 1:1 for other cadre covered by the general note following this rule subject to a maximum of 6 PG seats including diploma seats per academic year. "

In the above sub-clause 12(2) as amended on 24.04.2012 in the Gazette of India, the subject "Psychiatry" shall also be added after Radiotherapy in 2nd paragraph in terms of Gazette notification dated 01.02.2016.

In the above sub-clause 12(2) as amended on 24.04.2012 in the Gazette of India, the following shall be deleted in 2nd paragraph in terms of Gazette notification dated 21.06.2016.

"subject to a maximum of 6 PG seats for the degree per academic year."

In above Clause 12(2) under the heading "Number of Postgraduate Students to be admitted", the following shall be added :-

Provided that in Public funded Government Medical Colleges the teacher:student ratio shall be 1:3 for Professor and 1:2 for Associate Professor if the Associate Professor is a unit head, in all clinical subjects.

- (3) The requirement of units and beds shall not apply in the case of Post Graduate degree or diploma courses in Basic and para-clinical departments. The ratio of recognised Post Graduate teacher to students shall, however be maintained at 1:1 both at degree as well as diploma level.

The above sub-clause 12(3) is substituted in terms of Gazette Notification dated. 21.07.2009 .

"The requirement of units and beds shall not apply in the case of Postgraduate degree or diploma courses in Basic and para-clinical departments.

Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other streams like National Board of Examinations, College of Physicians & Surgeons etc. are permitted."

The Following is also added after clause 12(3) in terms of Gazette Notification dated. 17/11/2009 .

WWW.LIVEFLAW.IN
"Provided that the additional complement of 10 beds in the unit is to be made applicable only when the allocation by higher teachers students ratio of 1:2 in the case of a Professor results in awarding 4 postgraduate seats in degree/diploma courses in the unit, further clarifying that the strength of 30 beds per unit as prescribed in the present regulations will be considered adequate upto total 3 postgraduate seats in degree/diploma courses."

The above sub-clause 12(3) is substituted in terms of Gazette Notification dated. 24.04.2012 as follows.

"The requirement of units and beds shall not apply in the case of Postgraduate degree or diploma courses in Basic and para- clinical departments.

Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other body like National Board of Examinations, College of Physicians & Surgeons, etc. are permitted.

Provided that the additional complement of 10 beds in the unit is to be made applicable only when the allocation by higher teachers students ratio of 1:2 in the case of a Professor result in awarding 5 postgraduate seats in degree/diploma courses in the unit, further clarification that the strength of 30 beds per unit as prescribed in the present regulations, will be considered adequate upto total 3 postgraduate seats in degree/diploma courses."

- (4) The number of students to be admitted in case of Post Graduate degree (Super speciality) courses shall be one student per year per recognised Post Graduate teacher in a department having a minimum of three faculty members (one Professor, one Associate Professor/Reader & one Asstt. Professor/Lecturer) and twenty beds. If the number of Post Graduate teachers in the unit is more than one then the number of students may be increased proportionately but not more than two in a unit per year in any circumstances. For this purpose one student should associate with one Post Graduate teacher:

Provided that no Post Graduate seats left unfilled in an academic year, shall be carried forward to the next or subsequent academic years, being from 1st January to 31st December of any calendar year.

The above sub-clause 12(4) is substituted in terms of Gazette Notification dated. 21.07.2009 as follows.

~~WWW.LIVEFLAW.IN~~
"The ratio of PG teacher to the number of students to be admitted for super specialities course shall be 1:2 for Professor/Assoc. Professor and 1:1 for remaining cadre in each unit per year subject to a maximum of 4 PG seats for the course per unit per academic year provided the complement of 10 teaching beds per seat is added to the prescribed bed strength of 20 for the unit."

Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other streams like National Board of Examinations, College of Physicians & Surgeons etc. are permitted."

The following is also added after clause 12(4) in terms of Gazette Notification dated. 17/11/2009.

"Provided that the additional complement of 10 beds in the unit is to be made applicable only when the allocation by higher teachers students ratio of 1:2 in the case of a Professor results in awarding 3 or more postgraduate seats in D.M./M.Ch. course in the unit, further clarifying that the strength of 20 beds per unit as prescribed in the present regulations will be considered adequate upto total 2 postgraduate seats in D.M./M.Ch.courses."

The above sub-clause 12(4) is substituted in terms of Gazette Notification dated. 24.04.2012 as follows.

"The ratio of PG teacher to be number of students to be admitted for super specialties course shall be 1:2 for Professor/Assoc. Professor and 1:1 for remaining cadre covered by the general note following this rule in each unit per year subject to a maximum 5 PG seats for the course per unit per academic year provided the complement of 10 teaching beds per seat is added to the prescribed bed strength of 20 for the unit. The Strength of 20 beds per unit as prescribed in the present regulations, will be considered adequate upto total 4 postgraduate seats in D.M./M.Ch. courses.

Further in case of full fledged dedicated department of medical oncology and surgical Oncology the ration of PG teacher to the number of students to be admitted shall be 1:3 for Professor, for Assoc. Professor 1:2 and 1:1 for remaining cadre covered by the general note following this rule in each unit per year subject to

~~WWW.LIVEFLAW.IN~~
 a maximum of 6 PG seats for the degree per unit per academic year provided a bed strength of 30 for the unit for super specialties.

Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other body like National Board of Examinations, College of Physicians & Surgeons etc. are permitted."

In clause 12, the following shall be inserted after sub-Clause 12(1), 12(2), 12(3) and 12(4) in terms of Gazette Notification dated. 24.04.2012 :

General Note:

"For Associate Professor:- *If an Associate Professor fulfills all the eligibility criteria for the post of Professor as laid down in the medical Council of India Regulations, namely "Minimum Qualification for Teachers in Medical institutions, Regulations, 1998", and fulfils all the requirement of postgraduate teacher as per Postgraduate Medical Education Regulations, (Amendment) but has not been promoted to the higher post due to administrative non-availability of post or delay in filling up of post in the Govt. organization if he/she continue to work at the same government organization then such postgraduate teacher shall be allotted 2 (two) postgraduate students".*

"For Assistant Professor:- *If an Assistant Professor fulfills all the eligibility criteria for the post of Associate Professor as laid down in the Medical Council of India Regulations namely "Minimum Qualification for Teachers in medical Institutions Regulations 1998", and fulfills all the requirement of Postgraduate teacher as per the Postgraduate Medical Education Regulations, (Amendment) , but has not been promoted to the higher post due to administrative non-availability of post or delay in filling up of post in the Govt. organization, if he/she continues to work at the same government organization then such postgraduate teacher shall be all allotted 1 (one) postgraduate student."*

Under the clause 12, Sub-clause 4, the General Note in respect of Assistant Professor shall be further substituted in terms of Gazette Notification dated 21.06.2016 as under:-

"If an Assistant Professor fulfils all the requirements of Postgraduate Teacher as per Postgraduate Medical Education Regulations, 2000 as amended, he shall be considered a

13. TRAINING PROGRAMME

- 13.1 The training given with due care to the Post Graduate students in the recognised institutions for the award of various Post Graduate medical degrees / diplomas shall determine the expertise of the specialist and / or medical teachers produced as a result of the educational programme during the period of stay in the institution.
- 13.2 All candidates joining the Post Graduate training programme shall work as full time residents during the period of training, attending not less than 80% (Eighty percent) of the training during each calendar year, and given full time responsibility, assignments and participation in all facets of the educational process.

The above sub-clause 13.2 is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

Clause 13.2

"All the candidates joining the Post Graduate training programme shall work as 'Full Time Residents' during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process."

In clause 13(2), in third line "each academic year" shall be substituted as under:-

"Academic Term of 6 months" in terms of Gazette Notification dated 05.04.2018

- 13.3 The Post Graduate students of the institutions which are located in various States / Union Territories shall be paid remuneration at par with the remuneration being paid to the Post Graduate students of State Government medical institutions / Central Government Medical Institutions, in the State/Union Territory in which the institution is located. Similar procedure shall be followed in the matter of grant of leave to Post Graduate students.

The above sub-clause 13.3 is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

Clause 13.3

WWW.LIVELAW.IN

Graduate Degree/Diploma/Super-Specialty course shall be paid stipend on par with the stipend being paid to the Post Graduate students of State Government Medical Institutions / Central Government Medical Institutions, in the State/Union Territory where the institution is located. Similarly, the matter of grant of leave to Post Graduate students shall be regulated as per the respective State Government rules."

- 13.4 (a) Every institution undertaking Post Graduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training Programmes.
- (b) The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates and the Medical Council of India inspectors to assess the same at the time of inspection.
- (c) Post Graduate students shall maintain a record (log) book of the work carried out by them and the training programme undergone during the period of training including details of surgical operations assisted or done independently by M.S./M.Ch. candidates.
- (d) The record books shall be checked and assessed by the faculty members imparting the training.

The above sub-clause 13.4(d) is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

Clause 13.4 (d)

"The Record (Log) Books shall be checked and assessed periodically by the faculty members imparting the training."

- 13.5 During the training for Degree / Diploma to be awarded in clinical disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned; during the training for the degree to be awarded in basic medical sciences, there shall be training in applied aspects of the subject; and there shall be training in allied subjects related to the disciplines concerned. In all Post Graduate training programmes, both clinical and basic medical sciences, emphasis is to be laid on preventive and social aspects and emergency care facilities for autopsies, biopsies, cytopsies, endoscopic and imaging etc. also be made available for training purposes.

The above sub-clause 13.5 is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

Clause 13.5

"During the training for award of Degree / Superspecialty/Diploma in clinical disciplines, there shall be proper training in Basic medical sciences related to the disciplines concerned; so also in the applied aspects of the subject; and allied subjects related to the disciplines concerned. In the Post Graduate training programmes including both Clinical and Basic medical sciences, emphasis has to be laid on Preventive and Social aspects. Emergency care, facilities for Autopsies, Biopsies, Cytopsies, Endoscopy and Imaging etc. shall also be made available for training purposes."

- 13.6 The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- 13.7 Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behaviour studies, knowledge of pharmaco – economics and introduction to non-linear mathematics shall be imparted to the Post Graduate students.
- 13.8 Implementation of the training programmes for the award of various Post Graduate degree and diplomas shall include the following:-

(a) Doctor of Medical (M.D.) / Master of surgery (M.S.)

(i) Basic Medical Sciences

Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, and involvement in research studies in the concerned speciality and exposure to the applied aspects of the subject relevant to clinical specialities.

(ii) Clinical disciplines

In service training, with the students being given graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal clubs, Group Discussions, Clinical Meetings, Grand rounds, and Clinico - Pathological Conferences; practical training in Diagnosis and medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialities.

~~WWW.LIVEFLAW.IN~~

(b) Doctor of Medicine (D.M.) / Magister Chirurgiae (M.Ch.)

The training programme shall be on the same pattern as for M.D. / M.S. in clinical disciplines; practical training including advanced Diagnostic, Therapeutic and Laboratory techniques, relevant to the subject of specialisation. For M.Ch. Candidates, there shall be participation in surgical operations.

(c) Diplomas

In - service training, with students being given graded clinical responsibility; Lectures, Seminars, Journal Clubs, Group Discussions and participation in clinical and Clinico-Pathological Conferences, practical training to manage independently common problems in the speciality; and training in the Basic Medical Sciences.

The above sub-clause 13.8 is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

Clause 13.8

"Implementation of the training programmes for the award of various Post Graduate Degree and Diplomas shall include the following:-

(a) Doctor of Medical (M.D.) / Master of surgery (M.S.)

(i) Basic Medical Sciences – The teaching and training of the students shall be through Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, and involvement in Research Studies in the concerned speciality and exposure to the 'Applied aspects' of the subject relevant to clinical specialities.

(ii) Clinical disciplines

The teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal Clubs, Group Discussions, Clinical Meetings, Grand Rounds, and Clinico-Pathological Conferences; practical training in Diagnosis and Medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialities.

(b) Doctor of Medicine (D.M.) / Magister Chirurgiae (M.Ch.)

~~WWW.LIVEFLAW.IN~~
The training programme shall be on the same pattern as for M.D. / M.S. in clinical disciplines; with practical training including advanced Diagnostic, Therapeutic and Laboratory techniques, relevant to the subject of specialization. Postgraduate Degree/Diploma/Superspecialty Residents in Surgical Specialties shall participate in Surgical operations as well.

(c) Diplomas

The teaching and training of the students shall include graded clinical responsibility; Lectures, Seminars, Journal Clubs, Group Discussions and participation in Clinical and Clinico-Pathological Conferences, practical training to manage independently common problems in the specialty; and training in the Basic Medical Sciences”.

The following Sub-clause is added after clause 13.8(c) in terms of Gazette Notification dated 9.12.2009 and the same is as under:-

“13.9 A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.”

14. EXAMINATIONS

The examinations shall be organised on the basis of grading or marking system to evaluate and certify candidates level of knowledge, skill and competence at the end of the training and obtaining a minimum of 50% marks in theory as well as practical separately shall be mandatory for passing the whole examination. The examination for M.S., M.D, M.Ch shall be held at the end of 3 academic years (six academic terms) and for diploma at the end of 2 academic years (four academic terms). The academic terms shall mean six months training period.

The above clause 14 is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

“The examinations shall be organised on the basis of ‘Grading’ or ‘Marking system’ to evaluate and to certify candidate's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in ‘Theory’ as well as ‘Practical’ separately shall be mandatory for passing examination as a whole. The examination for

~~M.D./ MS, D.M., M.Ch shall be held at the end of 3rd academic year and for Diploma at the end of 2nd academic year. An academic term shall mean six month's training period."~~

The Clause 14 under the heading "EXAMINATION" shall be substituted in terms of Gazette Notification published on 05.04.2018 and the same is as under:-

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations and three papers in diploma examination. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree/diploma examination as the case may be.

(1) EXAMINERS

- (a) All the Post Graduate Examiners shall be recognised Post Graduate Teachers holding recognised Post Graduate qualifications in the subject concerned.
- (b) For all Post Graduate Examinations, the minimum number of Examiners shall be four, out of which at least two (50%) shall be External Examiners, who shall be invited from other recognised universities from outside the State. Two sets of internal examiners may be appointed one for M.D./M.S. and one for diploma.
- (c) Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external and Medical Council of India is intimated the justification of such action prior to publication of result for approval. Under no circumstances, result shall be published in such cases without the approval of Medical Council of India.
- (d) In the event of there being more than one centre in one city, the external examiners at all the centres in that city shall be the same. Where there is more than one centre of examination, the University shall appoint a Supervisor to coordinate the examination on its behalf.

The above clause 14.1(d) is deleted in terms of Gazette Notification published on 20.10.2008.

- (e) The examining authorities may follow the guidelines regarding appointment of examiners given in Appendix-I.

(2) Number of candidates

~~WWW.LIVEEALAW.IN~~

The maximum number of candidates to be examined in Clinical / practical and Oral on any day shall not exceed eight for M.D./M.S. degree, eight for diploma and three for D.M./M/Ch examinations.

(3) Number of examinations

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

(4) Doctor of Medicine (M.D.)/Master of Surgery (M.S.)

M.D./M.S. examinations, in any subject shall consist of Thesis, Theory Papers, and clinical/Practical and Oral examinations.

(a) Thesis

Every candidate shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis.

Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the theoretical and clinical / practical examination.

In the above sub-clause 14(4)(a) the sentence "Thesis shall be submitted at least six months before the theoretical and clinical / practical examination" shall be substituted by the sentence "Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination" in terms of Gazette Notification published on 20.10.2008

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical; and on the acceptance of the thesis by two examiners, the candidate shall appear for the final examination.

The above clause of 14.4(a) is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

"The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A candidate shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners."

(b) Theory

- (i) There shall be four theory papers.

- ~~WWW.LIVEEALAW.IN~~
- (ii) Out of these one shall be of Basic Medical Sciences and one shall be of recent advances.
- (iii) The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the Clinical/Practical and Oral examination.

In the above sub-clause 14(4)(b) (iii), the words the words "sufficiently earlier than" are substituted by "well in advance before", and the word "start" is substituted by "commencement" in terms of Gazette Notification dated 20.10.2008.

Provided that after five years from the commencement of these regulations, there shall be one theory paper of 'multiple choice questions'; unless any institution wants to have such paper earlier.

The above proviso to sub-clause 14(4)(b) is deleted in terms of Gazette Notification dated 20.10.2008.

(c) Clinical / Practical and Oral

- (i) Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.
- (ii) Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/Laboratory studies and his ability to perform such studies as are relevant to his subject.
- (iii) The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which form a part of the examination.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva voce examination.

II. Doctor of Medicine (D.M.)/Magister of Chirurgiae (M,Ch.)

The examination shall consist of: Theory and Clinical/Practical and Oral.

The sentence "The examination shall consist of: Theory and Clinical/Practical and Oral" is substituted by the sentence "The Examination consists of: (i) Theory and (ii) Clinical/Practical and Oral" in terms of Gazette Notification dated 20.10.2008.

(a) Theory **WWW.LIVELAW.IN**

There shall be four theory papers, one paper out of these shall be on Basic Medical Sciences, and another paper on Recent Advances. The theory examination will be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the clinical/Practical and Oral examination.

The above clause of 14(II)(a) is substituted in terms of Gazette Notification published on 20.10.2008 and the same is as under:-

"There shall be four theory papers, one paper out of these shall be on 'Basic Medical Sciences', and another paper on 'Recent Advances'. The theory examination shall be held in advance before the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the commencement of the clinical/Practical and Oral examination."

(b) Clinical / Practical and Oral

Practical examination shall consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive to test the candidate's overall knowledge of the subject.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory (2) Practical including clinical and viva voce examination.

The above sub-clause 14(II) (b) the word "shall" is substituted by "may", the word "comprehensive" is substituted by "'comprehensive' enough" and the sentence "clinical viva voce examination" shall be substituted by "Clinical and Viva Voce examination" in terms of Gazette Notification dated 20.10.2008.

III Post Graduate Diploma

Diploma examination in any subject shall consist of Theory, Clinical and Oral.

In the above Clause under heading "Post Graduate Diploma", the sentence "Theory, Clinical and Oral" is substituted by "Theory, Practical / Clinical and Oral in terms of Gazette Notification dated 20.10.2008.

(a) Theory

There shall be three theory papers. One paper out of these shall be on Basic Medical Sciences. The examination shall be held sufficiently earlier

WWW.L1VE.LAW.IN
than the clinical examination, so that the answer books can be assessed before the start of the clinical examination.

The above sub-clause 14(III)(a) under heading "Theory" is substituted in terms of Gazette Notification dated 20.10.2008 and the same is as under:-

"There shall be three 'Theory' papers, one paper out of these shall be on 'Basic Medical Sciences'. The theory of examination will be held well in advance before the Clinical examination, so that the answer books can be assessed before the commencement of the Practical / Clinical and Viva-Voce examination."

(b) Clinical and Oral

Clinical examination for the subject in clinical Science shall be conducted to test /aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a Specialist / Teacher for which a candidate shall examine a minimum of one long case and two short cases.

The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which shall form a part of the examination.

The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory (2) Practical including clinical and viva voce examinations.

Appendix-I

Extra staff required in the following departments in addition to that prescribed in the Minimum Standard Requirements for the Medical College for 50/100/150 Admissions Annually Regulations respectively for conducting postgraduate courses in an undergraduate medical college.

Name of the department	Additional staff required for each department
1. Department of Anatomy	(i) Assoc.Professor/Reader-1 (ii) Asstt.Professor/Lecturer-1 (iii) Tutor/Demonstrator-1 (iv) Steno typist/Computer Operator-1
2. Department of physiology	-do-
3. Department of Biochemistry	-do-
4. Department of Pharmacology	-do-
5. Department of Pathology	-do-
6. Department of Microbiology	-do-
7. Department of Community Medicine	-do-
8. Department of Radio-Diagnosis	-do-
9. Department of Radiotherapy	-do-
10. Department of Anaesthesiology	-do-

WWW.LIVEFLAW.TN
The following is included in terms of Notification published in Gazette of India on 6th October, 2001.

11. Department of Forensic Medicine. -do-

The above Appendix-I is deleted in terms of Notification published in the Gazette of India on 20.10.2008.

APPENDIX-II**POST GRADUATE EXAMINATION
GUIDELINES ON APPOINTMENT OF POST GRADUATE EXAMINERS**

1. No person shall be appointed as an examiner in any subject unless he fulfils the minimum requirements for recognition as a Post Graduate teacher as laid down by the Medical Council of India and has teaching experience of 8 (Eight) years as a Lecturer / Asstt. Professor out of which he has not less than 5 (Five) years teaching experience after obtaining Post Graduate degree. For external examiners, he should have minimum three years experience of examinership for Post Graduate diploma in the concerned subject. Out of internal examiners, one examiner shall be a professor and Head of Department or Head of Department.

The above clause 1 is substituted in terms of Gazette Notification dated 20.10.2008 and the same is as under:-

'No person shall be appointed as an internal examiner in any subject unless he/she has three years experience as recognized PG teacher in the concerned subject. For external examiners, he/she should have minimum six years of experience as recognized PG teacher in the concerned subject.'

2. There shall be at least four examiners in each subject at an examination out of which at least 50% (Fifty percent) shall be external examiners. The external examiner who fulfils the condition laid down in clause – 1 above shall ordinarily be invited from another recognised university, from outside the State: provided that in exceptional circumstances examinations may be held with 3 (three) examiners if two of them are external and Medical council of India is intimated with the justification of such examination and the result shall be published in such a case with the approval of Medical council of India.

In the above clause 2 the sentence "and the result shall be published in such a case with the approval of Medical council of India" is substituted by the sentence "The result in such a case shall be published with the approval of Medical Council of India" in terms of Gazette Notification dated 20.10.2008.

3. An external examiner may be ordinarily been appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of two years.

The above clause 3 is substituted in terms of Gazette Notification dated 20.10.2008 and the same is as under:-

WWW.LIVELAW.IN
more than two consecutive terms”.

4. The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.
5. The same set of examiners shall ordinarily be responsible for the written, practical or part of examination.

The above clause 5 is deleted in terms of Gazette Notification dated 20.10.2008.

6. In the event of there being more than one centre in one city, the external examiners at all the centres in the city shall be the same.

The above clause 6 is deleted in terms of Gazette Notification dated 20.10.2008 .

7. There shall be a Chairman of the Board of paper – setters who shall be an external examiner and shall moderate the question papers.
8. Where there is more than one centre of examination, there shall be Co-ordinator appointed by the University who shall supervise and Co-ordinate the examination on behalf of the University with independent authority.

The above clause 8 is substituted in terms of Gazette Notification dated 20.10.2008 and the same is as under:-

“Where there is more than one centre of examination, there shall be Co-ordinator/Convenor/Chairman who shall be the Seniormost internal Examiner, appointed by the University and shall supervise and Co-ordinate the examination on behalf of the University with independent authority”

9. The Head of the Department of the institution concerned shall ordinarily be one of the internal examiners and second internal examiner shall rotate after every two year.

The above clause 9 is deleted in terms of Gazette Notification dated 20.10.2008.

"Appendix-II
[see regulation 11.2(c)]

Criteria to be fulfilled by institutions eligible to start postgraduate course(s) under sub-regulation (1A) of regulation 8, which are required to create their own facilities for setting up departments in basic medical sciences:

A. The basic subjects identified for the purpose of creation of facilities shall be:

- i) Anatomy
- ii) Physiology
- iii) Pharmacology
- iv) Community Medicine with Forensic Medicine being optional.

B. Staff requirements:

(1) The minimum staff required in each of the departments of Anatomy, Physiology, Pharmacology and Community Medicine shall be:

- | | | |
|----|----------------------------------|-----|
| 1. | Professor or Associate Professor | One |
| 2. | Assistant Professor | Two |

Provided that the department of Community Medicine shall also have:

- a) Epidemiologist-cum-Lecturer
- b) Statistician-cum-Lecturer
- c) Health Educator-cum-Lecturer

Provided further that the person in charge of a Unit shall not be below the rank of Associate Professor.

(2) The required strength of the teaching personnel shall be in proportion to the number of postgraduate courses started by the institution in a manner that the ultimate upper limit of the requirement shall be on a par with the requirement indicated in the Regulation of the Council titled 'Minimum Requirements for Establishment of Medical College for Annual Intake Capacity of 50'.

C. Infrastructural requirements:

- 1) The infrastructural requirements in terms of lecture theatres and demonstration rooms could be common.
- 2) The research laboratories shall be well-equipped so that the teachers in the departments concerned shall be able to work on solicited research projects.
- 3) Department of Anatomy: Apart from the common facilities, there shall be placed for dissection with adequate accommodation, along with an embalming room, cold room and also a museum:

Provided that Histology and Research laboratory may be clubbed together.

- 4) Department of Physiology: There shall be clinical, experimental and animal physiology laboratories along with a museum.
- 5) Department of Pharmacology: The facilities could be common except for research laboratory, which shall be separate.
- 6) Department of Community Medicine: There shall be a museum alongwith a well-equipped Rural/Urban Health Centre with necessary staff."

The following Appendix has been included in terms of Notification published in the Gazette of India on 23rd March, 2006 .

APPENDIX

TIME SCHEDULE FOR COMPLETION OF ADMISSION PROCESS FOR POSTGRADUATE MEDICAL COURSES

Schedule for admission	Postgraduate Courses		Super-Speciality Courses
	All India Quota	State Quota	
Conduct of entrance examination	2 nd Sunday of January	Mid-January to End January	May-June
Declaration of result of qualifying examination/ entrance examination	2 nd week of February	By 14 th Feb.	By 15 th June
1 st round of counseling/ admissions	1 st March to 15 th March	To be over by 10 th April	To be over by 10 th July
Last date for joining the allotted college and course	31 st March @@	17 th April	17 th July
2 nd round of counseling for allotment of seats from waiting list	By 7 th April	By 24 th April	By 24 th July
Last date for joining for candidates allotted seats in 2 nd round of counseling.	14 th April	30 th April	31 st July
Commencement of academic session	2 nd May	2 nd May	1 st August
Last date upto which students can be admitted against vacancies arising due to any reason from the waiting list	31 st May	31 st May	30 th September

WWW.LIVELAW.IN

NOTE:- @@ Head of the Colleges should intimate the vacancies existing after the last date for joining the course by the candidate concerned in respect of the All India Quota of seats to the DGHS within seven days and latest by 6th April for postgraduate courses and 23rd July for super-speciality courses.

~~WWW.LIVEFLAW.IN~~

The above Appendix has been substituted with the following in terms of Notification published in the Gazette of India on 14th January, 2016.

Time Schedule for completion of Admission Process for PG (Broad Specialty) Medical Courses for All India Quota and State Quota.

S.No.	Schedule for Admission	Broad Speciality	
		All India Quota	State Quota
1.	Conduct of Entrance Examination	Month of December	Month of January
2.	Declaration of the result of the Qualifying Exam/Entrance Exam.	By 15 th of January	By 15 th of February
3.	1 st round of counseling/ admission	Between 12 th March to 24 th March	Between 4 th April to 15 th April
4.	Last date for joining/ reporting the allotted college and the course	By 3 rd April	By 22 nd April
5.	2 nd round of counselling/admission for vacancies	Between 23 rd April to 30 th April	Between 11 th May to 20 th May
6.	Last date of joining for the 2 nd round of counselling/admission	By 10 th May	By 27 th May
7.	Commencement of academic session/term	1 st May	1 st May
8.	Last date up to which students can be admitted/joined against vacancies arising due to any reason	-	By 31 st May

Note:

1. All India Quota Seats remaining vacant after last date for joining, i.e. 10th May will be deemed to be converted into state quote.
2. Institute/ college/ courses permitted after 28th February will not be considered for admission/ allotment of seats for current academic year.
3. In any circumstances, last date for admission/ joining will not be extended after 31st May.

Time Schedule for completion of Admission Process for PG (Super speciality) Medical Courses:

S.No.	Schedule for Admission	Super Speciality
1.	Conduct of Entrance Examination	By 10 th July
2.	Declaration of the result of the Qualifying Exam/Entrance Exam.	By 15 th July
3.	1 st round of counselling admission	By 31 st July
4.	Last date for joining the allotted college and the course	Between 1 st to 7 th August
5.	2 nd round of counselling/admission	By 20 th August

6.	Last date of joining for the 2 nd round of counselling/admission	By 27 th August
7.	Commencement of academic session/term	1 st August
8.	Last date up to which students can be admitted/joined against vacancies arising due to any reason	31 st August

Note:

1. Institute/ college/ courses permitted after 31st May will not be considered for admission/ allotment of seats for current academic year.
2. In any circumstances, last date for admission/ joining will not be extended after 31st August.

In the above Appendix the time schedule with regards to Broad Speciality has been substituted with the following in terms of Notification published in the Gazette of India on 20.02.2018 and 05.04.2018.

Admission schedule from the academic year 2018-19 onwards for Postgraduate courses (broad speciality) :-

S. No.	Schedule for Admission	Central Counselling		State Counselling
		All India Quota	Deemed + Central Institute	
1	Conduct of Exam	By 10 th January		
2	Declaration of Result	By end of January		
3	Ist Round of Counselling	12 th March-24 th March,	12 th March - 24 th March	25 th March-5 th April
4	Last date of Joining	3 rd April,	3 rd April	12 th April
5	2 nd round of Counselling	6 th April - 12 April	6 th April - 12 th April	15 th April-26 th April
6	Last date of joining	22 nd April	22 nd April	3 rd May
7	Mop up Round		12 th May-22 nd May	4 th May -8 th May
8	Last date of joining		26 th May	12 th May
9	Forwarding the list of students in order of merit equalling to ten times the number of vacant seats to the Medical Colleges by the Counselling Authority		27 th May	13 th May
10	Last date of joining		31 st May	18 th May

Note:

1. All India Quota Seats remaining vacant after last date for joining, i.e 10th May will be deemed to be converted into State Quota.
2. Institute/College/Courses permitted after 28th February will not be considered for admission/allotment of seats for current academic year.
3. In any circumstances, last date for admission/joining will not be extended after 31st May.
4. For the purpose of ensuring faithful obedience to the above time-schedule, Saturday, Sunday or Holidays (except National Holiday) shall be treated as working day.
5. The following Matrix shall be applicable with regard to permissibility to students to exercise fresh choice during counseling:-

Round	Free Exit	Exit with forfeiture of fees	Ineligible for further counselling	Amount of registration fee
AIQ I/Deemed	✓			
AIQ II / Deemed		If not joined	If joined	Government - Rs. 25,000 (half for SC/ST/OBC) Deemed - Rs. 2,00,000
State Quota I	✓			
State Quota II		If not joined	If joined	Government - Rs. 25,000 (half for SC/ST/OBC) Private - Rs. 2,00,000
State Quota Mop- Up			✓	
Deemed Mop-Up			✓	

Specialities / Subjects in which Postgraduate Degree and Diploma can be awarded by the Indian Universities and the eligibility requirements of candidates for registration for the same.

A. **M.D. (DOCTOR OF MEDICINE)** for which candidates must possess recognised degree of MBBS (or its equivalent recognised degree)

1. Anesthesiology
2. Aviation Medicine
3. Anatomy
4. Biochemistry
5. Biophysics
6. Community Medicine
7. Dermatology, Venerology and Leprosy
8. Family Medicine
9. Forensic Medicine
10. General Medicine
11. Geriatrics
12. Health Administration
13. Hospital Administration
14. Immuno Haematology and Blood Transfusion
15. Medical Genetics
16. Microbiology
17. Nuclear Medicine
18. Pathology
19. Paediatrics
20. Pharmacology
21. Physical Medicine Rehabilitation
22. Physiology
23. Psychiatry
24. Radio-diagnosis
25. Radio-therapy
26. Rheumatology
27. Sports Medicine
28. Tropical Medicine
29. Tuberculosis & Respiratory Medicine or Pulmonary Medicine.

In the above Schedule, the nomenclature of "M.D. (Aviation Medicine)" at Sl.No. 2 is changed to "M.D. (Aerospace Medicine)" in terms of Notification published in the Gazette of India on 21.7.2009.

At Sl.No. 26, "MD (Rheumatology) is deleted in terms of Notification published in the Gazette of India on 21.7.2009.

At Sl.No. 29, the nomenclature of "Tuberculosis and Respiratory Medicine or Pulmonary Medicine is changed to "MD (Respiratory Medicine)" in terms of Notification published in the Gazette of India on 21.7.2009 .

~~WWW.LIVEFLAW.IN~~

The following are added after Sl.No. 29 in terms of Notification published in the Gazette of India on 21.7.2009.

**"30. Emergency Medicine
31. Infectious Diseases."**

The following are added after Infectious Diseases in terms of Notification published in the Gazette of India on 08.12.2010.

- MD(Palliative Medicine)
- Master of Public Health (Epidemiology)

The following shall be added after, Master of Public Health (Epidemiology) in terms of Notification published in the Gazette of India on 06.05.2017 :-

"M.D. (Marine Medicine)"

The following shall be deleted in Clause "A" under the heading of M.D.(Doctor of Medicine),in terms of Gazette Notification dated 31.05.2017

- (i) MD (Medical Genetics)
- (ii) MD (Infectious Diseases)

At Sl.No. 25, the nomenclature of MD(Radio Therapy) is changed to "MD (Radiation Oncology)" in terms of Notification published in the Gazette of India on 05.04.2018.

B. M.S. (MASTER OF SURGERY) for which candidates must possess recognised degree of MBBS (or its equivalent recognised degree).

1. Otorhinolaryngology
2. General Surgery
3. Ophthalmology
4. Orthopedics
5. Obstetrics & Gynecology

The following are added after Obstetric & Gynaecology in terms of Notification published in the Gazette of India on 08.12.2010.

- MS (Traumatology & Surgery)

- WWW.LLWELAW.IN**
- C. **D.M. (DOCTOR OF MEDICINE)** for which candidates must possess recognised degree of M.D. (or its equivalent recognised degree) in the subject shown against them.

Sl. No.	Area Specialisation of	Prior Requirement
1.	Cardiology	MD (Medicine) MD (Paediatrics)

In the above clause, the following is added in the "Prior Requirement" in terms of Notification published in the Gazette of India on 21.7.2009.

"M.D. (Respiratory Medicine)"

Sl. No.	Area Specialisation of	Prior Requirement
2.	Clinical Haematology	MD(Medicine) MD(Pathology) MD(Paediatrics) MD (Biochemistry)
3.	Clinical Pharmacology	MD (Pharmacology)
4.	Endocrinology	MD(Medicine) MD(Paediatrics) MD (Biochemistry)
5.	Immunology	MD(Medicine) MD(Pathology) MD(Microbiology) MD(Paediatrics) MD(Biochemistry) MD (Physiology)
6.	Medical Gastroenterology	MD(Medicine) MD (Paediatrics)

In the above clause, the following is deleted in the Prior Requirements for "Endocrinology" at SL No. 4 in terms of Gazette Notification dated 15.05.2013.

"MD (Biochemistry)"

In the above clause, the following is deleted in the Prior Requirement for "Medical Gastroenterology" in terms of Notification published in the Gazette of India on 21.7.2009.

"M.D. (Paediatrics)"

Sl. No.	Area Specialisation of	Prior Requirement
---------	------------------------	-------------------

WWW.L1VEFLAW.IN

7.	Medical Genetics	MD/MS in any subject
8.	Medical Oncology	MD (Medicine) MS (Radiotherapy) MD (Paediatrics)
9.	Neonatology	MD (Paediatrics)
10.	Nephrology	MD (Medicine) MD (Paediatrics)
11.	Neurology	MD (Medicine) MD (Paediatrics)
12.	Neuro-radiology	MD (Radio-Diag.)

In the above clause, the following is added after Sl.No. 13 in terms of Notification published in the Gazette of India on 21.7.2009.

Sl. No.	Area of Specialisation	Prior Requirement
13.	Pulmonary Medicine	MD (General Medicine) MD (Paediatrics) MD (Resp.Medicine)
14.	Rheumatology	MD (General Medicine) MD (Paediatrics)
15.	Child & Adolescent Psychiatry	MD (Psychiatry)
16.	Paediatrics Gastroenterology	MD (Paediatrics)
17.	Paediatrics Cardiology	MD (Paediatrics)
18.	Cardiac Anaesthesia	MD (Anaesthesia)

The following is included in terms of Notification published in the Gazette of India on 9th December 2009.

Sl. No.	Area of Specialisation	Prior Requirement
19.	D.M. (Hepatology)	MD (General Medicine) MD (Paediatrics)

The following are added after Cardiac Anaesthesia under the heading D.M.(Doctor of Medicine) in terms of Notification published in the Gazette of India on 08.12.2010.

- WWW.LLVELAW.IN**
- ~~DM (Organ Transplant Anaesthesia & Critical Care)~~
 - ~~DM(Critical Care Medicine)~~
 - ~~DM(Paediatric Hepatology)~~
 - ~~DM (Neuro -Anaesthesia)~~
 - ~~DM (Paediatric Nephrology)~~
 - ~~DM (Reproductive Medicine)~~
 - ~~DM (Infectious Disease)~~
 - ~~DM (Virology)~~
 - ~~DM (Paediatric Oncology)~~
 - ~~DM (Geriatric Mental Health)~~

The following shall be added after Geriatric Mental Health under the heading D.M.(Doctor of Medicine) in terms of Notification published in the Gazette of India on 24.04.2012.

- *DM (Paediatrics and Neonatal Anaesthesia)*

In above Clause 'C' under the heading of D.M.(Doctor of Medicine), "DM(Reproductive Medicine)" shall be deleted in terms of Gazette Notification dated 08.02.2016 & 21.06.2016.

The following shall be added after DM (Paediatrics and Neonatal Anaesthesia) under the heading D.M.(Doctor of Medicine) in terms of Notification published in the Gazette of India on 10.08.2016.

<i>SL. No.</i>	<i>Area of Specialisation</i>	<i>Prior Requirement</i>
<i>1</i>	<i>DM (Interventional Radiology)</i>	<i>MD(Radiology)</i>

In above Clause "C" under the heading of D.M.(Doctor of Medicine), the following shall be added after, DM(Interventional Radiology) in terms of Gazette Notification dated 31.05.2017:-

<i>Area of Specialization</i>	<i>Prior Requirement</i>
<i>DM(Clinical Immunology and Rheumatology)</i>	<i>MD(General Medicine)</i> <i>(MD(Paediatrics))</i>

In Clause "C" under the heading of D.M.(Doctor of Medicine), the following shall be deleted in terms of Gazette Notification dated 31.05.2017:-

- DM(Immunology/Clinical Immunology)*
- DM(Rheumatology)*

~~WWW.LIVEFLAW.IN~~

The following shall be added as prior requirement for D.M. (Infectious Disease) in terms of Notification published in the Gazette of India dated 06.05.2017.

Sl. No.	Area of Specialisation	Prior Requirement
19.	D.M.(Infectious Disease)-	M.D.(Medicine) M.D.(Paediatrics) M.D.(Tropical Medicine) M.D.(T.B. & Chest)

The following shall be added, in terms of Notification published in the Gazette of India dated 27.06.2017.

SL. No.	Area of Specialisation	Prior Requirement
1	D.M. (Onco-Pathology)	M.D.(Pathology)

D. **M.Ch. (MASTER OF CHIRURGIE)** for which candidates must possess recognised degree of M.S. (or its equivalent recognised degree) in the subjects shown against them.

Sl. No.	Area of Specialisation	Prior Requirement
1.	Cardio vascular & Thoracic Surgery	MS (Surgery)
2.	Urology	MS (Surgery)
3.	Neuro-Surgery	MS (Surgery)
4.	Paediatrics Surgery.	MS (Surgery)
5.	Plastic & Reconstructive Surgery	MS (Surgery)
6.	Surgical Gastroenterology	MS (Surgery)
7.	Surgical Oncology	MS (Surgery) MS (ENT) MS (Orthopaedics) MD (Obst. & Gynae.)
8.	Endocrine Surgery	MS (General Surgery)
9.	Gynecological Oncology	MD/MS (Obst. & Gynae)

The following is included in terms of Notification published in the Gazette of India on 6th October, 2001.

Sl. No.	Area	of	Prior Requirement
---------	------	----	-------------------

WWW.LIVEEELAW.IN

	Specialisation	
10.	Vascular Surgery	MS (Surgery)

In the above clause, the following is added after Sl.No. 10 in terms of Notification published in the Gazette of India on 21.7.2009.

Sl. No.	Area of Specialisation	Prior Requirement
11.	Paediatric Cardio Thoracic Vascular Surgery	MS (Surgery)

The following is included in terms of Notification published in the Gazette of India on 9th December 2009.

Sl. No.	Area of Specialisation	Prior Requirement
12.	M.Ch. (Hepato-Pancreato-Biliary Surgery)	MS (General Surgery)

The following is added after Paediatric Cardio – Thoracic Vascular Surgery under the heading M.Ch.(Master of Chirurgie) in terms of Notification published in the Gazette of India on 08.12.2010.

- **M.Ch.(Hand Surgery)**

The following has been added after M.Ch(Hand Surgery) in terms of Notification published in the Gazette of India on 21.02.2012

Area of Specialisation	Prior Requirement
M.Ch.(Head & Neck Surgery)	M.S.(E.N.T.) or M.S.(General Surgery) or M.Ch.(Plastic & Reconstructive Surgery) or M.Ch. (Surgical Oncology) or M.Ch. (Neuro Surgery)

In Clause "D" under the heading of M.Ch.(Master of Chirurgie), the following shall be added in terms of Notification published in the Gazette of India on 08.02.2016.

"M.Ch. (Reproductive Medicine)"

In Clause "D' under the heading of M.Ch.(Master of Chirurgie), the following shall be added in terms of Notification published in the Gazette of India on 21.06.2016.

In Clause "D' under the heading of M.Ch.(Master of Chirurgie), the following shall be added in terms of Notification published in the Gazette of India on 12.02.2019.

S.No.	Area of Specialisation	Prior Requirement
16.	M.Ch. (Paediatric Orthopaedics)	MS (Orthopaedics)

E. Ph.D. (DOCTOR OF PHILOSOPHY)

Ph.D. Degree may be instituted in all subjects wherever recognised postgraduate qualification in medical subjects are awarded by the concerned Universities subject to fulfillment of the following guidelines:

1. Ph.D. shall be awarded only upon completion of M.D. or M.S. or P.G. Diploma or M.Sc. in medical subjects.
2. The period of training for Ph.D. shall be two years for candidates who possess M.D./M.S/P.G./ diploma in three years for candidates with M.Sc. (medical subjects).
3. For starting Ph.D. course, the institution concerned shall have the following facilities namely :-
 - i. Adequate facilities for experimental medicine and experimental surgery ;
 - ii. Ancillary Departments, adequately equipped and well staffed as prescribed for Postgraduate departments;
 - iii. Adequate facilities for advanced research work and laboratory investigations in the departments of Biochemistry, Physiology, Microbiology, Histopathology, Radio-diagnosis etc.
4. A guide for the Ph.D. degree shall have not less than fifteen year's teaching and research experience after obtaining his postgraduate qualification and shall also have not less than ten years postgraduate teaching experience as an faculty member

F. DIPLOMAS for which candidates must possess recognised degree of MBBS (or its equivalent recognised degree).

1. Anesthesiology (D.A.)
2. Clinical Pathology (D.C.P.)
3. Community Medicine (D.C.M.)/ Public Health (D.P.H.)
4. Dermatology, Venerology and Leprosy (DDVL)
5. Forensic Medicine (D.F.M.)
6. Health Education (D.H.E.)
7. Health Administration (D.H.A.)
8. Immuno-Haematology & Blood Transfusion (D.I.H.B.T.)
9. Marine Medicine (Dip. M.M.)
10. Microbiology (D.Micro)
11. Nutrition (D.N.)

- WWW.LIVEFLAW.IN
12. Obstetrics & Gynecology (D.G.O.)
 13. Occupational Health (D.O.H.)
 14. Ophthalmology (D.O.)
 15. Orthopedics (D.Ortho.)

16. Oto-Rhino-Laryngology (D.L.O.)
17. Paediatrics (D.C.H.)
18. Physical Medicine & Rehabilitation (D.Phy. Med. & R.)
19. Psychiatry (D.P.M.)
20. Radio-diagnosis (D.M.R.D.)
21. Radio-therapy (D.M.R.T.)
22. Radiological Physics (D.R.P.)
23. Sport Medicine (D.S.M.)
24. Tropical Medicine & Health (D.T.M. & H.)
25. Tuberculosis & Chest Diseases (D.T.C.D.)
26. Virology (D.Vir.)

The following is included in terms of Notification published in the Gazette of India on 6th October, 2001.

27. Radiation Medicine (D.R.M.)

The following is added after Radiation Medicine (DRM) under the heading Diplomas in terms of Notification published in the Gazette of India on 08.12.2010.

- ***Diploma in Allergy & Clinical Immunology.***

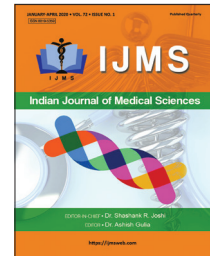
G. **DIPLOMAS** for which candidates must possess recognised postgraduate degree (or its equivalent recognised degree).

1. Neuro-pathology (DNP) (with the prior requirement of M.D. (Pathology)).

The following Clause H (Postdoctoral Certificate Courses) is added after Clause G(Diplomas) in terms of Notification published in the Gazette of India on 08.12.2010.

H. Postdoctoral Certificate Courses (PDCC) in the following subjects :-

1. ***PDCC in Cardiac-Anaesthesia***
2. ***PDCC in Neuro-Anaesthesia***
3. ***PDCC in Organ Transplant Anaesthesia***
4. ***PDCC in Paediatric Endocrinology***
5. ***PDCC in Critical Care Medicine***
6. ***PDCC in Paediatric Gastroenterology***
7. ***PDCC in Laboratory Immunology***
8. ***PDCC in Infectious Diseases***
9. ***PDCC in Nuclear Nephrology***
10. ***PDCC in Renal Pathology***
11. ***PDCC in Gastro-Radiology***
12. ***PDCC in Neuro-Radiology***
13. ***PDCC in Aphaeresis Technology and Blood Component Therapy***
14. ***PDCC in Pain Management***
15. ***PDCC in Haemato-Oncology***
16. ***PDCC in Paediatric Endocrinology***
17. ***PDCC in Paediatric ENT***
18. ***PDCC in Interventional Radiology***
19. ***PDCC in Spine Surgery***



Original Article

Psychological impact of COVID-19 pandemic on health-care professionals in India – A multicentric cross-sectional study

Preethi Selvaraj¹, Purushothaman Muthukanagaraj², Bhavya Saluja³, Madhan Jeyaraman⁴, Talagavadi Channaiah Anudeep⁵, Arun Gulati⁶, Sushmitha ES⁷, Dheemant M⁷, Rashmi Jain⁸, Indhu Kadhir⁹, Surya Prakash Rao¹⁰

¹Department of Community Medicine, SRMMCH and RC, SRM Institute of Science and Technology, Kancheepuram, Tamil Nadu, ²Department of Internal Medicine and Psychiatry, SUNY-Upstate Binghamton Clinical Campus, Binghamton, New York, USA, ³Department of Clinical Psychology, Dr. Ram Manohar Lohia Hospital, New Delhi, ⁴Department of Orthopedics, School of Medical Sciences and Research, Sharda University, Greater Noida, Uttar Pradesh, ⁵Department of Plastic Surgery, Topiwala National Medical College and BYL Nair Ch. Hospital, Mumbai, Maharashtra, ⁶Department of Orthopedics, Kalpana Chawla Government Medical College and Hospital, Karnal, Haryana, ⁷Department of Dermatology, RajaRajeswari Medical College and Hospital, Bengaluru, Karnataka, ⁸Department of Orthopaedics, School of Medical Sciences and Research, Sharda University, Greater Noida, Uttar Pradesh, ⁹Department of Biochemistry, Government Medical College and ESI Hospital, Coimbatore, Tamil Nadu, ¹⁰Department of Research and Technology Development Centre, Sharda University, Greater Noida, Uttar Pradesh, India.



***Corresponding author:**

Preethi Selvaraj,
Department of Community
Medicine, Assistant Professor,
SRMMCH and RC, SRM
Institute of Science and
Technology, Kancheepuram,
Tamil Nadu, India.

preenesty@gmail.com

Received : 25 July 2020

Accepted : 17 September 2020

Published :

DOI:

10.25259/IJMS_193_2020

Quick Response Code:



ABSTRACT

Objectives: The world is grappling with an ongoing COVID-19 pandemic that has shaken the mankind to the core and disrupted the lives of everyone. The aim of the study was to assess the presence of psychological distress, depression, anxiety, stress, and insomnia experienced by the Indian healthcare workers.

Material and Methods: A cross-sectional study was conducted in India among 777 doctors to evaluate the mental health of doctors working in Corona wards from April 2020 to May 2020 using a pre-designed, pre-tested validated, semi-structured DASS-21 questionnaire, and the Insomnia Severity Index. Continuous variables between the groups were measured using the Mann-Whitney U-test and the Kruskal-Wallis H test.

Results: Among the doctors working for the pandemic, around 55% of medical officers in the study reported having moderate levels of depression. With respect to anxiety, it was found that among men as many as 52% reported experiencing severe anxiety and 24% had moderate levels of anxiety whereas females reported as high as 68% and 48% of moderate and severe anxiety, respectively. In our study, around 30% and 44% of male doctors reported mild and moderate levels of stress, respectively, whereas 70% and 56% of female doctors reported mild and moderate levels of stress, respectively. It was also observed that among female doctors the rates of moderate insomnia were especially high (65%), whereas a high level of male participants reported sub-threshold insomnia (52%).

Conclusion: Early screening targeting the medical workforce and the implementation of psychological interventions is essential for protecting and maintaining the functionality of the health-care system.

Keywords: Pandemic, Corona virus disease-19, Mental health, Healthcare workers, Depression, Anxiety

INTRODUCTION

The world is grappling with an ongoing COVID-19 pandemic that has shaken the mankind to the core and disrupted the lives of everyone. As of August 10, 2020, India stands third in the world with 2,215,074 cumulative cases and death rate of 2% (44,396 deaths).^[1] SAARC regions includes over 21% of the total population which stays vulnerable toward COVID-19. The

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2020 Published by Scientific Scholar on behalf of Indian Journal of Medical Sciences

Member States have revealed 3,019,961 cases, an aggregate of 58,162 deaths in the locale, and 2,162,165 recovered cases.^[2] The World Health Organization has announced COVID-19 a Global Public Health Crisis.^[3] It has not only brought life to a standstill personally and professionally, but has also cast its impact on the psychological well-being of everyone around the globe thereby hampering the psychological resilience and coping abilities of individuals. This has presented the health-care systems worldwide with a novel and catastrophic risk for which presently no breakthrough has been discovered leading to further anxiety and fear of this never ending uncertainty. Doctors and nurses who are considered as the frontliners for dealing with this pandemic at point blank range are the most vulnerable to develop mental health concerns. The gruelling working schedule amidst pandemic has predisposed them to witness psychological distress while providing direct care to the patients, being informed about the spike in cases or due to the mandatory requirements of isolation or quarantine.^[4-6] Paradoxically, those treating and helping others are in the greatest need of psychological help something which is currently not available in full swing due to their continuous working hours and lack of self-care. Some even distance themselves emotionally alongside social isolation with the fear of either contracting or spreading this infection to their loved ones which, in turn, fuels anxiety, hypertension, stress, panic, uncertainty, apprehension, phobia, depression, insomnia etc. It is seen that during such periods of disturbances, ones coping styles, cognitive, affective, and behavioral expressions to the pandemic plays a major role in determining one's emotional and psychological health.

Innumerable factors directly and indirectly affect the psychological health including the stigma the medical staff faces, social ostracism faced by some, juggling between personal and professional lives, overburdening of work, and experiencing burnout due to increased pressure, lack of safety equipment such as PPE and masks, and trauma of watching large number of patients dying alone in the isolation ward, among other factors. Notably, working exhaustively may not imply that these health-care staff is immune to psychological effects. They may have similar level of vicarious traumatization as that of general public.^[7] The aforementioned is relatable to their increasing concerns for patients with disease, colleagues at risk, their families, and themselves.^[7] The shortage of health-care facilities and no proven vaccine makes this situation even grimmer. The discovery of COVID-19 requires time and is even costly. Hence, healthcare workers are not getting tested due to cost incurred.^[8] As of August 10, 2020, in India average of 18.36 COVID-19 tests are performed per 1 million population.^[1]

Many healthcare workers have been infected and lost their lives due to coronavirus. Recently, Bacillus Calmette-Guérin

(BCG) has been hypothesized as a potential protection from COVID-19. Cross-protection against COVID-19 by the BCG immunization has been speculated in India.^[9] Coronavirus has the potential of instilling a sense of fear among other health-care professionals regarding their own lives. The current norm of social distancing also conflicts with their professional duty to treat others and also at the same time to maintain their own personal well-being.^[10] Such kind of a cognitive dissonance can also lead to heightened levels of stress, worry, anxiety, depression, and reduced sleep, among other various issues that can take a toll on their psychological health. A 360 degree shift in the present lifestyle further fuels stress and anxiety thereby depleting the psychological resilience even lower than what currently it is. This psychological pandemic at the global level needs particular attention. We aimed to assess the presence of psychological distress, depression, anxiety, stress, and insomnia experienced by the healthcare workers in India related to COVID-19 pandemic.

MATERIAL AND METHODS

A multicentric cross-sectional study was conducted in India to evaluate the mental health of doctors working in COVID-19 wards from April 2020 to May 2020. Institute ethical committee approval was obtained for this study. A pre-designed, pre-tested validated semi-structured questionnaire was administered to the study subjects wherein objectives were explained, respectively. The questionnaires were prepared in the format of a Google document which was sent across through social media platforms such as WhatsApp, Facebook, and various social platforms where doctors are involved, e-mails, etc., to follow the restrictions and protocols of social distancing. Informed consent was taken from the respondents before the study and an option to terminate was made available anytime they desired in the form itself. Complete confidentiality of the respondents was ensured and no personal details were recorded for the purpose of the study such as name, address, and contact details. Participants doctors were targeted in this study. The target sample size of participants was determined using the formula $N = Z\alpha 2P(1 - P) / d^2$, in which $\alpha = 0.05$ and $Z\alpha = 1.96$, and the estimated acceptable margin of error for proportion d was 10%. The proportion of doctors with psychological comorbidities was estimated at 24.3%, based on a previous study outbreak.^[11] The calculated sample size is 707, adding 10% non-response rate the final sample size is 777.

Demographic details were reported by the participants, including age, gender (male, female, and other), present work area (government teaching/non-teaching hospital/institute, private teaching/non-teaching hospital/institute, private practice, and not working currently), primary specialty, any

pre-existing conditions (hypertension, diabetes, asthma, etc.), and habits (smoking, alcohol consumption, etc.), if the participants were residing with children <3 years or with the elderly >65 years. Participants were also asked if they are exposed to COVID-19 patients/COVID-19 samples and their current postings in the COVID hospital.

Instruments

The online survey collected the information of the study variables of depression, stress, anxiety, and insomnia using the DASS-21 questionnaire and the Insomnia Severity Index (ISI). The DASS-21 scale is a self-report measure that is frequently used to assess the emotional states of depression, anxiety, and stress. Each of these three scales within DASS contains seven items. The scale of depression assesses feelings of hopelessness, loss of interest and pleasure, dysphoria, self-deprecation, etc. The anxiety scale measures autonomic arousal, subjective, situational aspects of anxiety, etc. The stress scale assesses aspects such as inability to relax, being easily upset or irritated, and being impatient or over reactive. It is a self-rated Likert scale with scores of 0 (did not apply to me at all) to 3 (mostly applied to me) in the past 1 week. The final score for the shorter version is multiplied by two to obtain the cumulative score.^[12] The ISI consists of seven questions which are added together to get a final score. For each question specific Likert scale is provided ranging between scores 0 and 4. The appropriate score is to be selected based on severity of insomnia experienced in the past 2 weeks. The scores are interpreted according to the scoring guidelines ranging from 0 to 7 indicating no clinically significant insomnia to 22–28 indicating clinical insomnia (severe level).^[13]

Statistical analysis

Statistical software used to analyze data were MS Excel, SPSS for Windows Inc. Version 22. Chicago, Illinois. Descriptive statistics were reported as median and interquartile range for continuous variables, frequencies (percentage) for categorical variables. Proportions were compared using Chi-square test. Continuous variables between the groups were measured using Mann–Whitney U-test and Kruskal–Wallis H test. Multiple logistic regressions were used to find the predictors of mental health outcome. Error bar plot and Box and Whisker plot were used to depict median scores. For all comparisons, $P < 0.05$ was considered statistically significant.

RESULTS

The study was conducted among 777 medical doctors. Out of which 538 doctors had exposure to COVID-19 patients. The mean age of the respondents ($n = 538$) was 32.07 ± 7.94 years. Out of 777 responding participants, we have got

538 participants directly working with COVID-19 patients. Maximum number of response rate individuals was seen in the age group of 20–30 years and 31–40 years. Around 54.7% of males are working in COVID-19 wards. Among our study participants, 8.7% use alcohol, 2.8% are smokers, and 5.4% are indulged in both. Around 71% of our study group is working in a tertiary care center while remaining 29% in a secondary care center. In our study, around 52% are working in a government set up and 48% in a private set up. Among the COVID-19 exposure participants in our study, 34% are professors working in a teaching institution, 42% working as residents, and 24% as medical officers, respectively.

Table 1 shows the association of ISI with demographic variables among our study participants. Severe and moderate insomnia were more commonly seen among females, those working at secondary care centers, working at private institutions, and among medical officers. All the factors were significantly associated with an increase in scores in ISI scale.

Table 2 shows depression and anxiety to be significantly associated with COVID-19 exposed participants in our study. Moderate depression as a feature is present more commonly among females (60%) and was found to be statistically significant. Mild depression was seen more among those working at tertiary care centers (51.1%), while moderate depression was seen more commonly among those working at tertiary and secondary care centers and was found significant. Mild depression was seen more among those working at tertiary care centers (51.1%), while moderate depression was seen more commonly among those working at tertiary and secondary care centers and was found significant. Moderate depression was seen more commonly among medical officers (55%) and was found to be statistically significant. Severe anxiety is seen more among males (52.2%), whereas moderate anxiety more commonly seen among females (67.5%). In our study, 56.5% working at tertiary care hospitals subjected to COVID-19 were having severe anxiety. Medical officers and residents were more likely to have moderate and severe anxiety levels than others and were found to be statistically significant. Stress factor did not show any significant difference in our study.

Table 3 shows the median and interquartile range of all the scores subjected to COVID-19 exposed participants. Depression, anxiety, and stress scores (DASS) were significantly higher among females, 5.0 (2.0–8.0) versus 6.0 (2.0–10.0) versus 3.0 (1.0–8.0); $P < 0.001$. Among those working at secondary care centers had a significantly higher DASS scores, 4.0 (2.0–8.0) versus 6.0 (2.0–10.0) versus 3.0 (0.0–8.0); $P < 0.001$. In our study, there was no significant difference in DASS with respect to working environment. Medical officers had a significantly higher DASS, 4.0 (2.0–8.5) versus 6.0 (2.0–11.0), 3.0 (0.5–9.0); $P < 0.001$. Similarly, ISI scores were significantly higher among females, 7.0 (2.0–

Table 1: Categories of Insomnia Severity Index among respondents exposed to COVID-19 individuals ($n=538$).

Variable	No insomnia ($n=320$)	Sub-threshold ($n=144$)	Moderate insomnia ($n=60$)	Severe insomnia ($n=14$)	P-value
Gender					
Male	192 (60)	75 (52.1)	21 (35)	6 (42.9)	0.02*
Female	128 (40)	69 (47.9)	39 (65)	8 (57.1)	
Place of working					
Tertiary	250 (78.1)	111 (77.1)	16 (26.7)	5 (35.7)	<0.001*
Secondary	70 (21.9)	33 (22.9)	44 (73.3)	9 (64.3)	
Currently working					
Government	172 (53.75)	82 (56.9)	20 (33.33)	6 (42.9)	0.014*
Private	148 (46.25)	62 (43.1)	40 (66.67)	8 (57.1)	
Job title					
Professor	120 (37.5)	41 (28.5)	18 (30)	4 (28.6)	0.001*
Residents	138 (43.1)	71 (49.3)	12 (20)	5 (35.7)	
Medical officers	62 (19.4)	32 (22.2)	30 (50.0)	5 (35.7)	

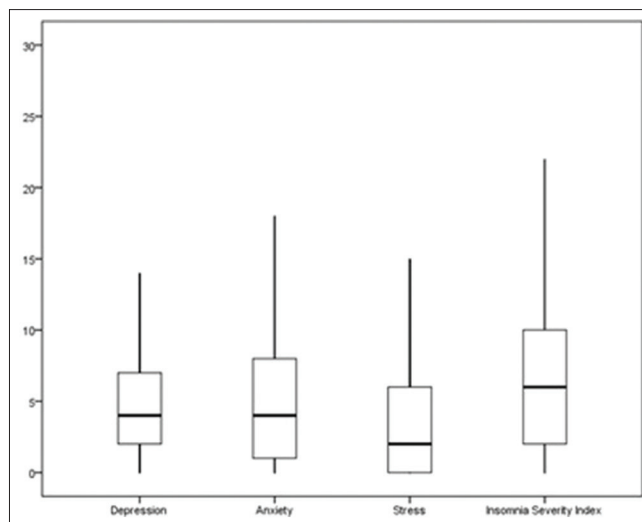
*Significant

12.0); those working at secondary care centers, 8.0 (3.0–16.0) and among medical officers 8.0 (3.0–15.0).

Graph 1 shows the median and interquartile range of all the scores. In our study, overall median depression scores were 4.0 (2.0–7.0); anxiety scores were 4.0 (1.0–8.0), stress scores were 2.0 (0.0–6.0), and insomnia scores were 6.0 (2.0–10.0). Graph 2 shows error bar plot featuring the DASS score over ISI. Severe clinical insomnia scores were associated with higher DASS.

DISCUSSION

The results of our study revealed a 40.4% and 40% prevalence of mild and moderate depression, respectively, among male doctors and 59.6% and 60% of mild and moderate depression, respectively, among female doctors during COVID-19 pandemic. Around 55% of medical officers in the study reported having moderate levels of depression. A study conducted in Korea among 64 doctors indicated a depression rate of nearly 27% during the Middle East Respiratory Syndrome outbreak.^[14] In our study, with respect to anxiety it was found that among men as many as 52% reported experiencing severe anxiety and 24% had moderate levels of anxiety whereas females reported as high as 68% and 48% of moderate and severe anxiety, respectively. This indicates an alarmingly high number of healthcare workers experiencing mental overload during this time of uncertainty reiterating the fact that the frontline workers are indeed the worst hit by the pandemic. Anxiety rates were higher especially among the resident doctors and the medical officers [Table 3]. A study on the mental health of general public was conducted in China which reported moderate to severe levels of depression, stress, and anxiety (16.5%, 8.1%, and 28.8%, respectively) among the respondents. Such increased rates of reported problems even in general public in turn indicates how the frontliners are at even greater risk to experience mental health problems during this crucial time.^[15,16]

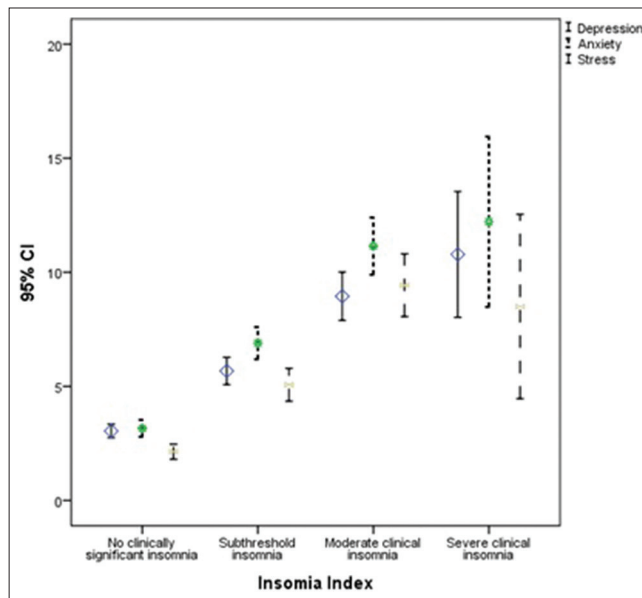
**Graph 1:** Box and whisker plot showing scores of depression, anxiety, stress and insomnia index ($n=538$)

Outbreak of COVID-19 has led to a sudden shift in the workforce behavior around the globe posing immense burden on the health-care system. In our study, around 30% and 44% male doctors reported mild and moderate level of stress, respectively, whereas 70% and 56% female doctors reported mild and moderate level of stress, respectively, again indicating an increase in the stress levels being experienced by the health-care staff during this time. Stress rates were especially high among professors and medical officers [Table 3]. A study conducted in China to assess the psychological impact of COVID-19 on medical workforce reported the participants ($n = 2299$) to be twice at risk of depression, fear, and anxiety by working in close contact with the infected patients.^[17] It was observed in our study that among female doctors the rates of moderate insomnia were especially high (65%), whereas high level of male participants

Table 2: Distribution of severity of depression, anxiety, and stress among participants respondents to COVID-19 individuals (n=538).

Variable	Depression			Anxiety			Stress (n=60)			P-value
	Normal (n=471)	Mild (n=47)	Moderate (n=20)	Normal (n=395)	Mild (n=40)	Moderate (n=74)	Normal (n=519)	Mild (n=10)	Moderate (n=9)	
Gender										
Male	267 (56.7)	19 (40.4)	8 (40)	239 (60.5)	17 (42.5)	24 (32.4)	287 (55.3)	3 (30)	4 (44.4)	0.23
Female	204 (43.3)	28 (59.6)	12 (60)	165 (39.5)	23 (57.5)	50 (67.5)	232 (44.7)	7 (70)	5 (55.6)	
Place of working										
Tertiary	348 (73.9)	24 (51.1)	10 (50)	296 (74.9)	27 (67.5)	43 (58.1)	369 (71.1)	7 (70)	6 (66.7)	0.95
Secondary	123 (26.1)	23 (48.9)	10 (50)	99 (25.1)	13 (32.5)	31 (41.9)	150 (28.9)	3 (30)	3 (33.3)	
Currently working										
Government	241 (51.2)	25 (53.2)	14 (70)	204 (51.6)	19 (47.5)	43 (58.1)	271 (52.2)	3 (30)	6 (66.7)	0.25
Private	230 (48.8)	22 (46.8)	6 (30)	191 (48.4)	21 (52.5)	31 (41.9)	248 (47.8)	7 (70)	3 (33.3)	
Job title										
Professor	165 (35)	13 (27.7)	5 (25)	149 (37.7)	11 (27.5)	15 (20.3)	176 (33.9)	4 (40)	3 (33.3)	0.54
Residents	202 (42.9)	20 (42.6)	4 (20)	168 (42.5)	18 (45)	32 (43.2)	221 (42.6)	3 (30)	2 (22.2)	0.001*
Medical officers	104 (22.1)	14 (29.8)	11 (55)	78 (19.7)	11 (27.5)	27 (36.5)	122 (23.5)	3 (30)	4 (44.4)	

*Significant



Graph 2: Error bar plot featuring the DASS score over Insomnia index severity (n=538)

reported sub threshold insomnia (52%). As many as, 57% females reported severe insomnia. With the increase in working hours, shortage of manpower and acute burden on healthcare infrastructure, it is bound to have a downward spiral effect on those who are tirelessly battling with this ever increasing problem. The residents and the medical officers are worst hit by this issue [Table 2].

Early reports of COVID-19 and from the previous outbreak of severe acute respiratory syndrome (SARS, 2003) depict that the healthcare workers are highly prone to experiencing stress, fear, depression, insomnia, and anxiety.^[6] This is true for the workers directly engaged in diagnosing, treating, and providing care to suspected or confirmed cases of COVID-19. Another similar observational study involving 180 medical staff dealing directly with COVID-19 patients showed substantial effect of stress and anxiety on the sleep quality and levels of self-efficacy. Indeed, escalation in social support acts as a buffer against stress and anxiety by lowering its level.^[18] No Indian studies have been conducted in the area of COVID-19 like the present study by studying all these variables in conjunction. It is agonizing to report that an increasing number of suicides have been reported worldwide especially among the general public. Similar instance was reported in India on February 12, 2020 at first.^[19] Recent findings add to the reporting of two more similar suicidal cases in India and brings out the turmoil of this avalanching pandemic condition.^[20] These incidences have been increasing among the healthcare workers as well all over the world due to the increasing demand and reliance on the medical professionals with an added burden where they have the responsibility to take decision of someone else's

Table 3: Distribution of scores of depression, anxiety, stress, and insomnia among respondents exposed to COVID-19 individuals ($n=538$).

Variable	Depression	P-value	Anxiety	P-value	Stress	P-value	Insomnia	P-value
Total median (IQR)	4.0 (2.0–7.0)		4.0 (1.0–8.0)		2.0 (0.0–6.0)		6.0 (2.0–10.0)	
Gender								
Male	3.0 (1.0–5.0)	<0.001*	3.0 (1.0–7.0)	<0.001*	2.0 (0.0–4.0)	<0.001*	5.0 (1.0–9.0)	0.002*
Female	5.0 (2.0–8.0)		6.0 (2.0–10.0)		3.0 (1.0–8.0)		7.0 (2.0–12.0)	
Place of working								
Tertiary	3.0 (2.0–6.0)	0.001*	4.0 (1.0–7.0)	<0.001*	2.0 (0.0–5.0)	0.04*	5.0 (2.0–9.0)	<0.001*
Secondary	4.0 (2.0–8.0)		6.0 (2.0–10.0)		3.0 (0.0–8.0)		8.0 (3.0–16.0)	
Currently working								
Government	4.0 (2.0–7.0)	0.22	4.0 (1.0–8.0)	0.69	2.0 (0.0–6.0)	0.55	6.0 (2.0–9.0)	0.31
Private	3.0 (2.0–7.0)		4.0 (1.0–8.0)		3.0 (0.0–5.0)		6.0 (2.0–11.0)	
Job title								
Professor	3.0 (1.0–6.0)	0.005*	3.0 (1.0–7.0)	<0.001*	2.0 (0.0–5.0)		5.0 (1.0–9.0)	<0.001*
Residents	3.0 (2.0–7.0)		4.0 (1.0–8.0)		2.0 (0.0–5.0)	0.01*	6.0 (2.0–9.0)	
Medical officers	4.0 (2.0–8.5)		6.0 (2.0–11.0)		3.0 (0.5–9.0)		8.0 (3.0–15.0)	

*Significant (Kruskal–Wallis test and Mann–Whitney U-test)

life. There is an increased risk of experiencing cumulative trauma or vicarious trauma when working with huge number of patients daily during such a crisis.^[7]

The COVID-19 mental health concerns can be classified in acute phase (approximately 2–6 months after the outbreak) which includes immediate psychological issues such as anxiety, fear dissociative symptoms, substance withdrawal, and denial and long-term phase (after the control of the outbreak, >6 months) which includes depression, grief, and relapse of pre-existing mental health issues.^[21] Therefore, consistent commitment is needed by the mental health professionals even after the pandemic is over. Our study shows that participants treating COVID-19 patients had increased risk of insomnia, with severe and moderate insomnia more commonly seen in females. Furthermore, statistically significant moderate depression was present commonly among females (60%). Severe anxiety was common in males (52.2%) and moderate anxiety was commonly seen in females (67.5%). A similar online survey in China concluded that medical healthcare workers were more prone to developing insomnia, anxiety, depression, obsessive-compulsive, and traumatization disorders as compared to their non-medical counterparts.^[11]

Taking into consideration the mammoth impact of this pandemic, it is essential that mental healthcare should be the primary focus along with the medical care provided. Telecounseling and psychotherapy are the need of the hour. In a time that warrants social distancing to be maintained, it is essential to equip the frontliners with how to do meditation, breathing and other relaxation techniques such as the Jacobson Progressive Muscle Relaxation. Supportive psychotherapy, mindfulness techniques, psychoeducation, activity scheduling, grief counseling, and sleep hygiene are some of the ways that can ensure the mental sanity of the

healthcare workers during this overwhelming time. A team of trained personnel's should be made available for quick assessment of the psychological issues and its remediation. The daunting impact of the pandemic can also be contained by the process of debriefing and catharsis promoted by team members especially during unfortunate outcomes such as increased death count. The existing health-care system should be boosted in the coming times to push forward the psychological care of everyone for a better and more robust future. The information obtained from self-reported questionnaires was not verified with responder's medical records. Furthermore, currently, India is in the midst of the pandemic and the delayed psychological outcomes related to COVID-19 are difficult to capture with the current survey. Hence, this may limit the generalizability of the findings.

CONCLUSION

The impact that this pandemic is casting over the mental health of the healthcare workers should not be overlooked today and even in the coming times when the crisis is over. It is suggestive of high need for psychological support and interventions for maintaining a robust clinical workforce. Early screening targeting the medical workforce and implementation of psychological interventions are essential for protecting and maintaining the functionality of the health-care system.

Acknowledgments

We thank Dr. Shivam Mahajan, Resident, North Delhi Medical College & Hindu Rao Hospital, Delhi, India, for literature search regarding COVID-19. We also thank all the participants for their valuable inputs and feedback in our

study. All the authors have equally contributed in framing and reviewing the manuscript.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. India Fights Corona COVID-19. Government of India. Available from: <https://www.mygov.in/covid-19>. [Last accessed on 2020 Aug 14].
2. Coronavirus Disease (COVID-19)-SAARC Region. Available from: <http://www.covid19-sdmc.org>. [Last accessed on 2020 Aug 14].
3. Cheke RS, Shinde S, Ambhore J, Adhao V, Cheke D. Coronavirus: Hotspot on coronavirus disease 2019 in India. *Indian J Med Sci* 2020;72:29.
4. Styra R, Hawryluck L, Robinson S, Kasapinovic S, Fones C, Gold WL. Impact on health care workers employed in high-risk areas during the Toronto SARS outbreak. *J Psychosom Res* 2008;64:177-83.
5. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, *et al.* The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet* 2020;395:912-20.
6. Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, *et al.* Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open* 2020;3:e203976.
7. Li Z, Ge J, Yang M, Feng J, Qiao M, Jiang R, *et al.* Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain Behav Immun* 2020;88:916-9.
8. Gharote MA. Role of nasopharyngeal lactate dehydrogenase as a possible economical mass screening test for the detection and segregation of SARS-CoV-2 (COVID-19) cases in India. *Indian J Med Sci* 2020;72:21.
9. Roy S. Does the *Bacillus Calmette-Guérin* vaccine provide protection from COVID-19? *Indian J Med Sci* 2020;72:17.
10. Rambaldini G, Wilson K, Rath D, Lin Y, Gold WL, Kapral MK, *et al.* The impact of severe acute respiratory syndrome on medical house staff: A qualitative study. *J Gen Intern Med* 2005;20:381-5.
11. Zhang WR, Wang K, Yin L, Zhao WF, Xue Q, Peng M, *et al.* Mental health and psychosocial problems of medical health workers during the COVID-19 epidemic in China. *Psychother Psychosom* 2020;89:242-50.
12. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behav Res Ther* 1995;33:335-43.
13. Morin CM, Belleville G, Bélanger L, Ivers H. The insomnia severity index: Psychometric indicators to detect insomnia cases and evaluate treatment response. *Sleep* 2011;34:601-8.
14. Um DH, Kim JS, Lee HW, Lee SH. Psychological effects on medical doctors from the Middle East respiratory syndrome (MERS) outbreak: A comparison of whether they worked at the MERS occurred hospital or not, and whether they participated in MERS diagnosis and treatment. *J Korean Neuropsychiatr Assoc* 2017;56:28.
15. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, *et al.* Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health* 2020;17:1729.
16. Parikh P, Mehta P, Bansal S, Aggarwal S, Patel A, Batra A, *et al.* Protecting health-care professionals and workers (other than COVID-19 management facilities) from contamination during COVID-19 pandemic (March 26, 2020-India). *Indian J Med Sci* 2020;72:3.
17. Lu W, Wang H, Lin Y, Li L. Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Res* 2020;288:112936.
18. Xiao H, Zhang Y, Kong D, Li S, Yang N. The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Med Sci Monit* 2020;26:e923549.
19. Goyal K, Chauhan P, Chhikara K, Gupta P, Singh MP. Fear of COVID 2019: First suicidal case in India. *Asia J Psychiatry* 2020;49:101989.
20. Sahoo S, Rani S, Parveen S, Singh AP, Mehra A, Chakrabarti S, *et al.* Self-harm and COVID19 pandemic: An emerging concern-a report of 2 cases from India. *Asia J Psychiatry* 2020;51:102104.
21. NIMHANS. Mental Health in the Times of COVID-19 Pandemic-guidance for General Medical and Specialised Mental Health Care Settings. Department of Psychiatry, Karnataka: NIMHANS; 2020.

How to cite this article: Selvaraj P, Muthukanagaraj P, Saluja B, Jeyaraman M, Anudeep TC, Gulati A, *et al.* Psychological impact of COVID-19 pandemic on health-care professionals in India – A multicentric cross-sectional study. *Indian J Med Sci*, doi: 10.25259/IJMS_193_2020

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

No. NMC/MCI-(PG)23(1)(10A)Med-2020

Date : 22.12.2020

ADVISORY

Sub: Relaxations for Postgraduate Degree thesis

The National Medical Commission has received several requests regarding submission of Postgraduate thesis of students for the batches admitted during academic years 2018-19 and 2019-20. The Postgraduate Medical Education Board (PGMEB) of the National Medical Commission after having carefully considered all the requests, the current COVID 19 pandemic situation and the training requirements of the Postgraduate degree students, has decided as under:

1. The sub-clause 14 (4) (a) of the Postgraduate Medical Education Regulations with regard to the submission of the Postgraduate thesis states as follows : “Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination”. In view of the COVID 19 pandemic the PGMEB has decided to relax the said portion of the regulation and allow the Postgraduate degree students of batches 2018-19 and 2019-20 only, to submit their thesis at least three months before the Theory and Clinical/Practical examination.
2. Further sub-clause 13.9 of the Postgraduate Medical Education Regulations states as follows: “A postgraduate student of a Postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his Postgraduate studies so as to make him eligible to appear at the Postgraduate degree examination.” In view of the COVID 19 pandemic, the PGMEB has decided to relax the said portion of the regulation and allow the Postgraduate students of batches 2018-19 only, in broad specialities/super specialities to be eligible to appear for their Postgraduate degree examinations even if they have not made a poster presentation, read a paper at a conference or submitted a research paper for publication.
3. Further, in view of dearth of clinical material during current COVID19 Pandemic, the Universities and Medical colleges/institutions are also advised that while evaluating the thesis submitted for acceptance for the batches 2018-19 and 2019-20, final sample size actually analyzed may be considered even if it is less than the committed sample size in the approved thesis protocol for the study.

(Dr. R. K. Vats)
Secretary

दूरभाष/Phone : 25367033, 25367035, 25367036
फैक्स /Fax : 0091-11-25367024
ई-मेल /E-mail : pgmeb@nmc.org.in

पॉकेट -14, सेक्टर-8, द्वारका, फेस-1, नई दिल्ली-77
Pocket- 14, Sector- 8, Dwarka,
Phase – 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Post Graduate Medical Education Board)

No. NMC/MCI-23(1)/2021-Med/ ००७७६९

Date: 22.04-2021

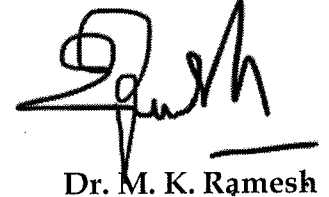
ADVISORY

Subject:- Postgraduate Practical Examinations

The Postgraduate Medical Education Board has received mails from Universities and Institutions about the issues they are facing in conducting Practical Examinations in Postgraduate Courses due to the prevailing pandemic. They have highlighted the fact that many teachers are declining to be examiners. Hence the Postgraduate Medical Education Board has decided to permit the examiners from outside the state to participate in the Practical examination process through video conferencing. The two internal examiners, who may be from the same Institution or from different Institutions under the same University, should be physically present.

The concerned Universities may decide the time and the method of Examination taking into consideration the pandemic situation in their area.

This is in complement to the earlier advisory no. NMC/MCI-23(1)2021-Med, dated 18.03.2021.



Dr. M. K. Ramesh
President- (PGMEB)
National Medical Commission

Mail: secy-mci@nic.in

दूरभाष/Phone : 25367033, 25367035, 25367036

WEBSITE: www.nmc.org.in

पॉकेट -14, सेक्टर-8, द्वारका,

फेस-1, नई दिल्ली-110077

Pocket- 14, Sector- 8, Dwarka,

Phase - 1, New Delhi-110077

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

No. NMC/Secy/2021/ 25

Dated: 27.04.2021

ADVISORY FOR ALL MEDICAL COLLEGES

Advisory regarding Final Year Postgraduate [Diploma/ MD/MS] students in view of extraordinary situation due to surge of COVID -19 cases.

It has come to the notice of the Commission that due to surge of COVID-19 Cases:

- Final year examination of postgraduate courses [Diploma/MD/MS] has been delayed in many Colleges/ institutions.
- PG-NEET examination for admission to postgraduate courses has also been delayed. Consequently, the start of academic session 2021-22 will be delayed and new batch of PG students will join their respective colleges only after counseling which will happen only after PG-NEET is held.

2. Therefore, in view of these circumstances, in order to ensure that there is no shortage of Residents in handling the surge of COVID-19 cases, the services of these postgraduate students as Residents may be continued to be utilized until fresh batches of postgraduate students have joined.

3. All Medical Institutions, including Central/State/UT Government Institutions or Private Institutions are also advised to continue: (a) Availability of accommodation; and (b) Payment of Stipend; to all such Final Year postgraduate students during this extended period.

Vats

(Dr. R. K. Vats)
Secretary

**PRESIDENT**

DR DAYANAND SAGAR

VICE PRESIDENT

DR SHYLINI

DR RONAK

DR SUHAS

DR NIVEDITHA

GENERAL SECRETARY

DR RAMESH S M

DR NAMRATHA

JOINT SECRETARY

DR. DODDABASAPPA

DR SURAJ

NATIONAL CO-ORDINATOR

DR SHILPA

TREASURER

DR NEHA

SENIOR RESIDENTS**REPRESENTATIVES**

DR SAMARTH GOWDA

DR L N REDDY

DR NAVEEN KUMAR R A

DR MADHU ACHAR

HOUSE SURGEON**REPRESENTATIVES**

DR SAMARTH

DR SIDDHAVIVEK

EXECUTIVE MEMBERS

DR ABHISHEK NARAYAN

DR RAGHAVENDRA

DR PRITHVIK

DR PRAJWAL K R

DR RAJEEV JATTI

DR ADARSH

DR AKAMSHA

DR HARISH

DR FARHAN

DR ANEESHA

DR AVINASH

DR TEJASWINI

DR VISHWANATH

DR MADHUSUDHAN

DR SUDHEENDRA

DR. SAHANA

DR SHYLINI

DR ROHAN

DR DINESH

DR HARSHITHA

DR PRAJNA M

DR ANANTH

DR SUNIL

DR GAYATHRI

To,

National Medical Commission,

Post Graduate Medical Education Board

Pocket- 14 , Sector – 8, Dwarka Phase -1

New Delhi – 110077

Respected sir,

Subject: Regarding grievances of the students of MD/MS batch of 2018 (& post- diploma batch of 2019) from the state of Karnataka.

This is a common letter that we the students (students- MD/MS batch 2018 & Post Diploma 2019 , who were supposedly exam going for June 2021) are writing to state level authorities concerned with implementation of medical education.

Need for the letter:

With reference to the information as per the order No. Z. 20015/43/2021 – ME-I (FTS-8108321) dated 3rd May 2021, 2021 an atmosphere of apprehension and unrest about the future academic and career prospects has been created in an already prevailing anxious environment among the final year Post Graduates who were supposed to appear for the university examination on 11th June.

Our grievances:**A. Waive off of examination**

As Post graduates have been deemed capable of managing covid pandemic amidst various drawbacks and have performed it with utmost professionalism and due diligence, one time exemption from post graduate university examination. Examination at the peak of the pandemic brings "Work-Academics dilemma" among the Post Graduates.

In case however the authorities feel the dire need to conduct exams, they can consider Exit examination in the form of

- One day Internal assessment/ examination at Institute level
- One day Viva voce and OSCEs at Institute level focusing mainly on practical aspects





PRESIDENT

DR DAYANAND SAGAR

VICE PRESIDENT

DR SHYLINI
DR RONAK
DR SUHAS
DR NIVEDITHA

GENERAL SECRETARY

DR RAMESH S M

JOINT SECRETARY

DR. DODDABASAPPA
DR SURAJ

NATIONAL CO-ORDINATOR

DR AWWANNA BAGEWADI

TREASURER

DR NEHA

SENIOR RESIDENTS REPRESENTATIVES

DR SANKETH
DR RAVI
DR AVINASH

HOUSE SURGEON REPRESENTATIVES

DR SAMARTH
DR SIDDHAVIVEK

EXECUTIVE MEMBERS

DR ABHISHEK NARAYAN
DR RAGHAVENDRA
DR PRITHVIK
DR PRAJWAL K R
DR RAJEEV JATTI
DR ADARSH
DR AKAMSHA
DR HARISH
DR FARHAN
DR ANEESHA
DR AVINASH
DR TEJASWINI
DR VISHWANATH
DR MADHUSUDHAN
DR SUDHEENDRA
DR. SAHANA
DR SHYLINI
DR ROHAN
DR DINESH
DR HARSHITHA
DR SUVARNA
DR PRAJNA M
DR ANANTH
DR SUNIL
DR GAYATHRI

B. Consideration for SR ship (MD/MS Completion) from May 1st 2021:

Resident doctors at Karnataka have joined post-graduation from the first week of May 2018, which makes April 30th being the last day to work as Junior Resident (3 years duration tenure) following which resident doctors should be considered as Senior residents.

Roles, responsibilities and pay should be that of a senior resident from May 1st 2021, irrespective of the status of the exams.

Irrespective of the exams (preferably waived off) and circumstances or pattern of exams, Senior Residency MUST be considered from May 1st 2021.

For a) In-service, b) Sponsored candidates, c) Bond exempted candidates, for whom SRship may not apply, they should get a certificate/letter/memorandum mentioning having "COMPLETED MD/MS COURSE SUCCESSFULLY" which would again imply from May 1st 2021 allowing them to provisionally register their degree at the earliest.

C. Modification in Bond Enforcement applicable at Karnataka:

In view of Medical Colleges already being made to continue their work even beyond three years period stating the pandemic, they should be allowed to continue working in their respective Institutes even to complete their bond duration. Considering 4 years tenure (3 for PG and 1 for work under bond), govt cannot extend our work beyond April 30th 2022. Bond duration period should not extend beyond April 30th 2022.

D. Remainder of other demands:

Risk Allowance from March 2019, Fee waive off, recruiting adequate health staffs and doctors, adequate facilities for isolation and quarantine and also reservation of beds for parent and resident doctors and other demands which Karnataka Association of Resident Doctors has already asked on various occasions to be implemented without fail. NMC being the Governing body for implementation of Medical education throughout the nation and is also obliged to take care of the needs of the Resident Doctors and need to ensure the smooth implementation of policies.

Kindly consider the letter and necessary actions on high priority. Pandemic has taken high toll on mental health of hardworking resident doctors. It is the duty of the authorities to reduce the burden than strain us more with uncertainty.





KARNATAKA ASSOCIATION OF RESIDENT DOCTORS

WWW.LIVEKARD.IN

107

(Association of House surgeons, Post graduates and Super speciality residents of Govt. Medical and Dental Colleges in Karnataka)

PRESIDENT

DR DAYANAND SAGAR

VICE PRESIDENT

DR SHYLINI

DR RONAK

DR SUHAS

DR NIVEDITHA

GENERAL SECRETARY

DR RAMESH S M

DR NAMRATHA

JOINT SECRETARY

DR. DODDABASAPPA

DR SURAJ

NATIONAL CO-ORDINATOR

DR AWWANNA BAGEWADI

TREASURER

DR NEHA

SENIOR RESIDENTS

REPRESENTATIVES

DR SAMARTH GOWDA

DR L N REDDY

DR NAVEEN KUMAR R A

DR MADHU ACHAR

HOUSE SURGEON

REPRESENTATIVES

DR SAMARTH

DR SIDDHAVIVEK

EXECUTIVE MEMBERS

DR ABHISHEK NARAYAN

DR RAGHAVENDRA

DR PRITHVIK

DR PRAJWAL K R

DR RAJEEV JATTI

DR ADARSH

DR AKAMSHA

DR HARISH

DR FARHAN

DR ANEESHA

DR AVINASH

DR TEJASWINI

DR VISHWANATH

DR MADHUSUDHAN

DR SUDHEENDRA

DR. SAHANA

DR SHYLINI

DR ROHAN

DR DINESH

DR HARSHITHA

DR PRAJNA M

DR ANANTH

DR SUNIL

DR GAYATHRI

Copy to:

1. Shri Narendra Modi, Honourable Prime Minister of India. South Block, Raisina Hill, New Delhi-110011
2. Shri Dr Harshavardhan, Honourable Minister for Health and Family Welfare, GOI, Room No. 348; 'A' Wing, Nirman Bhavan, New Delhi-110011
3. B S Yedyurappa, Honourable Chief Minister, Government of Karnataka.
4. Dr. K Sudhakar, Honorable minister for Medical Education and HFW, GoK
5. Director, Directorate of Medical Education, GOK
6. Principle Secretary, Department of medical education, GOK
7. Principle Secretary, Department of Health and Family Welfare, GOK
8. Registrar, RGUHS, Bangalore
9. Vice chancellor, RGUHS, Bangalore
10. The president, Karnataka Medical Council, Bangalore

Thanking You,

Yours Sincerely

Karnataka Association of Resident Doctors





ANNEXURE P/6
RESIDENT DOCTORS ASSOCIATION

PT. B.D. SHARMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

ROHTAK-124001 (HARYANA)

108

President

Dr. Kunal Gaba
(8930335501)

Vice-President

Dr. Gaurav Nandal

General-Secretary

Dr. Baljeet Singh

Joint-Secretary

Dr. Daksh

Hostel-Secretary

Dr. Manali Satiza

Treasurer

Dr. Ashish Thakur

Sports Secretary

Dr. Ankush Kundu

Chief Advisor

Dr. Narender Soni

Dr. Jalveer Yadav

Dr. Gaurav Tehri

Spokesperson

Dr. Pushkar

Dr. Vikas Yadav

Dr. Anuj Yadav

SR Representatives

Dr. Deepak Yadav

Dr. Karan Siwach

Dr. Anil Mehta

Ref No

RDA/21/05

05/05/2021

To,

National Medical Commission
Post Graduate Medical Education Board
Pocket- 14 , Sector – 8, Dwarka Phase -I
New Delhi – 110077

Subject: Regarding awarding Post Graduate Medical Degrees without conducting examinations / Reducing the passing percentage criteria from 50% to 35%.

Respected Sir/Madam,

As India is gripped with an onslaught of second wave of Covid 19 infection it is once again the post graduate residents who have been working tirelessly since February/March 2020 overburdened with the covid as well as non-covid duties. We have been brave so far keeping our lives and families at bay but this has taken a heavy toll on our mind and body.

Looking at the current scenario, India may face a huge crisis of doctors to tackle the situation. When the same situation arose in the UK and Italy last year, government utilised the source of final year MBBS and PG students to handle the situation by fast tracking their entry into healthcare systems of these respective countries by waiving the necessary mandatory exams.

<https://www.reuters.com/article/us-health-coronavirus-italy/italy-rushes-to-promote-new-doctors-to-relieve-coronavirus-crisis-idUSKBN214245>

<https://www.theguardian.com/world/2020/mar/15/uk-medical-schools-urged-to-fast-track-final-year-students-to-help-fight-coronavirus>



RESIDENT DOCTORS ASSOCIATION

WWW.LIVELEAW.IN
PT. B.D. SHARMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

ROHTAK-124001 (HARYANA)

109

President

Dr. Kunal Gaba

(8930335501)

Vice-President

Dr. Gaurav Nandal

General-Secretary

Dr. Baljeet Singh

Joint-Secretary

Dr. Daksh

Hostel-Secretary

Dr. Manali Satiza

Treasurer

Dr. Ashish Thakur

Sports Secretary

Dr. Ankush Kundu

Chief Advisor

Dr. Narender Soni

Dr. Jaiveer Yadav

Dr. Gaurav Tehri

Spokesperson

Dr. Pushkar

Dr. Vikas Yadav

Dr. Anuj Yadav

SR Representatives

Dr. Deepak Yadav

Dr. Karan Siwach

Dr. Anil Mehta

Ref No RDA/21/05

05/05/2021

Similar action is very much needed in India to add to the pool of available doctors for the service in this situation of world pandemic. Hence this representation.

Thousands of MD/MS candidates who have completed their mandated tenure waiting to appear in the final exams are mentally tormented which is being delayed indefinitely due to COVID 19 surge. added to this junior doctors are continuously being deputed for covid duties severely hampering the time to prepare for the examinations. In this context we kindly request you to either waive of the examinations completely in view of current pandemic as we have completed the required tenure/training in the respective specialities or reduce the minimum passing percentage from mandated 50% TO 35%. This will not only benefit the hard working Junior doctors to enter into the fight against COVID 19 as specialists but also a big step in public interest given the current Pandemic at large.

Hence, on the aforesaid matter we would like to urge to consider this one-time exception of MD/MS final examinations as already done with the requirements concerning thesis and publication. This will not only benefit the hard working post graduates but public at large.

Copies:

- 1) Shri Narendra Modi, Honorable Prime Minister of India. South Block, Raisina Hill, New Delhi-110011
- 2) Shri Dr Harshavardhan, Honorable Minister for Health and Family Welfare, GOI, Room No. 348; 'A' Wing, Nirman Bhavan, New Delhi-110011
- 3) Shri Anil Vij, Honorable Health Minister of Haryana.
- 4) Directorate of Medical education and research, Haryana, 122. Sector 16, Panchkula, Haryana 134109.
- 5) Vice Chancellor, Pt. B. D. Sharma University of Health Sciences and Research, Rohtak- 124001.

(Dr. Kunal Gaba)
05/05/21
President

(Anuj)
9/5/21

Leading IITs relax exam norms in view of the second wave of the pandemic

TNN | May 8, 2021, 09.01 AM IST



MUMBAI: In view of the second wave of the pandemic, some of the leading IITs are relaxing norms for the benefit of students. While IIT-Bombay has extended the deadline for re-exam till June, IIT-Kanpur has allowed a waiver of two courses (out of 40-45 courses) for graduating students. Apart from relaxing the attendance norms and submission deadlines, IIT-Delhi is allowing students to take the I-grade (an incomplete grade) based on self-certification (instead of a medical certificate). The I-grade will allow them to take the exam later when their mental and physical condition is better.

An official at IIT-Delhi said the institute extended the deadlines for submissions of projects and assignments and the faculty has been asked to go extra soft on students. While they had a policy of allowing students to audit elective courses based on their interests, now the institute is allowing the students to audit one core course as well. Auditing a course allows students to take a course, but the grade in that course will not impact the overall CGPI. However, students will have to get a pass grade in that course, said the official. The institute has also resolved that students can be given a D grade even with 30 marks, because of the pandemic.

At IIT-Kanpur the graduating students will be allowed to avail a waiver of 18 credits or two courses (out of approximately 40-45

courses in the four-year programme), said director, Abhay Karandikar. Many graduating students who have a backlog in one or two subjects will still be able to graduate and get their degrees with this waiver, said Karandikar, adding that it will bring relief and reduce students' anxiety. In addition, they can also avail waiver for lab courses that were not offered in either semesters. The waiver was extended even last year and around 100 students availed it. The institute is also allowing no fail grade this semester and in some cases students can de-register and repeat the courses if need be.

Congratulations!

You have successfully cast your vote

[Login to view result](#)

The senate at IIT-Bombay has resolved to give students an option to convert their lower grades into pass grades for projects. The institute has also requested all faculty to be considerate in grading students given the second wave, said deputy director (academics and infrastructural affairs), S Sudarshan. "Students have also been given time till June to complete their re-exams. Usually, the deadline is the end of May. This is to ensure students who have Covid emergencies at home, have enough time to recover before the exam," said the professor.

Based on what other institutes are offering, students at IIT-Bombay have demanded an absolute no-fail policy. In an article in their campus magazine, Insight, the students pointed out that the institute did not make any changes to their failing policies despite the second wave. It could make sense to fail students if all students are getting equal opportunities to attend classes, to focus on academics and exams, they said. They demanded that no student be failed in any course in this semester unless they are guilty of malpractice.

Prof Sudarshan said that absolute no-fail policy cannot be an option at the institute, since most of the evaluation has already been done by the faculty members throughout the semester. And unlike last year, when the semester had to end abruptly, this year it had been completed. He added that faculty members have been asked to try avoiding the FR grade (failed without re-exam) and allow students to give at least an option of re-exam to clear the course.

WWW.LIVELAW.IN

IIT-Madras has allowed the faculty to be more flexible since May 2020. The institute has permitted viva-voce exams for modest sized classes, said a spokesperson.

ICU for 70yr man or 30yr woman? Doctors, nurses are turning to psychiatrists in 2nd wave

113

Don't advise India's doctors and hospital staff to do yoga, meditation and exercise in the middle of the second wave of Covid. They need mental healthcare.



ALOK KULKARNI

9 May, 2021 8:30 am IST



Nurses give oxygen to a Covid-19 patient in ICU at Ramakrishna Hospital in New Delhi | Photo: Suraj Singh Bisht | ThePrint

Text Size: **A-** **A+**

I recently received a call from a senior anaesthesiologist, a family friend who works at a large private hospital in Mumbai. He said he was becoming abnormally aware of his heartbeat over the last two months. Then the anxiety kicked in — he could not intubate a severely ill Covid-19 patient in the critical care unit. In his 35-year career, this had never happened. He froze, and another doctor had to take over. A sense of guilt continued to loom over him, and that's when he called me, a psychiatrist.

Following an initial assessment over Skype, I determined that he was having a form of clinical anxiety. I put him in touch with a therapist who handled the non-pharmacological part of the illness. I started him on a short-term, low-dose anxiolytic. With medication and therapy sessions, he was soon able to gain control of his debilitating anxiety. This is just one incident — I have lost count of the number of people who have been reaching out to our organisation for help lately. When I checked about this with other colleagues, they also had similar stories to tell.

Advertisement



In India's second Covid wave, the toll on our healthcare professionals seems to be far worse. Especially when it comes to their mental health. This phenomenon was not seen to this extent in the first wave. In the second wave, along with Covid-19 patients, healthcare professionals are also feeling helpless. I recently read that a resident doctor at a private hospital in Delhi **died** by suicide allegedly due to the frustrating situation he had to face on a daily basis. He had to deal with seven to eight critical patients every day in the Covid ward. He is survived by his two-month pregnant wife.

Among most doctors, nurses and hospital staff, chronic exhaustion, pandemic fatigue, feelings of isolation, loneliness, lack of opportunity to grieve, and inadequate closures are setting in. More and more are reaching out for help.

Also read: *Second Covid wave is causing guilt, anxiety, distress, NIMHANS helpline sees 40% spike in calls*

Doctors can't be on auto-pilot

With barely a few months to recover after the first wave, the existing workforce has been stretched thin, and healthcare workers are having to shoulder additional responsibilities. Unless the frontline workers are adequately rested, we cannot expect them to discharge their duties to the best of their abilities. Healthcare workers are humans too, and cannot function on auto-pilot mode.

The overarching theme that is increasingly being seen among healthcare workers is fear. We have had several nursing professionals reach out to our team and say that they fear going back to the Covid ward.

Advertisement

Rekha (name changed), working at a Covid hospital in Karnataka's Hubli, sought an online appointment.

Advertisement

"Doctor, I am in a catch-22 situation. My family and I can't make ends meet if I don't work. At the same time, I worry about stepping out into the Covid ward. I have this sense of restlessness throughout the day, and can't wait to get back home. I am exhausted by the time I reach home. I then have to make dinner for my family. It is depressing," she told us.

One question gnaws at every healthcare worker: "Am I inviting this untameable virus into my home?" Despite this being a very realistic fear, doctors and nursing personnel are left with little choice. They don't have the luxury of not working on weekends, or of working from home. If they stop going to work, there will be no bread on the table. The irony of the situation is cruel. While they are working for survival, their very survival can come to a halt should they get infected.

Work is not easy either. A slight error in judgement can be fatal; we are talking about life and death situations. There is an acute shortage of beds, oxygen, and ventilators. This has forced doctors to make some hard choices — and that takes a



mental toll of its own. A 70-year-old man who is on the brink of collapse needs the ventilator as much as a 30-year-old woman who is battling severe Covid-19. And there is only one ventilator available. Which guideline do we turn to in such a situation?

Advertisement

Dr Ram (name changed), an interventional cardiologist in Maharashtra's Nashik, converted his state-of-the-art facility into a Covid hospital. He tells me that physicians at his hospital are under immense duress while making such hard choices. One of his physicians recently quit saying that he could no longer bear the mental fatigue accompanying such difficult choices.

How are we to process the scale of this trauma? Are we supposed to carry on from one patient to another as though nothing has happened? My brother-in-law, a neurosurgeon, and my sister, an obstetrician, tell me some harsh details of the kind of pressure that frontline workers are facing. I see both of them being completely drained by the time they come back home. Their only respite is the family dinner that we all have together, and even then, the conversations veer towards the degree of emotional exhaustion that healthcare workers have to bear.

Also read: [Not all doctors think putting medical, nursing students on Covid duty is practical. Here's why](#)

Not just yoga

India doesn't pay particular attention to mental health. But the second wave has exposed that denial too.

A [study](#) conducted by the Ohio State University College of Nursing has found that critical care nurses in poor physical and mental health committed more medical errors than nurses in better health. Approximately 40 per cent screened positive for depression symptoms, and more than 50 per cent screened positive for anxiety. The [National Mental Health Survey 2015-16](#) conducted across 12 Indian states reveals that 1 in 20 Indians is clinically depressed.

A part of the solution lies in incentivising healthcare workers. Compensation and work-related benefits should be attractive enough to invite more workforce. The existing pay scale is discouraging, to say the least. In the unfortunate event of a healthcare worker succumbing to the virus, the family of the said worker should be adequately compensated.

Prescriptive practices such as doing yoga, exercising, engaging in mindfulness meditation are largely applicable to non-healthcare workers. In the middle of such a pandemic, it is impractical to expect healthcare workers to find the time to engage in such practices.

Incentivisation will hopefully attract more workforce so that the existing professionals find it a bit more easy to manage the work pressure and a rest cycle can be initiated.



Healthcare settings in India should take mental and emotional health seriously. In most medical colleges and hospitals, the department of psychiatry is relegated to a remote inaccessible corner, or may even be housed in a separate building, which is cut off from the main healthcare system. Integration of mental health into the general healthcare system should begin with easy access to mental healthcare. Psychiatry, as a subject, should be included in the undergraduate curriculum, and the final year curriculum should evaluate students with a separate theory and practical exam. This will serve to reduce the stigma surrounding mental health, and also make more doctors aware of the ground realities of mental healthcare in our country.

Hopefully, once we emerge out of this pandemic, we as a country, will make more of an effort to facilitate conversations around mental health. Of doctors and hospital staff too.

The author is Senior Consultant Psychiatrist, Manas Institute of Mental Health, Hubli. He tweets @alokvkulkarni. Views are personal.

(Edited by Neera Majumdar)

Subscribe to our channels on [YouTube](#) & [Telegram](#)

Why news media is in crisis & How you can fix it

India needs free, fair, non-hyphenated and questioning journalism even more as it faces multiple crises.

But the news media is in a crisis of its own. There have been brutal layoffs and pay-cuts. The best of journalism is shrinking, yielding to crude prime-time spectacle.

ThePrint has the finest young reporters, columnists and editors working for it. Sustaining journalism of this quality needs smart and thinking people like you to pay for it. Whether you live in India or overseas, you can do it [here](#).

Support Our Journalism 

Recommended Content by [theprint.in](#)



25-05-2021,
Hyderabad**PRESIDENT:**Dr.V.Naveen (GMC)
8897160790**GENERAL SECRETARIES:**Dr.Vijay (OMC)
9121775815**VICE-PRESIDENTS:**Dr.Swaroop (KMC)
Dr.Rahul (OMC)
Dr.Srikanth (OMC)
Dr.P.Leela Madhav (GMC)**JOINT SECRETARIES:**Dr.Bharath Kumar (KMC)
Dr.Ravikishore (OMC)
Dr.Kumar Nayak (OMC)
Dr.Vamshi (GMC)
Dr.Manideep (GMC)
Dr.S.Vamshi (KMC)
Dr.Sameena (OMC)
Dr.P.Vivek (KMC)
Dr.Rashmi Shekhar (OMC)
Dr.P.Ravikumar (NZMC)
Dr.K.Pranav (RIMS)**TREASURERS:**Dr.Ravali (OMC)
Dr.Kiran (GMC)**ORGANISING SECRETARIES:**Dr.Khizer Hussain (GMC)
Dr.Shubham (OMC)
Dr.Thomas Roshan (OMC)
Dr.Sai Kiran (GMC)
Dr.Sai Charan (Dent OMC)
Dr.Rahul (OMC)
Dr.Rishab Prakash (KMC)
Dr.B.Vinod (KMC)
Dr.MD.Yasim (KMC)
Dr.Ch.Kavya (KMC)
Dr.D.Sainath (NZMC)
Dr.Madhu Vamshi (NZMC)
Dr.Vasavi (RIMS)**SPOKES PERSONS:**Dr.Shashidhar (GMC)
(7893968628)
Dr.A.Rahul (KMC)
(9908275899)**ADVISORY COMMITTEE:**Dr.K.U.N Vishnu (OMC)
Dr.Mahesh (OMC)
Dr.Hemanth (GMC)
Dr.Lohith Reddy (GMC)
Dr.Anvesh (KMC)
Dr.Praveen (KMC)**GENERAL BODY :**All Under Graduates
All Post Graduates
All Super Specialties

To,
National Medical Commission
Post Graduate Medical Education Board,
Pocket- 14, Sector – 8, Dwarka Phase -1
New Delhi – 110077

Subject:

COVID-19 MANPOWER MOBILIZATION: IGNORING QUALITATIVE ASPECTS?

Dear & Respected Sir,

There has been a need for manpower mobilization to tackle the covid-crisis. The Prime Minister has implemented a few decisions on those lines i.e.- postponement of NEET-PG, postponement of final year post-graduate course examinations with an intention to 'increase the quantity of manpower available for Covid Care.

While above efforts have been made towards increasing quantity of manpower, we must point out that efforts towards **qualitative** improvement have been lacking. There has been a significant amount of burnout amongst the final year residents (DNB, MD, MS, DM, MCh) who have been toiling twice as hard so as to manage their usual specialty as well as the additional (and more demanding) covid- related work. Many have been infected, and have suffered long term sequelae.

The NMC has recommended '*extension of tenure of final year residents*'. While we, exam going residents have no issues with working extra against covid for the benefit of the nation, it is important that we should not be allowed to be de- motivated.

Normally, 'tenure extensions' were handed out as punishments towards residents who failed their exams, or those who had attendance shortage. Currently, 'tenure extensions' are being handed out to residents, not for our failure, but for the failure of the society at large in preventing the second wave.

Currently, the residents are toiling hard to save as many patients as they can, often getting infected with covid in the process, often taking the virus home to infect their families, and thus being surrounded with deaths at work, and at home.

We the final-year residents may be asked to continue working in covid till need arises, however, with the following of our requests being awarded/rewarded: 1. **One time waiver of examinations for the final year residents-** We, residents have contributed immense efforts and time in handling the covid crisis since the past 15 months. We have proven our dedication and worth to the society. Final year examinations require intense, undivided attention for preparation. However, that would conflict with our focus upon covid care. Thus, a waiver of examinations would clear our mind off the stress of exams, and this would enable us to work harder in covid wards, thus, *translating into a few more thousand lives saved.*



PRESIDENT:

Dr.V.Naveen (GMC)
8897160790

GENERAL SECRETARIES:

Dr.Vijay (OMC)
9121775815

VICE-PRESIDENTS:

Dr.Swaroop (KMC)
Dr.Rahul (OMC)
Dr.Srikanth (OMC)
Dr.P.Leela Madhav (GMC)

JOINT SECRETARIES:

Dr.Bharath Kumar (KMC)
Dr.Ravikishore (OMC)
Dr.Kumar Nayak (OMC)
Dr.Vamshi (GMC)
Dr.Manideep (GMC)
Dr.S.Vamshi (KMC)
Dr.Sameena (OMC)
Dr.P.Vivek (KMC)
Dr.RashmiShekhar(OMC)
Dr.P.Ravikumar (NZMC)
Dr.K.Pranav (RIMS)

TREASURERS:

Dr.Ravali (OMC)
Dr.Kiran (GMC)

ORGANISING SECRETARIES:

Dr.Khizer Hussain (GMC)
Dr.Shubham (OMC)
Dr.Thomas Roshan(OMC)
Dr.Sai Kiran (GMC)
Dr.Sai Charan (Dent OMC)
Dr.Rahul (OMC)
Dr.Rishab Prakash (KMC)
Dr.B.Vinod (KMC)
Dr.MD.Yasim (KMC)
Dr.Ch.Kavya (KMC)
Dr.D.Sainath (NZMC)
Dr.Madhu Vamshi (NZMC)
Dr.Vasavi (RIMS)

SPOKES PERSONS:

Dr.Shashidhar (GMC)
(7893968628)

Dr.A.Rahul (KMC)
(9908275899)

ADVISORY COMMITTEE:

Dr.K.U.N Vishnu (OMC)
Dr.Mahesh (OMC)
Dr.Hemanth (GMC)
Dr.Lohith Reddy (GMC)
Dr.Anvesh (KMC)
Dr.Praveen (KMC)

GENERAL BODY :

All Under Graduates
All Post Graduates
All Super Specialties

I would like to point out at this time, that at the post-graduate level, the exam failure rates were usually less than 5-10%.

To expect us the dedicated warriors to 'clear an exam as a formality' in this situation would be a form of obstinate hypocrisy. These are special times, and unprecedented measures are need of the hour. During war-time in the 1960s, due to shortage of military officers, the NDA and IMA had in-advance passed out officers who were 6-months away from completion of their course. This was done to augment manpower. Similarly, European countries such as the UK and the Italy fast tracked processes to bring final year trainees into the work-force (formally, not provisionally) in 2020.

Similarly, in this situation, if the final year residents are awarded their degrees without the 'exam formality', we will have a huge qualitative leap in the workforce.

2. Our course tenure as 'residents' was for three years. If made to work beyond this tenure, we should be automatically **accorded the next designation:**

- The MD/MS/DNB student may be designated as a **Senior resident** after completion of their course tenure of 3-years
- The DrNB/MCh/DM student may be designated as an **Assistant Professor** after completion of their course tenure of 3-years

Reaching out to you,

With humble regards,

- The Tired Resident Doctors of India

Copy to:

- 1) Shri Narendra Modi, Honorable Prime Minister of India. South Block, Raisina Hill, New Delhi-110011
- 2) Shri Dr Harshavardhan, Honorable Minister for Health and Family Welfare, GOI, Room No. 348; 'A' Wing, Nirman Bhavan, New Delhi-110011
- 3) Shri K Chandrashekar Rao, Hon'ble Chief Minister of Telangana, Secretariat, Burgula Rama Krishna Rao Bhavan, NH 44, Hill Fort, Adarsh Nagar, Hyderabad, Telangana 500063
- 4) Honorable Minister for Health, Secretariat, Burgula Rama Krishna Rao Bhavan, NH 44, Hill Fort, Adarsh Nagar, Hyderabad, Telangana 500063
- 5) Executive Director, National Board of Examinations Medical Enclave, Ansari Nagar Ring Road, New Delhi-110 029
- 6) Vice Chancellor/Registrar, Kaloji Narayana Rao University of Health Sciences, Nizamnura, Warangal, Telangana 506007

President
Dr. Vasari Naveen

Vice President
Dr. Swaroop

General Secretary
Dr. Vijay

**IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION**

I.A. No...../2021

IN

Writ Petition (C.) No. _____ of 2021

IN THE MATTER OF

Dr. Shashidhar A and Others

Petitioners

Vs.

Union of India and Others

Respondents

AN APPLICATION SEEKING EXEMPTION FROM FILING

NOTARIESED AFFIDAVIT

To,

Hon'ble The Chief Justice of India and
His Companion Justices of the
Supreme Court of India.

The petitioners abovenamed.

MOST RESPECTFULLY SHOWETH:

1. In the captioned Writ Petition, the petitioners seek to challenge the notifications dated 27.4.2021 and 22.4.2021 issued by Respondent no. 3 whereby on one hand it had advised the medical colleges to further continue taking the services of post graduate Final year medical students/residents to keep up the fight against this pandemic and on the other it had advised the universities to decide the time and method of postgraduate practical final examination taking into consideration the pandemic situation in their area.
2. It is submitted that the petitioners are practicing Doctors and are performing their duties in many covid hospitals. Owing to

lockdown in many states, they have been unable to procure the notarised affidavit. Accordingly, they are seeking exemption from filing the same.

3. That the present application is being filed bonafide and interest of Justice.

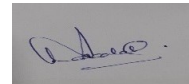
PRAYER

It is therefore prayed that this Hon'ble Court may graciously be pleased to.

- a. Exempt the petitioners from filing notarized copy of the affidavit.
- b. Pass any other order or directions as this Hon'ble Court deems fit and proper.

AND FOR THIS ACT OF KINDNESS THE PETITIONERS AS IN DUTY BOUND SHALL EVER PRAY.

DRAWN AND FILED BY



(Dharmaprabhas Law Associates)
Advocate for the petitioners

Filed On: 4.06.2021

**IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION**

I.A. No...../2021

IN

Writ Petition (C.) No. _____ of 2021

IN THE MATTER OF

Dr. Shashidhar A and Others

Petitioners

Vs.

Union of India and Others

Respondents

AN APPLICATION ON BEHALF OF THE PETITIONER

SEEKING STAY

To,

Hon'ble The Chief Justice of India and

His Companion Justices of the

Supreme Court of India.

The petitioners abovenamed.

MOST RESPECTFULLY SHOWETH:

1. In the captioned Writ Petition, the petitioners seek to challenge the notifications dated 27.4.2021 and 22.4.2021 issued by Respondent no. 3 whereby on one hand it had advised the medical colleges to further continue taking the services of post graduate Final year medical students/residents to keep up the fight against this pandemic and on the other it had advised the universities to decide the time and method of postgraduate practical final examination taking into consideration the pandemic situation in their area. The

contents of the writ petition may be read as part and parcel of this application and are not being repeated fore brevity.

2. It is submitted that non waiver of final examination of the final year post graduate medical students/resident doctors and not conferring them degree (without final exams) in the current pandemic situation contravenes Article 14 and 21 of the Constitution particularly, when they have been denied any preparation time owing to their COVID duty. It is important to note that preparation for final examinations requires undivided attention of the students which could hinder their services towards Covid care, and vice versa.
3. It is further submitted that not evaluating the petitioners based on past record/covid duty is harsh and manifestly arbitrary thereby contravening their fundamental right guaranteed under Article 14 and 21 of the Constitution.
4. Further it is important to note that under S. 61 (2) of National Medical Commission Act, the Post Graduate Education Regulation of erstwhile MCI is applicable. The said regulation mandates final examination for conferring a degree, but in the same vein it also mandates time limit for the same. The residency period of three years is already over. Despite being no provision for extension of residency the petitioners are made to extend it without any legal

basis. Since the relevant law does not deal envisage the pandemic situation, this Hon'ble Court has jurisdiction to entertain this petition.

5. Moreover, conferring degree to post graduate residents doctors would add to the pool of healthcare personnel as conferment of degree can be subjected to rendering of compulsory COVID duty by resident doctors for a fixed time frame. Many nations across the world had fast tracked the induction of the medical students in the healthcare system in their fight against COVID-19 pandemic.
6. The petitioners have a prima facie case and the balance of convenience lies in the favour of the petitioners as they have been precluded from preparing for their final exams by the action of the Govt. which has utilised their services without extending any benefits to them. Now expecting them to appear for their final exam without any preparation and amid the pandemic is not only against the duties of a welfare state but also contravenes fundamental rights of the petitioners.
7. Moreover, irreparable loss would be suffered by the petitioners as many universities have already started preparation for conducting exams and the petition would become infructuous if the impugned notifications are not stayed by this Hon'ble Court.

8. That the present application is being filed bonafide and interest of Justice.

PRAYER

It is therefore prayed that this Hon'ble Court may graciously be pleased to.


- a) Stay the operation of the Notifications nos. notification no. NMC/MCI-23(1)/2021-Med dated 22.4.2021 [Annexure P/3] and notification no. NMC/Secy/2021/25 dated 27.4.2021 [Annexure P/4] issued by Respondent no. 3 while directing the Respondents to issue directions for not taking final examination of post graduate medical residents to all universities/institutions during the pendency of this petition.
- b) Pass such other and further orders as may be deemed just and proper by this Hon'ble Court, in the facts and circumstances of this case.

FOR WHICH ACT OF KINDNESS, THE PETITIONER SHALL AS INDUTY BOUND, EVER PRAY.

Drawn on: 3.6.2021

Drawn & Filed By

Filed on: 4.6.2021



Dharmaprabhas Law Associates
Advocate for the petitioners