



Letter to Editor

## Graduate Medical Education Regulations 2023: A Community Medicine Perspective

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**Quick Response Code:**



Dear Editor,

The new Graduate Medical Education Regulations (GMER) was released by the National Medical Commission and was brought into effect from August 1, 2023. The new GMER-2023 has evolved from the key principles of Regulations on Graduate Medical Education, 1997 and GMER, 2019, and adapted them in the current context of advancement in medical education, emerging diseases, changing sociodemographic and economic scenarios, and advancement in science and technology while meeting the expectations of the stakeholders and aligning with the global trends.<sup>1,2</sup>

In the GMER-2023, several revisions have been made, which include the reduction of the duration of I Professional MBBS to 12 months, including the foundation course, and the reduction of the III Professional year (Part-1) to 11 + 1 month including electives, and increased the teaching hours for Community Medicine. Other changes include the incorporation of teaching hours for the family adoption program (FAP) within the schedule, and the duration of classroom teaching hours has been reduced to accommodate experiential learning through FAP<sup>2,3</sup> [Table 1].

The departments have been allotted specific competencies under AETCOM across the phases. The AETCOM competencies 3.5A – “Identify, discuss, and defend medico-legal, socio-cultural, professional, and ethical issues as they pertain to the physician-patient relationship (including fiduciary duty) and Identify” and 3.5B – “discuss physician’s role and responsibility to society and the community that she/he serves” are allocated for community medicine.<sup>2</sup>

More importantly, the duration of the clinical postings is reduced to 4 weeks in the III Professional year from 6 weeks. The total duration of interactive lecture sessions increased from 80 h to 90 h from I MBBS to III MBBS Part I. However, the cumulative small group discussions/learning (SGL) duration has been reduced from 117 h to 90 h from I MBBS to III MBBS Part I and no SGL for Phase II. Self-directed learning (SDL) duration has been modified in such a way that there is no SDL in Phase I, no change in hours (10 h) in Phase II, and duration increased from 5 h to 20 h in Phase III-part I under SDL. Specific modules are allocated for AETCOM (Attitude Ethics and Communication) in Community Medicine<sup>1,2,4</sup> [Table 1].

According to GMER, 2023, to declare a candidate as pass in Community Medicine, the learner must secure a minimum of 50% marks in aggregate in Community Medicine Paper I and II

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**Table 1:** Comparison between GMER-2019 and GMER-2023.

	I professional MBBS		II professional MBBS		III professional MBBS (part 1)	
	GMER 2019	GMER 2023	GMER 2019	GMER 2023	GMER 2019	GMER 2023
Total duration	14 months (inclusive of foundation course for 1 month)	12 months (inclusive of foundation course for 1 week+spread over 6 months)	12 months	12 months	13 months+2 months electives	11 months+1 month electives
Lectures	20 h	20 h	20 h	15 h	40 h	55 h
SGL	27 h	20 h	30 h	--	60 h	70 h
SDL	05 h	--	10 h	10 h	05 h	20 h
Total teaching hours	60 h	40 h	60 h	25 h	105 h	145 h
FAP	27 h	27 h	30 h	30 h	21 h	21 (for field visits, under SGL)+10 (for log book submission, under SDL)
Foundation course	08 h (visit to Community Health Center)	08 h (visit to Community Health Center)	--	--	--	--
AETCOM	--	--	--	--	25 h with 5 modules commonly given for all four III Year departments	5 h (1 h Lectures+2 h SGL+2 h SDL) Exclusive for Community Medicine
Pandemic module	--	--	12 (Lectures+c+ SDL)	12 h under SDL	18 (Lectures +SGL+SDL)	18 h, under Lectures
Clinical postings	--	--	04 weeks	04 weeks	06 weeks	04 weeks

GMER: Graduate medical education regulations, FAP: Family adoption program, SDL: Self-directed learning, SGL: Small group discussions/learning, AETCOM: Attitude Ethics and Communications

together to pass the subject. Further, the candidate shall obtain 50% marks in the university examination separately in theory and in practical (practical includes practical/clinical and viva voce) to be declared as passed in that subject. In GMER 2019, the learner must secure at least 40% marks in each of the papers (Community Medicine Paper I and II) with a minimum of 50% of marks in aggregate (both papers together) to pass the examination. Even though the eligibility for writing the university examinations is the same (Minimum 40% separately for theory and practical and 50% cumulative

in internal assessment (IA) for eligibility in Summative examination), certain modifications in the internal assessment criteria between GMER, 2019 and GMER, 2023 are made with some mark translation of SDL, home assignments, and attendance in the current regulations [Tables 2 and 3].<sup>1,2,5</sup>

To summarize, GMER 2023 has emphasized the family adoption program more, allocated more teaching hours in Phase III, especially in lectures, than SGL, and given detailed directions for internal assessment mark allocation compared to GMER 2019 recommendations.

Table 2: Mark allocation for Internal Assessment for Community Medicine under GMER 2023 (Theory)

S.No.	Formative Assessment Theory			Continuous Internal Assessment Theory					Continuous percent of Theory & Practical						
	Roll No.	Name of Student	Theory	1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II) Model exam	Continuous Class Test (LMS)	Home assignment	Seminar study	Museum assignment	Library assignment	Attendance Theory	Total	Percentage Theory (Minimum cut off 40%)	Theory + Practical =500+500=1000 (Minimum cut off 50%)
1	100	100	200	30	15	15	15	15	15	15	15	10	500	%	Note: Minimum 40% separately for theory and practical and 50% cumulative in IA for eligibility in Summative examination
2															
3															

PCT: Part Completion Test in Internal Assessment, LMS: Learning Management System, IA: Internal Assessment, GMER: Graduate medical education regulations

Table 3: Mark allocation for Internal Assessment for Community Medicine under GMER 2023 (Practical)

S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)					Percentage Practical (Minimum cut off 40%)		
			1 <sup>st</sup> PCT Practical/First Ward Examination	2 <sup>nd</sup> PCT Practical/Second Ward Leaving Examination	Prelims Practical Model exam	Log Book (150)	Certifiable skill based competencies (Through OSPE/OSCE/ Sports/Exercise/Other)	AETCOM Competencies	SVL Lab activity	Journal (Record book/ Portfolio)		Attendance (Practical)	Total
1	100	100	100	100	100	60	30	30	30	40	10	500	%
2													

OSCE: Objective Structured Clinical Examination, OSPE: Objective Structured Practical Examination, SVL: Stimulated Virtual Lab, FAP: Family Adoption Program, AETCOM: Attitude Ethics and Communication, GMER: Graduate medical education regulations

### Ethical approval

The Institutional Review Board approval is not required.

### Declaration of patient consent

Patient consent was not required as there are no patients in this study.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

### Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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