# I.M.A. COLLEGE OF GENERAL PRACTITIONERS PROSPECTUS, SYLLABUS & APPLICATION FORM EXAMINATION FOR FELLOWSHIP (F.C.G.P.) (NEW PATTERN)

# **PROSPECTUS:**

TRAINING PROGRAMME & FELLOWSHIP EXAMINATION

**Head Office:** 

**INTRODUCTION** 

**Objects:** 

Since the inception in 1963. IMA College of General Practitioners is engaged in the Continuing Medical Education of General Practitioners and Family Physicians. In order to recognise the talent, competence, proficiency and efficiency among the practitioners. IMA College of General Practitioner awards Fellowships to the Family Physicians / General Practitioners by conducting All India Examination. The examination is being conducted since 1977 and is held twice a year at various centres in the country. The candidate undergoing the examination is expected to put in self-study and submit the proof of having earned requisite numbers of the Credit Hours.

The Candidates are to register one year in advance. The Examination is comprehensive, multidisciplinary and both written and oral. Written Examination covers all branches of medicine. Stress is laid more on day-to-day problems being faced by the primary care physician. The clinical examination is though oral and practical test.

Professional excellence, scientific competence, clinical practice, human approach and community oriented coverage is assessed. On being declared successful in the examination, the candidates are admitted as follows. They follow the sacraments in spirit, thought and action throughout their career as family physicians.

# TRAINING AND EDUCATION FOR FAMILY PHYSICIANS

There is a strong and urgent need to restructure undergraduate programme in order to enable the graduates of medicine to enter in the field of General Practice / Family Medicine. In addition there is urgent need for those who wish to have their advance training in the field of Family medicine. They should be able to obtain the same and also have certificate of training done so.

The Objects of Training are

- a. Family Physician should be able to provide comprehensive and competent care for all common and serious health problems.
- b. Family Physician should be able to co-ordination and implement health promotion and disease prevention activities appropriate to the situation.
- c. Family Physician should be able to effectively manage the staff take administrative responsibility of a health centre.
- d. Family Physician should be able to provide appropriate education and training to the paramedical staff.
- e. Family Physician should be able to develop and utilize effectivelyl liaison among the other health care providers.

- f. Family Physician should be able to develop and co-ordinate effective communication and coordination among all health care services, administration and education facilities.
- g. Family Physician should be able to participate in dissemination of knowledge and experience among colleagues by imparting raining to them through participation in continuing education programme.
- h. Family Physician should be able to improve standards in quality of General Practice / Family Medicine.

# 2. OBJECTIVES

- a. To Judge excellence in the art of general practice / family medicine
- b. To measure the knowledge, the skill and the care in handling patients.
- c. To ascertain the content of General Practice and the comprehensiveness with which it is practiced.
- d. To select leadership for academic pursuits in General Practice / Family Medicine who may be entrusted with teaching training for General Practice / Family Medicine and or / research in / into General Practice.

# 3. ELIGIBILITY

- a. Any person registered with medical council of india on the basis of his / her medical qualification as defined in the Indian Medical Council Act as amended from time to time and approved by the Working Committee for membership shall be eligible for membership.
- b. Life Membership of Indian Medical Association and IMA College of General Practitioners (Internship period not included).
- c. Each Candidate is required to register with IMA CGP (HQ) one year in advance.
- d. Log Book duly attested by the Programme Director.

# 4. CRITERIA FOR EARNING SELF LEARNING CREDIT HOURS

In addition to attending scientific lectures, seminars, conferences etc, active participation in approved refresher / orientation courses, research projects, teaching assignments, preceptorship programme, contributions to scientific journals and literature and recognition of scientific achievements, etc shall be given due credit towards determination of Hours of Self-Study / Training / Teaching. Each of the above educational activity is duly accredited and alloted Self Credit Hours (Certificates issues by IMACGP, for approved academic programme indicate these Credit Hqrs).

# 5. REGISTRATION

Candidate intending to appear in the fellowship Examination of IMACGP, is required to register one year in advance .lt is mandatory to become the member of CGP .Life membership fee

Membership fee - 10000

Family medicine journal subscription- 10000

Total - 2000/-

Application forms are available from IMACGP(Hqrs).

The registered candidate will be issued a log book and will be assigned to a Preceptor / Institute who will guide the candidate during the period of training.

Registration No. assigned by IMACGP Hqrs is to be quoted in all future correspondence.

# 6. EXAMINATION FEES:

(A) To be paid at the time of Registration:-

Registration Fee
Text Book on Family Medicine

(B) To be paid before appearing in the Examination:-

Examination Fee - Rs.1000/- Fellowship Fee - Rs.1000/-

Out of Rs.1000/-(Payable on application, as Examination Fee a sum of Rs.500/- is non-refundable and Rs.500/- may be credited for adjustment to fees for a subsequent examination if the examination for which he registered is not taken by him / her and information to this effect is received at the Headquarters at least one month in advance.

(C) Reappearing in one or more Theory Papers (Part - I) or Practical Examination (Part - II). The Candidate who fails to secure at least 50% marks in any of the Theory Papers or Practical Examination shall be allowed to reappear in subsequent Examinations for a maximum of three attempts in the concerned paper.

Registration Fee Rs. 100/(applicable to all Reappearance candidates)

Part - I Rs. 400/Part - II only Rs. 300/Part - I (One paper) and Part II Rs. 550/Part - I (Two paper) and Part II Rs. 600/Part - I (Four paper) and Part II Rs. 700/-

(D) LATE FEE of Rs. 200/- will be payable by the registered candidate who submit their application within 15 days of last date of submission of application. No application will be entertained after this.

# 7. EXAMINATION CENTRES

Examination shall be conducted at a centre / centres (so determined by the IMACGP Hqrs. twice a year in the months of April / May and October / November if there are at least 10 candidates duly registered and provided there is adequate arrangements for holding such examination at the venue.

# 8. CONVEYANCE ALLOWANCE

No TA/DA shall be admissible to the candidates for appearing in the examination.

### 9. BOARD OF EXAMINERS

Board of Examiners for different segments of the examination shall be appointed by the Controller of Examination / Dean, IMA CGP on behalf of Academic Council of the College for Examinations. They shall ordinarily comprise of 4 Examiners (who may be Fellows of the Collage).

# 10. GENERAL

- (a) The decision of the Academic Council of IMA CGP in the matter of conduct of the examination shall be final and binding on all the candidates.
- (b) A list of successful candidates will be published and in no case the actual marks sheet will be given to any candidate.
- (c) Merit list may be announcened comprising of the Following:
  - I. Gold plated Medal and Certificate of Merit
  - II. Silver Medal and Certificate of Merit
  - III. Bronze Medal and Certificate of Merit
  - IV, V & VI Certificate of Merit
- (d) All candidates who are declared successful by the Academic Council are eligible to be admitted as Fellows of the IMA College of General Practitioners and the Scrolls presented at the Annual Convocation of the College to be held at the venue of the National Conference.
- (e) Those unable to attend the convocation shall pay and Absentia or Rs.500.00 and will be admitted fellows.
- (f) Each Candidate will be allowed to appear the Fellowship Examination for a maximum of 3

attempts.

(g) Requests for retotalling of marks by the candidiates will be entertained on receipt of Demand Draft / Postal Order or Rs.200/- per Written Paper and the decision there after by the Academic Council of IMA CGP shall be final and binding. No correspondence as such in connection with evaluation report result / marks sheet etc. Will be entertained by IMA CGP Headquarters. After admission the fellows can designate themselves as "Fellow of the IMA College of General Practitioners" or in brief "F.C.G.P. (India)".

# 11. RECORD OF ACADEMIC ACTIVITIES - LOG BOOK

The log diary provide by the IMA CGP (Hqrs) should be maintained by the candidate for all academic activities undertaken by him from his own clinical practice or during clinical attachment with an approved Preceptor. The log diary should be submitted to the IMA CGP (Hqrs) one month before the examination duly certified by the Preceptor. Each activity will earn self study credit hours. The contents of the log book are:

- (a) Personal profile of the candidate
- (b) Education qualification / Professional data
- (c) Record of case histories (Eight cases) studies by him.

  Two case histories pertaining to predominantly Medical Problems, two predominantly surgical, two Paediatrics, while the rest of two many pertain to other disciplines like Obstetrics and Gynaecology, Ophthalmology, ENT, Dermatology, Psychiatric etc.
- (d) Record of Family Profiles

  Candidates will maintain the profiles of at least two families in which at least one member of the family has health problem, elicting its impact on the family and the role of family talking into account their social cultural and the economic consideration.
- (e) Procedures learnt
  The candidates are expected to learn medical and Surgical procedures during their advance training in Family Medicine. The record should depict medical and surgical procedures observed, assisted and performed during the period of training.
- (f) Record of case Demonstration / Presentation.
- (g) Record of participation in CME activities
  - (a) Direct contact activities, lectures, seminars, workshops conferences.
  - (b) Indirect contact activities correspondence journals, books, audio-video tapes.

# 12. CONTENTS OF EXAMINATION

Each Theory Paper carries 100 marks as per the following distribution:

1. Multiple Choice Questions - 30 Marks 2. Short notes (5 Lines answer) - 30 Marks

3. Problem solving questions

(a) Long - 20 Mark (b) Short - 20 Mark

The examination shall be in TWO PARTS shall be generally be confined to the prescribed curriculum as laid down from time to time.

- Part I Written Examination shall consist of 4 Written Papers (Total 12 hours), Qualifying Marks 50% in each written paper
- Part II Oral and Practical Examination (Total 3-4 hours), Qualifying Marks 50%.

# **PART - 1 EXAMINATION**

Written Examination shall consist of Four Papers of three hours each. The questions should be directed to words objective assessment of the basic knowledge, skill and understanding of practical application in the main discipline of medicine and surgery and a patient management both in hospital / institution and / or in private practice.

- Paper 1: Medicine and Allied Science (Internal Medicine, Paediatrics, Dermatology, Neurology, Geriatics and Psychiatry etc.)
- Paper 2: Surgery and Allied Science (General Surgery, Orthopaedics and Trauma Surgery,

Obstetrics & Gynaecology, ENT and EYE Surgery and Anaesthesiology)

- Paper 3: Diagnostic Medicine, Therapeutics and Toxicology, (Diagnostic procedures, Therapeutic procudures and Toxicology including all kinds of poisioning).
- Paper 4: Community Medicine and Practice Management and Medical Jurisprudence. (Case histories, Patient Management Problems, Medical Ethics, Professional Duties, Medico-Legal Problems, Community Medicine, Administration and Management, Record keeping and matter related to Consumer Protection Act.)

# **PART - 2 CLINICAL AND PRACTICAL EXAMINATION**

- (a) Clinical Examination will consist of:-
- => One "long" full case for Medicine, Surgery & Paediatrics for which 30 minutes are allowed for Examination and 10 minutes for discussion.
- => 2 "short" cases for Medicine, Surgery & Paediatrics for each of which 5 minutes are allowed for examination of an anatomical area or system pointed by the examiners and 5 minutes for discussion
- (b) Practical Examination will consist of:-
- => Spotting 10 in number will be from clinical photograps, slides, instruments, X-Rays, ECG tracing, Laboratory Report and Pathological Specimens.
- => Viva Voce on the log diary submitted by the candidates, The Examination will Question the candidates on entries made in the log diary and also their involvement in community based activities.

# 13. GUIDELINES FOR PROSPECTIVE CANDIDATES:-

Please read this carefully before filling in your compliance in full to avoid unnecesary delay and inconvenience.

- 1. Obtain a copy of the Prospectus and other details from the IMA College of General Practitioners, IMA House, I.P.Marg, New Delhi, by registering yourself on payment of Rs.1000/-by Bank Draft / Postal Order drawn in favour of "IMA College of General Practitioners (Hqrs)" which shall includes Life Subscription of Family Medicine India.
- 2. Please note that Life Membership of IMA and of IMA CGP is prerequisite for registration for Fellowship Examination of IMA CGP.
  Fill in the Application Form for FCGP Examination giving all details duly supported by certificates as under and send the same alongwith Bank Draft for the amount as per specification given.

# A. AT THE TIME OF THE REGISTRATION

Documents to be submitted

- a. Photocopy of Life Membership Certificate of IMA & IMA CGP.
- b. Documents supporting Life Subscription to Family Medicine.
- c. Photocopy of Graduation (M.B.B.S) Certificate.
- d. Photocopy of Registration with MCI / State Council.
- e. Two Copies of your Photograph Passport Size pasted on the space provided.
- f. Demand Draft / Postal Order Payable on IMA CGP at New Delhi.

# **B. AT THE TIME OF THE EXAMINATION**

- a. Application Forms duly completed with 2 Photographs.
- b. Admit Ticket duly completed.
- c. Log Book duly attested by Preceptor / Institution.
- d. Examination Fees, Fellowship Fees & WONCA Fees.

Those Candidates who were put in compartment in earlier examinations and / or reappearing must submit their application for reappearance on specified from for the purpose alongwith requisite fees, by a bank draft.

All applications submitted after the last date must be accompanied by Rs.200/- as LATE FEE along with the other fees.

Kindly note that the full amount including examination fee, life subscription of Family, Medicine India, Journal of IMA CGP fellowship fee and WONCA membership fee have to be remitted among with the application form. In case any of the above fees have already been paid, Kindly furnish proof of the same.

### 14. SACRAMENTS:

A fellow will be expected to practice the following SACRAMENTS:

- a. Fellow in thought, action and creed, the code of Ethics as enunciated by the Indian Medical Association, World Medical Association and Medical Council of India;
- b. Endeavour to set standards in cordial doctor-patient relationship;
- c. Fulfill obligations to assist in the betterments of community health;
- d. Maintain the sanctify of the trust of being the friend, philosopher and guide of the families they serve and the community they live in;
- e. Encourage development of confidence in their patients though selfless service;
- f. Demonstrate excellence is skills and techniques during professional service;
- g. Undertake continuing self-educational studies and elicit interests towards furtherance of knowledge and experience;
- h. Disseminate knowledge and experience amongst colleagues by imparting training to them through participation in group discussion, seminars etc;
- Engage in study and maintains of efficient record-keeping and periodic evaluation of professional and clinical material;
- j. Strive continously to improve standards and quality of General Practice.

# **GENERAL INSTRUCTIONS**

- => The CREDENTIAL CARD giving your ROLL NUMBER will reach your in about 10 days before the examination.
- => Keep the Credential Card in your possession when you come for Written / Practical Examination respectively.
- => You will sign the Credential Card on the first day in the Examination Hall in the presence of the Presiding Officer and Keep the Card with you to be whom at each subsequent session.
- => Answer Books will be available to you for writing the Examination papers. You can ask for additional papers from the Presiding Officer / Invigilator, should you need them. Kindly read the instructions printed on the Address Book.
- => Instructions on the Question Paper (Written Examination) be noted before answering.
- => Number all pages attach the additional papers securely INSIDE the Answer Book cover.
- => Do not forget to write your Roll Number on the top of the first of the Answer Books and wherever else required.
- => Bring your won Ball Point Pents or pen and ink with you.
- => For the Oral and Practical Examination, kindly have your own Stethoscop and examination gadgets etc, with you.
- => Any books or other material is not allowed in the Examination hall, Sincerity, Goodwill and Righteousness by the candidates is expected to make the examination fair and above board.

# **SYLLABUS**

# SYLLABUS FOR EXAMINATION (CURRICULUM)

# **Paper - 1 Medicine and Allied Sciences**

# **Section - 1: Internal Medicine**

- => Diagnosis & Management of common diseases.
- => Management of Common Emergencies seen in General Practice Cardio Vascular, Respiratory, Gastrointestional, Neurological, Haemotological, Metabolic and Others like

- snakes bike and beat stoke etc.
- => Knowledge of Genetics in relation to various diseases.
- => Sex Education & Counselling.
- => Basic of Immunology and Autoimmune Diseases, Immunology factor in Diseases.
- => Nutrition in Health & Diseases.
- => Obesity & its management
- => Hormonal disorders, Psychosomatic illnesses and infectious tropical diseases.
- => Knowledge of acute and chronic common diseases of all systems of the body with special emphasis to coordination of sysmptomatology and disease complex.

### Section - II: Paediatrics

- => Knowledge of normal growth and development of child of one year; pre school (2 years). School (5-16 years).
- => Care of new-born & resuscitation
- => Common birth injuries
- => Congenital anomalies, breast feeding and weaning immunization.
- => Diagnosis and management of common diseases of skin, respiratory, cardio-vascular, musculoskeletel, Eyes, ENT. Allergies Neurology, Endocranial, Nutritional Deficiency, Metabolic, Psychiatric. Gastrointestinal disorder and Worm infestations in Children.
- => Common Paediatric emergencies and their management eg. childhood asthma, cardiac arrest, drowing, electric shock, dyspnoea, hyperpyrexia, burns, traumas convulsion. Sock and poisioning Bite of Bee Wasp, Scorpion & Snake.

### Section - III: Geriatric

- => Preventive periodic medical examination of aged.
- => Common diseases in the old age & their management eg. Vascular, Musculoskeletel, Oncological Psychological, Neurological and accidental.
- => Management of dying patients and problem after death.

# Section - IV: Psychiatry

- => Developing competence in the assessment of individual psychiatric problems etc.
- => Knowledge of the principles and experience in the practice of interviewing and counselling patients and their families.
- => Basic principle of phychotherapy
- => An understanding of emotions illnesses anxiety, depression and phychosis, neurosis and their management.
- => Rational use of phychotherpeutic medication management of alcoholism and other addictions.

# Section - V: Dermatology & S.T.D.

- => Prevention, diagnosis and management of common dermatosis particularly communicable & allergic dermatosis.
- => Principle of dermatological therapy
- => Rehabilitation of Chronic dermatological patients and domiciliary care.
- => Minor surgical procedures including electro-surgery, skin-biopsy.
- => Knowledge of principles of diagnosis and management of sexually transmitted diseases.

# **PAPER - 2 SURGERY AND ALLIED SCIENCE**

# **Section - 1: Surgery**

- => The recognition and evaluation of illnesses requiring surgical procedures.
- => The Primary Management of surgical emergencies E.g. burns, shock, traumas etc.
- => Management of minor trauma injuries including immediate and resuscitative treatment of acute injuries.
- => Basic management of electorate and fluid requirements.
- => Knowledge of basic pre and post operative management.
- => Awareness of situations where accidents and injuries our specially in homes, schools,

- workshop and factories and their early management.
- => Awareness of problems inherent in common operations and major surgical procedures.

# **SURGICAL PROCEDURES:**

- => Suturing of simple cut wounds
- => Reduction of para phimosis
- => Hydrocoelectomy
- => Herniorraphy
- => Strangulated hernia
- => Herniotomy
- => Tubectomy
- => Vasectomy
- => Excision of simple cysts/warts Callosities
- => Biopsies, Excision Biopsies
- => Incision and drainage of abscesses of breast, perianal, fingers, palmer, gluteal ischio-rectal
- => Anal, dilatation in Fissure in ano
- => Care of diabetic foot, skin grafting
- => Catheterization of bladder in male/female
- => Urethral dilation
- => Suprapubic Cystostomy
- => Cut Down
- => Appendicectomy

# **Section - 2: Orthopaedics and Traumatic Surgery**

- => Early diagnosis and management of injuries sprains fractures and dislocations with proper referral.
- => Knowledge of principal, procedures and techniques of resuscitation control of bleeding and management of shock immobilization plastering. Physiotherapy and rehabilitation.

### Section - 3: ENT

- => Recognition diagnosis and management of common diseases including emergencies of ENT
- => Pre and Post operative management
- => Knowledge about physical examination of ear, nose and throat (Rhinoscopy autoscopy laryngos copy audiometry) carrying out hearing tests taking throat swabs removal of wax and foreign bodies.

# Section - 4: Ophthalmology

- => Recognition of common eye diseases defects and management of all emergencies in eye diseases including eye injuries.
- => Pre and Post Operative Management in Eye Operation
- => Prevention of blindness, indication contraindication and care of contact lenses.
- => Indication contraindication and advantages of Intra Ocular Lenses (IOL).

# Section - 5: Obstetrice & Gynaecology

- => Safe Obstetrics. Recognition of distinction between normal and abnormal obstetrics.
- => Management of all situations which may be presented during pregnancy and common problems of Gynaecology.
- => Antenatal care and record.
- => Awareness of presentation of complicated cases eg. inconvulsion and haemorrhages.
- => Skilled performance of common Obstetrical and Gynaecological Procedures.
- => Recognition and treatment of blood dyscrasias in mother and infant.
- => Marriage counselling, family planning techniques, contraception, sex education, fertility, sterility and MTP Act.
- => Management of Normal Deliveries and recognition of abnormal presentation. Use of forceps.
- => Pre and Post operative care of patients in operations of Gynae and obst eg. Caesarean episiotomy cone biopsy etc.

### Section - 6: Anaesthesiology

- => Basic Anaesthesia principles
- => Knowledge of precautions to be taken in anaesthesia and pre-anaesthetic check up
- => Resuscitation
- => Basic knowledge about specific techniques (eg) endotracheal incubation, local anesthesia, intravenous anesthesia, relaxants in anaesthesia techniques in management of common aneshesia accidents including cardiac arrest.
- => Spinal anesthesia epidual anesthesia.

### PAPER - 3 DIAGNOSTIC MEDICINE THERAPEUTIC TOXICOLOGY

### **Section - 1: Diagnostic Medicine**

- (a) Clinical Laboratory
- => Familiarization with clinical laboratory equipment, common reagents tests, taking of smears, collection, transportation, storage of samples and interpretationn of various test.
- => Ability to do following tests:
- => Urine Analysis for albumin sugar Acetone bodies Microscopy stool test Direct smear floating method, malena Haemograms, differential blood picture, bleeding time, cotting time, peripheral smear MP, sputum of AFB, fasting gastric juice for AFB, semen analysis, sear for AFB.
- (b) Radiology
- => Basic radiological procedures (indications, contraindiction of procedures)
- => Ability to distinguish normal and abnormal skiagrams
- => Radiation hazards and their precautions
- (c) Imaging Techniques
- => Basic idea about the techniques its indications and informations obtained in
- => Ultrasonography
- => CT SCAN
- => MRI
- => Echocardiography
- => Mammography
- (d) Electronic Tracing
- => ECG, recording, knowledge of normal and abnormal ECG.
- => (TMT) Tread Mill Test indications and outline of technique
- => EEG Electronecephalogram its indication outline of technique and information obtained in common neurological problems.

# Section - 2: Knowledge of various diagnostic procedures

(Their indication, contraindication & informations obtained)

### **Medical**

- => Bone marrow biopsy
- => L.P.
- => Thoracocentesie
- => Paracentesis
- => Liver & Kidney biopsy
- => Gastric Lavage
- => Venepuncture

# Skin

# => Skin biopsy & split smear

# **Surgery**

- => Biopsy, excision of superficial lymphnodes
- => Proctoscopy
- => Sigmoidoscopy
- => Endoscopy

# **Obsterics & Gynaecology**

- => Pap smear
- => Cervical Biopsy
- => Endometrial Biopsy

# **Ophthalmology**

- => Refractive error assessment
- => Tonometry
- => Fundoscopy

### **ENT**

- => Hearing tests
- => Auroscopy
- => Audiometry
- => Rhinoscopy
- => Laryngoscopy
- => Knowledge about National Pharmacopea, National Formulae, Drug Acts, Drug & Pharmaceutical agents, their indication, contraindication, dosage, adverse reactions and their management
- => Prescription writing and prescribing practices
- => Knowledge of various therapeutic procedures

# **Medical**

- => Gastric levage
- => Enema
- => Catheterization
- => Thoracocentesis
- => Paracentesis
- => Use of defibrillator

# **Surgical**

- => Laproscopy
- => Incision & drainage
- => Suturing
- => Dressing/Bandage
- => Tracheostomy
- => Intravenious infusion
- => Cyst removal
- => Circumcision
- => Reduction of Paraphimosis
- => Anal & Urethral dialatantion
- => Water seal drainage
- => Injection treatment and band treatment of haemorrhoids
- => Vasectomy
- => Tubectomy
- => Cut open
- => Electro-cautery
- => Cryo surgery

### **Surgery - 3: Therapeutics**

# **Orthopaedica and Traumatology**

- => Application of POP
- => Removal of POP
- => Splint
- => Tractions
- => Reduction of fracture & dislocation, intra-articular injection

# **Obstetrics & Gynaecology**

- => Episiotomy repair
- => Dialatation & Curettage (D & C)
- => Manual removal of retained placenta

# **ENT**

- => Removal of wax and foreign body
- => Nasal packing
- => Ear piercing
- => Cautery of nose
- => Ear syringing

### **EYE**

- => Removal of foreign body
- => Eye syringing
- => Knowledge of physiotherapy and other rehabilitation measures

# **Taxicology**

Various common poisons their sources, properties symptoms they produce lethal doses and remedial measures to combat the effect eg alcohol, kerosene, barbiturates, corrosives, insecticides, cannabis & dathura etc.

# Paper - 4 COMMUNITY MEDICINE PRACTICE MANAGEMENT AND MEDICAL JURISPRUDENCE

# **Section - 1: Community Medicine**

- => Behavioral science Sociology, Anthropology, Psychology
- => General epidemiology epidemiological traid leves of prevention. National history of disease, control of infectious diseases
- => National Health Service, Health administration at centre. State and district levels. National control programmes
- => Principle of nutrition
- => Family Planning
- => Principles of environmental sanitation
- => Health statistics and demography record keeping statistics tabulation and analysis of morbidity and mortality data
- => Health planning and five year plans
- => Primary medical care
- => National health insurance schemes and other pvt. schemes
- => School health programmes
- => Industrial health programmes
- => Rural medical relief
- => National health programmes
- => Epidemiology prevention and control of communicable and other diseases eg Malaria, Filaria, Cholera Gastointestinal diseases (Cholera dysentery) leprosy Tuberculosis STD, AIDS
- => Control of Mainutrition
- => Blindness

- => Psychosomatic illness
- => Control of population
- => Management of catastrophes eg earthquake, epidemic, railway accidents
- => Research in community medicine and interaction with other fields of medicine
- => Health education Principle of Health education and method

# **Section - 2: Practice Management**

- => Knowledge about factors and practical points to help the doctor and avoid pitfall when entering practice
- => Knowledge of business aspects of practice in most economical way both in regard to finance and his own labour
- => knowledge of medical practice in india its patterns comparative medical services, staff managament, record keeping, stock keeping and taxation and medical furniture equipments
- => Man-power as staff management in general practice
- => Role of computers in general practice

# **Section - 3: Medical Jurisprudence**

- (a) Law and Community health
- => Health legislation relating to public health and health programmes including a municipal act in relation to health and medical health
- => Indian Medical Council Act
- => ESI and Factories act and other legislation
- => Law and private practitioners
- => Role of voluntary professional (National, International) organisations
- (b) Professional Duties and ethics
- => A full understanding and knowledge of medical practice and complete knowledge of what is required as heis obligation and responsibilities
- => Knowledge of relevant laws of the country governing the practice of medicine
- => Knowledge of medical ethics and principles of good practice
- => Doctor Patient relationship, doctor-doctor relations, relationship with medical organisations and hospitals, para-medical services, included pharmacists and druggists
- (c) Medicolegal problems and responsibilities
- => Knowledge of health legislation and duties of doctor attending to cases, certification court evidence, expert advice
- => Medical Negligence and Consumer Protection Act