

**SRI LANKA**  
**MEDICAL COUNCIL**

**THE EXAMINATION FOR**  
**REGISTRATION TO PRACTISE**  
**MEDICINE IN SRI LANKA**  
**[ERPM]**

**THE REVISED NEW FORMAT**  
**FROM AUGUST 2014**  
**(For the information of candidates)**

**INCLUDES THE EXAMINATION RULES**

**COMPILED BY THE EDUCATION COMMITTEE**  
**OF THE COUNCIL**

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## FOREWORD

The Examination for Registration to Practise Medicine (ERPM) in Sri Lanka is conducted by the Sri Lanka Medical Council (SLMC) for citizens of Sri Lanka who have obtained their medical qualification from medical schools overseas. This examination is prescribed in terms of Act No.16 of 1965 and Section 29(I)(b)(ii)(cc) of the Medical Ordinance. It was previously referred to as the Act 16 Examination. The candidates should possess an MBBS or equivalent degree from a medical school recognized by the SLMC, to be eligible to sit this examination. Passing the ERPM enables them to apply for Provisional or Full Registration with the SLMC.

Although the general principles of medical practice are universal, clinical teaching and the relative emphasis on various aspects of training differ from country to country. They depend on the pattern of disease prevalence, the facilities and resources available for the provision of health services as well as the healthcare ethos of the country of training.

The ERPM is designed to ascertain whether medical graduates qualified at medical schools overseas possess appropriate knowledge, skills and attitudes for hands-on clinical training and patient care as an intern medical officer under local conditions.

In 2005 the Education Committee of the SLMC carried out a major review of the ERPM. Recommendations were made to have a new format for the examination so that it would serve to test the following:

- a) Core knowledge of common communicable and non-communicable diseases and their prevention.
- b) Ability to make a provisional diagnosis and plan initial management.
- c) Ability to adapt to the facilities and resources available in the hospital.
- d) Basic knowledge of the healthcare structure and the medico-legal system in Sri Lanka and the responsibilities of medical practitioners.

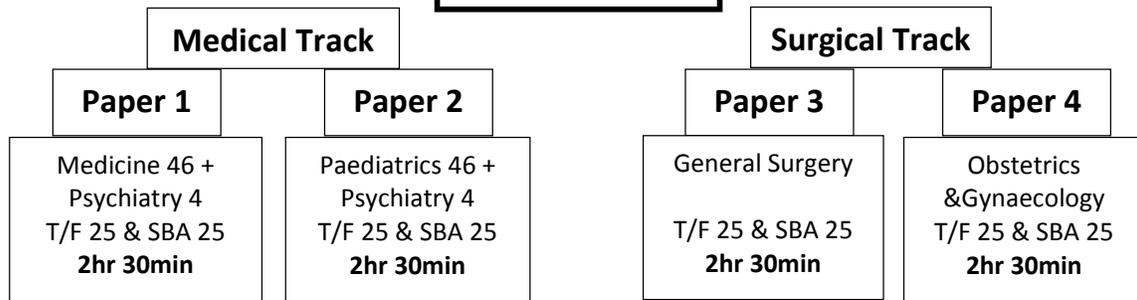
The new format ERPM is more objective, comprehensive and structured. It aims to ensure that the examination is appropriate and conforms to the objectives. It is also convenient to conduct, and intended to be candidate-friendly. The new ERPM provides greater accuracy and relevance in testing the above components. Problem solving and management of emergency cases in particular are mandatory skills that should be included in the assessment of all care-providers.

This document provides the candidates with an overview of the new format which came into effect from January 2014.

Education Committee of the SLMC  
31, Norris Canal Road,  
Colombo 10.

### **OVERVIEW OF MODIFIED NEW FORMAT ERPM**

## Part A



<u>Marks:</u> 250	250	250	250
<u>Pass :</u> 112.5	112.5	112.5	112.5

Options:

1. A candidate may sit one or several papers of Part A at one and the same sitting
2. A candidate may sit for Parts A and D at the same sitting.
3. A candidate may sit one or both papers of Part D at a time.

Eligibility to proceed to Parts B and C of the ERPM

1. Passing in each of the subjects of both tracks of Part A permits a candidate to proceed to both tracks of Part B and C.
2. Passing in each of the subjects of one track of Part A permits a candidate to proceed to the corresponding tracks of Part B and / or C.
3. A candidate who has passed a single paper of the Medical or Surgical track is permitted to sit the corresponding Track of Part B or C only after passing the other Paper to complete the relevant track of Part A.

### Part B : A candidate may sit one or more subjects at a time

<u>Medicine</u> X 2 Stations <u>Pass:</u> 45% per station <b>AND</b> 50% per subject	<u>Paediatrics</u> X 2 Stations <u>Pass:</u> 45% per station <b>AND</b> 50% per subject	<u>Surgery</u> X 2 Stations <u>Pass:</u> 45% per station <b>AND</b> 50% per subject	<u>Obst / Gyne</u> X 2 Stations <u>Pass:</u> 45% per station <b>AND</b> 50% per subject
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### Part C

Emergency Medicine  
Emergency Paediatrics  
**Pass 50 /100 marks (50%)**

Emergency Surgery  
Emergency Obs&Gynae  
**Pass 50 / 100marks (50%)**

### Part D

**Paper 5**  
Community Medicine  
20 T/F **1hr**  
45 of 100 marks(45%)

**Paper 6**  
Forensic Medicine  
20 T/F **1hr**  
45 of 100 marks(45%)

**Pass PART D:**  
*Aggregate 100 of 200marks (50%)*

## 1. OBJECTIVES OF ERPM

To assess

- a) the core knowledge in clinical subjects with particular reference to problems prevalent in Sri Lanka.
- b) the skills and competencies required to shoulder responsibilities as a pre-registration house officer (intern medical officer).

## 2. ELIGIBILITY

- a) Should be a citizen of Sri Lanka
- b) Should possess an MBBS degree or equivalent qualification obtained from a foreign medical school recognized by the SLMC.

## 3. COMPOSITION OF THE ERPM

There are four parts – Parts A, B, C and D

**Part A** is the written component containing True/False type (T / F) multiple choice questions (MCQ) and Single Best Answer (SBA) questions in the subjects of Medicine with Psychiatry, Paediatrics with Psychiatry, Surgery and Obstetrics &Gynaecology.

**Part B** is an interactive assessment in clinical/practical problems in the subjects Medicine, Paediatrics, Surgery and Obstetrics &Gynaecology.

**Part C** is an oral examination on Emergency Medicine in the subjects of Medicine, Paediatrics, Surgery and Obstetrics &Gynaecology.

**Part D** is the written component containing True/False type multiple choice questions in the theoretical and practical aspects of Community Medicine and Forensic Medicine.

**The detailed curriculum for each of these subjects and sample questions are available on the website of the SLMC at [www.srilankamedicalcouncil.org](http://www.srilankamedicalcouncil.org)**

**The examination will be conducted in English. Interaction with examiners will be in English. Interaction with patients however (in Part B) may be in Sinhala or Tamil or English. A non-medical translator will be provided where necessary.**

#### 4. PART A. WRITTEN EXAMINATION IN MEDICINE WITH PSYCHIATRY, PAEDIATRICS WITH PSYCHIATRY, SURGERY AND OBSTETRICS & GYNAECOLOGY

The written examination consists of both **True/False type Multiple Choice Questions (MCQ) and Single Best Answer (SBA) type questions**. Core knowledge will be assessed through T/F MCQs. The candidate's ability to solve basic clinical problems and interpret data including laboratory results in a given clinical setting will be assessed through SBA questions.

The written examination has 2 tracks. Each Track has 2 papers.

Track 1 – Medical Track      **Paper 1** (Medicine including 4 questions in adult Psychiatry)  
    **Paper 2** (Paediatrics including 4 questions in child Psychiatry)

Track 2 – Surgical Track      **Paper 3** (Surgery)  
    **Paper 4** (Obstetrics and Gynaecology)

**TABLE 1. DETAILS OF PAPERS, QUESTIONS AND PASS MARKS**

	No. of Questions		Comments	Duration	Pass mark	
	T/F MCQ	SBA			Papers	Track
Paper 1 Medicine & Psychiatry	23 + 2	23 + 2	T/F MCQs will have five responses. Correct answer score +1, wrong answers -1. Negative marks will not be carried over. SBA questions will have five (5) responses, one of which will be correct. Each correct answer will be given +5. There will be no negative marking.	Each Paper 2 hours and 30 minutes	112.5 of 250 (45%) <b>in each Paper</b>	225 of 500 (45%)
Paper 2 Paediatrics & Psychiatry	23 + 2	23 + 2				
Paper 3 Surgery	25	25				
Paper 4 Obstetrics & Gynaecology	25	25			225 of 500 (45%)	

#### **OPTIONS**

1. Candidates may sit both Tracks at one and the same sitting.
2. Candidates may sit one of the two Tracks at a time.
3. A candidate may sit one paper of a Track at a time.

Options 1-3 above and the requirements to pass Part A are tabulated below.

**NB – Completing these requirements will qualify a candidate to sit Part B and Part C, with the exception of option 3, which qualifies the candidate to sit the corresponding Track of the Part B and / or C only after he / she passes the other subject of the Track.**

**TABLE 2. OPTIONS IN SITTING ERPM AND REQUIREMENTS TO PASS PART A**

OPTIONS	REQUIREMENTS TO PASS
1. A candidate can sit both Tracks at one time	The pass mark will be 450 of 1000 (45%), for both Tracks. The candidate has to score 45% or more in each Track as explained in (2) below.
1. A candidate can sit one of the two Tracks at a time.	The candidate can pass in the Track with a score of 225 of 500 (45%) if a minimum mark of 112.5 of 250 marks (45%) is obtained for <b>each of the subjects of the track</b> . A candidate may pass one paper at such an attempt if a minimum score 112.5 of 250 marks (45%) is obtained in the particular paper.
2. A candidate can sit one paper at a time in each Track	The pass mark will be 112.5 of 250 (45%).

## 5. ELIGIBILITY TO SIT PART B AND PART C

- a. A candidate who has passed Track 1 and Track 2 of Part A is permitted to sit both Tracks of Part B and Part C if a minimum mark of 112.5 of 250 marks (45%) is obtained in each paper of each Track.
- b. A candidate who has passed Part A of only one Track is permitted to sit Part B and Part C of the relevant Track if a minimum mark of 112.5 of 250 marks (45%) is obtained in each paper of the Track.
- c. A candidate who has passed a single paper in Part A of Track 1 or Track 2 is permitted to sit the two relevant Stations in Part B and sit the corresponding Track of Part C **only after passing the other paper of the relevant Track** in Part A by obtaining a minimum mark of 112.5 of 250 marks (45%) in the remaining paper of the Track.

Those who have previously passed individual papers in Medicine, Paediatrics, Surgery and Obstetrics and Gynaecology under the previous format ERPM can fit into the Track patterns as stated above.

## 6. PART B. CLINICAL EXAMINATION

The clinical component is comprised of **four Subjects**, and each Subject has **two stations**. Medicine and Paediatrics will be in the Medical Track while Surgery and Obstetrics & Gynaecology will be in the Surgical Track. Candidates may sit for one or more of the four subjects at a given attempt.

### Track 1. Medical Track

#### MEDICINE



#### PAEDIATRICS

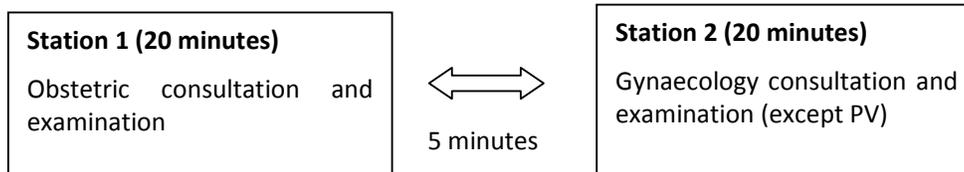


### Track 2. Surgical Track

#### SURGERY



#### OBSTETRICS & GYNAECOLOGY





independently out of 100 marks each. The final mark obtained for the Surgical Track of Part C (out of 100 marks) will be determined from the average of the marks awarded by the two examiners.

### **Requirements to pass Part C**

Candidates should pass both Tracks (Medical and Surgical) to complete ERPM Part C.

In order to pass the Medical Track, a candidate must obtain a minimum of 50 out of 100 marks (50%) at the Part C oral examinations in Emergencies in Medicine and Paediatrics.

In order to pass the Surgical Track, a candidate has to obtain a minimum of 50 out of 100 marks (50%) at the Part C oral examinations in Emergencies in Surgery and Obstetrics & Gynaecology.

## **8. PART D. COMMUNITY MEDICINE AND FORENSIC MEDICINE**

Part D will consist of two written papers with Multiple Choice Questions of the True/False type.

**Paper 5** – Community Medicine comprising 20 T/F MCQs

**Paper 6** – Forensic Medicine comprising 20 T/F MCQs

Duration – One hour, for each of Paper 5 and Paper 6.

Each question will have 5 responses. A correct answer will score +1 and a wrong answer -1. Negative marks will not be carried over. Each paper will be marked out of a total of 100 marks.

### **Requirements to pass Part D**

In order to pass Part D, a candidate must obtain a minimum of 45 out of 100 (45%) in each of the Papers 5 (Community Medicine) and 6 (Forensic Medicine) **AND** an overall mark of 100 out of 200 (50%) both papers together.

Those who have failed to obtain 50% (100 out of 200 marks) for Part D while obtaining the qualifying mark of 45 of 100 (45%) for each paper in Part D, would be required to re-sit one of the papers in Part D in order to obtain the marks to build up to 100 out of 200 marks for Part D. Further attempts to complete Part D could be in either Paper (Paper 5 in Community Medicine or Paper 6 in Forensic Medicine).

**Notes:**

1. Candidates who have passed the Combined Paper and the viva voce in Community Medicine and Forensic Medicine previously (under the old format ERPM or any previous formats) need not sit for Part D.
2. Candidates who have failed the Combined Paper (under the old format ERPM) or not completed the MCQ papers in Community Medicine or Forensic Medicine in any previous formats of ERPM will be required to sit the Papers 5 and 6 according to the new format.
3. Candidates who have passed the Combined Paper or MCQ papers in Community Medicine or Forensic Medicine in any previous formats of ERPM but have failed or not completed the viva voce in one or both subjects under the old format ERPM may choose one of two options. Further attempts to complete Part D could be selected from either option.

**Option 1:** Face a viva voce in Community Medicine and/or Forensic Medicine to complete the sections they have previously failed or not completed. To pass this component, 25 out of 50 marks (50 %) should be scored.

**Option 2:** Sit a Paper of 10 true/false MCQ in practical aspects of Community Medicine and / or Forensic Medicine (in place of the viva voce examination). To pass this component, 25 out of 50 marks (50 %) should be scored.

**These two options will be available only until the end of 2015. Candidates who have not passed the Combined Paper and viva voce examinations by then will be required to sit for Part D (Papers 5 and 6) of the new format ERPM from 2016 onwards.**

## **9. TRANSITION FROM OLD TO NEW FORMAT ERPM**

The candidates who have sat the ERPM under the previous formats of the examination may complete the ERPM as follows:

**Written papers in clinical subjects:** Those who have passed individual papers in Medicine, Paediatrics, Surgery and Obstetrics and Gynaecology under the previous format ERPM can fit into the Track pattern as stated above.

**Community Medicine and Forensic Medicine:** The written papers will be conducted as stated in the section referring to Part D. The concession given to those who have passed the former combined paper or written papers in any previous formats of ERPM by way of two options will cease to operate after the October/November 2015 ERPM and only the modified new format ERPM will be conducted from March/April 2016.

## 10. REQUIREMENTS TO PASS THE ERPM AND QUALIFY FOR PROVISIONAL REGISTRATION

To pass the ERPM and qualify to obtain provisional registration with the SLMC, a graduate with qualifications from a medical school overseas must meet the following criteria:

1. Successfully complete Part A of ERPM by obtaining a minimum of 112.5 of 250 marks (i.e. 45%) in each of the Papers 1 (Medicine including Psychiatry), 2 (Paediatrics including Psychiatry), 3 (Surgery) and 4 (Obstetrics and Gynaecology).
2. Successfully complete Part B of ERPM by obtaining a minimum final mark of 45 out of 100 (45%) for each station **AND** a minimum total of 100 marks out of 200 (50%) for the two stations in each Subject (Medicine, Paediatrics, Surgery and Obstetrics & Gynaecology).
3. Successfully complete Part C by obtaining 50 out of 100 marks (50%) at the oral examinations in Emergencies in each of the Medical and Surgical Tracks.
4. Successfully complete Part D by obtaining a minimum of 45 of 100 marks (45%) in each of Paper 5 (Community Medicine) and Paper 6 (Forensic Medicine) **AND** an average of 50% for both papers (Paper 5 and 6) taken together.

## 11. ORDER OF MERIT FOR EMPLOYMENT BY THE MINISTRY OF HEALTH

Calculation for ranking by order of merit at ERPM will be performed taking into account the following details of each candidate who has passed in all Parts of the ERPM (A, B, C, and D).

1. The total number of attempts at all components of the ERPM (Part, Track, Paper, Clinical session and Viva – voce). Candidates will be grouped according to the number of attempts.
2. A grand total mark (out of 1200) is calculated by adding the highest mark scored for each component.
  - 2.1 Part A out of 400
  - 2.2 Part B out of 400
  - 2.3 Part C out of 200
  - 2.4 Part D out of 200

The grand total mark obtained for all Parts of the ERPM is then used to determine the rank order within each group.

The list of rank order according to merit is then forwarded to the Ministry of Health for appointment as Intern Medical Officers.

## 12. COMPULSORY TRAINING FOR CANDIDATES WHO FAIL PARTS A OR B

There will be a compulsory clinical training course for candidates who cannot pass Part A or B of the ERPM in **three attempts**, before they are allowed to sit the Part A or Part B exam again. After completion of the clinical training course, the respective Specialist who provided the training should certify attendance and satisfactory performance for the candidate to be eligible to sit the examination again.

The compulsory clinical training course will be for one month in each clinical subject as appropriate: Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology. After the announcement of results of Part B, the SLMC will forward a list of names of the candidates who require training to the DDG.MS of the Department of Health. The DDG.MS will identify the hospitals where training can be provided and assign these, **as far as possible**, according to the candidate's preference. The DDG MS will assign candidates to named Specialists in the identified hospitals, indicating the period of training. The SLMC will issue a booklet to each candidate who has to undergo training. This booklet must be initialed by the Specialist who provides the training to indicate satisfactory attendance and performance during training.

### **13. RULES FOR THE EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) OF THE SRI LANKA MEDICAL COUNCIL**

This Special Examination is limited to those who are eligible to sit, under Act No.16 of 1965 and Section 29(I)(b)(ii)(cc) of the Medical Ordinance, having fulfilled the requirement criteria.

The format of the ERPM examination from 2014 is presented in this document.

1. Every candidate who registers for an examination shall be deemed to have sat the examination unless he/she withdraws from the examination within the specified period (closing date for applications) or submits a medical certificate before the commencement of the examination. The medical certificate shall be from a medical practitioner registered with the SLMC. Such MC will require the acceptance of the Education Committee of the SLMC. The candidate may have to appear before a Medical Board appointed by the SLMC if the necessity arises. Changing of the date, time, venue or centre of the examination by the candidate is not permitted and such requests shall not be entertained.
2. Candidates shall be present at the examination hall at least 15 minutes before the commencement of each paper or clinical/viva voce examination, but shall not enter the hall until requested to do so by the supervisor.
3. A candidate should have the Passport, National Identity Card (or any other acceptable document to prove his/her identity), Admission Card, and the Index No. Card when entering the examination hall and on every occasion on presenting for the examination.
4. On admission to the hall, a candidate should occupy the allotted seat/place and should not change it except on the specific instruction of the supervisor.
5. It is the sole responsibility of the candidate to sign the attendance sheet at the examination hall on each occasion before leaving the examination venue. Failure to do so would be considered as not having sat the examination.
6. No candidate shall be admitted to the examination hall for any reason whatsoever after 30 minutes from the commencement of the examination. A candidate will not be allowed to leave the hall until 30 minutes has lapsed from commencement of the examination or during the last 5 minutes of the paper.
7. Candidates shall bring their own pens, ink, erasers, pencils or any other equipment and stationery which the candidates have been instructed to bring for the written papers. A stethoscope, knee hammer, torch, pins, cotton wool and any other necessary equipment should be brought for the clinical examination. The candidate should wear a white overcoat for the clinical examination.

8. Examination stationery, i.e writing paper, answer papers etc. would be supplied as and when necessary. No sheet of paper or answer book supplied to a candidate may be torn, crumpled, folded or otherwise mutilated. No other paper shall be used for answering by candidate. Any materials supplied including question papers, whether used or unused, should be handed over to invigilators and should not be removed from the examination hall.
9. Every candidate shall enter his/her Index Number on the answer papers and the question papers. A candidate who writes on his/her answer paper an Index Number other than his/her own is liable to be considered as having attempted to cheat. A script that bears no Index Number or one that is not legible will be rejected. No candidate shall write his/her name or any other identifying mark on the answer script.
10. Candidates shall stop work promptly when ordered to do so by the supervisor/examiner/ invigilator.
11. Every candidate shall hand over the answer scripts personally to the invigilator or remain in his/her seat until it is collected. On no account shall a candidate hand over the answer script to an attendant, a minor employee or any other candidate.
12. No candidate shall have on his/her person or on any document listed above, any notes, signs or formulae. Except for stationery such as pencils, pens erasers, identity documents, Index Cards and Admission cards, no other paper or envelopes should be kept with the candidate. No candidate shall have on his/her person, with him/her or anywhere near him/her any material such as books, notes parcels, handbags or any electronic communication equipment such as cellular phones. If a candidate has brought any of the above, they should be placed at a location indicated by the supervisor or the invigilator.
13. A candidate should not communicate in any form with another candidate or any other person other than an invigilator or a supervisor during the examination.
14. No candidate should copy or attempt to copy from any book, paper notes or similar material or from the scripts of or by communication with another candidate. A candidate shall not help another candidate or obtain help from another person. No candidate should conduct himself/herself negligently so as to provide an opportunity to assist any other candidate in any way.
15. Candidates are under the authority of the supervisor/coordinator/examiners and shall assist them by carrying out instructions as well as those of the invigilators and other supporting staff, during the examination and immediately before and after it.
16. Every candidate shall conduct himself/herself in the examination hall and precincts so as not to cause disturbance or inconvenience to the supervisors/examiners or other staff and to other candidates. A candidate is liable to be evicted from the examination hall for disorderly conduct.

17. Absolute silence shall be maintained in the examination hall and its precincts. A candidate is not permitted for any reason whatsoever to communicate or have any dealings with any person other than the supervisor/examiner/invigilator. The attention of the supervisor/examiner/invigilator could be drawn by raising of a hand.
18. During the course of answering a paper, viva voce examination or examining a patient, no candidate shall be permitted to leave the examination hall even temporarily. In the case of an emergency, the supervisor/examiner/invigilator will grant permission to do so but the candidate will be under their surveillance.
19. No person shall impersonate a candidate, nor shall any candidate allow himself/herself to be impersonated by another person.
20. No candidate shall obtain or attempt to obtain by any means prior knowledge of questions/clinical cases/examination material or names of examiners. All examination centres are out-of-bounds for a specified period before and during the exam.
21. Serious notice will be taken of any dishonest assistance given to a candidate, by any person aiding, abetting or copying at the examination.
22. If circumstances arise, which in the opinion of the supervisor/examiner/invigilator requires cancellation or postponement of the examination; he shall stop the examination, collect the scripts already written and then report the matter as soon as possible to the Sri Lanka Medical Council (SLMC).
23. The supervisor/examiner is empowered to require any candidate to make a statement in writing on any matter which may have arisen during the course of the examination, and such statement shall be signed by the candidate.
24. The results of the examination announced by the SLMC will be final and no complaints or representations will be entertained regarding the results, except re-scrutiny, which is officially permitted.
25. Complaint(s) regarding the conduct of the ERPM examination should be sent in double envelope to the Registrar by registered post before the release of the results. The outer envelope should be addressed to the Registrar SLMC, 31 Norris Canal Road, Colombo 10. The inner envelope should contain the sealed letter of complaint stating "ERPM Complaint" and dated. The complaint would be kept securely and acted upon in due course by an Appeals Board. Such complaint(s) shall be in writing and state precisely the grounds for such appeal(s). Anonymous complaints will not be entertained.