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Sri Lanka Medical Council

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Date
25th September 2026

**SUBJECT: LAUNCH OF THE REVISED EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) GUIDELINE 2025**

**Re: Revised ERPM Guideline 2025 – Implementation and Transition Protocols**

This notice sets out the implementation of the Revised ERPM Guideline 2025, explains the main change to the assessment structure, and confirms the transition arrangements and effective date for candidates and stakeholders.

I am writing to officially announce the launch of the **Revised Examination for Registration to Practise Medicine (ERPM) Guideline 2025**. This significant revision marks a new chapter in our collective efforts to uphold the highest standards of medical practice in Sri Lanka.

**Rationale for Revision**

The formulation of this revised guideline was necessitated by extensive feedbacks received from Professional Colleges, Specialists, the Ministry of Health, Deans of Medical Faculties, Senior Academics and other related key stakeholders. In response to various complaints and the evolving needs of the healthcare sector, the Council determined that a revision was essential to ensure that the assessment of medical competencies remains robust and aligned with international standards.

**Key Changes: Subject-Wise Assessment**

The primary difference in the Revised ERPM Guideline 2025 is the structural shift in the assessment of competencies. Unlike the previous methodology where competencies were assessed as a **whole in Part I and Part II**, the revised guideline mandates that competencies will now be **assessed in a subject-wise manner in Part I and Part II**. This change is designed to provide a more granular and accurate evaluation of a candidate's clinical knowledge, skills and ensure safety of patients.

**Transition and Legal Compliance**

The Revised Guideline clearly articulates the transition mechanism for candidates who sat for the ERPM under previous guidelines if they wish to do so, ensuring a fair and transparent pathway to the new format. The transition mechanism is described in the Revised Guideline.

In this regard, I wish to confirm that in consultation with the Honourable Attorney General, the SLMC has duly informed the Court of Appeal regarding Writ Application No. 65/2026. It was communicated to the Court that the Revised ERPM Guideline 2025 will be brought into effect. The decision to publish this guidance was made in agreement with the Honourable Attorney General to ensure legal clarity and procedural integrity.

**Effective Date**

Accordingly, please note that the Revised ERPM Guideline 2025 will be effective from the **first ERPM examination scheduled to be held in March/April 2027**.

We appreciate your continued cooperation in maintaining the integrity and high standards of the medical profession in Sri Lanka.

Yours faithfully,

**Registrar**

**Sri Lanka Medical Council**

*Enclosure: Revised ERPM Guideline 2025*

# SRI LANKA MEDICAL COUNCIL
# EXAMINATION TO REGISTER TO PRACTISE MEDICINE (ERPM)
# REVISED GUIDELINES 2025

## SECTION 1

A. These guidelines apply to medical professionals who graduated from Council-recognized medical degree programmes conducted by universities, medical schools, or institutions overseas (Higher Education Institutes).

B. The provisions of these guidelines shall come into operation **with first ERPM Examination in 2027** for the **new candidates** who will register for the examination following Council approval of the guidelines and notification of relevant stakeholders (paper advertisement and web notice). These Guidelines shall have prospective application. To the extent that any provision alters the conditions under which candidates commenced their examination pathway prior to 1st January 2025, such provisions shall be deemed transitional, not retrospective, and shall not retroactively invalidate, reduce, or alter the legal value of any examination component or attempt already lawfully completed or utilized by the candidate prior to this date.

C. The provisions of these guidelines, following Council approval, shall come into operation as follows: candidates who failed in Part I or Part II under the 2025 Guidelines shall be enter the Revised ERPM 2025 Guidelines once they sit the first ERPM examination in 2027. Candidates who were under the previous Guidelines (2010) shall have two remaining attempts under the old format; candidates who fail those remaining attempts shall be transferred to the Revised ERPM 2025 Guidelines from the first ERPM examination in 2028.

D. Candidates transferred to the Revised ERPM 2025 Guidelines shall retain all previously passed subjects and components and shall not be required to restart from inception. Candidates may elect to migrate to the Revised ERPM 2025 Guidelines at any time, provided that such migration shall not result in the forfeiture of any previously passed subjects or components.

E. However, after informing SLMC in writing, candidates under the old format may sit the examination under the Revised ERPM 2025 Guidelines, as this may be advantageous because in the event of failing Part I or II, the candidate will be permitted to **sit only the failed subject/s**.

F. All subjects and examination components passed by candidates under the 2010 or immediately preceding old ERPM format shall be automatically recognized, mapped, and credited toward the equivalent subjects and components of the Revised ERPM 2025 format.

G. Candidates who failed Parts A&D or B&C under the 2010 Guidelines may sit Part I or II under the Revised 2025 format. All previously passed subjects/components carry over, allowing them to retake only the failed subjects in Part I, and sit Part II by subject once eligible (after Part A of the 2016 Guidelines or Part I). They also remain exempt from the Part II OSCE stations in Community Medicine, Forensic Medicine, and Psychiatry.

H. Candidates shall demonstrate the threshold competencies expected of a medical graduate as defined by the UGC Subject Benchmark Statement in Medicine and the SLMC graduate and intern outcome statements.

## 1. INTRODUCTION

The Examination to Practise Medicine (ERPM) Guideline 2025 of the Sri Lanka Medical Council appears closer to the structure used in modern international licensing examinations, such as the Professional and Linguistic Assessment Board (PLAB) run by the General Medical Council, United States Medical Licensing Examination (USMLE) clinical assessments, and the Australian Medical Council (AMC) Clinical Examination, since it maintains academic and clinical standards. However, there are also important differences in philosophy, implementation, standard setting, and candidate expectations when compared with overseas licensing examinations. A key difference is that ERPM is a subject-based assessment.

These may include a strong emphasis on applied clinical reasoning and communication assessment philosophy, integrated competency assessment, workplace-relevant competency assessment, and subject-based assessment.

In the recent past, stakeholders, including professional colleges, specialists, academics, and undergraduates in local and foreign universities, have expressed certain concerns about the ERPM 2025 Guidelines. Hence, it was decided to revisit the same to propose recommendations for modifications.

## 2. PURPOSE OR OBJECTIVE OF ERPM

The objective of the ERPM is to test the following competencies, and such should be tested in all stages of the ERPM Examination at the level of an Intern Medical Officer and Medical Practitioner:

a) assess the knowledge of seven clinical subjects;

b) assess the clinical competencies or clinical skills (minimum competency across broad clinical practice);

c) ability to identify individual clinical problems, diagnoses, and community issues;

d) competence in imparting the appropriate initial treatment, including essential lifesaving management;

e) provision of intermediate and long-term treatment;

f) display of essentials for medical practice, such as soft skills, including communication, critical thinking, problem solving, documentation, and teamwork;

g) ability to discharge medico-legal duties in medical practice;

h) ability to discharge community medicine duties in medical practice;

i) ability to be a safe, independent junior doctor;

j) determine whether the candidate is safe for internship/clinical practice in Sri Lanka;

k) correct referral for more advanced treatment with the provision of care during transit.

## 3. SUBJECT COMMITTEES

The Council shall appoint the following seven Subject Committees on the recommendation of the Examinations Committee.

1. Medicine
2. Surgery
3. Paediatrics
4. Obstetrics and Gynaecology
5. Psychiatry
6. Community Medicine
7. Forensic Medicine

The Subject Committees would consist of:

a) Eight members who are board-certified specialists in the subject, and other board-certified specialists (including retired) in the subject, co-opted from time to time based on the need for further inputs on specific areas of each subject. j)

b) The Subject Committees shall be responsible for developing and maintaining a detailed examination blueprint for their respective subjects. This blueprint must specify the content areas to be tested, their relative weighting, and the cognitive level expected, aligned with the objectives of the ERPM and the UGC Subject Benchmark Statement. The blueprint shall be reviewed and updated regularly.

c) The Subject Committees shall ensure continuous development and quality assurance of questions for the question bank throughout the year. Questions must be developed, reviewed, and edited well in advance of the examination, with final paper assembly occurring closer to the examination date to balance quality and security.

d) All members of the Subject Committee would be appointed by the Council based on the recommendation of the Examinations Committee.

e) The Council shall appoint a chairperson to each Subject Committee on the recommendation of the Examinations Committee from among members of the Subject Committee.

f) Each member and Chairperson is appointed initially for a period of three years, unless he/she resigns or is removed otherwise, with provision for further extension for an additional one term.

g) The Subject Committees would function according to the standard operating procedures specified by the Examinations Unit, signed by the Registrar and Head.

h) The main task of the Subject Committee would be to develop the question bank, arrange workshops to develop questions.

i) All such members shall be issued an appointment letter, copied to the DGHS/Hospital Director and Vice-Chancellor/Dean, depending on the place of employment.

j) The President/Registrar may attend meetings when necessary.

## 4. EXAMINER PANEL

a) An Examiner Panel of ERPM Part I, consisting of the Chairpersons of all 7 Subject Committees, would decide on the final construction of the papers for ERPM Part I, having considered the questions submitted by the Subject Committee based on the agreed composition, questions, and the blueprint

b) Examiner Panels shall be responsible for ensuring that the final examination papers and OSCE stations adhere strictly to the subject blueprint, adequately sample the curriculum, and are of an appropriate standard for a licensing examination

c) The Examiner Panel of Part II, consisting of the Chairpersons of all 7 Subject Committees, would determine the questions/content of the OSCE, which would be developed further by the examiners in charge of each OSCE test station.

d) Each of the above Examiner Panels shall be chaired by the Head.

e) The President/Registrar may attend meetings when necessary.

## 5. SCRUTINY BOARD

a) The Scrutiny Board for each subject of Part I and Part II of the ERPM Examination shall consist of the Registrar, the Head of the Examination Unit, the Chairperson of the relevant Subject Committee, Medical educationist and a Scrutiny Expert appointed for the respective subject.

b) The Scrutiny Expert for each subject shall be appointed by the Council for a period of one year but may be reappointed for another year.

c) All subject Scrutiny Boards shall be chaired by the President.

d) It shall evaluate the questions submitted by the Examiner Panel and prepare the final question paper with modifications if necessary.

e) The Scrutiny Board shall be responsible for reviewing the final examination papers to ensure they are free from errors, ambiguities, and bias, and that they conform to the approved blueprint and formatting guidelines

f) The printing and packeting of question papers shall be done under the supervision of the Scrutiny Board.

g) All such prepared sealed paper packets shall be handed over to the Head for safekeeping and distribution.

## 6. PRE-RESULTS BOARD

a) There shall be a Pre-Results Board appointed for each subject.

b) It shall ensure accuracy, consistency, fairness, and quality of examination results, and each shall be convened prior to the Results Board meeting.

c) The Pre-Results Board shall be responsible for reviewing the examination performance, verifying marks and calculations, identifying discrepancies or anomalies, considering recommendations of the Subject Committees, and ensuring that all examination procedures have been conducted in accordance with the approved guidelines and regulations.

d) It shall standardise the marks if and when necessary, using approved and recognised methods.

e) The composition of the Pre-Results Board shall be as follows;
   - President
   - Registrar
   - Head of the Examination Unit
   - Chairperson of the Relevant Subject Committee
   - Scrutiny Expert appointed for the respective subject
   - Medical Educationist

## 7. RESULTS BOARD

a) The members shall be:
   - President
   - Registrar
   - Head of the Examination Unit
   - Chairpersons of Subject Committees
   - Council Members (Two members from council)

b) The President shall chair all meetings.

c) All marks of Part I and Part II shall be presented to the Results Board by the Head for discussion, verification, and approval.

d) The final results shall be released to the candidates, subject to ratification and approval by the Council.

## 8. STRUCTURE OF ERPM EXAMINATION

The examination shall be an integrated, multispecialty combined assessment of seven subjects, namely Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Community Medicine, and Forensic Medicine.

***It shall consist of two parts:***

**Part I** — Theory — Multiple Choice Questions (MCQ): True/False and Single Best Answer (SBA).

**Part II** — Objective Structured Clinical Examination (OSCE): Stations for candidates who complete Part I.

## 9. CONFLICT OF INTEREST AND CONFIDENTIALITY

### a) Declaration of Interest

All members of the following bodies shall complete a formal Declaration of Interest form prior to assuming their roles:

- Subject Committees
- Examiner Panels (Part I and Part II)
- Scrutiny Boards
- Pre-Results Boards
- Results Boards
- Any individual involved in question setting, examination conduct, marking, or results processing

### b) Disclosure Requirements

Each member shall disclose:

Any personal, professional, financial, or familial relationship with candidates who are or may be sitting the examination during their tenure

- Any conflict of interest, actual or potential, that could affect their impartiality
- Any previous or current involvement in coaching, tutoring, or preparing candidates for the ERPM
- Any direct supervision or mentorship relationship with candidates

### c) Confidentiality Obligations

All members shall sign a confidentiality undertaking to:

- Maintain the confidentiality of all examination materials, including questions, marking schemes, and candidate information
- Not discuss examination content with unauthorised persons at any time
- Not retain, copy, or reproduce any examination materials
- Return all examination materials to the Examination Unit immediately after use
- Maintain confidentiality of candidate performance data and results until official release

# SECTION 2

## ERPM PART I

### STRUCTURE

The ERPM Part I shall consist of three Multiple Choice Question (MCQ) papers with Parts consisting of True/False (T/F) and Single Best Answer (SBA) types as follows:

| **Papers** | **Paper 1 (250 Minutes)** | | **Paper 2 (250 minutes)** | | **Paper 3 (270 minutes)** | |
|---|---|---|---|---|---|---|
| **Questions Type** | **T/F** | **SBA** | **T/F** | **SBA** | **T/F** | **SBA** |
| Medicine | 25 (75 minutes) | 25 (50 minutes) | - | - | - | - |
| Paediatrics | 25 (75 minutes) | 25 (50 minutes) | - | - | - | - |
| Surgery | - | - | 25 (75 minutes) | 25 (50 minutes) | - | - |
| Obstetrics and Gynaecology | - | - | 25 (75 minutes) | 25 (50 minutes) | - | - |
| Psychiatry | - | - | - | - | 20 (60 minutes) | 15 (30 minutes) |
| Community Medicine | - | - | - | - | 20 (60 minutes) | 15 (30 minutes) |
| Forensic Medicine | - | - | - | - | 20 (60 minutes) | 15 (30 minutes) |

### 9. PROCESS OF MAKING THE MCQ QUESTIONS

a) The MCQ questions shall be made by the "Examiner Panel" consisting of Chairpersons of Subject Committees and confirmed at the "Scrutiny Board". The "Examiner Panel" shall be chaired by the Head of the Examination Unit, using questions scrutinised and forwarded to the Panel by the Subject Committees (twice the number required) and questions in the Question Bank. The "Scrutiny Board" shall be chaired by the President.

b) The subject committees should have regular meetings to prepare questions on a regular basis; for such meetings, other academics and specialists (including retired) may be invited. If necessary, workshops should be arranged to develop questions.

c) The final MCQ question papers are to be made within one week before the date of examination to maintain confidentiality.

d) Following finalising the question papers, the required number of papers shall be made in the confidential room, and such papers should be packeted and sealed.

e) The sealed packets are to be kept in the Examination Unit under lock and key and shall be delivered by the Head of the Unit to the Dean/Coordinator/Subject Chairperson on or before the date of the examination; that person shall oversee the MCQ Centre and related administrative matters.

## 10. CONDUCT OF THE EXAMINATION

The following table describes the way the examination will be conducted over 3 days:

| **Day of the Exam** | **Day 1** | | **Day 2** | | **Day 3** | | |
|---|---|---|---|---|---|---|---|
| **Paper Name** | Paper 1 | | Paper 2 | | Paper 3 | | |
| **Subject** | Medicine | Paediatrics | Surgery | Obstetrics & Gynaecology | Psychiatry | Community Medicine | Forensic Medicine |
| **Questions Type** | T/F 25 & SBA 25 | T/F 25 & SBA 25 | T/F 25 & SBA 25 | T/F 25 & SBA 25 | T/F 20 & SBA 15 | T/F 20 & SBA 15 | T/F 20 & SBA 15 |
| **Session and time of conduct** | 9.00 am to 11.05 am (125mins.) | 1.00 pm to 3.05 pm (125mins.) | 9.00 am to 11.05 am (125mins.) | 1.00 pm to 3.05 pm (125mins.) | 9.00 am to 10.30 am (90 mins.) | 12.00 pm to 1.30 pm (90mins.) | 2.30 pm to 4.00 pm (90mins.) |

## 11. FORMAT OF MULTIPLE-CHOICE QUESTIONS OF TRUE/FALSE TYPE (T/F)

a) Each question should consist of a stem and five statements (options) of the true/false type.
b) Candidates should be allowed an average of 3 minutes to answer each question.
c) In marking answer scripts, there should be negative marking within a question, but negative marks shall not carry over, so that each question would carry a maximum of 5 marks and a minimum of zero.

## 12. FORMAT OF MULTIPLE-CHOICE QUESTIONS OF THE SINGLE BEST ANSWER (SBA)

a) The SBA-type MCQ should consist of a stem with a lead-in question and five statements (options), one of which would be the best answer.
b) Candidates should be allowed an average of 2 minutes to answer each question.
c) There should be no negative marking within a question. Each question will carry a maximum of 3 marks and a minimum of zero.

## 13. MARKING OF MCQ AND SBA QUESTIONS

a) Each MCQ will carry a total mark of 5, and there shall be negative marking within the question.
b) Each correct response should be awarded +1 mark; each incorrect response should be awarded –1 mark; and if no response is marked, zero.
c) Each SBA is to be marked with 3 marks and converted to the relevant percentage. No negative marks.
d) Each correct response should be awarded +3 marks; incorrect responses and no responses should be marked zero.
e) The MCQ and SBA papers are to be marked electronically if facilities are available.
f) Total marks of the MCQ and SBA question papers shall be converted to the allocated percentage.

## 14. THE PASS MARK FOR EACH SUBJECT

a) The pass mark for each subject shall be 45% or more (rounded to one decimal place).

## 15. REQUIREMENTS TO PASS ERPM PART I

a) An overall 50% (rounded) or more
**AND**
b) 45% or more for each of the seven subjects.

## 16. FAILED CANDIDATES AND REPEAT EXAMINATION

a) A candidate who obtains an overall 50% or more but fails one or more subjects due to obtaining a mark of 44% or less for that subject/s will have to sit only that subject/s at the next immediately available examination.

b) A candidate who obtains less than an overall 50% will have to sit all 7 subjects irrespective of marks obtained for any of the seven subjects and sit at the next immediately available examination.

c) A candidate who obtains less than 25% for any of the subjects, irrespective of the overall mark obtained, shall be required to re-sit all seven subjects at the next available ERPM Examination.

d) Results shall not be released until the candidate has attempted all subjects applied for in the current sitting.

e) A candidate who does not sit the next available examination without a valid reason acceptable to the Council shall be considered to have made an examination attempt.

## 17. NUMBER OF ATTEMPTS PERMITTED FOR FAILED CANDIDATES

A candidate shall be permitted only five consecutive attempts following the first attempt. When deciding the attempts, the inability to sit for an examination due to a valid reason acceptable to the Council shall be excluded.

The limitation on attempts under these Guidelines shall apply prospectively only. It shall not operate to nullify, reduce, or prejudice any examination component already passed by the candidate prior to the commencement of these Guidelines, nor shall it be used to forfeit the candidate's right to carry over such passed components to the new format.

For the purpose of this provision, valid reasons are as follows:

- Certified medical conditions preventing the candidate from sitting the examination.
- Death of an immediate family member.
- Natural disasters or other unforeseen circumstances beyond the candidate's control, including floods, droughts, and similar emergencies.

## 18. ANSWER SCRIPT MARKING

Manual or electronic.

## 19. RE-CORRECTION PROCEDURE FOR PART I (THEORY PAPERS)

### a) Grounds for re-correction

A candidate who has failed Part I may apply for re-correction (re-marking) of the answer script(s) in one or more subjects. Re-correction is limited to verifying the arithmetic totaling of marks and checking for obvious marking errors (for example, a correct answer marked incorrectly due to a scanning error). Re-correction is not a re-evaluation of clinical judgment or the validity of questions.

### b) Application Timeline

A candidate must submit a written application for re-correction to the Head of the Examination Unit within 7 calendar days of the publication of the Part I results. Late applications will not be considered.

### c) Fee

A non-refundable fee, as determined by the Council and published on the SLMC website, shall be paid for each subject requested for re-correction. The fee must be submitted together with the application.

### d) Re-correction Process

The Examination Unit shall retrieve the candidate's original answer script(s), whether electronic or paper, and carry out the re-correction.

If a discrepancy is found:

- The candidate's mark shall be corrected.
- The re-correction fee shall be refunded in full.
- The revised mark, whether higher or lower, shall be final.
- If no discrepancy is found, the original mark shall remain unchanged, and the fee shall be retained.

### e) Outcome

The outcome of the re-correction shall be communicated to the candidate in writing within 15 calendar days of the application deadline. The decision of the re-correction panel shall be final and shall not be subject to further appeal within the SLMC.

### f) Impact on Attempts

If a re-correction changes a fail to a pass, the candidate shall be deemed to have passed that examination attempt. No retrospective change shall be made to the number of attempts recorded, but the pass status shall be updated for internship eligibility.

## SECTION 3

## ERPM PART II

### 20. STATIONS/QUESTIONS

The ERPM Part II shall be an applied clinical Objective Structured Clinical Examination (OSCE) conducted in circuit or circuits.

The seven subject-based distribution of the number of stations/questions in the OSCE are listed below, although the questions will be of mixed content and not arranged subject-wise.

| Subject | Stations |
|---|---|
| Medicine | 3 |
| Paediatrics | 3 |
| Surgery | 3 |
| Obstetrics and Gynaecology | 3 |
| Psychiatry | 2 |
| Community Medicine | 2 |
| Forensic Medicine | 2 |
| *Rest Stations* | 2 |
| ***Total (18+2)*** | **20** |

### 21. THE FORMAT OF OSCE

**A] Main clinical subjects - Medicine, Paediatrics, Surgery, Obstetrics & Gynaecology**

**a) Station 1 (Patient or simulated patient) – History Taking and Interpretation**

Station 1 features a patient or simulated patient.
Shall feature a real patient (or parent/bystander in the case of paediatric patients) wherever practically feasible. Simulated patients may only be used when a real patient is not available for valid reasons documented by the Subject Committee. The candidate should interact with the patient/simulated patient and obtain the relevant history and interpret the obtained history to support arriving at a diagnosis and planning the management. The examiner will observe the process and instruct and guide the candidate when necessary.

At the conclusion of the interaction (or during), the candidate shall be questioned by the examiners on the information collected, the manner of such collection (communication skills), and the interpretation of the information collected to decide the diagnosis and plan the management. Marks are awarded according to a structured marking sheet.

**b) Station 2 (Patient or simulated patient) – Clinical Examination and Interpretation**

The candidate shall be requested to perform practical skills that will include the following:

- General examination.
- Examination of relevant system/s.
- Interpretation of clinical findings to map out the management.

During examination the candidate may be requested to use instruments to support the examination (use of ophthalmoscope and otoscope, etc.).

At the conclusion of the interaction (or during), the candidate shall be questioned by the examiners on the performance and marks awarded as per the provided structured marking scheme.

**c) Station 3 (Reports, models, mannequins, instruments, etc.) – Data Interpretation, Emergency and Procedural Skills**

The candidate will be provided with laboratory investigation reports, X-rays, ECG, CTG, EEG, photos/pictures, etc., and requested to interpret them; provided with instruments, models, mannequins, etc., and requested to perform certain procedures; questioned on emergency situations; and other relevant questions.

**B] Psychiatry (in both simulated patients)**
Station 1 – History Taking and Interpretation.
Station 2 – Clinical Examination (MSE) and Interpretation, OR Patient Advice.

**C] Forensic Medicine (in both simulated clients)**
Station 1 – History Taking, Interpretation, and Reporting.
Station 2 – Clinical Examination, Interpretation and Reporting, OR Data Interpretation and Emergencies.

**D] Community Medicine (in both simulated clients, instruments, reports, patient information material, etc.)**
Station 1 – Data Interpretation and Practical Skills.
Station 2 – Information Gathering and Health Promotion.

## 22. TIME ALLOCATED

All stations – 10 minutes each.

## 23. PROCESS OF MAKING THE OSCE QUESTIONS

a) The OSCE questions shall be made by the "Examiner Panel" consisting of Chairpersons of Subject Committees and confirmed at the "Scrutiny Board". The "Examiner Panel" shall be chaired by the Head of the Examination Unit, using questions scrutinised and forwarded to the Panel by the Subject Committees (twice the number required) and questions in the Question Bank. The "Scrutiny Board" shall be chaired by the President.

b) The subject committees should have regular meetings to prepare questions on a regular basis, and for such meetings other academics and specialists (including retired) may be invited.

c) The OSCE questions are to be made or selected from the question bank within one week before the date of examination to maintain confidentiality.

d) After finalising the question papers at the Scrutiny Board, the required number of papers shall be made in the confidential room, and such papers should be packeted and sealed. The sealed packets are to be kept in the Examination Unit under lock and key and shall be delivered by the Head of the Unit to the Dean/Coordinator/Subject Chairperson on or before the date of the examination; that person shall oversee the OSCE Centre and related administrative matters.

## 24. SELECTION OF EXAMINERS FOR OSCE STATIONS

a) The examiners may be recruited from among the academic staff above the level of a Senior Lecturer and from specialists in hospitals in the relevant subjects, in active service or retired.

b) All shall be board-certified specialists.

c) Such examiners for each examination will be appointed by the Council on the recommendation of the Examination Panel and Examination Committee. To all, an appointment letter shall be issued.

## 25. CONDUCT OF THE EXAMINATION

a) Examiners: In each station, there shall be 2 examiners.

b) Allocation of time (minutes): All stations are conducted over 10 minutes per station × 20 stations = 200 mins.

**Note**: *The selection of Option I or II will be based on the total number of candidates, availability of examiners, availability of examination material (including patients), and infrastructure.*

## 26. MARKING OF OSCE

a) Allocation of marks: Each OSCE station will carry a total mark of 100.

| | |
|---|---|
| Medicine | – 300 |
| Surgery | – 300 |
| Obstetrics & Gynaecology | – 300 |
| Paediatrics | – 300 |
| Psychiatry | – 200 |
| Community Medicine | – 200 |
| Forensic Medicine | – 200 |
| **Total = 1800** | |

b) The marks are to be indicated in the structured marking sheet provided to each examiner with a marking grid.

c) Each examiner is to award marks independently.

d) The final mark for each OSCE station is obtained by averaging the marks given by the two examiners, provided the difference is less than 15 marks per 100 marks (15%). If the difference of marks given by the two examiners is more than 15 marks per 100 marks, the two examiners should discuss the performance and allocate an appropriate mark.

## 27. THE PASS MARK FOR EACH SUBJECT

The pass mark for each subject shall be 50% (rounded to one decimal place) of the total for the subject.

## 28. REQUIREMENTS TO PASS ERPM PART II

- The pass mark shall be 50% (900) or more of the total of 1800 for all 7 subjects, **AND**
- In all seven subjects, a mark of 50% or more of the total mark for all stations of each subject.

## 29. UNSUCCESSFUL (FAILED) CANDIDATES AND REPEAT (NEXT) EXAMINATION

a) A candidate who obtains an overall 50% or more but fails a subject or more due to obtaining a mark of less than 50% will have to sit only those subject/s OSCE stations at the next immediately available examination.

b) A candidate who obtains less than an overall 50% will have to sit all 7 subjects irrespective of marks obtained for any of the seven subjects and sit at the next immediately available examination.

c) A candidate who obtains less than 30% for any one of the seven subjects will have to sit the OSCE stations for all seven subjects, irrespective of overall mark.

d) A candidate who does not sit the next available examination without a valid reason acceptable to the Council shall be considered to have made an examination attempt.

## 30. NUMBER OF ATTEMPTS PERMITTED FOR FAILED CANDIDATES

a) A candidate shall be permitted to sit all 18 stations of 7 subjects **or** only the stations of the failed subject/s for 3 years or five examinations following the first attempt.

b) A candidate who is unable to sit for any examination during the above 3 years or five examinations following the first attempt due to medical or other valid reasons shall inform the Head of the Examination Unit of his/her inability to be present for the OSCE with supporting documents in order to claim an excuse within 14 working days from the date the examination was held. When calculating the attempts, inability to sit for the examination due to a valid reason acceptable to the Council shall not be counted.

c) A candidate who does not sit the scheduled OSCE without a valid reason shall have that examination considered as an attempt when the total number of attempts is counted.

## 31. POST-OSCE EXAMINATION

a) Once the final marks are given by the OSCE centre coordinator, they cannot be changed. All entries should therefore be checked carefully. The Examination Unit of the SLMC cannot re-check the marks and is not entrusted with the task of altering the marks later.

b) At the end of the OSCE, marks/notes of the examiners should be handed to the OSCE centre coordinator.

c) The centre coordinator should hand over the OSCE marks/notes and the question papers, along with details of the staff payments, within seven days following completion of the examination.

d) Questions should not be discussed with candidates after the examination until the results are released, unless permitted to do so by the Council.

e) The questions used are to be entered into the "Question Bank" by the Head.

## 32. ANSWER SCRIPT MARKING

a) Manual or electronic.

b) When marked electronically, selected papers will be randomly marked manually to ensure accuracy.

## SECTION 4

## ADMINISTRATION OF ERPM EXAMINATION

### 33. APPLICATIONS FOR THE EXAMINATION

a) The SLMC will advertise for ERPM Part I Examinations in newspapers and on its website, and applications will be called. These must be submitted online.

b) After completion of Part I, ERPM Part II will be advertised in newspapers and on its website, and applications will be called. These must be submitted online.

c) Each year, two Part I and two Part II examinations will be held (mid and end of year).

### 34. PRINCIPLE OF CENTRE ALLOCATION

a) ERPM Part I shall be held in one centre. However, in the event of holding the examination in two centers, both will be held on the same day and time, and candidates will be allocated based on alphabetical order.

b) The allocation of candidates to examination centers for ERPM Part II (OSCE) shall be based on a merit-based and/or preference-driven system to ensure fairness and transparency.

c) At the time of applying for ERPM Part II, each candidate shall submit an ordered list of preferred examination centers from among the centers approved by the SLMC for that examination session (e.g., Colombo, Kandy, Galle, Jaffna, Kurunegala). The candidate may list any number of centers but must rank them in order of preference (1 = most preferred, 2 = second, etc.). Once submitted, preferences cannot be changed after the application deadline.

### 35. PREPARATION OF THE MERIT LIST FOR INTERNSHIP APPOINTMENTS

a) The Examination Unit shall prepare a merit list including all candidates who have successfully completed the ERPM (Old and New) within 2 weeks following completion of Part B and C (Old ERPM) and Part II (New ERPM) examinations.

b) The merit list shall be displayed on the website and submitted to the Director General of Health Services.

c) The merit list shall include both new and repeat candidates who have completed the ERPM (Old and New) in the format specified in these guidelines. The raw marks will be used for the calculation of the merit list, and the marks obtained in the old format and the new format ERPM will be considered together.

d) The merit list will rank the candidates according to a composite mark calculated for each candidate, considering each component of the ERPM and the number of attempts at the ERPM.

## 36. CERTIFICATE OF COMPLETION OF ERPM

For all candidates who have successfully completed the ERPM Examination, the completion certificate shall be delivered online when requested in response to the web notice.

## 37. PROVISIONAL CERTIFICATE

For all candidates who have received the completion certificate, the Provisional Certificate shall be delivered when requested in response to the web notice.

## 38. INTERNSHIP

a) As per the Medical Ordinance, **the SLMC has no role** in deciding the date of commencement for eligible local or foreign graduates or the hospitals. The entire process is under the purview of the Director General of Health Services (DGHS).

b) However, if requested, SLMC will provide relevant information to the DGHS to facilitate the process.

c) The dates of commencement and selection of qualified local and foreign graduates/batches shall be decided by the MOH, and graduates shall be informed.

d) Hence, all issues and concerns regarding internship, if any, are to be referred to the DGHS and not to the SLMC.

The Sri Lanka Medical Council reserves the right to revise, amend, repeal or replace these guidelines in whole or in part, at any time as and when the need arises. Any such revision, amendment, repeal or replacement shall come into effect after providing adequate prior notice to applicants and relevant stakeholders. The decision of the Sri Lanka Medical Council in this regard shall be final and binding on all applicants.