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OET

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REGISTRATION

SCOPE OF
OET

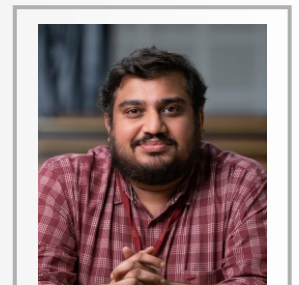


Mr. Jomy George

OBG

Scope of
Superspecialisation

Mastering The Way
of Saving Lives at
Emergency Situations!



Dr. T P Sreekrishnan

INTERVIEW



WHAT IS INSIDE...!

VOLUME 8, MAY 2023



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CHIEF EDITOR'S MESSAGE

**"Mother is a verb. It's something you do.
Not just who you are."**

- Cheryl Lacey Donovan

"Sooner or later we all quote our mothers."

- Bern Williams

For everyone the term MOTHER is a deep inside feeling which can be replaced by none. There is nothing we can pay her in return for her birth pangs which remains the core existence and factor behind who you are and what you are today.

Every year on second Sunday of May, we celebrate the Mother's Day with all pomp. This day is meant to recognise the contribution of mother. It is a day to pay respect to our mother and treat her with great respect filling her hearts and minds with lots of fond memories.

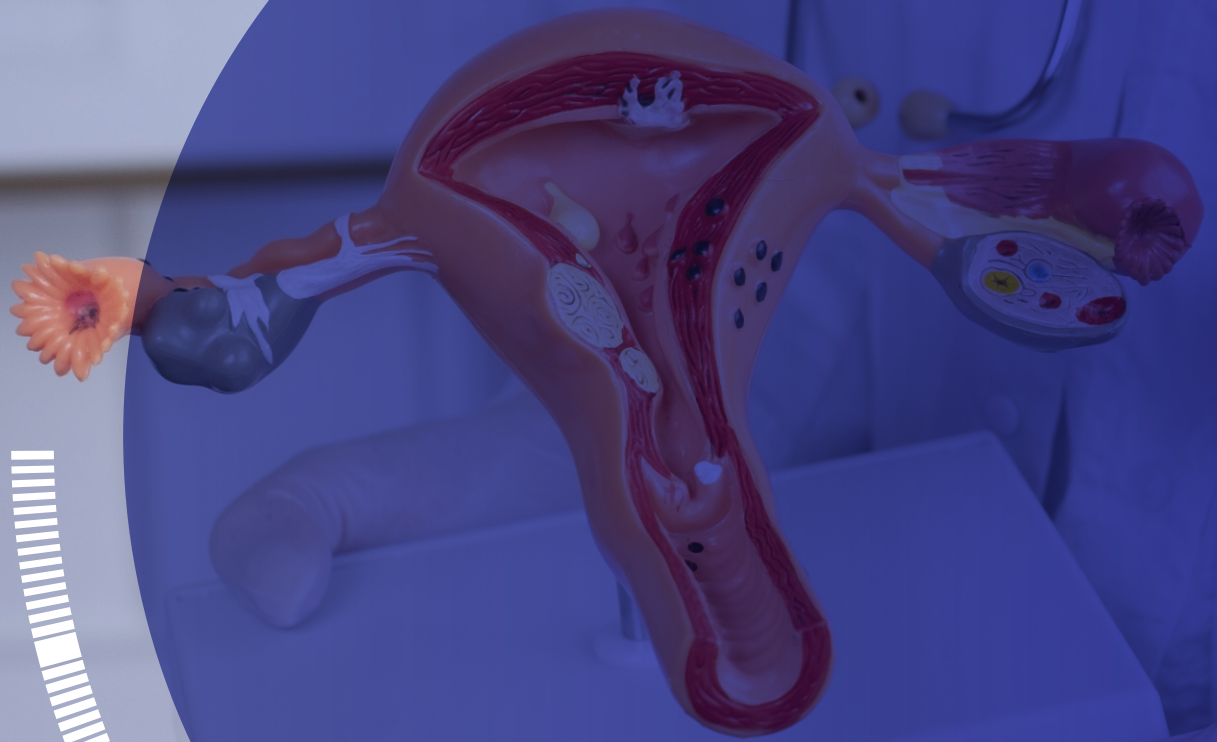
As I have added two well-known quotes in the beginning, we all look towards our mother at times when we are in distress. She is our fortress of hope and we all need to respect our mother.

As we celebrate Mother's Day, let's vow to keep her happy all her life. Always remember that she bore the pain for you, sacrificed happy moments to keep you happy, overlooked her own health to keep you healthy, kept her awake to give you comfortable sleeps, and the list goes on.

How can we pay the due respect for her fathomless pain and struggles? What can we pay in return for her care and love? No matter, you can never equal anything for her pains. All she wants is our LOVE and that will make her SMILE!

Let's wish her Happy
Mother's Day with LOVE!





Scope of superspecialisation in **OBG**

It was not until very recently that formal higher training programmes started for obstetricians and gynecologists (Ob-Gyn). And over the last decade, such programmes - Master of Chirurgiae (MCh) and Doctorate of National Board (DrNB) have become some of the most coveted qualifications for OB-GYNs. The notion that OB-GYN residency in itself is a complete training is not acceptable to most new generation specialists and is out of sync with the global scenario where subspecialties like gynecologic oncology and reproductive medicine have been long established. It is becoming increasingly clear that expertise in gynecologic oncology or reproductive medicine requires credentialed advanced training in addition to specialty training in obstetrics and gynecology. It is also felt by a significant fraction that the subspecialties open up more avenues, particularly those leading to clinical or translational research than the practice of general obstetrics and gynecology.

Gynecologic Oncology

Several government and non-government hospitals across the country, and the National Board of Examinations in Medical Sciences (NBEMS) offer three-year post-residency MCh or Dr NB in gynecologic oncology, which are advanced training programmes aimed at providing effective education and skills to the trainees in the comprehensive management of women with cancer of the reproductive organs. These include cancers of the ovary, fallopian tube, uterus, cervix, vagina, and vulva, as well as gestational trophoblastic disease. Upon completion of training, a gynecologic oncologist is expected to

be an important member of a multidisciplinary team managing gynecologic cancers as well as a cancer researcher. Gynecologic cancer surgery has been dominated in the past by OB-GYNs and surgical oncologists, but it is expected that like most developed countries this service will transition to the more exclusively and comprehensively trained gynecologic oncologists. Currently, India has only a few super-specialty trained gynecologic oncologists, insufficient in number to care for the needs of the huge number of women living with gynecologic cancers.



Reproductive Medicine and Surgery

Specializing in reproductive medicine or fertility is hardly new for OB-GYNs. There have been fellowships (FNB) offered by the NBEMS and other non-recognized training programmes in this subspecialty for quite some time. The introduction of formal, structured 3-year advanced training in

reproductive medicine and surgery (MCh or DrNB), however, is a recent development. The aim of these programmes is to train the specialists in the prevention, diagnosis and management of reproductive problems. This subspecialty is based on the knowledge of reproductive anatomy,

physiology, and endocrinology and incorporates relevant aspects of molecular biology, biochemistry, pathology, imaging techniques, and laboratory methods. Clinical skills covered in such training include counselling, medical management, and surgical intervention for reproductive disorders, as well as assisted reproductive techniques (ART). It also addresses issues of sexual health, puberty, and menopause among various others. The scope of clinical practice and research in reproductive medicine and surgery is immense, with subfertility becoming increasingly common in the modern era.

gynaecologic oncology, reproductive medicine and surgery, and general obstetrics and gynecology in the past. However, the last edition of the examination featured a hundred MCQs from general obstetrics and gynecology covering various topics, including oncology and fertility. The total marks allotted are 600, and there is negative marking for each incorrect response. The cutoff score for NEET SS 2022 was 357 (at the 50th percentile).



Selection through the Examination

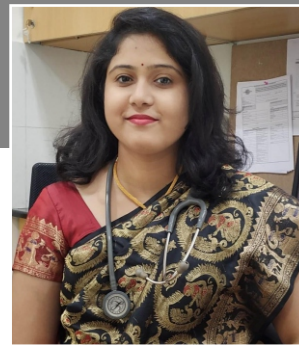
NEETSS for OB-GYN is one of the most competitive among specialties, as there are only a few positions [in 2022] for thousands of applicants each year. The gap between ranks can be very narrow, and even a single question can become make-or-break for aspirants, such is the level of competition. The all-India rank is generally a common one, providing successful candidates a chance to explore options in both gynecologic oncology, and reproductive medicine and surgery. The choice between these subspecialties is generally a personal preference for individual candidates, as these in-demand subspecialties are very different from each other. Like most other training programmes, the quality of academic and clinical training can vary between institutions.

Format of the Examination

The format and syllabus of the examination have changed a few times in the recent past. This is a fully objective multiple choice question (MCQ) examination that has included modules on



How Can We Help



Dr. Upasana Palo

MBBS, MS, DNB, MRCOG

StudyNEET SS Course
Director and MRCOG Mentor

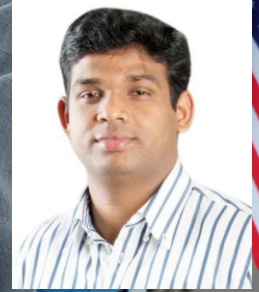
Past NEET SS Top ranker
in Gyn Onc and Repro Med

The ethos of our institution for NEET SS has been - super-speciality guidance for super-specialty entrance. Our specialization and experience are evidenced in studyMRCOG, which has been one of the largest and most successful MRCOG preparatory programmes and also in the success stories in the recent NEET SS examinations. At StudyNEET SS, we have developed a robust course covering the entire curriculum that is effectively designed to give our students a competitive edge. Separate domains of obstetrics and gynecology are covered by mentors with domain-specific expertise. The course includes interactive live

lectures, daily activity tasks, regular feedback and Q & A sessions, wisdom shots covering areas of interest, intensive hours for discussion with mentors, recall-based exam tested question sessions, and meticulously compiled mock examinations. Registration for the course also includes access to our digital library, where one can find useful resources, textbooks, guidelines, and past papers. StudyNEET SS also has a substantial online presence and instant messaging support on popular social platforms. Our course is specifically designed to offer effective guidance on your pathway to superspecialty.

GMC

REGISTRATION & Role of OET



Mr Jomy George
Asst Course Director
StudyOET

All doctors who wish to practice in the UK must register with the GMC in order to demonstrate that they are up to UK standards. The application, the tests, and the ID verification and registration are the three primary steps in the GMC registration procedure.

Application Procedure

- ❖ You must complete an online form and submit it together with your resume or history of your employment and education.
- ❖ In three days, you will receive an email containing a question concerning a medical problem that the GMC would like to address.
- ❖ You need to send to the GMC your documentation.
- ❖ The GMC will scan your documents as soon as they receive them.
- ❖ Within three months of the communication, if no more guidance is required, they will give you an invitation for an ID check.

Exams

After beginning your application, you must present the GMC with proof of your proficiency in using English in accordance with its standards. There are currently two options: IELTS and OET.

You may need to move on to the PLAB tests after passing the IELTS or OET.

The PLAB exam is a test of your practical medical skills and knowledge to see if you meet UK medical standards.

- ❖ You can use our specialised courses and publications, or you can prepare independently for the tests [IELTS or OET, PLAB].
- ❖ Once you are comfortable with the material you have learned, you must schedule and ace the test.

ID Check and Registration

After passing your examinations, you will have an ID check meeting where you will learn if you have been given registration.

The GMC's website, where you may discover information and monitor the status of your application, is the best place to get in touch with them.

Fees

There are fees to be aware of while registering with the GMC. These include:

- ❖ Standard fees to join the medical register.
- ❖ Application for full registration with a license to practice for doctors not eligible for the discounted fees: 406
- ❖ Application for full registration with a license to practice for a temporary period for a visiting eminent specialist: 406
- ❖ Scrutiny fee if your application to join the register is refused, closed or withdrawn: 94

How to pay

When you are applying online to the GMC you can pay online through their website using a bank card.

Call the GMC

Speak to a GMC advisor on 01619236602, +44 1619236602 (From outside the UK) Monday to Friday, 9 am to 5 pm.

Email the GMC

You can email gmc@gmc-uk.org for registration, fitness to practice and all other enquiries.

Prepare well

Here at StudyMEDIC, we provide training, and courses to help you prepare for all GMC exams.



OET

Healthcare professionals who wish to work or study in an English-speaking setting can take the Occupational English Tester or OET, a test of language proficiency. It evaluates candidates' proficiency in the four language skills of listening, reading, writing, and speaking in order to determine the language skills required for efficient communication in the healthcare sector.

Healthcare boards, councils, and organizations from all over the world, including the UK, Australia, New Zealand, Ireland, and Dubai, respect and trust the OET. The assessment is available in over 40 countries and is taken by thousands of healthcare professionals every year.

Overview

The OET is a paper-based/computer-based test that takes approximately three hours and thirty minutes to complete. The test consists of four sub-tests:

- Listening
- Reading
- Writing
- Speaking

Each of these mini-tests is made to simulate actual workplace situations that healthcare workers can run into. For instance, the reading and listening portions of the assessment contain content unique to the healthcare industry, like patient consultations, medical reports, and academic exams. The writing sub-test requires candidates to produce a letter related to a healthcare scenario, while the speaking sub-test involves a face-to-face conversation with a healthcare professional.



Preparation Tips for the OET

Preparation for the OET can take several forms, depending on the individual's needs and preferences. Some candidates may choose to prepare on their own using study materials, while others may opt for a course or tutor.

A few tips to help you prepare for the OET are:

- ❖ **Familiarize Yourself with the Test Format And Content:** Understand the structure of the test, the types of questions that will be asked, and the language abilities that will be evaluated.
- ❖ **Expand Your Vocabulary:** Since healthcare workers utilize a variety of specialized language, it's critical to do so.
- ❖ **Practise Your Language Skills:** The more you speak, read, write, and listen in English, the more at ease you will feel using these abilities.
- ❖ **Get Feedback:** Try to ask a tutor or a study buddy for feedback on how you did. You can use this to pinpoint your advantages and disadvantages and focus on areas that require improvement.

StudyMEDIC - StudyOET

StudyMEDIC's StudyOET, platform for OET preparation, is for healthcare professionals providing training in person or online through virtual reality and artificial intelligence.

Vision

Our vision is to be the leading OET training center in the region, providing healthcare professionals with the language skills necessary to succeed in their careers. In order to develop brilliance and encourage lifelong learning, we want to establish a supportive and exciting learning environment.

We ensure that each participant receives individualized attention and assistance through the creation of our training programmes, which are tailored to fit their unique needs. We work hard to be at the forefront of innovation in language instruction, utilising cutting-edge tools and strategies to improve the student experience.

In order for healthcare professionals to effectively communicate in English and have a good impact on their workplaces and communities, we want to provide them with the confidence and skills to do so.

Mission

This year, we will train over 1000 medical professionals who are either taking the OET or practising medical English, innovate the delivery of one new course each month, and attract over 100 healthcare organisations by the end of this calendar year.

Development of a client-friendly VR-AI medical English teaching product is one of our short-term goals. We have a defined strategy for the organization's growth and are entirely focused on achieving our goal of becoming recognised as a diligent and effective training facility that offers services to various healthcare organisations across the world.

We meet the existing and evolving need for high quality in-person or remote learning for healthcare workers using a combination of "in-person" training and cutting-edge VR enabled instructional mediums.

Dr. T P Sreekrishnan**Mastering The Way of Saving Lives at Emergency Situations!**

Emergency Medicine Consultant, Amrita Institute of Medical Sciences & Research Centre, Cochin.

Assistant Course Director, StudyMRCEM.

A distinguished mentor and medical professional with remarkable achievements to his credit, Dr TP Sreekrishnan is one of the pioneers from Kerala to attend and try for the Royal College Membership in Emergency Medicine (MRCEM). He first attempted MRCEM at a time when there was no one to guide and support him how to move forward. Thus, he had to face lots of issues. These struggles motivated him to be at the service of people who want to walk and take MRCEM.

Today, with experience spanning over 15 years, he is one of the most revered mentors and has been

at the forefront of helping and supporting those medical aspirants who wish to walk the path of perfection with MRCEM. He remains keen on imparting his experience and knowledge amidst his busy schedule as a consultant in the Department of Emergency Medicine at Amrita Hospital, Cochin, Kerala.

Here, Dr. Sreekrishnan expresses his invaluable insights and experiences and shares about how internationally renowned memberships like MRCEM taught him to effectively and efficiently deal with emergency situations.



How did you start your career in Emergency Medicine? Can you describe in brief?

I was fortunate to start my medical journey in the inaugural batch of Amrita Medical College in 2002. Following my MBBS degree in 2008, I was pretty sure about choosing emergency medicine as my career option. So, I joined a three-year emergency medicine training program at the Amrita Institute itself. Currently, with 15 years of experience, I am working as a consultant in the Department of Emergency Medicine at Amrita Hospital.

I have undertaken various programs in critical care fellowship and toxicology. One of the significant achievements in my career was successfully completing the MRCEM exams.

How was your journey of becoming a Member of the Royal College of Emergency Medicine?

In fact, it was a long journey for me. When I was preparing for the MRCEM exam, the pattern of the exam was totally different. There was no proper guidance from anywhere for us. So, initially for a couple of years, I tried for the MRCEM Primary. There were no study resources either.

Right now, we have a lot of resources for anyone aspiring to prepare for MRCEM. At that time, nothing was available. So, I thought I would drop and not do it again. Most of the time, I lost the exam for fractions of a mark. Tired of attempting it over and over with no positive results, I was tired and

decided to quit it forever. Thus, I continued my practise in emergency medicine.

Later in 2016, I reattempted MRCEM, and this time I had good support from my colleagues, my HOD and from my family, and especially from my wife, Dr Rajalakshmi who constantly motivated me to do it again. I could succeed in all of the exams, including primary, intermediate, and OSCE in a single stretch.

Can you talk about the challenges you have faced in your career as an emergency medicine consultant?

The biggest challenge I faced in the initial days was the lack of knowledge about this particular field. Nobody knows what emergency medicine is. In those days, emergency rooms were deemed casualties. Even people with headaches and fever directly come to emergency medicine rooms. So the biggest difficulty was educating the public about the specialized nature of emergency medicine.

The recognition and importance of emergency medicine have increased over time, and the National Medical Commission (NMC) now mandates the presence of emergency medicine departments in all medical colleges across India.

As an emergency medicine consultant, in situations like accidents or disasters, we are required to act swiftly and provide the best possible care for patients. Even during strikes, we must continue working in the emergency department. However, one of the challenges we face is that all patients who should be directed to the outpatient department (OPD) often come to the emergency department. Our priority is always saving lives.



How MRCEM examination differs from other emergency medicine exams and what are the advantages?

The MRCEM exam stands out among various training programs in emergency medicine due to its structured curriculum. The exam patterns strictly adhere to the curriculum outlined by the Royal College of Emergency Medicine (RCEM) guidelines. The problem with most of the other programs is that they deviate from the curriculum pattern.

In the case of Royal College exams, particularly the MRCEM Primary exam, the college has a fixed number of questions that need to be asked from each module, like anatomy, physiology, etc. The college is very clear about maintaining the exam pattern in a structured way. The blueprint of the curriculum will help you understand that in a better way.

The European & US Systems of Emergency Medicine? How are they different?

In emergency medicine, there are European and US systems. Though both the European system and UK system concentrate more on patient care with an evidence-based approach, there are a lot of

differences between the two systems.

MS, MD, DNB vs MRCEM

In India, we don't find such a systematic approach. For instance, if you look at how various medical PG programs like MD, MS or DNB are conducted in the country, you will understand that they are dependent on the institution. The program changes from institute to institute.

The major advantage of MRCEM is that everything is based on the curriculum and is structured. If you want to have a well-structured learning this MRCEM is the perfect option for you.

How MRCEM can help you get register with GMC or move to the UK as a medical practitioner?

Anyone who clears and completes the MRCEM is eligible for GMC registration, provided he or she must also have cleared a language proficiency test like either OET or IELTS. Once you get a GMC registration, you will be eligible to practise as a doctor in the UK. This is one of the easiest pathways for a candidate who wants to pursue a career in emergency medicine in the UK.



MRCEM, which is often termed as a global pathway for academic training in the UK, anyone who completed his or her medical graduation from outside the UK to take this membership exam. For those medical graduates trained in the UK, need not attempt the MRCEM but will get the fellowship (FRCEM). Basically, this MRCEM degree is meant for people who are not practicing in the UK.

What are the preparation tips and resources you recommend to the MRCEM Primary aspirants?

As with any exam, preparing a timetable is the first tip. For the MRCEM Primary exam, make a clear-cut timetable based on the curriculum. It will help you divide the amount of time based on the weight of the subjects. The final six months or the last three months of preparation and how effectively you utilise the time during this period are very crucial and deciding factors for your exam results.

When I was preparing, I also had a clear plan on how to cover the entire syllabus as per the curriculum. My set target in the initial days was 50 questions a day, and I spent most of the time reading explanations. Drawing close to the exam, I increased the number of questions and covered 100 to 200 questions per day in the final phase of the exam preparation. This kind of strategy will help you intensify your preparation.

On average, a candidate should try to complete a minimum of 3000 questions. One needs to prepare, discuss, and practice questions well enough to face the exam confidently. If possible, go through these 3000 questions twice, and it will be good enough.

I referred to some online resources and standard textbooks that were available during that time. They also helped me to some extent.

How to prepare for MRCEM Intermediate & OSCE?

Unlike primary, your experience in emergency medicine will play a crucial role in your exam preparation for MRCEM Intermediate. It is tough to clear Intermediate without experience. If you ask

me which is the most difficult exam among the three to clear, I will say it is intermediate.

To clear the OSCE, the candidate should practise each station as many times as possible. The candidate also needs to have solid clinical knowledge. You need to work in a hospital where you can practice all clinical skills so as to clear OSCE easily.

What are some common mistakes that MRCEM aspirants make while preparing for the exam? How can they avoid them?

There are lots of online resources and people who claim to guide you. One needs to be cautious and choose them wisely. That is the first advice I have.

Secondly, take adequate time for your exam preparation. As many of the students are working and simultaneously preparing for this exam, they are tempted to cram things in the last minute. I strongly oppose this. When you are working, one needs to start the preparation at least six months before the exam for success.

You need to invest a lot of time in preparation, and having a structured approach from the beginning is essential. Choosing reliable online resources and partnering with the right coaching provider is also critical. Practical experience with OSCE stations is also vital to gain confidence and proficiency.

How do the MRCEM OSCE Live Circuit Courses help in Exam Preparation?

Live circuit courses, following the real OSCE pattern as per the RCEM guidelines, can play a pivotal role in helping students familiarise themselves with the exam format. Many students lack an understanding of how the exams are conducted, how to effectively and efficiently deal with a full OSCE circuit consisting of 16 stations of eight minutes each.

Participating in the OSCE live mock exams will provide a realistic exam feel, enhance time management skills, and expose candidates to various question types and scenarios. Apart from academic knowledge, it helps the aspirants have

a real-like exam feel. The circuit courses also contain dedicated workshops like communication skills and so on, which remain an extra advantage of such courses.

What is the scope for emergency medicine in India?

In India, emergency medicine offers abundant opportunities. Right now, NMC has made it mandatory to have an emergency medicine department in all medical colleges. This has increased the scope and demand for professionals in the field. At the moment, due to shortage of professionals, students who just passed out are getting placed as in-charge / head of the department.

Is there any challenge that you faced in your career as an emergency medicine specialist?

Every day, in fact, every moment, is a challenge for us. Apart from patient care, emergency medicine deals with lots of administrative aspects too. We don't have any idea what type of patient we are getting. Lots of risk is involved in patient care and it's a huge challenge. We also have to deal with medical legal issues.

Simply, every patient is a challenge in emergency medicine, but you will get used to it. It will keep you on your toes so that your energy level will not come down. So that you will not get bored with your specialty.

Any advice for the younger generation or the young MBBS graduates who want to take emergency medicine as a specialty?

See, when you decide on emergency medicine as your specialty, you should be very clear about what emergency medicine is. Definitely, it's a challenging specialty. One suggestion I like to give is that while you are preparing for NEET PG exam preparation, you can easily go through the MRCEM exams.

If you're doing this preparation, simultaneously preparing for NEET PG, after the end of two years, you will have at least an MRCEM degree with you,



which can earn you a better job even if you're not qualifying for NEET. That is one additional advantage.

You can get attached to a hospital to get the required experience. Some hospitals even offer part time jobs to doctors, who may have to work three to four hours a day. Simultaneously, you can apply for these MRCEM exams.

Unlike other branches of medicine, an emergency medicine specialist cannot expect to run consulting practice at home. You can never expect the patient to come back and say thanks to you. And sometimes it is very difficult. But it is always quite a satisfying job for any passionate clinician!



Learn The Art of Vaginal Surgery; Think Beyond Vaginal Hysterectomies

There is no abdominal incision in Vaginal Surgery procedures, eliminating the risk of wound infections, hernias, pain, and unsightly scars.

In the context of surgery, experts can be defined as "experienced surgeons with consistently better outcomes," demonstrating superior performance in multiple skills compared to non-experts.

Minimally invasive surgery (MIS) continues to play an important role in gynaecology as an alternative to traditional open surgery and laparoscopic techniques. The field of surgery continues to see advancements and innovations to provide better outcomes for patients - from large scars on the abdomen to minimal holes, and now we are in the

era of hole-less surgery through natural openings with minimal instrumentation.

Minimally invasive vaginal surgeries, from simple episiotomies to giant fibroids, any pelvic pathology can be treated and operated on this way, which is state-of-the art, with the right case selection.

Vaginal surgeries lead to advancements in gynaecology and curiosity to perform the new techniques with newer technologies that perform the procedure effortlessly.

Apart from benign indications for hysterectomy like fibroids, abnormal uterine bleeding, pelvic pain, cervical dysplasia, and uterine prolapse, other surgeries, from basic McDonald cerclage to high cervical cerclage and beyond, such as permanent sterilisation, ectopic pregnancy, scar repair for ectopic pregnancy, adnexal removal, sacrospinous fixation, high uterosacral ligament suspension, forgotten skills of electrosurgical snare removal, and more.

The recovery time for a vaginal procedure is shorter and less painful. There is no abdominal incision, eliminating the risk of wound infections, hernias, pain, and unsightly scars. The surgeon has more comfortable ergonomics than traditional laparoscopy, and blood loss is minimal.

Cost-Effective, Less Hospitalisation

Because vaginal procedures have a minimal learning curve compared with laparoscopic or robotic procedures, they should be preferred whenever possible because of their well-documented benefits and lower complication rates.

But the question arises: how many of us think of a

vaginal approach when we see pelvic pathology. Are we confident enough to perform vaginal surgery or make decisions when it comes to other pathologies, aside from traditional pelvic organ prolapse surgery?

This should be included in the training programme of obstetricians and gynaecologists to gain expertise in vaginal surgeries with a minimum of instrumentation rather than the expensive laparoscopic surgeries with their longstanding intraoperative and postoperative complications.

In this glamorous world of laparoscopy, we definitely we should have a complete knowledge of it but the focus should be on the art and beauty of vaginal surgeries that require a simple setup with minimal instrumentation and a good power device compared to expensive instruments.

The brain adapts to what we see and observe, so we are here with many video demonstrations of a variety of vaginal surgeries. Join our community of StudyVaginalSurgery for daily updates with daily activities, case discussions, journal updates on recent advances, and recordings of surgical video clips to make vaginal surgery easy.



Dr. Richa Patel

Asst Course Director
StudyVaginalSurgery



Delivering Medical Education Beyond Boundaries



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