

No.MCI-5(3)/2006-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on Saturday, the 2nd December, 2006 at 12.00 Noon in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 075 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr..P.C. Kesavankutty Nayar

]President (Acting)
]Former Dean,
]Govt. Medical College,
]Trivandrum

Prof. P.N.Tandon

]Former Prof. & Head of Neuro-
]Surgery, A.I.I.M.S, New Delhi and
]Member, Adhoc Committee
]appointed by the Hon'ble Supreme Court

Prof. N. Rangabhashyam

]Emeritus & University Professor of
]Surgery, Dr. M.G.R. Medical University,
]Chennai and Member, Adhoc Committee
]appointed by the Hon'ble Supreme Court

Dr. K.P. Mathur

]Former Medical Superintendent,
]Ram Manohar Lohia Hospital,
]77, Chitra Vihar,
]Delhi-110092

Dr. D.K. Sharma

]Former Professor & Head,
]Department of Paediatrics,
]L.L.R.M. Medical College,
]Meerut

Dr. G.K. Thakur

]Professor & Head,
]Department of Radiodiagnosis,
]S.K.Medical College, Muzaffarpur

Dr. Mukesh Kr. Sharma

]Dep'tt. of General Surgery,
]S.M.S. Medical College,
]Jaipur

Dr. G.B. Gupta

]Prof. of Medicine,
]Pt.JNM Medical College,
]Raipur

Special Invitee

Dr. Ved Prakash Mishra

]Chairman,
]Postgraduate Medical Education
]Committee, Medical Council of India, and
]Vice-Chancellor,
]Datta Meghe Institute of Medical Sciences,
](Deemed University), Sawangi (Meghe),
]Distt. Wardha (Maharashtra)

Lt.Col. (Retd.) Dr. A.R.N. Setalvad

- Secretary

The apology for absence was received from Dr. (Mrs.) S. Kantha, member of the Adhoc Committee and Dr. B.C. Das & Dr. P.K. Sur, members of the Executive Committee.

1. Minutes of the Executive Committee Meetings held on 07/09/2006, 15/09/2006 and 22/09/2006 - Confirmation of.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the meetings of the Executive Committee held on 07.09.2006, 15.09.2006 and 22.09.2006 with the following modification in item no.4 in the minutes of the meeting dated 22.9.2006:-

Item No. 4: Consideration for grant of Permanent Registration to Mr. Oliver Sunil Sequeria u/s 13(3) of the IMC Act,1956 – Regarding.

The last paragraph of the minutes is recorded as under:-

“In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the above decision of the Registration & Equivalence Committee.”

The above paragraph may be read corrected as under:-

“In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to grant permanent registration to Mr. Oliver Sunil Sequeria u/s 13(3) of the IMC Act,1956.”

2. Minutes of the last meetings of the Executive Committee – Action taken thereon.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the Executive Committee meetings held on 07/09/2006, 15/09/2006 and 22/09/2006.

3. Pending items arising out of the decisions taken by the Executive Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the list of pending items arising out of the decisions taken by the Executive Committee.

4. Recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok.

Read : The Compliance verification inspection report(5th & 6th Sept., 2006) for recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok togetherwith the Central Govt. letter dated 11.10.2006 and this office letter dated 30.10.2006

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report of the inspection carried out by the Council Inspectors on 5th & 6th Sept.,2006, letter of the Central Govt. dated 11.10.2006, memorandum of understanding between the institute and the Govt. of Sikkim dated 06.09.2006 and reply sent by the Council office to the Govt. of India dated 30.10.2006 and observed as under:-

1. The MCI has laid down only the **minimum** norms for infrastructural teaching and other facilities for proper teaching and training of the medical students. It is imperative that each medical college/institution must fulfil and provide the norms for infrastructural teaching and other facilities and which are the minimum required for that purpose. The MCI is thus obliged to ensure that it is only such medical colleges/institutions who are able to provide these prescribed minimum infrastructural, teaching and other facilities

that they get permitted and recognized under the provisions of the Act for imparting medical education.

2. First Batch of 100 MBBS students was admitted at Sikkim Manipal Institute of Medical Sciences, in the year 2001-2002 after obtaining the permission of the Central Govt. vide letter dt. 31st August 2001 under Section 10A of the IMC Act, 1956.
3. Thereafter, the Council had carried out the inspection for the first renewal of permission for the academic year 2002-03 on 30th/31st July, 2002. Upon recommendations of the Council, renewal of permission was granted by the Central Government for the 2nd batch for the year 2002-03 on 21.11.2002.
4. Inspection for renewal of permission for admission of 3rd batch was conducted by the Council on 7 & 8th April, 2003. On account of gross deficiencies of staff, teaching faculty, clinical material and other infrastructure deficiencies, the Executive Committee at its meeting held on 19th April, 2003, could not recommend to the Central Government for renewal of permission. The recommendation of the Executive Committee of the Council which was forwarded to the Ministry of health is set-out as under for your kind reference : -

“The Executive Committee considered the Council Inspectors report (7th & 8th April, 2003) and noted the following:

1. *25% seats were filled up by the management under NRI/foreign quota for the academic session 2002-03 as against the 15% NRI/foreign quota as per the Hon'ble Supreme Court judgement in Unnikrishnan case.*

2. *Shortage of teaching staff:*

{a} The shortage of faculty staff is 11.49 % excluding the shortage of M.O. cum Lecturer at RHTC/UHC and 13.14 % including the shortage of M.O. cum Lecturer at RHTC / UHC as under:
{1} Professor: 1 {Radiodiagnosis: 1}

{2} Associate Professor: 3 {Anatomy: 1, Microbiology: 1, Radio diagnosis: 1}

{3} Assistant Professor: 4 / 6 { Orthopaedics: 2, Antenatal Medical Officer: 1, Maternal & Child Welfare Officer: 1, M.O. cum Lecturer at R.H.T.C.: 1, M.O. cum Lecturer at U.H.C.: 1}

{b} The shortage of Tutor / Resident is 2.85 % as under:

{1} Tutor / Registrar / Sr. Resident: 3 {Pathology: 1, L.M.O. at R.H.T.C.: 1, L.M.O. at U.H.C.: 1}.

Professor – 2, Associate Profesor – 13, Assistant Professor-11 joined the college from Kasturba Medical College, Manipal within last 3 months.

25 Tutors/Senior Residents and all the Junior Residents joined on 03.04.2003 i.e. just four days before the inspection.

3. *No progress has been made in terms of availability of clinical material in the hospital since the last inspection carried out. Many patients were admitted on the day of inspection for irrelevant reasons or for those treatments/procedures which can be done on outdoor basis.*
4. *Ward censuses are not maintained by the Staff nurses. Many patients are not provided hospital dresses & uniforms. Some patients were found loitering in the wards or laying on beds with their clothes and shoes on. Each patient needs to be provided with hospital uniform. Hospital discipline needs to be strengthened.*
5. *Number of deliveries in the hospital are less.*
6. *Workload in Radiology department is inadequate.*
7. *Dialysis unit is not available.*
8. *Casualty area needs reorganization and expansion so as to have 20 beds dedicated to casualty / emergency. Duty rosters should be properly exhibited.*
9. *The workload is grossly inadequate in the central clinical laboratory. It needs to be strengthened with auto analyzer and automatic cell counters.*
10. *Medical & Surgical ICU need to be segregated & Paediatric ICU needs to be developed with expansion of beds and proper monitoring & resuscitation equipment.*
11. *Medical records section needs to be reorganized with storing of data as per ICD X classification and maintenance of Bin cards.*
12. *Accommodation provided for residents and nurses is inadequate. It should be provided as per MCI norms.*

13. *Incinerator is not available.*
14. *More training courses on educational methodology & technology need to be organised by the medical education cell on regular basis.*
15. *Veterinary officer is required to be appointed as per MCI norms.*
16. *The central library area is smaller than the prescribed norms. The staff should be appointed as per the Council norms.*
17. *Facilities at R.H.T.C. / U.H.C. need to be developed. Staff prescribed as per norms needs to be appointed at R.H.T.C. / U.H.C. The control of these centers need to be with the College. U.H.C. needs to be established in Gangtok area.*
18. *Other observations/deficiencies pointed out in the inspection report.*
In view of above, the Executive Committee decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students during 2003-04 at Sikkim Manipal Instt. of Medical Sciences, Gangtok.

The Committee further decided to obtain merit-wise list of students admitted in excess against NRI/Foreign quota to initiate action u/s 10B of the I.M.C. Act, 1956."

5. However, contrary to the recommendations of the Council, the Central Government vide letter dated 5.9.2003 granted the renewal of permission for admission of 3rd batch. Thereafter, another inspection was carried out on 15th September, 2003 to verify the compliance submitted by the institute. This inspection report was considered by the Executive Committee at its meeting held on 19th September, 2003 wherein because of the persistence of the deficiencies, it could not recommend to the Central Government to recall the Letter of Permission issued by it on 5.9.2003. The recommendations of the Executive Committee of the Council in its meeting held on 19.09.2003 is also set out as under for your kind reference :-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report(15th Sept.,2003) and noted the following:-

1. *Shortage of staff is as follows:*

- (a) *Faculty: 35 out of 79 i.e. 44%.*

*Professors-4 (Biochemistry-1, Pathology-1, Pediatrics-1, Orthopedic-1)
 Assoc.Professors-17 (Anatomy-2, Physiology-1, Pathology-2, Micro-1, Forensic Med.-1,
 Medicine-3, Paediatric-1, Surgery-1, Ortho.-1, OBG-1, Ane-2, Radio.-1)
 Asstt. Professors-14: (Anatomy-1, Pathology-1, Community Medicine-2, Paed. -1, TB &
 Chest-1, Skin & VD-1, Surgery-2, Ane-2, Radio-2, Dental-1)*

- (b) *Jr. Faculty: 63 out of 75 i.e. 89%.*

*Tutor/Sr.Residents: 26
 Jr. Residents-37*

- (c) *About 33 teaching staff members have left the institute in last 3 months and about 40 teaching staff members were on the leave on the day of inspection as certified by the Dean without submitting original leave report. The institute has also shown about 54 medical officers from STNM Medical Hospital who are actually the staff of Govt. of Sikkim.*
- (d) *There is a severe shortage of teaching staff compared to the deficiency of last time. Even in this teaching staff doctors from STNM hospitals are included which was not a teaching hospital. These designated teachers of STNM are government employees are not under control of Dean. None of them can head the unit which is constructed at STNM hospital. Senior unit head from CRH cannot come at STNM and head the unit. Loking to this disparity there is likely to be more deficiency then what is shown above.*
2. *The position of deficiencies of non-teaching staff continues as it is in the departments of Anatomy, Microbiology, Pharmacology and Community Medicine.*
3. *In the central library appointment of required staff pointed out in the last report is not done. The staff is less than as required as per norms.*
4. *The position of the deficiency for the hostel of resident doctors remains the same what is pointed out in the last inspection report.*

5. *Residential Quarters: The situation remains the same. No new residential quarters are constructed. Audiometry Technician/Speech Therapist – still one person is working. They should have been appointed separately.*
6. *Ward side laboratories: Still individual ward is not provided with such laboratories.*
7. *Still one person is only working as audiometry technician and speech therapist. They should have been appointed separately. Deficiency still continued.*
8. *Workload in Radiology department is still inadequate.*
9. *Clinical material is still grossly inadequate as under:*

Daily Average

	<i>CRH</i>	<i>STNM</i>
<i>OPD attendance</i>	<i>95</i>	<i>205</i>
<i>Bed occupancy</i>	<i>27.5%</i>	<i>100%</i>
<i>Casualty attendance</i>	<i>7.0</i>	<i>50</i>
<i>Major Surgeries</i>	<i>1</i>	<i>4-5</i>
<i>Minor Surgeries</i>	<i>12</i>	
<i>Normal deliveries</i>	<i>1/week</i>	<i>4</i>
<i>Caesarian Section</i>	<i>3/week</i>	<i>2</i>
<i>Biochemical Inves:</i>	<i>76</i>	<i>NA</i>
<i>Pathology Inves.:</i>	<i>104</i>	<i>NA</i>
<i>Histopathology invest.</i>	<i>1</i>	<i>NA</i>
<i>Cytopathology invest.</i>	<i>0-1</i>	<i>NA</i>
<i>Microbiology invest.</i>	<i>12</i>	<i>NA</i>
<i>Parasitology invest.</i>	<i>4</i>	<i>NA</i>
<i>Routine X-rays</i>	<i>10</i>	<i>NA</i>
<i>U.S.G.</i>	<i>10</i>	<i>14-15</i>
<i>C.T. Scan</i>	<i>1-2</i>	<i>3-4</i>

Precise arrangements & modus operandi to utilize facilities at STNM hospital are not yet complete. The staff of the medical college is not yet functional in the hospital. The students are not posted there.

10. *The number of deliveries is grossly inadequate. The deficiency continues.*
11. *The position regarding PHCs in Urban & Rural areas remains the same. They are not under the control of the Dean and no posting of the students is done. No staff is earmarked.*
12. *The overall strength of the nursing staff is still grossly inadequate as only total 80 nurses are available against 159 required.*
13. *The construction of various buildings in a time frame manner is not being done and is running behind the schedule as per the Council requirements.*
14. *Other observations/deficiencies pointed out in the inspection report.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused the copy of the communication dated 27.08.2003 sent by the MCI to all concerned including the Central Govt. In that letter, the following relevant portion of the Constitution Bench judgement of the Hon'ble Supreme Court in Islamic Academy of Education dated 14.08.2003 is reproduced as under:-

"..... So far as the year 2003-04 is concerned, time is running out as the outer time limit for admission is fast approaching or has gone. To meet the urgent situation without going into the issues involved in the various petitions/applications, we direct that the seats be filled up by the institution and the State Governments in the ratio 50 : 50. However, if by any interim order, this Court has permitted any institution to fill up a higher percentage of seats and the seats have been filled up accordingly, the same shall not be disturbed. It is made clear that due to the time constraint this arrangement has been made, without deciding the contentious issue involved in various pending cases....."

It is stated that by an office order dated 14.05.2003, the Central Govt. has also approved the time schedule for completion of the admission process for medical and dental colleges which was placed before the Hon'ble Supreme Court by the Central Govt., whereafter the above-mentioned judgement of the Constitution Bench was passed on 14.08.2003. The MCI had recommended to the Central Govt. the complete time schedule for the admissions of candidates in the MBBS course wherein it has been approved that the last date for admission of all students against vacancies in the MBBS course shall be 30.09.2003.

The Committee also noted that the Central Govt. vide its letter dated 6th Sept., 2003 has issued the orders for renewal of permission for admission of 3rd batch of students for the academic session 2003-04 at Sikkim Manipal Instt. of Medical Sciences, Gangtok.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. to recall the above mentioned letter dated 5.9.2003 issued by the Govt. of India regarding renewal of permission for admission of 3rd batch of students for the academic session 2003-04 issued by it on 05.09.2003 in respect of Sikkim Manipal Instt. of Medical Sciences, Gangtok, since the preconditions imposed by it vide the conditional letter dated 5.9.2003 making it obligatory for the college authorities for compliance of all the requirements under the regulations and removal of all the deficiencies pointed out by the MCI in the last inspection report, have not been fulfilled.

It was further decided to recommend to the Central Govt. for issuance of appropriate instructions by the Central Govt. to the college authorities not to proceed with any fresh admissions in the academic session 2003-2004, since they have failed to fulfill the condition for compliance with all requirement as per MCI Regulations and norms and have failed to remove all the deficiencies pointed out in the last inspection report."

6. The Central Government vide letter dated 4.10.2003 issued a show cause notice to Sikkim Manipal Institute of Medical Sciences as to why the above said Letter of Permission should not be withdrawn. No decision taken by the Central Government in respect of this show cause notice is communicated to the Council.
7. For the academic year 2004-05, the Council carried out the inspections on 22nd /23rd April, 2004, 12th July, 2004 and 14th September, 2004. Because of the persistence of the deficiencies of the teaching faculty, clinical material and other infrastructure deficiencies, the Executive Committee in its meeting held on 21st Sept., 2004 could not recommend to the Central Government for renewal of permission. The recommendations of the Executive Committee of the Council in its meeting held on 21st Sept., 2004 is also set out as under for your kind reference:-

"The Members of the Adhoc. Committee and of the Executive Committee of the Council noted the following deficiencies pointed out in the compliance verification report dated 14th September, 04:-

1. The overall shortage of teaching faculty is 22.8% (i.e. 27 out of 119)

a) Professor : 4 (Biochemistry-1, Orthopadiatics-1, Paediatrics-1, Ophthalmology-1)

Associate Professor : 8 (Anatomy-1, Pathology-1, General Medicine-2, General Surgery-2, Radiodiagnosis-1, Dermatology-1)

Asst. Professor : 4 (Anatomy-1, Pathology-1, Lecturer Biostatistics -1, Pharma Chem.-1)

Tutor : 11 (Pathology-5, Microbiology-1, Pharmacology-2, Forensic Medicine-2, Community Medicine-1)

b) Shortage of Residents is 57.8% (i.e. 49 out of 85) as under :-

Sr. Residents : 20 (General Medicine –4, TB & Chest-1, Dermatology-1, Psychiatry-1, Paediatrics -1, General Surgery-1, Orthopaedics-2, Dermatology -1, Radiodiagnosis -3, Anaesthesia -5)

Jr. Residents : 29 (General Medicine – 7, TB & Chest-1, Dermatology-1, Psychiatry-2, Paediatrics -3, General Surgery-5, Orthopaedics-3, ENT -1, Ophthalmology -1, OBG -5)

2. *The available clinical material is grossly inadequate as under:-*

	CRH	
	Daily Average	Day of Inspection
OPD Attendance	138.07	73
Casualty Attendance	8.69	04
Bed Occupancy%	31.7%	33%
Operative work		
Number of major surgical operations	1.38	03
Number of minor surgical operations	0.8%	0
Number of normal deliveries	0.34	0
Number of caserian sections	0.34	0
Radiological investigations	10.33	15
x-ray	17.83	15
Ultra-sonography	0.4	0
C.T.Scan	1.23	1
Laboratory investigations		
Biochemistry	80.61	98
Microbiology	9.02	5
Serology	8.06	1
Parasitology	2.07	0
Haematology	67.23	25
Histopathology	1.56	2
Cytopathology	0.92	0
Others		

3. *The teaching hospital owned by the college i.e. C.R. Hospital has only 239 teaching beds against the requirement of 450 beds. The shortage of teaching beds is as under:*

Department	Required	Available	Shortage
<i>General Medicine and allied specialities</i>			
General Medicine	102	38	64
Paediatrics	60	26	34
TB & Chest	15	8	7
Skin & VD	9	5	4
Psychiatry	9	8	1
Total	195	85	110
<i>Surgery & allied specialities</i>			
General Surgery	100	67	33
Orthopaedics	60	31	29
Ophthalmology	18	9	9
ENT	18	18	-
Total	196	125	71
<i>Obst. & Gynac.</i>			
Obst. & ANC	36	29	30
Gynac.	23		
Total	59		30
Grand Total	450	239	211

4. *“The members of the Adhoc. Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council also noted the circular letter dated 4.5.2000 issued by the Govt. of India, Ministry of Health & F.W. which reads as under:-*

NO.U.12012/12/94-ME(P)
Government of India
Ministry of Health & Family Welfare
Department of Health

To

Dated 4th May, 2000

*The Health/Medical Education Secretaries
of all the State Govt./U./T. Administration*

Sub:- Establishment of a new medical college – ownership of Hospital – Regarding.

Sir,

I am directed to say that one of the qualifying criteria prescribed in the Regulations of Medical Council of India to make an applicant eligible to apply to the Central Govt. for permission to establish a new medical college is that the “applicant owns and manages a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed college.”

It has been observed that availability of clinical material in the hospital attached to the newly established medical colleges has always been problem and one can't expect large scale bed occupancy during formative years. It even becomes more difficult for upcoming rural colleges to get the clinical material.

In the interest of teaching and training of students Govt. has decided that the authorities of new medical colleges may be permitted to utilize facilities of other Govt./district hospitals for the purpose of clinical material for teaching where beds of these hospitals should be under the total administrative control of authorities of concerned college and situated within 5 kms. from the medical college. The facilities of clinical material thus utilized shall be over and above the minimum beds stipulated under regulations of MCI. It is emphasized that any applicant for starting a medical college should own and manage 300 bedded hospital.

Further, such an arrangement of training of students be permitted for a period of three years from the date of grant of permission by the Central Government for establishment of a new medical colleges and during this period the concerned medical college should take necessary steps to make the clinical material available in the own hospital.

Yours faithfully,

*(S.K. RAO)
DIRECTOR.*

Copy for information to the Secretary, Medical Council of India, Kotla Road, New Delhi.

It was further noted by the Members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the three mandatory conditions prescribed in the above letter of Govt. of India have not been adhered to by the college as under:-

- a) The clinical material utilized as per the said letter shall be over and above the minimum beds stipulated under the Regulations of the Council. As per the Regulations 1999, for the minimum requirement of 100 admissions annually for the 3rd renewal i.e. admission of 4th batch, 450 beds are required against which the institute has only 239 beds in its own teaching hospital. Thus, there is a deficiency of 211 beds for the present stage.*
- b) As per the said letter, such an arrangement of training of students can be permitted for a period of 3 years for grant of permission by the Central Government for establishment of new medical college and during this period the concerned medical college is expected to take necessary steps to make the clinical material available in the hospital. 3 batches in this college have already been admitted and therefore the institute is not eligible for the said benefit of the arrangement.*
- c) The authorities of the new medical college are permitted to utilize the facilities of the district hospital for the purpose of clinical material for teaching where beds of these hospitals should be under the total administrative control of the authorities of concerned college. The STNM hospital, which the institute has proposed to utilize the facilities for the purpose of clinical material is under the administrative and financial control of District Health Authorities of the Govt. of Sikkim and not under the Administrative and*

financial control of the Dean of the Sikkim Manipal Institute of Medical Sciences. It was also further noted that the staff of the college does not participate in any teaching activities for the STNM Govt. Hospital. It may be noted that no separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. The entire patients care in this hospital is done by the staff of STNM Hospital only. It is also noted that the STNM Hospital doctors do not contribute to the patient care management in the CR Hospital of SMIMS.

Considering all these above issues it was decided by the members of the Adhoc Committee and of the Executive Committee of the Council that the staff as well as clinical material of the STNM hospital cannot be considered for Sikkim Manipal Medical College for the present stage.

5. *16 two seater rooms and 2 four seater rooms and 1 single seater room are available on the 8th floor for the residents thus creating accommodation for 41 residents, which is inadequate against the requirement of 100. 32 two seater rooms and 5 four seater rooms are available on the 9th Floor for the nurses thus creating an accommodation for 84 staff nurses, which is inadequate.*

6. *The paramedical staff is inadequate, which is as under :-*

<i>Laboratory Technicians</i>	<i>:</i>	<i>35</i>
<i>(including Jr. Tech. & Tech. Asstt.)</i>		
<i>Laboratory Assistants</i>	<i>:</i>	<i>10</i>
<i>Laboratory Attendants</i>	<i>:</i>	<i>-</i>

7. *The UHC and the PHC are under the administrative and financial control of Sikkim Govt. as per the MoU with the Sikkim Govt. Position is status quo.*

8. *There is no speech and hearing therapist in either of the hospital.*

9. *Nursing staff is still inadequate as under:-*

<i>Nursing Superintendent</i>	<i>- 1</i>
<i>Deputy Nursing Suptd.</i>	<i>-1</i>
<i>Matron</i>	<i>-Nil</i>
<i>Asstt. Nursing Suptd.</i>	<i>-1</i>
<i>Nursing Sisters</i>	<i>-10</i>
<i>Staff Nurses</i>	<i>-97</i>

10. *Other deficiencies/remarks are in the report.*

In view of above the members of the Adhoc. Committee and of the Executive Committee of the Council decided to reiterate its earlier decision to recommend to the Central Government not to renew the permission for admission of fresh batch of MBBS students at Sikkim Manipal Instt. of Medical Sciences, Gangtok for the academic session 2004-2005."

8. However, the Central Government vide letter dated 24.9.2004 decided to renew the permission for admission of **50 students**. For the academic year 2005-06, the Executive Committee recommended for renewal of permission for intake of 50 students and upon the recommendations of the Council, the Central Government issued the renewal of permission vide its letter dated 14th July, 2005 for admission of 50 students.

9. Thereafter, an inspection for recognition of the college for the award of MBBS degree was carried out by the Council inspectors on 20th & 21st March, 2006 when the 1st batch admitted at the college had appeared in the IIIrd MBBS Part-II examination held by Sikkim Manipal University of Health, Medical and Technological Sciences. The inspection report was considered by the Executive Committee at its meeting held on 24th April, 2006. In view of the gross deficiencies of clinical material, teaching faculty and other infrastructure pointed out in the inspection report, it could not recommend to the Central Govt. for recognition of the college for the award of MBBS degree. This decision was communicated to the authorities vide letter dt. 05.05.2006 (Copy at Annexure-I).

The relevant portion of the resolution of the Executive Committee of the Council taken on 24.4.2006 and communicated on 5.5.2006 is set-out as under for your kind reference:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (20th & 21st March, 2006 and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

(a) The following faculty was not considered while computing faculty deficiency for reasons shown below:

<i>Sr. No.</i>	<i>Name of Faculty</i>	<i>Designation</i>	<i>Department</i>	<i>Date of Joining</i>	<i>Remarks</i>
<i>1</i>	<i>Dr. D.K. Jha</i>	<i>Assoc. Prof.</i>	<i>Physiology</i>	<i>01.05.02</i>	<i>Experience as Asst. and Assoc. Prof. in dental colleges cannot be counted. Cannot be considered as Assoc. Prof.</i>
<i>2</i>	<i>Dr. Amlan Gupta</i>	<i>Assoc. Prof.</i>	<i>Pathology</i>	<i>31.03.02</i>	<i>Experience as Asst. Prof. at MCOMS Pokhra from Mar '97 to Aug '01 cannot be counted. Cannot be considered as Assoc. Prof.</i>
<i>3</i>	<i>Dr. Ranbir Pal</i>	<i>Assoc. Prof.</i>	<i>Comm. Med.</i>	<i>08.03.06</i>	<i>No relieving order from MGM Medical College, Bihar where he resigned on 28.02.06. Cannot be considered as Assoc. Prof.</i>
<i>4</i>	<i>Dr. (Col) N.S. RajGopal</i>	<i>Prof.</i>	<i>Medicine</i>	<i>03.11.00</i>	<i>Army experience in non-teaching hospitals, not counted. Cannot be considered as Prof.</i>
<i>5</i>	<i>Dr. Bidita Khandelwal</i>	<i>Assoc. Prof.</i>	<i>Medicine</i>	<i>16.08.00</i>	<i>Experience as Asst. Prof. at SMIMS, Tadong can only be counted from Aug '01, which is the date of LOP. Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.</i>
<i>6</i>	<i>Dr. Parvati Nandi</i>	<i>Assoc. Prof.</i>	<i>Medicine</i>	<i>14.05.02</i>	<i>Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.</i>
<i>7</i>	<i>Dr. Sudip Dutta</i>	<i>Assoc. Prof.</i>	<i>Pediatrics</i>	<i>14.05.02</i>	<i>Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.</i>
<i>8</i>	<i>Dr. V.K.Tewari</i>	<i>Prof.</i>	<i>TB & Chest</i>	<i>24.05.04</i>	<i>Experience as Asst. Prof. for 5 yrs at 'Zambia' cannot be counted. Experience of Assoc. Prof. and Prof. in 'State Tuberculosis and Chest Institute' of 11 yrs cannot be counted. No experience certificate enclosed. Cannot be considered as Prof.</i>

9	Dr. A.K. Sengupta	Prof.	Psychiatry	30.12.03	Army experience in non-teaching hospitals, not counted. Cannot be considered as Prof.
10	Dr. Sanjiba Dutta	Assoc. Prof.	Psychiatry	17.05.00	Experience as Asst. Prof. at SMIMS, Tadong can only be counted from Aug '01, which is the date of LOP. Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.
11	Dr. Subhajeet Dey	Assoc. Prof.	General Surgery	15.07.98	Experience as Asst. Prof. at SMIMS, Tadong can only be counted from Aug '01, which is the date of LOP. Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.
12	Dr. Bhim Prasad	Assoc. Prof.	General Surgery	07.02.00	Experience as Asst. Prof. at SMIMS, Tadong can only be counted from Aug '01, which is the date of LOP. Does not have 5 years experience as Asst. Prof. Cannot be considered as Assoc. Prof.
13	Dr. Ved Prakash Lakhanpal	Prof. & HOD	Orthopedics	31.03.05	No experience certificates, degree certificates and medical registration submitted. Cannot be considered as Prof.
14	Dr. Ganesh Kr. Shetty	Sr. Resident	Orthopedics	02.03.06	No experience as resident in Ortho Dept. Cannot be considered as Sr. Resident.
15	Dr. Jodha Chandra Savasam	Prof. & HOD	ENT	04.04.05	No experience certificates and degree certificates submitted. Cannot be considered as Prof.
16	Dr. Ahanthem Santa Singh	Prof.	OBG	28.07.97	Experience of Asst. Prof. at BPKIH, Dharan and Phokra from Feb '94 –July '97 cannot be counted. Experience as Asst. Prof. at SMIMS, Tadong can only be counted from Aug '01, which is the date of LOP. Does not have 5 years experience as Asst. Prof. Cannot be considered as Prof/ Assoc. Prof.
17	Dr. Bikram Kishore Kanungo	Prof. & M.S.	OBGY	11.04.05	Army experience in non-teaching hospitals, not counted. Cannot be considered as Prof.

(b) The shortage of teaching faculty is 33.82% as under:

i) Professor: (5) 1 Bio-Chemistry, 1 General Medicine,
1 Pediatrics, 1 Orthopedics, 1 ENT.

- ii) Associate Professor: (21) 2 Anatomy, 2 Physiology, 2 Pathology, 1 Forensic Medicine, 1 Community Medicine, 2 General Medicine, 1 Pediatrics, 1 TB Chest, 3 General Surgery, 1 Orthopedics, 1 OBGY, 2 Anaesthesia, 1 Radio-Diagnosis, 1 Dentistry.
- iii) Assistant Professor : (5) 1 Physiology, 1 Orthopedics, 1 Anaesthesia, 2 Radio-Diag.
- iv) Tutor: (15) 3 Pathology, 2 Forensic, 6 Community Medicine, 2 Anaesthesia, 2 Radio-Diagnosis.

[c] The shortage of Residents is 58% as under :-

- i) Sr. Resident: (12) 4 General Medicine, 1 Pediatrics, 1 Dermatology, 1 Psychiatry, 3, General Surgery, 2 Ortho.
- ii) Jr. Resident: (32) 7 Gen Med, 2 Pediatrics, 2 TB Chest, 3 Dermatology, 3 Psychiatry, 6 Gen Surgery, 3 Ortho, 1 ENT, 2 Ophtho, 3 OBGY

2. There are four Lecture Theatres, all gallery type with a capacity of 2X150 and 1X100 and 1X75, which are not as per norms. The Capacity of one lecture theater is 100 and another is 75 which are not as per Council norms. There is no lecture theatre in the hospital.
3. Auditorium is under construction on Level IV of the college building.
4. Two Examination Halls, - 1 of 125 Capacity located in the ground floor of the Hostel Complex behind the VC's Office and 1 of 124 capacity hall located in Level 2 of the College/Hospital Complex are available. Toilet facilities are located outside the hall.
5. Pakyong health centre is under the administrative and financial control of the Government of Sikkim. The students visit the centre once a month. No residential accommodation for students and interns is available. There are 2 medical officers posted in the center, but they were not available at the time of the inspection. A temporary display board with the name of the Centre had been put up. Residential hostel is not available. The mess facility is not available. There was no medical officer available at the time of inspection.
6. The Urban Health Center has now been changed from Singtam to Nan-Nang. The inspection team visited Nan-Nang U.H.C. It is located at a distance of 5 km from the college. It covers a population of 3500. It has been adopted by the college 1 month back.
7. There is only 1 hostel building which has 2 wings. Boys and girls are accommodated in each wing with a separate entrance. There is a common mess for students. Accommodation is available for 400 boys and girls students which is inadequate for the present stage.
8. A new nurse's hostel has been built. It has 92 rooms, with a capacity of 276. Residents, nurses and few faculty members have been allocated this hostel. There is no mess in this hostel.
9. There is no separate hostel for interns and residents. The interns, nurses and residents are proposed to be accommodated in the new nurses hostel and on the 9th level of the college building which has 17 two seater rooms. On the 9th level, kitchen facilities are provided but there is no mess.
10. Distribution of beds and units are not as per Council norms as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities			
General Medicine	120/4	116/3	Deficiency of 4 beds and 1 unit in Medicine and 4 beds in Pediatrics and 2 beds in TB & Chest.
Paediatrics	60/2	56/2	
TB & Chest	20/1	18/1	
Skin & VD	10/1	10/1(06)	
Psychiatry	10/1	10/1(02)	
Total	220	210/8	
Surgery & Allied Specialities			
General Surgery	120/4	120/3(02)	Deficiency of 1 unit in General Surgery. Deficiency of 6 beds in Orthopaedics and 2 beds in ENT
Orthopaedics	60/2	54/2	
Ophthalmology	20/1	20/1(04)	
ENT	20/1	18/1	
Total	220	212/7	

Obstetrics & Gynaecology Obstetrics & ANC Gynaecology	60/2	56/2	Deficiency of 4 beds in OBGY
Total	500	478/19	There is deficiency of 22 beds and 2 units, 1 each in Medicine & Surgery.

- Clear cut demarcation of the teaching units is not well displayed.
- There is an intermixing of beds of different departments in most wards.
- There is over crowding of beds with less moving space for personnel and trolley.

11. There is no child guidance clinic and counseling room available in Paediatric OPD. In Orthopaedics OPD, there is a classroom for 20 students and no X-ray view box. In ENT OPD, Classroom does not have a x-ray view box. Dental OPD has got one dental chair and no class room. OBG OPD has got three cubicles with no x-ray view box and there is no family planning counseling room.
12. Only one classroom is available in the wards, individual classroom for the clinical departments is not available . There is no clear demarcation of various Medical and Surgical Units displayed. There is over crowding of cots with less space available of movement of personnel and Trolley. Number of toilets available in all the wards is inadequate. Nursing Station is common for wards having 100 beds located in separate enclosures.
13. Clinical material is grossly inadequate as under :-

	Daily Average		Day of Inspection (20/03/06)
O.P.D. attendance	220		363
Casualty attendance	14		12
Number of admissions / discharge	16/17		47/8
Bed occupancy %	25		49.4
Operative work			
Number of major surgical operations	02		01
Number of minor surgical operations	02		01
Number of normal deliveries	01		Nil
Number of Caesarian Sections	01		Nil
<u>Radiological Investigations</u>	<u>OP</u>	<u>IP</u>	
X-ray	16	16	57
Ultrasonography	8.3	6.2	10
Special Investigations	-	-	Nil
C.T. Scan	1	0.8	Nil
<u>Laboratory Investigations</u>	<u>OP</u>	<u>IP</u>	
Biochemistry	88.4	74	264
Microbiology	16	15	47
Serology	5.9	5.8	12
Parasitology	1	0.5	2
Haematology	57.3	56.8	104
Histopathology	1.5	2	3
Cytopathology	2	1	4
Others			

- There are no beds in ICCU, PICU and OBG ICU.

Note: Govt. of India, Ministry of Health & F.W. vide circular letter No. U.12012/12/94-ME(P), dated 4th May,2000 addressed to Health/Medical Education Secretaries of all State Govts./U.T. Administrations states the following:

“It may be noted that the arrangement to utilize the facilities of other Govt./District Hospitals on the conditions stipulated in the Govt. of India letter shall be for only a

specified period of 3 years from the date of grant of permission by the Central Government for establishment of a new medical college. These facilities shall be in addition to the mandatory requirement of the applicant owning and managing a hospital of not less than 300 beds with necessary infrastructural facilities and with a view to mitigate the problem of non-availability of required clinical material for teaching and training of students. It may please be noted the above permission is in no way relaxation of the provision of the Establishment of Medical College Regulations, 1999 which are to be followed scrupulously by all applicants of new medical colleges.....”

SMIMS was granted the Letter of Permission for the Academic Year 2001-02. The STNM Hospital is under the administrative and financial control of the District Health Authorities of the Govt. of Sikkim and not under the financial and administrative control of the Dean of the college. It is not owned and managed by the applicant. The staff of the Medical College does not participate in any teaching activities in the STNM Hospital. No separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. STNM Hospital doctors do not contribute to the patient care management at CR Hospital owned and managed by the applicant. The requirement of having a separate teaching unit in STNM Hospital is not fulfilled.

Considering all the above issues, the staff of STNM Hospital as well as the clinical material at that hospital cannot be considered as on the teaching faculty of the Medical Colleges and therefore has not been considered.

14. *Clinical lab investigations are mostly done in the departments and the number of investigations are found to be quite inadequate.*
15. *5 major and 2 minor OTs are functional which are inadequate. The operative workload is low.*
16. *No separate labour room is available for septic cases.*
17. *One unit of 500 MA with image intensifier, one 300 MA and one portable 60 MA are available, which are inadequate as per Council norms.*
18. *In Pharmacy, there are no sub-stores located in different parts of hospital.*
19. *CSSD : One horizontal autoclave and 1 portable steam autoclave are available which is inadequate. There are two technician available working for 8 hours daily.*
20. *There is no separate kitchen available. Food is prepared in the canteen and distributed to 30-40 patients daily. No food cart is available. There is no dietician.*
21. *Paramedical staff is inadequate as under :-*

Laboratory Technicians: 17

Laboratory Assistants: 14

Laboratory Attendants: 26

22. *Nursing Staff is grossly inadequate as only 107 nurses are available against the requirement of approximately 205 Nurses required at this stage.*

Nursing Superintendents: 02

Matron: Nil

Staff Nurses: 15

Nursing Sister: 79

Hospital Auxiliary: 1

BSc. Nursing: 10

23. *In Anatomy Deptt., there are 2 demonstration rooms each having 40 seats each which is inadequate.*
24. *In Physiology Deptt., there is 1 demonstration room having 40 seats, which is inadequate.*
25. *In Pathology Deptt., there is 1 demonstration room having 50 seats, which is inadequate.*
26. *Mortuary is available but not functional. The approach road to the mortuary is still not been made.*
27. *The number of books in the departmental libraries of Psychiatry – 28, TB & Chest – 34 and Radiodiagnosis – 20, are inadequate.*
28. *Other deficiencies/remarks are in the main report.*

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognise Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok.”

10. *On receipt of response from the Institution, an inspection to verify the same was carried out by the Council Inspectors on 1st June, 2006 and the compliance verification*

inspection report was placed before the Executive Committee at its meeting held on 14th & 15th June, 2006. Since the deficiencies pertaining to teaching staff, clinical material and other infrastructural facilities were still persisting, the Executive Committee could only reiterate its earlier decision not to recognize the college for the award of MBBS degree. The decision of the Executive Committee was communicated to the concerned authorities of the college and the Central Govt. vide MCI letter dated 15.6.2006. (Copy at Annexure-II) The relevant portion of the resolution of the Executive Committee of the Council taken on 14/15 June, 2006 and communicated on 15.6.2006 is set-out as under for your kind reference : -

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (1st June, 2006) and noted the following:-

1 *The shortage of teaching staff is as under:-*

(a) *The shortage of teaching staff is 31% as under :-*

- i) Professor : 2 (ENT – 1, Paediatrics-1)
- ii) Assoc. Prof. : 16 (Anatomy-1, Physiology-2, Biochemistry-1, Pathology-1, FMT – 1, Gen. Med.-3, Psychiatry-1, Paediatrics-1, Surgery-1, Orthopaedics-1, Radiology-2, Anaesthesia-2)
- iii) Asst. Prof. : 11 (Pathology-1, PSM-3, Orthopaedics-1, OBG-2, Radiodiagnosis-2, Anaesthesia-2)
- iv) Tutor : 17 (Anatomy-1, Physiology-1, Pathology-3, Pharmacology-2, FMT-1, PSM-5, Radiology-2, Anaesthesia-2)

(b) *The shortage of Residents is 53.9% as under :-*

- i) Sr. Resident 14 (Medicine-4, TB & Chest-1, Skin & VD-1, Psychiatry-1, Paediatrics-1, Surgery-4, Orthopaedics-1)
- ii) Jr. Resident 27 (Medicine-6, TB & Chest-2, Skin & VD-3, Psychiatry-2, Paediatrics-2, Surgery-9, ENT-1, Ophthalmology-2)

2. *The clinical material is grossly inadequate as under:-*

	Daily Average	Day of Inspection
O.P.D. attendance	280	214
Casualty attendance	14	9
Bed occupancy%	28%	40%
<u>Operative work</u>		
Number of major surgical operations	1	2
Number of minor surgical operations	1	0
Number of normal deliveries	1	0
Number of caesarian Sections	-	0
<u>Radiological Investigations</u>		
X-ray	54	22
Ultrasonography	24	12
Special Investigations	1	0
C.T. Scan	1	0
<u>Laboratory Investigations</u>		
Biochemistry	279	345
Microbiology	16	20
Serology	7	35
Parasitology	8	08
Haematology (Clinical Pathology)	132	121
Histopathology	5	3
Cytopathology	2	1
Others		

3. *Auditorium is not available.*

4. *Boarding and lodging facilities for 6 boys and 6 girls in two large halls alongwith messing arrangement has been made in a leased house at a 50 mtrs. Distance from RHTC. The centre is under control of Sikkim Govt. but the college has been permitted to utilize the facilities.*

5. *Accommodation is available only in 46 tripple seated rooms for nurses which is inadequate. Deficiency remains as it is.*

6. *Total accommodation available for Residents is 54 - i.e. 34 residents in 17 rooms of 8 storey and 20 residents on the 7th storey - which is inadequate. Deficiency remains as it is.*

7. *CSSD has only one horizontal and one vertical autoclave which is inadequate.*

8. *Other deficiencies/remarks are in the main report.*

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognize Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok."

11. The Central Govt. vide letter dated 26th June, 2006 had forwarded another compliance submitted by the authorities of Sikkim Manipal University of Health, Medical and Technological Sciences which was verified by the Council Inspectors on 5th July, 2006. The compliance verification inspection report was considered by the Executive Committee at its meeting held on 10th July, 2006. In view of the gross deficiencies of clinical material, teaching faculty and other infrastructure pointed out in the inspection report, the college was again could not be recommended for recognition for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical & Technological Sciences, Gangtok. The decision of Executive Committee was communicated to the concerned authorities of the college and Ministry of Health & F.W. vide MCI letter dated 10th July, 2006. (Copy at Annexure-III) The relevant portion of the resolution of the Executive Committee of the Council taken on 10.7.2006 and communicated on 10.7.2006 is set-out as under for your kind reference : -

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee observed that the Council vide its various communications, of which the last was sent on 3rd July, 2006, as well as during the course of the personal meeting with the Officers of the Ministry has stated that accordance with the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. that when the directions No. 14 and 15 of the judgement of the Hon'ble Supreme Court are read with para 28 of that judgement, there does not appear to be any permissibility to any concerned authority to not to strictly follow the time schedule towards grant of permission/renewal under Section 10A of the Indian Medical Council Act, 1956 and the regulations made to the medical colleges. In view of the above, it would be neither possible nor permissible for the Council to conduct any inspection after 15th June for that academic year.

However, the Central Government has sent a compliance report received from the institute vide letter dated 27th June, 2006. The Central Government vide another letter dated 30th June, 2006 received in the office of the Council on 3rd July, 2006 has desired that the necessary input may be sent to the Central Government. As proper, thorough & objective inputs can only be given after physical verification of the compliance, the inspection to verify the compliance was carried out on 5th July, 2006 enabling the Council to furnish its inputs to the Govt. of India.

The members pointed out that they have come to know that simultaneous inspections were carried out by the Central Government in all these institutions for which the agenda was put-up. The members also noted that vide its letter dated 27.6.2006, the Council was requested by the Central Government to send the input on the basis of compliance received from the colleges. The Council vide its letter dated 30.6.2006 had informed the Central Government that the meeting of the Executive Committee is scheduled on 10th July, 2006 and the decision of the Executive Committee would be communicated to the Central Government immediately thereafter. However, the Central Government had decided to send its own team to all these 10 institutions of which it has sent the compliance to the Council and for which it had desired the inputs from the Council. The members felt that this duplication could have been avoided and unnecessary controversy and expenditure of public exchequer could have been spared.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (5th July, 2006) and noted the following:-

1. (a) *The shortage of teaching faculty is 33.58% as under:*
- (i) *Professor-1 (Paediatric-1)*
 - (ii) *Prof./Assoc-1 (Dentistry-1)*
 - (iii) *Assoc.Prof.-12 (Anatomy-2, Physiology-1, Pathology-1, Forensic Medicine-1, Medicine-2, Pediatric-1, Surgery-1, Anaesthesia-2, Radiology-1)*
 - (iv) *Asstt.Profs.-9 (Lecturer in Bio-physics-1, Pathology-2, Community Medicine-1, Lecturer Epidemiology-1, ANMO-1, MWO-1, Radiology-2)*
 - (v) *Tutors-21 (Physiology-1, Pathology-5, Pharmacology-2, Community Medicine-5, Radiology-3, Anaesthesia-5)*

- (b) The shortage of Residents is 60.52% as under:
- (i) Sr. Residents-13 (Medicine-4, TB & Chest-1, Psychiatry-1, Pediatric-2, Surgery-3, Orthopaedic-1, ENT-1)
- (ii) Jr. Residents-33 (Medicine-7, TB & Chest-2, Psychiatry-2, Pediatrics-3, Surgery-9, Orthopaedic-3, ENT-1, Ophthalmology-3, OBG-3)
- (c) Others: Pharmachemist-1

2. Clinical material is grossly inadequate as under:-

	Daily Average		Day of Inspection 5.7.2006	
OPD Attendance	420		320	
Casualty attendance	21		6	
Admission/discharge	31/29		17/3	
Bed occupancy %	39%		59%	
Operative work				
Number of major surgical operations	3		3	
Number of minor surgical operations	1		1	
Number of normal deliveries	2		0	
Number of caesarian sections	1		1	
Radiological Investigations	O.P.	I.P	O.P	I.P
X-ray	47	9	28	13
Ultrasonography	14	3	14	0
CT Scan	0	2	1	0
Special investigations	1	0	0	0
Laboratory Investigations				
Biochemistry	154	194	102	169
Microbiology	22	0	24	1
Serology	24	0	6	6
Parasitology	16	0	9	6
Haematology	107	111	142	56
Histopathology	4	0	0	2
Cytopathology	2	0	2	2
Others	154	66	71	53

3. On the 6th level of the new college building, auditorium is available, which has capacity of 700 seats but five hundred chairs has been provided. The construction of the stage is in progress. Fans and exhaust fans are not fitted. Thus auditorium is not fully functional.
4. Accommodation for students & interns is inadequate at RHTC. Boarding and lodging facilities for 6 boys and 6 girls in two large halls alongwith messing arrangement has been made in a leased house at a 50 mtrs. distance from RHTC. The centre is under control of Sikkim Govt. but the college has been permitted to utilize the facilities. Hence, deficiency remains as it is.
5. On the 8th level of the hospital building, 17 double seated room are available for residents doctors (Male/Female). Total accommodation available for resident doctors within the campus is 34 against the requirement of 114. Thus, it is inadequate.
6. In CSSD, only one horizontal (425 liter capacity) and one portable vertical autoclave (50 liter capacity) are available. No other equipment like glove, inspection machines, ETO sterilizer, etc. are available in the CSSD. In addition, next to the OT complex, one horizontal autoclave (75 liter capacity) is available, which is inadequate.
7. Medicolegal work is inadequate. So far only 10 postmortem has been performed in the year 2006. The construction of approach road to mortuary is under construction. Hence, deficiency remains as it is.
8. Other deficiencies/remarks in the report.

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision not to recognize Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok."

12. However, the Govt. of India vide its letter dated 15.7.2006 had given permission to admit only **50 students** for academic year 2006-2007.
13. The Sikkim Manipal University vide its letter dated 11th August 2006 submitted another compliance. The compliance verification inspection of the said compliance was carried out by the Council Inspectors on 5th & 6th September, 2006.
14. The institute vide its letter dated 11th August, 2006 to the Council also stated that the Chief Secretary, Govt. of Sikkim vide letter dt. 11.08.2006 to the Secretary, Govt. of

India, Ministry of Health & Family Welfare, New Delhi had endorsed the document of collaboration arrangements between the STNM Hospital and SMIMS/CRH. However, perusal of the letter of the Chief Secretary on the subject the revised Memorandum of Understanding reveals as under:-

“A revised Memorandum of Understanding providing for augmented levels of collaboration has also been drawn up by the Sikkim Manipal University on the basis of ongoing consultations with the Doctors of STNM Hospital. Such MoU after due consultations with the doctors **had been submitted for approval of the competent authority.**”

15. It is thus clear that this revised MoU had not attained the stage of finality as yet as 11th August, 2006.
16. The Principal Secretary, Health Care Human Services & Family Welfare Department, Government of Sikkim vide letter dated 6th September, 2006 has submitted a revised MoU signed by the Principal Secretary, Health Care Human Services & Family Welfare Department, Government of Sikkim & Vice Chancellor, Sikkim Manipal University Gangtok Sikkim.
17. In the revised MoU, there is no provision for earmarked beds and wards at STNM Hospital for utilization by the faculty and the students of SMIMS. There is no mention of any financial and administrative control of the college or clinical control over the patients admitted in the STNM wards by the faculty of SMIMS.
18. It may be noted that the circular of Govt. of India dt. 04.05.2000 refers to the situation wherein the facilities in a Govt. Hospital are to be utilized by the proposed medical college by creating its own infrastructure and appointing teaching faculty in the Government Hospital so that the clinical material in terms of the patient attending the hospital could be effectively utilized to meet the shortfall in the formative years of a new medical college. It does not refer to a situation wherein the staff of Govt. Hospital is sought to be shown as a teaching faculty of the proposed medical college. The bare reading of the circular makes it abundantly clear that this arrangement is for a initial period of 3 years in which the new hospital to be set up by the college may find it difficult to attract clinical material and the concerned medical college should take necessary steps to make clinical material available in its own hospital. This circular, in no manner, refers to a situation in which the medical college would not have been able to establish and create a hospital having adequate clinical material even after 6 years i.e. at the time of recognition of the degree. The contents of this circular dated 4.5.2000 are set out as under for your kind reference : -

NO.U.12012/12/94-ME(P)
Government of India
Ministry of Health & Family Welfare
Department of Health

To

Dated 4th May, 2000

*The Health/Medical Education Secretaries
of all the State Govt./U./T. Administration*

Sub:- Establishment of a new medical college – ownership of Hospital – Regarding.

Sir,

I am directed to say that one of the qualifying criteria prescribed in the Regulations of Medical Council of India to make an applicant eligible to apply to the Central Govt. for permission to establish a new medical college is that the “applicant owns and manages a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed college.”

It has been observed that availability of clinical material in the hospital attached to the newly established medical colleges has always been problem and one can't expect large scale bed occupancy

during formative years. It even becomes more difficult for upcoming rural colleges to get the clinical material.

In the interest of teaching and training of students Govt. has decided that the authorities of new medical colleges may be permitted to utilize facilities of other Govt./district hospitals for the purpose of clinical material for teaching where beds of these hospitals should be under the total administrative control of authorities of concerned college and situated within 5 kms. from the medical college. The facilities of clinical material thus utilized shall be over and above the minimum beds stipulated under regulations of MCI. It is emphasized that any applicant for starting a medical college should own and manage 300 bedded hospital.

Further , such an arrangement of training of students be permitted for a period of three years from the date of grant of permission by the Central Government for establishment of a new medical colleges and during this period the concerned medical college should take necessary steps to make the clinical material available in the own hospital.

Yours faithfully,

(S.K. RAO)
DIRECTOR.

Copy for information to the Secretary, Medical Council of India, Kotla Road, New Delhi.

19. Clause 1.2, 1.4 & 1.5 pertaining to teaching and training in the proposed revised MoU dated 6.9.2006 reads as under:-

- 1.2 “All doctors and Medical Offices in Government hospitals may take lectures, demonstrations and give clinical training both at STNM hospital as well at SMIMS/CRH in accordance with an acceptable schedule drawn up in consultation with the concerned institutional heads. A formalized, regular, arrangement of clinical teaching/training in the STNM Hospital would be carried out. The teaching program in STNM is to be carried out in accordance with such published schedule, which must contain details such as number of students, the departments, which they will be attending, the STNM doctors who would give instructions to the students and the number of hours assigned for each of the training sessions in STNM Hospital. The schedule of teaching promulgated every week/every month, would need to take care of the clinical teaching requirements incorporated in the syllabus.
- 1.4 It would be appropriate that a designated doctor from CRH/SMIMS accompanies the students and is present during the teaching program. He would generate a weekly report on the teaching/training which has been carried out.
- 1.5. SMIMS faculty would be permitted to be with the students through out the program of bedside teaching at the STNM hospital as per the agreed program”.

20. Firstly, it deserves to be confirmed from the concerned State authorities whether the MOU which has been forwarded bearing the signatures of the Vice-Chancellor is by a competent authority inasmuch as in accordance with the applicable provisions of the University Act, the Vice-Chancellor may not be a competent authority to execute such an arrangement. Further, it is contrary to the terms of condition of the circular of the Government of India dt. 4.05.2000 as no specific arrangements or earmarking of units for utilization in STNM Hospital by the faculty of SMIMS has been made or is existing in the STNM Hospital. It is pertinent to note that in this circular it was never intended that the employees of the State Govt. who are on non-teaching cadre can ever be permitted to be considered as medical teachers in a medical college owned and managed by another authority. The institute has not appointed teachers on regular basis as stipulated in the said circular and has thus failed to comply with the minimum requirements of the teaching staff prescribed by the statutory regulations.

21. It would also be noted that the said circular of the Govt. of India clearly mentioned that during the period in which it is permitted to utilize the facilities of a Govt. Hospital, the

concerned medical college should take necessary steps to make the clinical material available in its own hospital. In the present case, SMIMS over a period of 6 years has consistently failed to have sufficient and adequate clinical material available in its own hospital. On perusal of the inspection report for the last 4 years, it is observed that SMIMS has consistently failed to achieve bed occupancy of more than 40% (as against the prescribed minimum requirement of 80% bed occupancy) and OPD attendance more than 300 per day (as against the prescribed minimum requirement of 800 patients per day) and has consistently grossly inadequate clinical material through out these years.

22. The claim that any new hospital in Sikkim with its peculiar terrain and residential patterns, unique morbidity profiles and socio-cultural practices needs time to develop towards a patient level easily achievable in towns in other parts of the country is not tenable particularly in view of the fact that the CRH which is the main affiliating hospital of SMIMS is now over 6 years old and further particularly in view of the fact that STNM hospital which is a general non-teaching hospital and located only a few km. away from CHR is able to attract clinical material in a great abundance. **It would be relevant in this context to mention that since the enforcement of minimum prescribed requirements is an imperative for each medical college/institution that in similar circumstances, the MCI and the Ministry of Health had insisted for compliance in the case of Dr. Rajendra Prasad Medical College, Tanda which had been established by the State of Himachal Pradesh. On similar pleas raised by the State of Himachal Pradesh, when the Hon'ble Himachal Pradesh High Court had granted permission for admissions to the State Govt. for this new medical college, in the appeals filed by the MCI and the Govt. of India, the Hon'ble Supreme Court had stayed the judgement of the Hon'ble High Court. It was on the State of H.P. subsequently providing the minimum prescribed infrastructural, teaching and other facilities that the permission u/s 10A had been granted.**

23. It is further to be appreciated that incidental factors like high literacy rate, small family norms, excellent climatic conditions etc. cannot be a ground for not providing and fulfilling the **minimum** prescribed clinical material, other infrastructural and teaching requirements in a teaching hospital. The most crucial and significant aspect which cannot be ignored by anyone is that the function of a teaching hospital is not only to provide health services but also to teach medical students and in the absence of adequate clinical material, practical training which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant with all the aspects of clinical medicine. This scenario is not desirable in a teaching hospital. It is in this context, the Hon'ble Supreme Court was pleased to recognize and enforce the following crucial and significant aspects of medical education by observing in its judgement in the case of MCI –Vs. State of Karnataka – (1998) 6 SCC 131, as under:-

“.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....”

24. Clause 2.3 of the revised MoU merely states as under:-

“SMIMS/CRH faculty members may be permitted to work along side STNM doctors, specialists and consultants in providing patient care, health care delivery services and associated assistance for diagnosis/treatment in consultation with the Superintendent STNM Hospital.”

Thus, it is clear that no control of the patients of STNM ward has been assigned to the faculty of STNM/CRH. All the clauses in the revised MoU regarding clinical material use the phrase “may be” which indicate that there is no finality to the proposed arrangements, and the arrangements are not mandatory binding.

25. It also deserves to be noted that the fundamental parameter of good quality medical education is availability of the minimum required clinical material and qualified teaching faculty. To achieve this purpose it has been the practice of all the medical institutions all over the world including India that the treatment of the patients who are being utilized as a source of clinical material by the medical teachers has to be undertaken by the teachers themselves at the teaching institution, because they have to demonstrate and train the medical students on all aspects of clinical practice including examination, investigation and treatment. Such an arrangement as indicated in the revised MoU would never secure this objective for the training of the medical students effectively as the clinical control of the patients would not remain with the faculty of SMIMS. Further, whenever there is difference of opinion in the arrangement as indicated in the MoU so far as the patients in STNM Hospital are concerned the view of the doctors of STNM Hospital would be final which is not at all permissible/desirable for proper medical teaching of the students.

26. Clause 4.1 of the revised MoU pertaining to contribution of Junior Residents/ Paramedical staff towards manpower gaps reads as under:-

“For the purpose of compliance with the Medical Council Requirements and for the purpose of augmenting the quality of Health care services at CRH the Medical Officers, Paramedical and other non-teaching staff of Government Hospitals/PHCs would also be utilized”.

It is not clear whether any additional staff would be appointed to meet the deficiencies of the staff required as per the MCI Regulations. This clause also does not make clear whether the concerned staff will work only at either of the Hospital or both the Hospitals simultaneously. It may be noted that in the latter instance, this would result in utilization of part time staff in a SMIMS and which is contrary to the Regulations of the Council. This would also result in dilution of the patient care service.

27. It is reiterated that the relevant paragraph of the circular dated 4th May, 2000 of Government of India, Ministry of Health & Family Welfare, Department of Health reads as under:-

“In the interest of teaching and training of students, Govt. has decided that the authorities of new medical colleges may be permitted to utilize facilities of other Govt./District hospitals for the purpose of clinical material for teaching **where beds of these hospitals should be under the total administrative control of authorities of concerned college** and situated within 5 kms. from the medical college. The facilities of clinical material thus utilized shall be **over and above the minimum beds stipulated under regulations of MCI.**

Further, such an arrangement of training of students be permitted **for a period of three years from the date of grant of permission** by the Central Govt. for establishment of a new medical college and during this period the concerned medical college should take necessary steps to make the clinical material available in its own hospital.”

28. It may be noted that SMIMS was granted the Letter of Permission for the Academic Year 2001-2002. Thereafter already three batches have been admitted. The STNM Hospital is under the administrative and financial control of the District Health Authorities of the Govt. of Sikkim and not under the financial and administrative control of the Dean of the College. It is not owned and managed by the applicant. The staff of the Medical College do not participate in any teaching activities in the STNM Hospital. No separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. STNM Hospital doctors do not contribute to the patient care management at CR Hospital owned and managed by the applicant. The requirement of having a separate teaching unit in STNM Hospital is not fulfilled.

29. In summary, the following points may be observed in the revised MoU:-
- (i) There is no financial, Administrative and clinical control over the patients admitted in STNM Hospital by SMIMS faculty.
 - (ii) No beds has been earmarked in STNM Hospital for SMIMS faculty.
 - (iii) No OPD cubicles have been earmarked in STNM Hospital for SMIMS faculty.
 - (iv) No specific arrangements have been made for the participation of SMIMS faculty in providing treatment to the patients in STNM Hospital.
 - (v) No specific teaching programmes have been incorporated which are being conducted in STNM Hospital for the students of SMIMS.
 - (vi) Although it is not specifically stated the tenor of the revised MoU suggests that the employment of the doctors and medical officers in Govt. hospitals would be on part time basis as faculty of SMIMS. This is contrary to Minimum Standard Requirements for the Medical College Regulations, 1999 which mandates that all the teachers in a medical college have to be on full time basis.
 - (vii) It is not revealed whether the revised MoU has been approved by the competent authority of Sikkim Manipal University of Health, Medical and Technological Sciences, Gangtok.
30. It may also further be noted that there are no beds in Dermatology and TB Chest at STNM. Specifically for these two specialities for which no indoor facilities exists in STNM Hospital, the bed occupancy in respect of these two departments in the SMIMS Hospital was less than 10%, which was grossly inadequate.
31. It is further stated that this college is admitting students not only from Sikkim or Northeast but from other regions of the country and NRI as well. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. It is also pertinent to note that the graduates of this institute may not necessarily settle in Sikkim or Northeast only but would spread all over the country or the world in the years to come. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution.
32. It is further stated that the above said circular of the Govt. of India dated 04.05.2000 stated that the utilization of the facilities of the Government Hospital would be for a **period of 3 years**. It is stated that in the instant case, the period of 3 years was over in 2004 as the first batch was admitted in 2001. Thereafter, it has been the consistent stand of the Council that the facilities and the staff of STNM Hospital cannot be considered while considering the renewal of permission for this college. In accordance with this stand, and, because there were gross deficiencies of teaching faculty, clinical material and other infrastructural facilities, the Council could not recommend renewal of permission for the academic year 2004-05. However, the Govt. of India granted renewal of permission for 50 students only. For the academic year 2005-06, the Council recommended grant of renewal for 50 students. This was approved by the Central Govt.
33. So far as the academic year 2006-07 is concerned, even though the Executive Committee of the Council, in view of persisting deficiencies in the minimum required infrastructural, teaching and other facilities, could not recommend for recognition, the Govt. of India vide its letter dated 15.07.2006 granted renewal of permission for 50 students only. The

Govt. of India decided to renew the permission for admission of only 50 students for the last 3 years consecutively including the current academic year.

34. It is also stated that the Regulations of the Council are statutory and binding & mandatory in character. The recommendations of the Council to the Central Govt. are based upon the regulations framed by the Council u/s 33 of the Act. The Minimum Standard Requirements for 100 Admissions Annually Regulations, 1999, are uniformly applicable all over the country and there is no difference insofar as the fulfillment of minimum prescribed infrastructural, teaching and other facilities are required to be provided by each medical college/institution notwithstanding factors such as different areas of the country as the Regulations prescribe the minimum norms it is neither appropriate nor permissible to contend any dilution or relaxation of minimum norms which have universal applicability. For providing the minimum norms in the field of medical education, no plea of any hardship or lack of resources should ever be permitted to come in the way in the enforcement of the minimum norms laid down by the statutory regulations in the larger public interest. At this juncture it is pertinent to note that the college has failed to establish the requisite teaching hospital with adequate clinical material and recruit adequate qualified teaching faculty as required by the Regulations even after a period of 6 years.
35. It may further be noted that the Hon'ble High Court of Sikkim had received a complaint regarding irregularities in admissions in the year 2003-2004. After taking cognizance of the same, the Hon'ble High Court in Suo Motu instituted the Writ Petition ©No.37/2004–Vs. Sikkim Manipal University of Health, Medical and Technological Sciences in the High Court of Sikkim. Detailed affidavits and investigation reports have also been filed before the Hon'ble High Court.

The Division Bench of the Hon'ble High Court of Sikkim at the hearing on 28.09.05 has directed as under:-

“However, keeping in view the objective with which the institute was established with substantial grant from the State Government in the interest of general public as a whole, and the manner in which the institute is presently functioning we are, at this juncture, of the tentative view, that it would be more appropriate if the State Government takes over the administration and management of the Sikkim Manipal University of Health and Medical Sciences immediately so as to avoid further damage being done to the institution.

Liberty is granted to the State Government to withdraw and cancel the related MOU entered, if any, between the State Government and the Sikkim Manipal University and to establish the State's own medical college at the same premises where Sikkim Manipal University of Health and Medical Sciences is located.”

36. Thereafter, the hearing on 09.11.2005 the learned advocate General at this hearing informed to the Hon'ble Court that the High Level Committee has been formed to look into the matter and decided the course of action.
37. Subsequently, the learned advocate General who appeared on behalf of the State Govt. before the Hon'ble Court on 26.06.2006 has sought time stating that the Committee constituted by the Govt. would be sitting in July again to consider the takeover.
38. It is to be noted that the Council is not aware of any decision of the High Level Committee of the Govt. of Sikkim so far in the matter regarding taking over this college by the Govt. of Sikkim.
39. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while perusing the inspection report of the inspection carried out on 5th & 6th Sept.,2006 also observed as under:-

1. (a) The following faculty have not been considered as per their designations while computing faculty deficiency for reasons detailed below:-

Sl. No.	Name	Designation	Department	Remarks
1.	Ms. Karma L Bhutia	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.

2.	Ms.Samten Doma L	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
3.	Ms. Polly Lama	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
4.	Ms. Jency Thomas	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
5.	Ms. Sneh Lata Rai	Asstt. Prof.	Physiology	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
6.	Mr. Suresh P.	Asstt. Prof.	Physiology	He does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
7.	Mr. K. Ashok Prabhu	Assoc. Prof.	Biochemistry	He is Ph.D from Science faculty not counted.
8.	Mr. Debranjana Datta	Asstt. Prof.	Pharmacology	He does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
9.	Dr. Parvati Nandy	Assoc. Prof.	Medicine	He does not have the requisite 5 years experience as Asstt. Prof. Not counted.
10.	Dr. Sudeep Datta	Assoc. Prof.	Paediatrics	He does not have the requisite 5 years experience as Asstt. Prof. Not counted.

(b) In view of above, the shortage of teaching staff is as under:-

(a) The shortage of teaching faculty is 11.5% as under:-

- i) Professor - 1 (Paediatrics)
- ii) Associate Professor - 7 (1 – Anatomy, 1 – Biochemistry, 1- Forensic Medicine, 1 – General Medicine, 1 – Anaesthesia & 1- Paediatrics & 1 – Radiology)
- iii) Assistant Professor – 2 (1 – Pathology, & 1 Radio-diagnosis)
- iv) Tutor – 5 (2 – Pathology, 1 – Forensic Medicine & 2 – Anaesthesia)

(b) The shortage of Residents is 47.3% as under :-

- (i) Sr. Resident – 9 (4 - General Medicine, 1 – Dermatology, 2 – General Surgery, 1 – Orthopaedics, 1 – Obst. & Gynae.)
- (ii) Jr. Resident – 27 (6 - General Medicine, 2 – TB Chest, 8 – General Surgery, 4 – Orthopaedics, 1 – Obst. & Gynae., 2 Ophthalmology, 2 – Paediatrics, 1 - ENT & 1 - Dermatology)

2. Available clinical material at CRH (Central Referral Hospital) is as under:-

	Daily Average	Day of Inspection 05.09.06
O.P.D. attendance	329	320
Casualty attendance	14	13
Bed occupancy%	44.4%	37%

<u>Operative work</u>				
Number of major surgical operations	2.6		--	
Number of minor surgical operations	2.2		02	
Number of normal deliveries	01		--	
Number of caesarian Sections	0.2		--	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	25	22	29	04
Ultrasonography	04	07	09	11
Special Investigations	--	0.4	--	--
C.T. Scan	0.2	01	02	--
<u>Laboratory Investigations</u>				
Biochemistry	124	119	159	109
Microbiology	07	06	04	01
Serology	10	07	06	03
Parasitology	07	06	02	01
Haematology	84	88	26	15
Histopathology	01	06	02	04
Cytopathology	1.2	02	--	01
Others	97	60	22	09

The above statistics are provided by the Medical Superintendent.

- The clinical material is grossly inadequate.
- Bed occupancy is very low at 37% on the day of inspection.
- The number of operations and deliveries, radiological and laboratory work load are also grossly inadequate as reflected above.

The clinical material and faculty at STNM Govt. Hospital has not been considered for reasons given as under:-

Govt. of India, Ministry of F.W., vide circular letter No.U.12012/12/94-ME(P) dt. 4th May 2000 addressed to Health/Medical Education Secretaries of all state Govts./U.T. Administrations states the following:-

“It may be noted that the arrangement to utilize the facilities of other Govt./District Hospitals on the conditions stipulated in the Govt. of India letter shall be for only a specified period of 3 years from the date of grant of permission by the Central Govt. for establishment of a new medical college. These facilities shall be a additional to the mandatory requirement of the applicant owning and managing a hospital of not less than 300 beds with necessary infrastructural facilities and with a view to mitigate the problem of non-availability to required clinical material for teaching and training of students. It may please be noted the above permission is in no way relaxation of the provision of the Establishment of Medical College Regulations, 1999, which are to be followed scrupulously by all applicants of new Medical Colleges...”

SMIMS was granted the Letter of Permission for the Academic Year 2001-02. The STNM Hospital is under the administrative and financial control of the District Health Authorities of the Govt. of Sikkim and not under the financial and administrative control of the Dean of the College. It is not owned and managed by the applicant. The staff of the Medical College does not participate in any teaching activities in the STNM Hospital. No separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. STNM Hospital doctors do not contribute to the patient care management at CR Hospital owned and managed by the applicant. The requirement of having a separate teaching unit in STNM Hospital is not fulfilled.

In addition, the following points may be noted :-

- (i) There is no financial, administrative and clinical control over the patients admitted in STNM Hospital by SMIMS faculty.
- (ii) No beds has been earmarked in STNM Hospital for SMIMS faculty.
- (iii) No OPD cubicles have been earmarked in STNM Hospital for SMIMS Faculty.

- (iv) No specific arrangements have been made for the participation of SMIMS faculty in providing treatment to the patients in STNM Hospital.
- (v) No specific teaching programmes have been submitted & shown to the Inspectors, which are being conducted in STNM Hospital for the students of SMIMS.
- (vi) No teaching programmes were displayed on the notice boards for the students at STNM.
- (vii) There are no clinical units in STNM.
- (viii) There are no beds in Dermatology and TB Chest at STNM. Specifically for these two specialities for which no indoor facilities exists in STNM Hospital, the bed occupancy in respect of these two departments in the SMIMS Hospital was less than 10%, which was grossly inadequate.

Considering all the above issues, the clinical material as well as the staff of STNM Hospital/Govt. cannot be considered as on the teaching faculty of the SMIMS and therefore has not been considered.

3. There is a hired residential facility to accommodate 20 students/interns at the Pakyong PHC along with messing arrangement in a leased house at a distance of 50 mtrs. from the RHTC.

4. Medicolegal work is still inadequate. Deficiency not rectified.

In view of the persisting deficiencies of teaching faculty, clinical material and other deficiencies, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decisions dated 24.04.2006 and 14th & 15th June, 2006 recommending not to recognize Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical & Technological Sciences, Gangtok.

5. Approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read The Council Inspectors report(20th & 21st Sept., 2006) for approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report(20th & 21st Sept., 2006) and noted as under:-

- 1. (a) The shortage of Residents is 19.73% as under:-
 - i) Sr. Resident – 15 (1-Medicine, 2-Paed., 1-TB & Chest, 1-Dermatology, 4-General Surgery, 2-Ortho., 1-ENT, 1-Ophthalmology, 2-OBG)
 - ii) Jr. Resident – Nil
- 2. (a) Clinical material is inadequate in terms of number of deliveries as under:

	Daily Average	Day of inspection
Number of normal deliveries	1.66	1
Number of caesarian sections	34.0	0

(b) The following observations regarding the clinical material are made in the report:-

- 1. On the day of inspection there were 02 patients in Casualty and on the second day of inspection there are no patients upto 11'O' Clock in casualty.
- 2. In OPD most of the patients are not having genuine illness.
- 3. There is no patient in labour room on second day of inspection.

4. Only 01 major surgical procedure was undertaken (nailing of right tibia) and 06 ophthalmic operation (05 cataract & 01 Pterygium) were done on the day of inspection.
 5. On an average on certain random dates (11.09.2006, 11.08.06, 11.07.06 and 11.06.2006) two major and two minor surgeries were performed.
 6. The bed occupancy is 60%
3. Auditorium is under construction.
 4. Audio-visual aids and hostel facilities are not available at the Health Centres.
 5. In the OPD waiting area is very small without any fans, water cooler and proper toilet facilities. There is no proper space for waiting in front of the OPDs and is open to the sky. In the OPD, teaching space is inadequate in the departments of Medicine, Surgery, Radio-Diagnosis and Obst. & Gynae.
 6. There is no rolley steam press in the Central laundry. Pressing is done manually.
 7. In Anatomy department there are 02 demonstration rooms each having 40 seats which is not as per norms.
 8. Books in the departmental libraries of TB & Chest, Skin & V.D., Psychiatry and Anaesthesia are inadequate.
 9. 800 MA static x-ray machine is not available.
 10. In Interns and Residents hostels (girls) the cupboards are not having doors. The interns and the resident hostel (Boys and Girls) are located opposite the hospital across the road.
 11. In the Girls hostel, the cupboards are not having doors. The girls hostel is located outside the college campus at a distance of 1 km from the college.
 12. There is no separate entrance to the library after college hours. There are no separate toilets in the library.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to approve Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

6. Inspections carried out of on behalf of the Council for continuance of recognition of MBBS degree at various medical colleges in the year 2006 – consideration regarding.

Read : The matter with regard to inspections carried out of on behalf of the Council for continuance of recognition of MBBS degree at various medical colleges in the year 2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the matter with regard to inspections carried out of on behalf of the Council for continuance of recognition of MBBS degree at various medical colleges in the year 2006 and further directed the office to place the observations received from the respective State Govts./Universities/Institutions before the Executive Committee from time to time for further consideration in the matter.

7. Grant of recognition of Degree U/s. 12 by Govt. of India in respect of U.C.M.S., Nepal – Considerations regarding.

Read : The matter in light of the order of the Hon'ble Supreme Court dated 23/09/2003 in I.A.No.5-6 and 7-14 in Civil appeal Nos.599-600 of 2002 with regard to grant of recognition of Degree U/s. 12 by Govt. of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the notification issued by the Govt. of India dated 23.10.2006 granting recognition to the MBBS degree of Tribhuvan University, Nepal awarded to the students trained at Universal College of Medical Sciences, Bhiarahawa, Nepal on or after May,2004, the inspection report of the inspection carried out by the Council Inspectors of May,2004, decision of the Adhoc Committee and of the Executive Committee taken at its meeting held on 12.05.2004, compliance received from the Institute through the Central Govt. vide its letter dated 29.11.2005, decision of the Adhoc Committee and of the Executive Committee taken at its meeting held on 10.02.2006 and observed as under:-

1. Although the notification of the Central Govt. dated 23.10.2006 mentions that the Central Govt. on considering the application made by the competent authority in Nepal and after consultation with concerned agencies, hereby declare that "the MBBS degree of the Tribhuvan University, Nepal, which is recognized under Section 12 of the Indian Medical Council Act,1956 (102 of 1956) and included in the Second Schedule to the Act, awarded to the students trained at Universal College of Medical Sciences, Bhiarahawa, Nepal on or after May,2004 will be a recognized medical qualification under the said Act", thereby implying the consent of the Medical Council of India, in fact, has taken a decision contrary to the recommendation of the Council.
2. An inspection of the institute for recognition of the degree was carried out by the Council Inspectors on 26th & 27th April,2004 and the inspection report was considered by the Executive Committee at its meeting held on 12.05.2004 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present wherein the following decision was taken:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th 27th and 28th April, 2004) and noted the following:-

1. *The shortage of teaching staff required at present stage is as under:-*

- (a) *Faculty 40.8% (i.e. 50 out of 122)*

Professor – 12 (Physiology-1, Biochemistry-1, Pathology-1, Community Medicine-1, General Medicine-1, TB & Chest –1, Psychiatry – 1, Skin & VD-1, Ophthalmology-1, Obst. & Gynae. – 1, ENT-1, Radio-1).

Associate Professor – 13 (Anatomy –2, Physiology-2, Pathology-1, General Medicine-2, TB & Chest –1, Surgery – 1, Ortho.-1, Obst. & Gynae.- 1, Anaes.-1, Radio-1)

Assistant Professor – 12 (Anatomy –2, Pharmacology-1, Pathology-1, Forensic Med.-1, Paediatrics – 2, TB & Chest –1, Surgery – 1, Ortho.-1, Anaes.-1, Radio-1)

Tutor – 31 (Anatomy –1, Physiology-2, Pathology-6, Forensic Med.-2, General Medicine-4, Paediatrics – 1, TB & Chest –1, Skin & VD-1, Surgery – 4, Ortho.-1, Anaes.-5, Radio-3)

- (b) *Residents 88.7% (i.e. 55 out of 62)*

- i) *Junior Residents – 55 (General Medicine-12, Paediatrics – 6, TB & Chest –3, Skin & VD-3, Psychiatry – 3, Surgery – 12, Ortho.- 6, Ophthalmology-1, ENT-3, Obst. & Gynae.-6)*

2. *The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-*

<i>Name of the teacher</i>	<i>Department</i>	<i>Designation</i>
<i>Dr. O.P. Srivastava</i>	<i>Pathology</i>	<i>Professor</i>
<i>Dr. Mena Srivastava</i>	<i>Forensic Medicine</i>	<i>Assoc. Professor</i>
<i>Dr. R.P. Upadhyay</i>	<i>Anatomy</i>	

3. *The teaching beds are inadequate as under:-*

<i>Speciality</i>	<i>Required Beds/Units</i>	<i>Present Beds/Units</i>	<i>Deficiency</i>
<i>General Medicine</i>	<i>120/4</i>	<i>40/3</i>	<i>80/1</i>
<i>Paediatrics</i>	<i>60/2</i>	<i>20/1</i>	<i>40/1</i>
<i>TB & Chest</i>	<i>20/1</i>	<i>0/0</i>	<i>20/1</i>
<i>Skin & VD</i>	<i>10/1</i>	<i>20/1</i>	<i>00</i>
<i>Psychiatry</i>	<i>10/1</i>	<i>20/1</i>	<i>00</i>
<i>Surgery & Allied Specialities</i>			
<i>General Surgery</i>	<i>120/4</i>	<i>46/2</i>	<i>74/2</i>
<i>Orthopaedics</i>	<i>60/2</i>	<i>40/2</i>	<i>20/0</i>
<i>Ophthalmology</i>	<i>20/1</i>	<i>12/1</i>	<i>8/0</i>
<i>ENT</i>	<i>20/1</i>	<i>12/1</i>	<i>8/0</i>
<i>Obst. & Gynae.</i>			
<i>Obstetrics & ANC</i>	<i>60/2</i>	<i>40/1</i>	<i>20/1</i>

**There is one Govt. hospital called Zonal Hospital of the State Govt. situated at Butwal city which is about 25 kms away from the teaching hospital i.e. Universal College of Medical Sciences, Bhairahawa. Batch of undergraduate students is attending the zonal hospital in major clinical subjects. Neither the OPD nor the ward has any facility of teaching or wards side lab. There is no display of Universal College of Medical Science board. Not a single doctor was available at the time of visit.*

4. *Clinical material is inadequate as under:-*

	<i>Daily Average</i>	<i>Day of inspection</i>
<i>O.P.D. attendance</i>	<i>375</i>	<i>135 (till 2 pm)</i>
<i>Bed occupancy%</i>	<i>35%</i>	<i>42%</i>
<u>Operative work</u>		
<i>Number of major surgical operations</i>	<i>2</i>	<i>1</i>
<i>Number of minor surgical operations</i>	<i>3</i>	<i>2</i>
<i>Number of normal deliveries</i>	<i>12/month</i>	<i>0</i>
<i>Number of caesarian sections</i>	<i>7/month</i>	<i>0</i>
<i>Radiological Investigations</i>		
<i>X-ray</i>	<i>70</i>	<i>35 (radiological protection is not there)</i>
<i>Ultrasonography</i>	<i>12</i>	<i>5</i>
<i>Special investigations</i>	<i>0</i>	<i>0</i>
<i>C.T. Scan</i>	<i>--</i>	<i>--</i>
<i>Laboratory Investigations</i>		
<i>Biochemistry</i>	<i>100 to 150</i>	<i>123</i>
<i>Microbiology</i>	<i>45-55</i>	<i>41</i>
<i>Serology</i>	<i>20</i>	<i>13</i>
<i>Parasitology</i>	<i>20</i>	<i>11</i>
<i>Haematology</i>	<i>150 to 175</i>	<i>160</i>
<i>Histopathology</i>	<i>01</i>	<i>0</i>
<i>Cytopathology</i>	<i>01 to 02</i>	<i>0</i>
<i>Others</i>	<i>--</i>	<i>--</i>

5. *Statistical work is carried out through Medical Record Department which is manual only.*

6. *The Medical College building is located at a distance of 2 kms. from the hospital in a large university campus also housing buildings (barracks) of agriculture college. The entire college is to be shifted to its new site in hospital.*

7. *One Auditorium cum seminar hall of 250 capacity is presently used as examination hall of capacity of 100.*
8. *Examination hall is not available.*
9. *Animal house is not available. The Principal has stated that it is not allowed by Nepal Govt.*
10. *Total number of books are 4756 (text books 4200 and reference book 556) against requirement of 8000. The number of computer terminals available in the library is one.*
11. *Health Centre is housed in a rented building. There is no regular medical officer posted at the center however a tutor working in the department of Community Medicine conducts OPD twice a week from 1 p.m. to 2.30 p.m. at the center. No laboratory facilities are available.*
12. *Rural Health Center building is owned by NGO (BP gram Kendra) and is funded by Govt. of Japan. There is no permanent doctor posted at center from medical college. From department of Community Medicine one Tutor visits the center twice a week. There is no residential facility either for doctor, paramedical or for medical students to stay in the hospital campus, laboratory facilities for routine investigations also not available. No OT facilities are available. Any record/register of families to medical students are also not available. OPD attendance in 5 to 6 patients per day including old and new cases, labour/delivery services are also not available and are managed by paramedical staff.*
13. *Residential quarters are not available.*
14. *Teaching hospital has a total of 250 beds.*
15. *Waiting area is inadequate at registration counter.*
16. *X-ray view boxes were not present in OPD like Medicine, Surgery, Ortho. Etc.*
17. *None of the speciality is provided any kind of teaching area.*
18. *There is no injection room for male or female, there is no dressing room, one plaster room in a wooden partition is present, plaster cutting room is absent.*
19. *Immunization room is not present. Family welfare clinic is not running.*
20. *Dark room refraction room is absent, minor O.T. in casualty is present etc.*
21. *Each ward is not provided with duty doctor room, nurse duty room, nursing station is present but not adequate.*
22. *Teaching area is absent and ward side laboratory is absent. There is no clinical demonstration areas. There is no seminar hall in the major departments. None of these areas have been provided with audiovisual aids and other teaching facilities. Teaching facilities are grossly inadequate.*
23. *Registration and Medical Record Section is not computerized and there is no central counter to know exactly about the daily admission. There are no clerks for issuing indoor admission cases. It is not computerized or cross linked with outdoor registration numbers. It has no qualified staff but manage by one clerk. ICD X Classification of diseases is not followed for indexing. Follow up service is not available. Separate medicolegal cases are not maintained.*

24. *Total 9 beds are available in casualty area. Central oxygen supply and central suction is not present. Cardiac Defibrillator is not present. No crash cots etc. are available.*
25. *Clinical laboratories require upgrading and modernization.*
26. *There are 4 operation theatres. None of the O.T. is having central oxygen and nitrous oxide supply and central suction. Resuscitation equipment is grossly inadequate.*
27. *Only one common intensive care unit is present having 10 beds with following equipments like One Ventilator, six monitors, one suction three pulse oxymeter one ECG machine were present. It is not airconditioned, no defibrillator, no infusion pump. No patient was present in ICU on the day of inspection i.e. 26.04.2004.*
28. *There is only one labour room. No distinction of septic or clean cases is present.*
29. *Radiological facilities – 2 static units. CT Scan is not available. No ultrasound is available in Obstetrics and Gynaecology department.*
30. *No glove inspection machine and no instrument washing machine in CSSD. Sterilization facilities are not available in operation block. No ETO is available.*
31. *Laundry is not mechanized.*
32. *There is no central kitchen facility available. Services of dietician are not available and patients are not served any food from hospital.*
33. *Paramedical staff is grossly inadequate as under:-*

<i>Laboratory technician</i>	<i>07</i>	<i>09</i>
<i>Laboratory Assistants</i>	<i>04</i>	<i>11</i>
<i>Laboratory Attendants</i>	<i>06</i>	<i>03</i>

34. *Nursing Staff is grossly inadequate as under:-*

<i>Nursing Superintendent</i>	<i>Nil</i>
<i>Deputy Nursing Superintendent</i>	<i>Nil</i>
<i>Matron</i>	<i>One</i>
<i>Assistant Nursing Superintendent</i>	<i>Nil</i>
<i>Nursing Sisters</i>	<i>Nil</i>
<i>Staff Nurses</i>	<i>80</i>
<i>ANM</i>	<i>60</i>

35. *In Anatomy department the following deficiencies are observed:*
 - *Officers are not available for teaching and non-teaching staff.*
 - *There are no separate demonstration rooms for demonstration classes, the demonstration classes are conducted in practical class itself.*
 - *No student lockers available.*
36. *In Physiology Department the following deficiencies are observed:*
 - *There are no separate demonstration rooms.*
 - *The experimental Physiology laboratory is shared with memmalian lab and Amphibian lab with 25 seats and required equipment.*
 - *There is no separate area for seminar room and the department has 20 books.*
37. *In Biochemistry department the following deficiencies are observed:*
 - *There is no separate demonstration hall.*

- The practical laboratory has 25 seats.
 - No separate seminar room is available and the department has 15 books.
 - The college lab has no auto analyzer.
38. In Pharmacology department the following deficiencies are observed:
- There are no separate demonstration rooms available.
 - The laboratory has 25 seats both experimental pharmacology and pharmacology laboratory exists in one common lab.
 - No separate seminar room is available and there are 50 books.
39. In Pathology department the following deficiencies are observed:
- There is no separate demonstration rooms, the demonstration classes are conducted in practical laboratory.
 - There is one practical class for histopathology hematology with 25 seats and 32 monocular microscopes.
 - There is no separate seminar room and there are 20 books in the departmental library.
 - Histopathology work load is minimal.
40. In Microbiology department the following deficiencies are observed:
- There is no separate demonstration rooms.
 - The practical laboratory has 25 seats.
 - Virology laboratory is not available
 - The department has 10 books.
 - There is no separate museum for microbiology department.
41. In Forensic Medicine department the following deficiencies are observed:
- There are 30 books in the department.
 - The mortuary is not provided with gallery type viewing facility. This facility is non functional as the department has not been granted permission for conducting medico legal autopsies.
42. In Community Medicine department the following deficiencies are observed:
- There is no separate demonstration room in the department.
 - The practical class has 35 seats.
 - There are 100 books with WHO publications.
43. The Departmental libraries books are inadequate as follows:
- Medicine – 50
 TB & Chest – 15
 Skin & VD – 25
 Psychiatry – 20
 Paediatrics – 50
 General Surgery – 50
 Orthopaedics – 30
 Oto-Rhino-Laryngology – 30
 Ophthalmology – 35
 Radio-Diagnosis – 30
 Anaesthesia – 45
 Obstetrics & Gynaecology - 50. Dummy and Pelvis are absent.
44. Other deficiencies/observations made in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognise MBBS degree awarded by Tribhuvan University in respect of students being trained at

Universal College of Medical Sciences, Bhairahawa, Nepal under section 12(2) of the Indian Medical Council Act, 1956.”

3. A compliance was received from the institute through the Central Govt. vide letter dated 29.11.2005. This compliance along with the inspection report dated 26th & 27th April, 2004 was considered by the Executive Committee at its meeting held on 10.02.2006 wherein it was decided as under:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted that during the inspection of May, 2004, gross deficiencies were observed as under:-

1. There is gross shortage of teaching faculty as under:-

- (a) Faculty 40.8% (i.e. 50 out of 122)

- (i) Professor – 12 (Physiology-1, Biochemistry-1, Pathology-1, Community Medicine-1, General Medicine-1, TB & Chest –1, Psychiatry – 1, Skin & VD-1, Ophthalmology-1, Obst. & Gynae. – 1, ENT-1, Radio-1).
(ii) Associate Professor – 13 (Anatomy –2, Physiology-2, Pathology-1, General Medicine-2, TB & Chest –1, Surgery – 1, Ortho.-1, Obst. & Gynae.- 1, Anaes.-1, Radio-1)
(iii) Assistant Professor – 12 (Anatomy –2, Pharmacology-1, Pathology-1, Forensic Med.-1, Paediatrics – 2, TB & Chest –1, Surgery – 1, Ortho.-1, Anaes.-1, Radio-1)
(iv) Tutor – 31 (Anatomy –1, Physiology-2, Pathology-6, Forensic Med.-2, General Medicine-4, Paediatrics – 1, TB & Chest –1, Skin & VD-1, Surgery – 4, Ortho.-1, Anaes.-5, Radio-3)

- (b) Residents 88.7% (i.e. 55 out of 62)

- i) Junior Residents – 55 (General Medicine-12, Paediatrics – 6, TB & Chest –3, Skin & VD-3, Psychiatry – 3, Surgery – 12, Ortho.- 6, Ophthalmology-1, ENT-3, Obst. & Gynae.-6)

2. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

<u>Name of the teacher</u>	<u>Department</u>	<u>Designation</u>
Dr. O.P. Srivastava	Pathology	Professor
Dr. Mena Srivastava	Forensic Medicine	Assoc. Professor
Dr. R.P. Upadhyay	Anatomy	

3. The teaching beds are inadequate as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
General Medicine	120/4	40/3	80/1
Paediatrics	60/2	20/1	40/1
TB & Chest	20/1	0/0	20/1
Skin & VD	10/1	20/1	00
Psychiatry	10/1	20/1	00
Surgery & Allied Specialities			
General Surgery	120/4	46/2	74/2
Orthopaedics	60/2	40/2	20/0
Ophthalmology	20/1	12/1	8/0
ENT	20/1	12/1	8/0
Obst. & Gynae.			
Obstetrics & ANC	60/2	40/1	20/1

*There is one Govt. hospital called Zonal Hospital of the State Govt. situated at Butwal city which is about 25 kms away from the teaching hospital i.e. Universal College of Medical Sciences, Bhairahawa. Batch of undergraduate students is attending the zonal hospital in major clinical subjects. Neither the OPD nor the ward has any facility of teaching or wards side lab. There is no display of Universal College of Medical Science board. Not a single doctor was available at the time of visit.

4. Clinical material is inadequate as under:-

	Daily Average	Day of inspection
O.P.D. attendance	375	135 (till 2 pm)
Bed occupancy%	35%	42%
Operative work		
Number of major surgical operations	2	1
Number of minor surgical operations	3	2
Number of normal deliveries	12/month	0
Number of caesarian sections	7/month	0
Radiological Investigations		
X-ray	70	35 (radiological protection is not there)
Ultrasonography	12	5
Special investigations	0	0
C.T. Scan	--	--
Laboratory Investigations		
Biochemistry	100 to 150	123
Microbiology	45-55	41
Serology	20	13
Parasitology	20	11
Haematology	150 to 175	160
Histopathology	01	0
Cytopathology	01 to 02	0
Others	--	--

5. Gross deficiencies in infrastructural facilities were also observed as under:-

- Inadequate facilities in OPD and wards.
- Inadequate teaching areas.
- Non-computerisation of Registration and Medical Record Section.
- There are only 4 operation theatres.
- Inadequate labour rooms and ICU.
- Non-availability of CT Scan and other deficiencies in equipment and infrastructure in Radiology department.
- Inadequate facilities in CSSD, Laundry, Kitchen etc.
- Deficiencies in infrastructural facilities in pre-clinical and para clinical departments and number of books in central and departmental libraries.
- Para medical and nursing staff is also inadequate.

As regards the explanation given by the college, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed as under:-

- (a) As per the regulations notified in the Gazette of India on 15.03.2005, the age upto which a teacher can be permitted to work in a medical college is 65 years. Hence, no teacher who is above the age of 65 years can be accepted.
- (b) As per the prevalent regulations on Minimum Standard Requirements, there should be 500 teaching beds in a teaching institution affiliated to a medical

college having annual intake of 100 admissions. It is also essential that adequate nursing facilities should also be available for such teaching beds. No beds can be considered as teaching beds provided in private cabins as the space within the cabin is inadequate for accommodating the students and the teachers and conducive for teaching. As per the prevalent regulations, the beds available in other hospital not within the same campus can be counted towards teaching beds.

- (c) As per the present regulations on Minimum Standard Requirements for a Medical College for 50/100/150 Admissions, the college and the teaching hospital have to be accommodated in an unitary complex on a plot of land not less than 25 acres. The regulations do not permit bifurcation of campus into different campuses for basic and clinical sciences.

In view of above and as there are gross deficiencies pertaining to teaching faculty, clinical material and other infrastructure which are still continuing, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 12.05.2004 of not recommending recognition of MBBS degree granted by Tribuvan University in respect of students being trained at U.C.M.S., Bhairahwa on reciprocal basis under Section 12 (2) of the I.M.C. Act, 1956."

4. Thus, it is evidently clear that the Central Govt. has issued this notification not only contrary to the recommendation of the Council but also inspite of the fact that there are glaring deficiencies of teaching faculty, residents, clinical material, teaching beds and other infrastructure.
5. Para 2 of the above said notification mentions that the said recognition of medical degree is however, be withdrawn by the Central Government on receipt of any concerned input from the Indian Embassy/Medical Council of Nepal/Government of Nepal, "thus, thereby deliberately omitting the name of the Medical Council of India, which is regulatory body for medical education in India". Thus, denigrates the authority of the Medical Council of India for regulating medical education. It is to be noted that the students would acquire the degree from this institute would be able to practice freely in India without any hindrance as by virtue of recognition u/s 12(2) of the I.M.C. Act, 1956, they would be allowed the permanent registration in India without any hindrance or without any testing mechanism like Screening Test.
6. In this connection, a meeting was held in the Ministry under the Chairmanship of Additional Secretary (H&FW) wherein President (Acting) and Secretary of the Council were present. In the meeting President (Acting) MCI had expressed his concern about the issue that since the students passing out from these colleges can practice medicine in India without appearing into screening test, it is necessary to ensure that all necessary facilities are available in these colleges and they produce quality doctors. However, it was pointed out that the ability of the doctors of that country to practice medicine in this country is assessed at the time of establishing of reciprocity scheme.

During the deliberations, it had also emerged that if individual colleges are not subjected to scrutiny, through their affiliation to recognized university, influx of students from the colleges where there are apprehensions about their activities can not be controlled. Accordingly it was considered necessary to have a mechanism to check such students.

In this regard, the relevant provisions of Section 12 of the Indian Medical Council Act, 1956 are as under : -

"12. Recognition of medical qualifications granted by medical institutions in countries with which there is a scheme of reciprocity:- (1) The medical qualifications granted by medical institutions outside India which are included in the Second Schedule shall be recognised medical qualifications for the purposes of this Act.

(2) The Council may enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications, and in pursuance of any such scheme, the Central Govt. may, by notification in the Official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognised, and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognised medical, qualification only when granted after a specified date."

The perusal of the sub clause 2 of Section 12 of the Act envisages as under:-

- i) The Council is required to enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of the medical qualification.
- ii) The Council is required to take a decision, after holding the negotiations, whether the medical qualification should be recognised or not under Section 12 of the Act.
- iii) On taking a decision that the medical qualification should be recognised under Section 12 of the Act, the MCI is required to forward its recommendations to the Govt. of India for notification in the Official Gazette amending the 2nd Schedule so as to include therein the said medical qualification.

The negotiations by the Council with the authority in the other country having similar jurisdiction, would relate to all such aspects for ensuring the minimum standards of medical education to be maintained in those medical institutions abroad so as to ensure that candidates securing medical qualifications from those institutions abroad are adequately exposed to proper teaching and training in the field of medicine. It is required to be ensured that the minimum required infrastructural, teaching and other facilities and the minimum eligibility conditions for teaching and training of MBBS students have been provided in the college. The Council would be required to get fully satisfied in relation to minimum norms towards eligibility conditions for admissions, minimum laid down norms for teaching faculty, well-equipped teaching hospital with the minimum required infrastructural and other facilities.

This aspect is to be viewed in the light of the fact that the reciprocity under Section 12 of the Act would mean that the citizens of that country with medical qualification from those medical institutions/colleges abroad would be entitled to get registered and practice in the territory of India and vice versa.

With reference to a similar request involving certain issues with reference to Section 12 of the Act, which had been received from a medical college in Mauritius, the Council had obtained the opinion of the Id. ASG, a copy whereof is enclosed herewith. The Council had been advised by the Id. ASG in the following terms : -

"7. If a medical institution makes a request for seeking recognition on the basis of reciprocity, it must be shown that the said medical institution must fulfil the above requirements. Unless the above said essential requirement contemplated in sub-section 12(2) are satisfied, no foreign medical institution can seek recognition on the basis of reciprocity or otherwise. It may also be stated that in the eye of international law, any individual institution or any organization dealing with the medical education does not have any legal status. Even the authority, as contemplated under Section 12(2), in my view must process or seek proposal for recognition on reciprocal basis only through the Sovereign

Government to the Sovereign Government of India which may, in turn, would forward the same to the Medical Council of India. Therefore, I am of the opinion that any foreign medical institution can seek recognition only if they satisfy the specified conditions mentioned above (paragraph 6).

8. Sub-section (3) of Section 12, even though does not specifically state about the withdrawal of recognition of medical degrees of foreign countries, it confers power on the Central Government after consultation with the Council, amend the Second Schedule and this amounts to withdrawal. If such a direction to amend the Second Schedule is given, it tantamounts to remove that particular medical qualification from the recognized degrees mentioned in the Second Schedule. Of course, such an amendment can be given only prospectively. The relevant phrases in the last sentence of the sub-section (2) and (3) respectively is worth to mention (i) "after a specified date" (ii) "before a specified date". Under sub-section (2) recognition would take effect after a specified date. For example, if a degree of a foreign country is recognised it would take effect only from the specified date mentioned in the notification. On the other hand, sub-section (3) which contemplates withdrawal of recognition or amendment of recognition would not have retrospective effect. Any degree that has been withdrawn from the Second Schedule would cease to be recognized only from that date. This would give the benefit to the holders of that degree prior to that date.

Section 19 contemplates withdrawal of recognition within the country. It specifies the ground on which such recognition can be withdrawn. Further, it also contains specific provision for the State Government to play its role in regard to the institutions situated in the State and they have to offer their remarks. So, the procedure contemplated in Section 19 would not apply to the provisions contained in Section 12(3).

To sum up in the background of what I had discussed in the preceding paragraphs, I am of the opinion that unless the requirements contained in paragraph six, the application forwarded by a foreign medical institution seeking recognition cannot be entertained. Section 12(3) is also very clear that it relates to withdrawal of recognition or de-recognition as detailed in paragraph eight....."

7. The Council has not received any further communication from the Central Govt. in this regard. However, the Central Govt. vide its notification dated 23.10.2006 has granted the recognition to the institute under section 12 of the I.M.C. Act, 1956 for inclusion of the MBBS degree of the Institute in the Second Schedule to the Act, awarded to the students trained at Universal College of Medical Sciences, Bhairahawa, Nepal on or after May, 2004.
8. It is stated that the Central Govt. has neither provided any reasons for overruling the recommendations of the Council in the above said notification nor any speaking order has been passed in this regard. It is also stated that the Council has not received any further communication in this matter after the decision of the Executive Committee at its meeting held on 10.02.2006 was communicated to the Central Govt. on 07.03.2006 and the meeting held in the chamber of the Additional Secretary (H&FW).
9. It is reiterated that since the students passing out from a college recognized u/s 12 can practice medicine in India without any further restriction or limitation or without undergoing the screening test, it has to be necessarily ensured that all the required facilities are available in such colleges and they would produce the quality doctors. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not

been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, teaching beds, clinical material, library facilities, health centers, para medical & nursing staff and other infrastructural facilities in almost all the departments, the quality of the education provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards to be applied to an institute in India and yet because of the recognition u/s 12 would be entitled to practice in India without any restriction or limitation or without the necessity of having to pass the screening test

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the communication sent by the Council vide its letter dated 20.11.2006 and further decided to request the Central Govt. to reconsider the matter and recall the notification dated 23.10.2006 issued by the Govt. of India for inclusion of the MBBS degree of Tribhuvan University, Nepal awarded to the students trained at Universal College of Medical Sciences, Bhairahawa, Nepal on or after May, 2004.

8. Grant of LOP/Renewal of permission for establishment of new medical college/increase of seats for MBBS degree U/S. 10A by Govt. of India during the period 2005-2006 - Consideration regarding.

Read : The matter in light of the order of the Hon'ble Supreme Court dated 23/09/2003 in I.A.No.5-6 and 7-14 in Civil appeal Nos.599-600 of 2002 with regard to Grant of LOP/Renewal of permission for establishment of new medical college/increase of seats for MBBS degree U/S. 10A by Govt. of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the Hon'ble Supreme Court in its order dated 23/09/2003 in I.A.No.5-6 And 7-14 in Civil appeal Nos.599-600 of 2002 had directed as under:-

“.....29. *A medical student requires grueling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in anyway. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study”.*

This case was referred to with approval in case of K.S Bhoir V. State of Maharashtra & Others [(2001) 10 SCC 264]. The Court also held that the compliance with the requirements under the Act and the regulations being mandatory in absence of their compliance, no permission could be granted by the Central Government for the increase in admission capacity in any course in any Medical College. The Court further held that for one time increase in admission capacity the colleges should have submitted the scheme prepared in accordance with the Act and the Regulations to the Central Government.

Despite the aforesaid law, it is contended by the learned senior counsel Mr. Venugopal for the Medical Council as well as by the learned Amicus Curiae Mr. Salve that the Central Government by passed the Medical Council and the Act and had issued various orders granting permissions to increase the strength of the students in some colleges or renewal of permission to the Medical Colleges. As against this Mr. Rakesh Dwivedi learned senior counsel for the Union of India submitted that the Central Government has neither by passed the Medical Council nor the statutory requirement for grant of permission to increase the strength of students in existing medical colleges/renewal of permission for the college.

No doubt for deciding the question – whether the permission granted by the Central Government is without complying with the statutory requirement and thus violative of Sections 10A and 10B of the Act requires consideration.....

..... Prima facie, we do not think that the Central Government has power to issue such permission when the college is not complying with the requirements of the regulations framed by the Medical Council of India or the requirements of the Act. As the permission is already granted and probably, it appears that the colleges might have given admissions on the basis of so called increase in the strength renewal of permission for a college, we direct the Medical Council of India to carry out further inspection to find out whether there is compliance of the requirement of the Act and the Rules in all the colleges where increase of strength/renewal of permission for a college is permitted by the Central Government by its various orders issued in August, 2003. The Medical Council of India to carry out the inspection within a period of four weeks.

In the meantime, the Central Government is directed not to grant any further permission without following the procedure prescribed under Section 10A (i) (ii) (iii) and (vii).....”

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further noted that the following medical colleges were permitted for admission by the Central Govt. in violation of the recommendation of the Council in 2005:-

1.	Govt. Medical College, Toothukudi – Renewal of permission for admission of 6 th batch of students during 2005-2006.	15.7.2005
2.	Chhatisgarh Instt. Of Medical Sciences, Bilaspur. - Renewal of permission for admission 5 th of batch of students during 2005-2006.	15.7.2005
3.	Uttarnchal Forest Hospital Trust Medical College, Haldwani -Renewal of permission for admission of 2 nd batch of students during 2005-2006	15.7.2005.
4.	Increase of MBBS seats from 100 to 150 at Govt. Medical College, Tirunelveli. - Renewal of permission for admission of 3 rd batch of students during 2005-2006.	15.7.2005
5.	Increase of seats from 110 to 150 at Coimbatore Medical College, Coimbatore – Renewal of permission for admission of 2 nd batch of students during 2005-2006.	15.7.2005
6.	Increase of seats from 50 to 100 at Santosh Medical College, Ghaziabad-	15.7.2005
7.	Dr. D.Y. Patil Medical College, Navi Mumbai.- Grant of	1-6.2006

- For Items No. 1 to 5, the Executive Committee and members of the Adhoc Committee of the Council had not recommended the renewal of permission, but the Govt. of India contrary to the recommendation of the Council had issued renewal of permission for these colleges. It was further noted that the respective State Govts. had given commitment to fulfill the various deficiencies pointed out by the Council before the closing date of admission. The inspection of these colleges were carried out in the last week of September,2005. After consideration of the inspection report as the deficiencies were not rectified even at the time of last date of closing of the admission. The members of the Adhoc Committee and of the Executive Committee of the Council at its meeting held on 1st October, 2005 had requested the Central Government to recall the Letters of Permission dated 15.7.2005 issued by the Govt. of India, as the commitment made by the State Government to fulfill the various deficiencies pointed out by the Council before the closing date of admission had not been fulfilled and since the precondition imposed by the Central Government vide letter dated 15-07-05 making it obligatory for the college authorities for compliance of all the requirements under the MCI regulations and to provide all the facilities within the stipulated time so that the college is in a position to make admission within the stipulated time, had not been fulfilled. The decisions of the Executive Committee were communicated to the Central Government on 3.10.2005. However, no response has been forthcoming from the Central Government in this regard.
- For Item No.6, the Executive Committee and members of the Adhoc Committee had not taken any decision regarding the renewal of permission, but the Govt. of India had issued the Letter of Permission for increase of seats, to the college.

- In Item No.7, the Executive Committee and members of the Adhoc Committee of the Council had recommended for Letter of Permission but the Govt. of India contrary to the recommendation of the Council had not issued LOP in the year 2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further noted that the following medical colleges have been permitted for admission by the Central Govt. in violation of the recommendation of the Council in 2006:-

1.	Govt. Medical College, NMDC, Jagdalpur, Chhattisgarh –Grant of LOP	15.07.2006
2	Sikkim Manipal Institute of Medical Sciences, Gangtok - Renewal of permission for admission of 6 th batch of students during 2006-2007.	15.7.2006
3.	Hassan Institute of Medical Sciences, Hassan – Grant of LOP	29.9.2006

- For Item No. 1 & 3, the Executive Committee and members of the Adhoc Committee of the Council had not recommended for issue of Letter of Permission, but the Govt. of India contrary to the recommendation of the Council had issued Letter of Permission.
- For Item No. 2, the Executive Committee and members of the Adhoc Committee of the Council had not recommended the college for recognition but the Govt. of India contrary to the recommendation of the Council had issued the renewal of permission for admission of 6th batch of 50 students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 10.07.2006 while perusing the inspection report of Govt. Medical College, NMDC, Jagdalpur, Chhattisgarh of the inspection carried out by the Council Inspectors on 7th July, 2006 had observed as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee also observed that the Council vide its various communications, of which the last was sent on 3rd July, 2006, as well as during the course of the personal meeting with the Officers of the Ministry has stated that accordance with the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. that when the directions No. 14 and 15 of the judgement of the Hon'ble Supreme Court are read with para 28 of that judgement, there does not appear to be any permissibility to any concerned authority to not to strictly follow the time schedule towards grant of permission/renewal under Section 10A of the Indian Medical Council Act, 1956 and the regulations made to the medical colleges. In view of the above, it would be neither possible nor permissible for the Council to conduct any inspection after 15th June for that academic year.

However, the Central Government has sent a compliance report received from the institute vide letter dated 27th June, 2006. The Central Government vide another letter dated 30th June, 2006 received in the office of the Council on 3rd July, 2006 has desired that the necessary input may be sent to the Central Government. As proper, thorough & objective inputs can only be given after physical verification of the compliance, the inspection to verify the compliance was carried out on 7th July, 2006 enabling the Council to furnish its inputs to the Govt. of India.

The members pointed out that they have come to know that simultaneous inspections were carried out by the Central Government in all these institutions for which the agenda was put-up. The members also noted that vide its letter dated 27.6.2006, the Council was requested by the Central Government to send the input on the basis of compliance received from the colleges. The Council vide its letter dated 30.6.2006 had informed the Central Government that the meeting of the Executive Committee is scheduled on 10th July, 2006 and the decision of the Executive Committee would be communicated to the Central Government immediately thereafter. However, the Central Government had decided to send its own team to all these 10 institutions of which it has sent the compliance to the Council and for which it had desired the inputs from the Council. The members felt that this duplication could have been avoided and unnecessary controversy and expenditure of public exchequer could have been spared.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (7th July, 2006) and noted the following:-

1. The shortage of teaching staff is as under:-

- (a) The shortage of teaching faculty is about 20% as under:-*
- i) Professor 1 (1 Biochemistry)*
 - ii) Associate Professor 6 (2 Anatomy, 2 Physiology, 1 Bio Chem, 1 Microbiology.)*
 - iii) Assistant Professor 2 (1 Biochemistry, 1 Forensic Medicine)*
 - iv) Tutor 2 (1 Anatomy, 1 Anaesthesia)*
- (b) The shortage of Residents is 5.2% as under: -*
- i) Jr. Resident 2 (2 Gen. Surgery)*

2. Available clinical material is inadequate as under :-

	Daily Average	Day of Inspection
<i>O.P.D. attendance</i>	<i>347</i>	<i>350</i>
<i>Radiological Investigations</i>	<i>O.P.+I.P.</i>	<i>O.P.+I.P.</i>
<i>X-ray</i>	<i>56</i>	<i>38</i>
<i>Ultrasonography</i>	<i>5</i>	<i>4</i>
<i>Special Investigations</i>	<i>-</i>	<i>-</i>
<i>C.T. Scan</i>	<i>2.5</i>	<i>2</i>
<i>Laboratory Investigations</i>		
<i>Biochemistry</i>	<i>41</i>	<i>37</i>
<i>Microbiology</i>	<i>-</i>	<i>-</i>
<i>Serology</i>	<i>-</i>	<i>-</i>
<i>Parasitology</i>	<i>12</i>	<i>16</i>
<i>Haematology</i>	<i>48</i>	<i>68</i>
<i>Histopathology</i>	<i>-</i>	<i>-</i>
<i>Cytopathology</i>	<i>-</i>	<i>-</i>
<i>Others</i>	<i>-</i>	<i>-</i>

- The OPD attendance, Radiological Investigations, and Lab Investigations are low. No Histology, Cytopathology & Serology work is being done.*
- 3. There is no playground. One old stadium is available, but there are no sports facilities. No other sports and recreation facilities are available. Deficiency not rectified.*
 - 4. OPD registration counter has one computer but indoor registration counter is not computerized. Each speciality is provided one to two rooms for examination of patients and inadequate accommodation for the doctors. Teaching facilities like patient couch, stools, x-ray, view box, examination tray, etc. are inadequate. There are no teaching areas in the major clinical departments. In wards, there is no doctor duty room, pantry, side laboratory, teaching and demonstration room, in any of the indoor wards. Medical Record Section is not computerized. Follow up services are not available. ICD classification is not followed. Deficiency not rectified.*
 - 5. The casualty is not adequately equipped with resuscitation instruments. Central oxygen supply, central suction, defibrillator, pulse oximeter, ambu bag, and disaster trolley etc. are not available. Casualty OT is used for minor surgery. Deficiency not rectified.*
 - 6. Bio-Chemastry laboratory has one autoanalyzer and one semi autoanalyser. The autoanalyser is not functional. The microbiology section is not existent. No histopathology, serology and cytopathology work is done. Each section is not having the required equipment except in bio-chemistry department. Technical staff is not adequate. On an average 20 samples are processed per day. Deficiency not rectified.*
 - 7. There is no Medical , Surgical & Paediatrics ICU. Deficiency not rectified.*
 - 8. In Radiological department, the protective measures as per BARC specifications are not followed. Deficiency not rectified.*
 - 9. There is no CSSD. However, one horizontal sterilizer is available in the OT Complex. Deficiency partially rectified.*
 - 10. Intercom is not available. Deficiency not rectified.*

11. There is no mechanized laundry .The laundry system is run by outsource agency which is unsatisfactory. Deficiency not rectified
12. At present the disposal of bio-medical waste is done by Red cross society, Jagdalpur but it is not conducted as per Supreme Court Guide lines. Deficiency not rectified
13. Nursing staff is status quo since the last inspection and is inadequate. Deficiency remains as it is.
14. In Anatomy Department, the Dissection Hall is under construction. Preparation room is still under construction. False roofing and civil work is pending. There is no water supply and electricity.
In the Physiology Department, laboratories are nearing completion. Civil work is pending. There is no electricity and water connection.
In the Biochemistry, flooring in the department is pending. Civil work is remaining. There is no water and electricity connection. The staircases in the building are still under construction and there are no side railings. Deficiency partially rectified.
15. Bath rooms of Common room for Boys & Girls are under construction. There are no electrical fittings & no fans.
16. Central Library is not organized and equipped with new books and journals. One large hall has been provided in which mostly old edition books have been randomly stacked. Books have been brought from Govt. Medical College Raipur. One librarian was available in the library. Only 371 books have been entered in the accession register. No Journals are available. One computer is kept but is not functional. Internet facility is not available. There are no other facilities are available in the library.
17. Boys hostel is under construction. However, one boys hostel with 24 double seater rooms has been taken on rent which is 3 kms from the campus.
18. Other deficiencies and remarks in the report.

In view of above, the members of the Executive Committee and of the Adhoc Committee appointed by the Hon'ble Supreme Court, having regard to the persisting deficiencies as pointed out in the compliance verification report, decided to reiterate its decision to recommend to the Central Govt. to disapprove the scheme for establishment of new medical college at Jagdalpur, Chhatisgarh by Govt. of Chhatisgarh received u/s 10A of the IMC Act, 1956."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 22.09.2006 while perusing the inspection report of Hassan Institute of Medical Sciences, Hassan of the inspection carried out on 20.09.2006 had observed as under:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (20th September, 2006) and noted the following:-

1. The shortage of teaching staff is as under:-
 - (a) The shortage of teaching faculty is 25.42% as under:-
 - (i) Professor - 2 (Physio.-1, Biochem-1)
 - (ii) Associate Professor – 6 (Ortho. -1, OG-1, Anaes.-1, Anat.-1, Physio.-1, Pharma.-1)
 - (iii) Asst.Prof - 4 (Anat-3, Biophysics-1)
 - (iv) Tutor - 3(Physio-1, Radiodiag-2)
- (c) The shortage of Residents is 31.57% as under :-
 - i) Sr. Resident 07 (Med-3, Surgery-2, Paed-1, ENT-1)
 - ii) Jr. Resident 05 (Med-2, Surgery-2, Ophthal-1)
- (d) Dr. H.R. Krishne Gowda, Medical Superintendent has nil years of administrative experience.
- (e) No administrative staff is posted yet.
- (f) It may be pointed that the hospital is under the Dte. of Health Services while the college is under the Director of Medical Education. The staff of the hospital is not under the administrative control of the Dean of the college.

2. *The clinical material is inadequate as under :-*

	Daily Average		Day of Inspection	
<i>O.P.D. attendance</i>	350 to 550		512	
<u><i>Operative work</i></u>				
<i>Number of major surgical operations</i>	7 to 14		Nil	
<i>Number of minor surgical operations</i>	5 to 6		2	
<i>Number of normal deliveries</i>	6 to 8		3	
<i>Number of caesarian Sections</i>	1 to 3		3	
<u><i>Radiological Investigations</i></u>	<i>O.P.</i>	<i>I.P.</i>	<i>O.P.</i>	<i>I.P.</i>
<i>X-ray</i>	18 - 30		15	
<i>Ultrasonography</i>	20-25		07	
<i>Special Investigations</i>	1 - 2		Nil	
<i>C.T. Scan</i>	NA		NA	
<u><i>Laboratory Investigations</i></u>				
<i>Biochemistry</i>	40-60		70	
<i>Microbiology</i>	Nil		18	
<i>Serology</i>	5 -10		Nil	
<i>Parasitology</i>	1 -2		Nil	
<i>Haematology</i>	60 -70		76	
<i>Histopathology</i>	Nil		Nil	
<i>Cytopathology</i>	Nil		03	
<i>Others</i>	--		--	

3. *The Medical College, Lecture Theatres, Common room for boys and girls, Animal House, Central library, Central photography cum audio-visual units, all are under construction.*
4. *In OPD, Registration is done manually and no computer is available.*
5. *Medicine O.P.D. has got 2 cubicles with one x-ray box, there is no class room available. Paediatrics O.P.D. has got one cubicle with no x-ray view box. Skin & VD OPD has got one cubicle and no Microscope. No Psychologist is available. There is no class room available in any OPD. The Audio metry room is not Air conditioned. No technician is available. There is no class room available in the OPD. Deficiencies remain as it is except for additional 2 cubicles.*
6. *Registration and Medical Record Section is not computerized. No ICD index is being followed.*
7. *Nursing stations are located outside the ward. There is no pantry, ward lab. and teaching area available in any of the wards.*
8. *Central clinical laboratory managed only the technicians. It functions only OPD hours and no emergency back up service available. Equipments for doing basic investigations only are available. Deficiencies remain as it is except for few faculty members are posted.*
9. *Oxygen supply is through the cylinder only and suction is by mechanical instrument. No emergency equipments or Crash cart are available in the ward. There is no minor O.T or Emergency O.T available in the Casualty.*
10. *The following equipments are available in O.T. block which is inadequate: -*

<i>Multiparameter Monitor (with capnograph)</i>	-	<i>Nil</i>
<i>Respiratory Gas Monitor</i>	-	<i>Nil</i>
<i>Respiratory Gas Monitor with Pulse oximeter</i>	-	<i>Nil</i>
<i>Defibrillators</i>	-	<i>One</i>
<i>Ventilator</i>	-	<i>Two</i>
<i>Boyles' apparatus</i>	-	<i>Five</i>
<i>Infusion Pump</i>	-	<i>Nil</i>
<i>Drip Infusion Pump</i>	-	<i>Nil</i>
11. *There is no CSSD Available.*
12. *There is no Intercom facility available and the wards are not connected by Phone.*
13. *Laundry service is being out sourced.*
14. *There is no provision to supply special Diet.*
15. *There is deficiency of 5 para Medical Staff (Laboratory Technicians/Assistant & Laboratory Attendants).*

16. *Nursing Staff is grossly inadequate as under.*

<i>Nursing Superintendent</i>	:	<i>One</i>
<i>Deputy Nursing Superintendent</i>	:	<i>One</i>
<i>Matron</i>	:	<i>Nil</i>
<i>Asstt. Nursing Superintendent</i>	:	<i>Nil</i>
<i>Nursing Sisters</i>	:	<i>Three</i>
<i>Staff nurses</i>	:	<i>Sixty Three</i>

17. *The Pre clinical department of Anatomy, Physiology, Biochemistry are under construction and not functional.*

18. *Hostels are under construction.*

19. *Teaching beds are not adequate in number and distribution at this stage.*

20. *Other deficiencies/remarks are in the main report.*

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 14th – 15th June 2006 & 7th September 2006 recommending to the Central Govt. to disapprove the scheme for Establishment of new medical college at Hassan by Govt. of Karnataka u/s 10A of the IMC Act, 1956."

It was further observed that as regards Sikkim Manipal Institute of Medical Sciences, Gangtok, the same has also been discussed under item No. 4 of this meeting wherein it has been observed as under:-

“.....13. The Sikkim Manipal University vide its letter dated 11th August 2006 submitted another compliance. The compliance verification inspection of the said compliance was carried out by the Council Inspectors on 5th & 6th September, 2006.

14. The institute vide its letter dated 11th August, 2006 to the Council also stated that the Chief Secretary, Govt. of Sikkim vide letter dt. 11.08.2006 to the Secretary, Govt. of India, Ministry of Health & Family Welfare, New Delhi had endorsed the document of collaboration arrangements between the STNM Hospital and SMIMS/CRH. However, perusal of the letter of the Chief Secretary on the subject the revised Memorandum of Understanding reveals as under:-

“A revised Memorandum of Understanding providing for augmented levels of collaboration has also been drawn up by the Sikkim Manipal University on the basis of ongoing consultations with the Doctors of STNM Hospital. Such MoU after due consultations with the doctors **had been submitted for approval of the competent authority.**”

15. It is thus clear that this revised MoU had not attained the stage of finality as yet as 11th August, 2006.

16. The Principal Secretary, Health Care Human Services & Family Welfare Department, Government of Sikkim vide letter dated 6th September, 2006 has submitted a revised MoU signed by the Principal Secretary, Health Care Human Services & Family Welfare Department, Government of Sikkim & Vice Chancellor, Sikkim Manipal University Gangtok Sikkim.

17. In the revised MoU, there is no provision for earmarked beds and wards at STNM Hospital for utilization by the faculty and the students of SMIMS. There is no mention of any financial and administrative control of the college or clinical control over the patients admitted in the STMN wards by the faculty of SMIMS.

18. It may be noted that the circular of Govt. of India dt. 04.05.2000 refers to the situation wherein the facilities in a Govt. Hospital are to be utilized by the proposed medical college by creating its own infrastructure and appointing teaching faculty in the Government Hospital so that the clinical material in terms of the patient attending the hospital could be effectively utilized to meet the shortfall in the formative years of a new medical college. It does not refer to a situation wherein the staff of Govt. Hospital is sought to be shown as a teaching faculty of the proposed medical college. The bare reading of the circular makes it abundantly clear that this arrangement is for a initial period of 3 years in which the new hospital to be set up by the college may find it

difficult to attract clinical material and the concerned medical college should take necessary steps to make clinical material available in its own hospital. This circular, in no manner, refers to a situation in which the medical college would not have been able to establish and create a hospital having adequate clinical material even after 6 years i.e. at the time of recognition of the degree. The contents of this circular dated 4.5.2000 are set out as under for your kind reference: -

NO.U.12012/12/94-ME(P)
Government of India
Ministry of Health & Family Welfare
Department of Health

To

Dated 4th May, 2000

The Health/Medical Education Secretaries
of all the State Govt./U./T. Administration

Sub:- Establishment of a new medical college – ownership of Hospital – Regarding.

Sir,

I am directed to say that one of the qualifying criteria prescribed in the Regulations of Medical Council of India to make an applicant eligible to apply to the Central Govt. for permission to establish a new medical college is that the “applicant owns and manages a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed college.”

It has been observed that availability of clinical material in the hospital attached to the newly established medical colleges has always been problem and one can't expect large scale bed occupancy during formative years. It even becomes more difficult for upcoming rural colleges to get the clinical material.

In the interest of teaching and training of students Govt. has decided that the authorities of new medical colleges may be permitted to utilize facilities of other Govt./district hospitals for the purpose of clinical material for teaching where beds of these hospitals should be under the total administrative control of authorities of concerned college and situated within 5 kms. from the medical college. The facilities of clinical material thus utilized shall be over and above the minimum beds stipulated under regulations of MCI. It is emphasized that any applicant for starting a medical college should own and manage 300 bedded hospital.

Further, such an arrangement of training of students be permitted for a period of three years from the date of grant of permission by the Central Government for establishment of a new medical colleges and during this period the concerned medical college should take necessary steps to make the clinical material available in the own hospital.

Yours faithfully,

(S.K. RAO)
DIRECTOR.

Copy for information to the Secretary, Medical Council of India, Kotla Road, New Delhi.

19. Clause 1.2, 1.4 & 1.5 pertaining to teaching and training in the proposed revised MoU dated 6.9.2006 reads as under:-

- 1.2 “All doctors and Medical Offices in Government hospitals may take lectures, demonstrations and give clinical training both at STNM hospital as well at SMIMS/CRH in accordance with an acceptable schedule drawn up in consultation with the concerned institutional heads. A formalized, regular, arrangement of clinical teaching/training in the STNM Hospital would be carried out. The teaching program in STNM is to be carried out in accordance with such published schedule, which must contain details such as number of students, the departments, which they will be attending, the STNM doctors who would give instructions to the students and the number of hours assigned for each of the training sessions in STNM Hospital. The

schedule of teaching promulgated every week/every month, would need to take care of the clinical teaching requirements incorporated in the syllabus.

- 1.4 It would be appropriate that a designated doctor from CRH/SMIMS accompanies the students and is present during the teaching program. He would generate a weekly report on the teaching/training which has been carried out.
- 1.5. SMIMS faculty would be permitted to be with the students through out the program of bedside teaching at the STNM hospital as per the agreed program”.

20. Firstly, it deserves to be confirmed from the concerned State authorities whether the MOU which has been forwarded bearing the signatures of the Vice-Chancellor is by a competent authority inasmuch as in accordance with the applicable provisions of the University Act, the Vice-Chancellor may not be a competent authority to execute such an arrangement. Further, it is contrary to the terms of condition of the circular of the Government of India dt. 4.05.2000 as no specific arrangements or earmarking of units for utilization in STNM Hospital by the faculty of SMIMS has been made or is existing in the STNM Hospital. It is pertinent to note that in this circular it was never intended that the employees of the State Govt. who are on non-teaching cadre can ever be permitted to be considered as medical teachers in a medical college owned and managed by another authority. The institute has not appointed teachers on regular basis as stipulated in the said circular and has thus failed to comply with the minimum requirements of the teaching staff prescribed by the statutory regulations.

21. It would also be noted that the said circular of the Govt. of India clearly mentioned that during the period in which it is permitted to utilize the facilities of a Govt. Hospital, the concerned medical college should take necessary steps to make the clinical material available in its own hospital. In the present case, SMIMS over a period of 6 years has consistently failed to have sufficient and adequate clinical material available in its own hospital. On perusal of the inspection report for the last 4 years, it is observed that SMIMS has consistently failed to achieve bed occupancy of more than 40% (as against the prescribed minimum requirement of 80% bed occupancy) and OPD attendance more than 300 per day (as against the prescribed minimum requirement of 800 patients per day) and has consistently grossly inadequate clinical material through out these years.

22. The claim that any new hospital in Sikkim with its peculiar terrain and residential patterns, unique morbidity profiles and socio-cultural practices needs time to develop towards a patient level easily achievable in towns in other parts of the country is not tenable particularly in view of the fact that the CRH which is the main affiliating hospital of SMIMS is now over 6 years old and further particularly in view of the fact that STNM hospital which is a general non-teaching hospital and located only a few km. away from CHR is able to attract clinical material in a great abundance. **It would be relevant in this context to mention that since the enforcement of minimum prescribed requirements is an imperative for each medical college/institution that in similar circumstances, the MCI and the Ministry of Health had insisted for compliance in the case of Dr. Rajendra Prasad Medical College, Tanda which had been established by the State of Himachal Pradesh. On similar pleas raised by the State of Himachal Pradesh, when the Hon'ble Himachal Pradesh High Court had granted permission for admissions to the State Govt. for this new medical college, in the appeals filed by the MCI and the Govt. of India, the Hon'ble Supreme Court had stayed the judgement of the Hon'ble High Court. It was on the State of H.P. subsequently providing the minimum prescribed infrastructural, teaching and other facilities that the permission u/s 10A had been granted.**

23. It is further to be appreciated that incidental factors like high literacy rate, small family norms, excellent climatic conditions etc. cannot be a ground for not providing and fulfilling the **minimum** prescribed clinical material, other infrastructural and teaching requirements in a teaching hospital. The most crucial and significant aspect which cannot be ignored by anyone is that the function of a teaching hospital is not only to provide health services but also to teach medical students and in the absence of adequate clinical material, practical training which is very vital and important in medical curriculum is

likely to lag behind and the students when they complete their course may not be fully conversant with all the aspects of clinical medicine. This scenario is not desirable in a teaching hospital. It is in this context, the Hon'ble Supreme Court was pleased to recognize and enforce the following crucial and significant aspects of medical education by observing in its judgement in the case of MCI –Vs. State of Karnataka – (1998) 6 SCC 131, as under:-

“.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....”

24. Clause 2.3 of the revised MoU merely states as under:-

“SMIMS/CRH faculty members may be permitted to work along side STNM doctors, specialists and consultants in providing patient care, health care delivery services and associated assistance for diagnosis/treatment in consultation with the Superintendent STNM Hospital.”

Thus, it is clear that no control of the patients of STNM ward has been assigned to the faculty of STNM/CRH. All the clauses in the revised MoU regarding clinical material use the phrase “may be” which indicate that there is no finality to the proposed arrangements, and the arrangements are not mandatory binding.

25. It also deserves to be noted that the fundamental parameter of good quality medical education is availability of the minimum required clinical material and qualified teaching faculty. To achieve this purpose it has been the practice of all the medical institutions all over the world including India that the treatment of the patients who are being utilized as a source of clinical material by the medical teachers has to be undertaken by the teachers themselves at the teaching institution, because they have to demonstrate and train the medical students on all aspects of clinical practice including examination, investigation and treatment. Such an arrangement as indicated in the revised MoU would never secure this objective for the training of the medical students effectively as the clinical control of the patients would not remain with the faculty of SMIMS. Further, whenever there is difference of opinion in the arrangement as indicated in the MoU so far as the patients in STNM Hospital are concerned the view of the doctors of STNM Hospital would be final which is not at all permissible/desirable for proper medical teaching of the students.

26. Clause 4.1 of the revised MoU pertaining to contribution of Junior Residents/Paramedical staff towards manpower gaps reads as under:-

“For the purpose of compliance with the Medical Council Requirements and for the purpose of augmenting the quality of Health care services at CRH the Medical Officers, Paramedical and other non-teaching staff of Government Hospitals/PHCs would also be utilized”.

It is not clear whether any additional staff would be appointed to meet the deficiencies of the staff required as per the MCI Regulations. This clause also does not make clear whether the concerned staff will work only at either of the Hospital or both the Hospitals simultaneously. It may be noted that in the latter instance, this would result in utilization of part time staff in a SMIMS and which is contrary to the Regulations of the Council. This would also result in dilution of the patient care service.

27. It is reiterated that the relevant paragraph of the circular dated 4th May, 2000 of Government of India, Ministry of Health & Family Welfare, Department of Health reads as under:-

“In the interest of teaching and training of students, Govt. has decided that the authorities of new medical colleges may be permitted to utilize

*facilities of other Govt./District hospitals for the purpose of clinical material for teaching **where beds of these hospitals should be under the total administrative control of authorities of concerned college** and situated within 5 kms. from the medical college. The facilities of clinical material thus utilized shall be **over and above the minimum beds stipulated under regulations of MCI.***

*Further, such an arrangement of training of students be permitted **for a period of three years from the date of grant of permission** by the Central Govt. for establishment of a new medical college and during this period the concerned medical college should take necessary steps to make the clinical material available in its own hospital.”*

28. It may be noted that SMIMS was granted the Letter of Permission for the Academic Year 2001-2002. Thereafter already three batches have been admitted. The STNM Hospital is under the administrative and financial control of the District Health Authorities of the Govt. of Sikkim and not under the financial and administrative control of the Dean of the College. It is not owned and managed by the applicant. The staff of the Medical College do not participate in any teaching activities in the STNM Hospital. No separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. STNM Hospital doctors do not contribute to the patient care management at CR Hospital owned and managed by the applicant. The requirement of having a separate teaching unit in STNM Hospital is not fulfilled.
29. In summary, the following points may be observed in the revised MoU:-
 - (i) *There is no financial, Administrative and clinical control over the patients admitted in STNM Hospital by SMIMS faculty.*
 - (ii) *No beds has been earmarked in STNM Hospital for SMIMS faculty.*
 - (iii) *No OPD cubicles have been earmarked in STNM Hospital for SMIMS faculty.*
 - (iv) *No specific arrangements have been made for the participation of SMIMS faculty in providing treatment to the patients in STNM Hospital.*
 - (v) *No specific teaching programmes have been incorporated which are being conducted in STNM Hospital for the students of SMIMS.*
 - (vi) *Although it is not specifically stated the tenor of the revised MoU suggests that the employment of the doctors and medical officers in Govt. hospitals would be on part time basis as faculty of SMIMS. This is contrary to Minimum Standard Requirements for the Medical College Regulations, 1999 which mandates that all the teachers in a medical college have to be on full time basis.*
 - (vii) *It is not revealed whether the revised MoU has been approved by the competent authority of Sikkim Manipal University of Health, Medical and Technological Sciences, Gangtok.*
30. It may also further be noted that there are no beds in Dermatology and TB Chest at STNM. Specifically for these two specialities for which no indoor facilities exists in STNM Hospital, the bed occupancy in respect of these two departments in the SMIMS Hospital was less than 10%, which was grossly inadequate.
31. It is further stated that this college is admitting students not only from Sikkim or Northeast but from other regions of the country and NRI as well. If the students are being trained in an institution which does not have adequate clinical material even after

being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. It is also pertinent to note that the graduates of this institute may not necessarily settle in Sikkim or Northeast only but would spread all over the country or the world in the years to come. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution.

32. It is further stated that the above said circular of the Govt. of India dated 04.05.2000 stated that the utilization of the facilities of the Government Hospital would be for a **period of 3 years**. It is stated that in the instant case, the period of 3 years was over in 2004 as the first batch was admitted in 2001. Thereafter, it has been the consistent stand of the Council that the facilities and the staff of STNM Hospital cannot be considered while considering the renewal of permission for this college. In accordance with this stand, and, because there were gross deficiencies of teaching faculty, clinical material and other infrastructural facilities, the Council could not recommend renewal of permission for the academic year 2004-05. However, the Govt. of India granted renewal of permission for 50 students only. For the academic year 2005-06, the Council recommended grant of renewal for 50 students. This was approved by the Central Govt.

33. So far as the academic year 2006-07 is concerned, even though the Executive Committee of the Council, in view of persisting deficiencies in the minimum required infrastructural, teaching and other facilities, could not recommend for recognition, the Govt. of India vide its letter dated 15.07.2006 granted renewal of permission for 50 students only. The Govt. of India decided to renew the permission for admission of only 50 students for the last 3 years consecutively including the current academic year.

34. It is also stated that the Regulations of the Council are statutory and binding & mandatory in character. The recommendations of the Council to the Central Govt. are based upon the regulations framed by the Council u/s 33 of the Act. The Minimum Standard Requirements for 100 Admissions Annually Regulations, 1999, are uniformly applicable all over the country and there is no difference insofar as the fulfillment of minimum prescribed infrastructural, teaching and other facilities are required to be provided by each medical college/institution notwithstanding factors such as different areas of the country as the Regulations prescribe the minimum norms it is neither appropriate nor permissible to contend any dilution or relaxation of minimum norms which have universal applicability. For providing the minimum norms in the field of medical education, no plea of any hardship or lack of resources should ever be permitted to come in the way in the enforcement of the minimum norms laid down by the statutory regulations in the larger public interest. At this juncture it is pertinent to note that the college has failed to establish the requisite teaching hospital with adequate clinical material and recruit adequate qualified teaching faculty as required by the Regulations even after a period of 6 years.

35. It may further be noted that the Hon'ble High Court of Sikkim had received a complaint regarding irregularities in admissions in the year 2003-2004. After taking cognizance of the same, the Hon'ble High Court in Suo Motu instituted the Writ Petition ©No.37/2004–Vs. Sikkim Manipal University of Health, Medical and Technological Sciences in the High Court of Sikkim. Detailed affidavits and investigation reports have also been filed before the Hon'ble High Court.

The Division Bench of the Hon'ble High Court of Sikkim at the hearing on 28.09.05 has directed as under:-

“However, keeping in view the objective with which the institute was established with substantial grant from the State Government in the interest of general public as a whole, and the manner in which the institute is presently functioning we are, at this juncture, of the tentative view, that it would be more appropriate if the State Government takes over the administration and management of the Sikkim

Manipal University of Health and Medical Sciences immediately so as to avoid further damage being done to the institution.

Liberty is granted to the State Government to withdraw and cancel the related MOU entered, if any, between the State Government and the Sikkim Manipal University and to establish the State's own medical college at the same premises where Sikkim Manipal University of Health and Medical Sciences is located."

36. Thereafter, the hearing on 09.11.2005 the learned advocate General at this hearing informed to the Hon'ble Court that the High Level Committee has been formed to look into the matter and decided the course of action.

37. Subsequently, the learned advocate General who appeared on behalf of the State Govt. before the Hon'ble Court on 26.06.2006 has sought time stating that the Committee constituted by the Govt. would be sitting in July again to consider the takeover.

38. It is to be noted that the Council is not aware of any decision of the High Level Committee of the Govt. of Sikkim so far in the matter regarding taking over this college by the Govt. of Sikkim.

39. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while perusing the inspection report of the inspection carried out on 5th & 6th Sept.,2006 also observed as under:-

1. (a) The following faculty have not been considered as per their designations while computing faculty deficiency for reasons detailed below:-

Sl. No.	Name	Designation	Department	Remarks
1.	Ms. Karma L Bhutia	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
2.	Ms.Samten Doma L	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
3.	Ms. Polly Lama	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
4.	Ms. Jency Thomas	Asstt. Prof.	Anatomy	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
5.	Ms. Sneh Lata Rai	Asstt. Prof.	Physiology	She does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
6.	Mr. Suresh P.	Asstt. Prof.	Physiology	He does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
7.	Mr. K. Ashok Prabhu	Assoc. Prof.	Biochemistry	He is Ph.D from Science faculty not counted.
8.	Mr. Debranjana Datta	Asstt. Prof.	Pharmacology	He does not have the requisite 3 years Tutor experience after M.Sc. Not counted.
9.	Dr. Parvati Nandy	Assoc. Prof.	Medicine	He does not have the requisite 5 years experience as Asstt. Prof.

				Not counted.
10.	Dr. Sudeep Datta	Assoc. Prof.	Paediatrics	He does not have the requisite 5 years experience as Asstt. Prof. Not counted.

(b) In view of above, the shortage of teaching staff is as under:-

(a) The shortage of teaching faculty is 11.5% as under:-

- i) Professor - 1 (Paediatrics)
- ii) Associate Professor - 7 (1 – Anatomy, 1 – Biochemistry, 1- Forensic Medicine, 1 – General Medicine, 1 – Anaesthesia & 1- Paediatrics & 1 – Radiology)
- iii) Assistant Professor – 2 (1 – Pathology, & 1 Radio-diagnosis)
- iv) Tutor – 5 (2 – Pathology, 1 – Forensic Medicine & 2 – Anaesthesia)

(b) The shortage of Residents is 47.3% as under :-

- (j) Sr. Resident – 9 (4 - General Medicine, 1 – Dermatology, 2 – General Surgery, 1 – Orthopaedics, 1 – Obst. & Gynae.)
- (ii) Jr. Resident – 27 (6 - General Medicine, 2 – TB Chest, 8 – General Surgery, 4 – Orthopaedics, 1 – Obst. & Gynae., 2 Ophthalmology, 2 – Paediatrics, 1 - ENT & 1 - Dermatology)

2. Available clinical material at CRH (Central Referral Hospital) is as under:-

	Daily Average		Day of Inspection 05.09.06	
O.P.D. attendance	329		320	
Casualty attendance	14		13	
Bed occupancy%	44.4%		37%	
<u>Operative work</u>				
Number of major surgical operations	2.6		--	
Number of minor surgical operations	2.2		02	
Number of normal deliveries	01		--	
Number of caesarian Sections	0.2		--	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	25	22	29	04
Ultrasonography	04	07	09	11
Special Investigations	--	0.4	--	--
C.T. Scan	0.2	01	02	--
<u>Laboratory Investigations</u>				
Biochemistry	124	119	159	109
Microbiology	07	06	04	01
Serology	10	07	06	03
Parasitology	07	06	02	01
Haematology	84	88	26	15
Histopathology	01	06	02	04
Cytopathology	1.2	02	--	01
Others	97	60	22	09

The above statistics are provided by the Medical Superintendent.

- The clinical material is grossly inadequate.
- Bed occupancy is very low at 37% on the day of inspection.
- The number of operations and deliveries, radiological and laboratory work load are also grossly inadequate as reflected above.

The clinical material and faculty at STNM Govt. Hospital has not been considered for reasons given as under:-

Govt. of India, Ministry of F.W., vide circular letter No.U.12012/12/94-ME(P) dt. 4th May 2000 addressed to Health/Medical Education Secretaries of all state Govts./U.T. Administrations states the following:-

“It may be noted that the arrangement to utilize the facilities of other Govt./District Hospitals on the conditions stipulated in the Govt. of India letter shall be for only a specified period of 3 years from the date of grant of permission by the Central Govt. for establishment of a new medical college. These facilities shall be a additional to the mandatory requirement of the applicant owning and managing a hospital of not less than 300 beds with necessary infrastructural facilities and with a view to mitigate the problem of non-availability to required clinical material for teaching and training of students. It may please be noted the above permission is in no way relaxation of the provision of the Establishment of Medical College Regulations, 1999, which are to be followed scrupulously by all applicants of new Medical Colleges...”

SMIMS was granted the Letter of Permission for the Academic Year 2001-02. The STNM Hospital is under the administrative and financial control of the District Health Authorities of the Govt. of Sikkim and not under the financial and administrative control of the Dean of the College. It is not owned and managed by the applicant. The staff of the Medical College does not participate in any teaching activities in the STNM Hospital. No separately demarcated teaching beds are available in the STNM Hospital for the faculty of SMIMS. STNM Hospital doctors do not contribute to the patient care management at CR Hospital owned and managed by the applicant. The requirement of having a separate teaching unit in STNM Hospital is not fulfilled.

In addition, the following points may be noted :-

- (i) There is no financial, administrative and clinical control over the patients admitted in STNM Hospital by SMIMS faculty.
- (ii) No beds has been earmarked in STNM Hospital for SMIMS faculty.
- (iii) No OPD cubicles have been earmarked in STNM Hospital for SMIMS Faculty.
- (iv) No specific arrangements have been made for the participation of SMIMS faculty in providing treatment to the patients in STNM Hospital.
- (v) No specific teaching programmes have been submitted & shown to the Inspectors, which are being conducted in STNM Hospital for the students of SMIMS.
- (vi) No teaching programmes were displayed on the notice boards for the students at STNM.
- (vii) There are no clinical units in STNM.
- (viii) There are no beds in Dermatology and TB Chest at STNM. Specifically for these two specialities for which no indoor facilities exists in STNM Hospital, the bed occupancy in respect of these two departments in the SMIMS Hospital was less than 10%, which was grossly inadequate.

Considering all the above issues, the clinical material as well as the staff of STNM Hospital/Govt. cannot be considered as on the teaching faculty of the SMIMS and therefore has not been considered.

3. There is a hired residential facility to accommodate 20 students/interns at the Pakyong PHC along with messing arrangement in a leased house at a distance of 50 mtrs. from the RHTC.

4. Medicolegal work is still inadequate. Deficiency not rectified.....”

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that it has to be necessarily impart proper education and ensured that all the required facilities appropriate for the respective phase are available in the medical institutions so that they would produce the quality doctors. If the students are being trained in an institution which does not have adequate teaching faculty, clinical material or essential infrastructure at inception or even after being in existence for a

period of several years, it would lead to a situation in which these medical students would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material, qualified teaching faculty and essential infrastructure is of paramount importance in recommending LOP/renewal of permission for any medical institution. It is also reiterated that as the inspection reports themselves had shown deficiencies of teaching faculty, residents, clinical material, and other essential infrastructural facilities, the quality of the education provided in such an institute wherein there are deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards to be uniformly applied to all institutes in India.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Govt. to recall the Letters of Permission issued by the Central Government in respect of Govt. Medical College, NMDC, Jagdalpur, Chhattisgarh and Hassan Institute of Medical Sciences, Hassan for the academic year 2006-07 and to recall the renewal of permission for admission of 6th batch of MBBS students at Sikkim Manipal Instt. of Medical Sciences, Gangtok for the academic session 2006-07 and to take appropriate consequential action in the matter. It was further decided that this matter may also be placed before the Hon'ble Supreme Court by the members of the Adhoc Committee in the report to be submitted by them to the Hon'ble Supreme Court.

9. Non-receipt of Compliance/Unsatisfactory compliance/pending Inspections in respect of Periodical Inspections.

Read : The matter with regard to Non-receipt of Compliance/Unsatisfactory compliance/pending Inspections in respect of periodical inspections of last 3 years at various medical institutions

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the matter with regard to Non-receipt of Compliance/Unsatisfactory compliance/pending Inspections in respect of periodical inspections of last 3 years at various medical institutions and directed the office to carry out periodical inspections in respect of following medical colleges:-

Sl. No.	Name of College	Date of Inspection	Remarks
1.	Calicut Medical College, Calicut	Jan., 1998	E.C. 2.6.2003
2.	Lady Hardinge Medical College, New Delhi	Feb., 1992	E.C. 19.4.2003
3.	Guwahati Medical College, Guwahati	Nov., 2001	E.C. 13.3.2003
4.	Guntur Medical College, Guntur	July, 2001 Feb 2004	E.C. 13.3.2003 E.C. 28.3.2004
5.	LLRM Medical College, Meerut	May, 1997	E.C. 13.3.2003
6.	MLB Medical College, Jhansi	Nov., 2003 Sept., 1995	E.C. 7.11.2003 E.C. 13.3.2003
7.	MLN Medical College, Allahabad	Sept., 1995	E.C. 13.3.2003
8.	S.N. Medical College, Agra	Feb., 1997	E.C. 13.3.2003
9.	GSVM Medical College, Kanpur	Feb., 1997	E.C. 13.3.2003
10.	Govt. Medical College, Kottayam	April, 1998	E.C. 13.3.2003
11.	M.S. Ramaiah Medical College, Bangalore	28 th & 29 th Oct., 2004	E.C. 30.12.2004
12.	MIMS, Latur	4 th & 5 th Nov., 2004	E.C. 31.1.2005
13.	MGM, Jamshedpur	27 th & 28 th Dec., 2004 for C.V.	E.C. 30.12.2004

14.	ACPM Medical College, Dhule	7 th & 8 th Jan., 2005	Report Received Letter sent for observation on 01/04/2005 Observation not received.
15.	MIMS Medical College, Talegaon	7 th & 8 th Jan., 2005	Report Received Letter sent for observation on 01/04/2005 Observation not received.
16.	Terna Medical College, Mumbai	19 th & 20 th Jan., 2005	Letter sent for observation on 7.3.2005. Observation not received
17.	Rural Medical College, Loni	1 st & 2 nd Feb., 2005	Letter sent for observation on 1.3.2005. Observation not received
18.	NDMVP Medical College, Nashik	25 th & 26 th Feb., 2005	Letter sent for observation on 7.3.2005. Observation not received
19.	Rajendra Institute of Medical Sciences, Ranchi	4 th & 5 th Nov., 2004 for C.V. 8 th & 9 th Sept., 2005	E.C. 30.12.204 E.C. 18/02/2006 Recommending withdrawal of recognition. Compliance received vide institution letter dt. 13/06/2006
20.	Panjab Rao Alias Bhausaheb Deshmukh Medical College, Amravati	Nov., 2000 7 th & 8 th Jan., 2005 for C.V. 15 th & 16 th Sept., 2005	E.C. 13.3.2003 E.C. 31.1.2005 E.C. 12.11.2005 & G.B. 18.02.2006 recommended withdrawal of recognition.
21.	RNT Medical College, Udaipur	15 th & 16 th Sept., 2005	The observation has been received vide institution letter dt. 10/07/2006.
22.	J.L.N. Medical College, Ajmer	15 th & 16 th Sept., 2005	Report Received Letter sent for observation on 27/10/2005. Observation not received.
23.	Pandit JNM Medical College, Raipur	Sept 1996 26 th & 27 th Oct., 2004 15 th & 16 th Sept., 2005	E.C. 13.3.2003 E.C. 31.1.2005 E.C. 12.11.2005 decided to give three months time to reply the show cause notice. Reply not received.
24.	CMC Vellore	22 nd & 23 rd Sept., 2005	Report Received Letter sent for

			observation on 27/10/2005 & observation has been received on 10/10/2006.
25.	Osmania medical College, Hyderabad	22 nd & 23 rd Sept., 2005	Report Received Letter sent for observation on 17/10/2005.
26.	St. John's Medical College, Bangalore	22 nd & 23 rd Sept., 2005	Report Received Letter sent for observation on 27/10/2005

10. To note the letter of Permissions issued by the Central Govt. for establishment of Medical Colleges/increase of seats in 1st MBBS Course for the academic session 2006-2007

Read : The Letter of LOI/LOP issued by the Central Govt. for establishment of medical colleges/increase of seats in 1st MBBS course for the academic session 2006-2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following LOI/LOP issued by the Central Govt. for establishment of medical colleges/increase of seats in 1st MBBS course for the academic session 2006-2007:-

<i>Name of the College</i>	Date of Issue of Letter of intent/permission/renewal of permission
Hassan Institute of Medical Sciences, Hassan	LOI and LOP dated 29 th Sept., 2006 for establishment of new medical college with an annual intake of 100 students for the academic year 2006-2007.
Govt. Medical College, Thrissur	LOI dated 26 th Sept., 2006. LOP dated 27 th Sept., 2006 for increase of seats in MBBS course from 100 to 150 for the academic year 2006-2007.
Govt. Medical College, Kottayam	LOI dated 26 th Sept., 2006. LOP dated 27 th Sept., 2006 for increase of seats in MBBS course from 100 to 150 for the academic year 2006-2007.

It was also observed that Hassan Institute of Medical Sciences, Hassan has been issued Letter of Permission by the Central Govt. contrary to the recommendation of the Adhoc Committee and the Executive Committee which is already been discussed under Item No. 8.

11. Advertising on Starting Practice (F.No.330/2006).

Read : The letter dated 7.4.2006 from Dr. Saurabh Dani together with the recommendation of the Ethics Committee with regard to amendment in the Code of Ethics Regulations 2002 Chapter 6 Sub-Chapter 1, advertising is allowed on starting practice.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 7.4.2006 from Dr. Saurabh Dani together with the following recommendation of the Ethics Committee dated 23rd & 24th August, 2006 with regard to amendment in the Code of Ethics Regulations 2002 Chapter 6 Sub-Chapter 1, advertising is allowed on starting practice and decided to place the matter before the General Body of the Council:-

"The Ethics Committee considered the letter dated 07.04.2006 from Dr. Saurabh Dani and decided to inform him that as per Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as amended from time to time – the word press is

defined as “print Media only”. This may be communicated to Dr. Dani after being approved by the Executive Committee of the Council.

The Ethics Committee is of the opinion that in today’s scenario, there is every reason to think the word press may include some media other than the print media also. However, that needs amendment of the present Regulations, 2002. This may also be brought to the notice of the Executive Committee of the Council.”

12. Appeal against the Order passed by the West Bengal Medical Council on the complaint made by Mr. Kartick Bakshi.

Read : The matter alongwith the recommendation of the Ethics Committee with regard to Appeal against the Order passed by the West Bengal Medical Council on the complaint made by Mr. Kartick_Bakshi.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the following recommendation of the Ethics Committee dated 18th & 19th Sept.,2006:-

“The Ethics Committee considered the appeal against the order passed by the West Bengal Medical Council on the complaint made by Mr. Kartick Bakshi.

The Ethics Committee perused the following documents:-

1. Chargesheet issued to Dr.(Mrs.) Ila Das from West Bengal Medical Council vide their letter dated 28.1.2003 were stated that “you have shown utter negligence in treating Rina Bakshi, diagnosed by you as Uterine Tumour with pregnancy and not attending on her in time of emergency resulting in the death of patient (Rina Bakshi)”
2. Letter of Registrar, West Bengal Medical Council dated 14.2.2005 addressed to Dr.Ila Das wherein it was stated that “please note that the West Bengal Medical Council at their meeting held on 8.2.2005, after hearing the said charges alongwith other relevant papers, documents, files as well as the explanation, averments, made by the respective parties and also other relevant material placed before it and deliberating amongst the members present at the said meeting found you guilty of infamous conduct in professional respect as the charges framed against you has been substantiated. Accordingly, the West Bengal Medical Council decided to ‘warn’ you in this regard.”
3. Appeal of Mr.Kartick Bakshi against verdict passed on 8th February, 2005 by the West Bengal Medical Council, praying for high disciplinary action against the doctors found guilty of infamous conduct in a professional respect in view of the facts and circumstances of the case.
4. Deposition of Dr.(Mrs.) Ila Das before the Ethics Committee dated 20.1.2006

STATEMENT OF DR. (MRS.) ILA DAS

I, Dr. (Mrs.) Ila Das, did my MBBS from NRS Medical College, Kolkata in the year 1962. I completed my DGO in the year 1965. I did my Postgraduation in MO (GNO) from Kolkata University in the year 1970. My Date of Birth is 9th March 1940. My Registration No. is 28993 of West Bengal Medical Council.

I am submitting herewith the details about my observation against the complaint lodged against me along with 18 Annexures, which I feel sufficient to explain my position.

There are two cases going on against me, one is in National Forum and another is in Criminal Court, Siliguri. Your early decision on this aspect will be highly appreciated.”

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to refer the matter back to the Ethics Committee to reconsider the decision in view of the following factors:-

- i) Age of the doctor is 65 years.

- ii) Doubts have been raised regarding the postmortem report for which no satisfactory explanation is available.
- iii) Even the opinion of the expert states that even on postmortem again the tissue was not sent for histopathological examination and an element of negligence cannot be ruled out which indirectly means that the element of negligence is not conclusively proved.

13. Appearance of medical teacher who have been found working at more than one medical college simultaneously.

Read : The matter along with the recommendation of the Ethics Committee with regard to Appearance of Dr. Purushotham Basappa medical teacher who have been found working at more than one medical college simultaneously.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee taken at its meeting held on 13.10.2006 and decided that the same be placed before the General Body of the Council for approval:-

“The Ethics Committee heard Dr. Purushotham Basappa who appeared before the Ethics Committee meeting on 13TH OCTOBER, 2006. Written statement was also taken from him which are as under:-

STATEMENT OF DR.PURUSHOTHAM BASAPPA

I, Dr. Purushotham Basappa did my MBBS in the year 1992 from J.J.M Medical College, Davangere. I did my MD(Pathology) from Mysore Medical College in the year 1998. My date of birth is 23.4.1969. My registration No. is 35434 of Karnataka Medical Council.

I am to state that I joined the KVG Medical College, Sullia on 12.8.2002 and was physically present during MCI inspection on 17.4.2002. I never joined PESIMS, Kuppam but I was physically present on the day of MCI inspection i.e. 17.9.2003. Actually I was told by the authorities that I will be given a job there at if I am physically present on 17.9.2003 that is why I was physically present during MCI inspection there at. The declaration form submitted by the management is not filled up or signed by me. Some of the informations furnished were wrongly filled up in the declaration form to suit their requirements. I was also not aware that the declaration form was submitted to MCI. So this has resulted in not to approach you at earlier date to give you an explanation regarding this.

Hence I humbly request your kindness to pardon me for the mistake committed without my knowledge and I request you kindly allow me to continue the service at KVG Medical College, Sullia from 17.4.2006.

I am enclosing herewith my detailed explanation regarding this matter.

Kindly oblige me.

Thanking you,

Sd/-
(Dr. Purushotham Basappa)

Encl.: As above.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council, were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case Dr. Purushotham Basappa, the Ethics Committee noted that explanation/clarification has not been found to be satisfactory and the misconduct of making mis-declaration/misstatement in Declaration Form having been found to be established.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum

requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration/misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of Dr. Purushotham Basappa along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. Purushotham Basappa constitutes PROFESSIONAL MISCONDUCT, which renders him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

14. Appearance of medical teacher who have been found working at more than one medical college simultaneously.

Read : The matter alongwith the recommendation of the Ethics Committee with regard to Appearance of Dr. Syed Najmul Hasan medical teacher who have been found working at more than one medical college simultaneously.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee taken at its meeting held on 13.10.2006 and decided that the same be placed before the General Body of the Council for approval:-

“The Ethics Committee heard Dr. Syed Najmul Hasan who appeared before the Ethics Committee meeting on 13th October, 2006. Written statement was also taken from him which are as under:-

STATEMENT OF DR. SYED NAJMUL HASAN

I, Dr. Syed Najmul Hasan, did my MBBS from Gandhi Medical College, Hyderabad in the year 1972 and did my MD (General Medicine) from Osmania Medical College,

Hyderabad in the year 1976. My Date of Birth is 5th June 1947. My Reg. No. is 4820 of Andhra Pradesh Medical Council.

I left Shadan Medical College in November 2003 and joined MNR Medical College in December 2003. The Shadan administration did not give me relieving order stating that they have taken me for Medical College Inspection. MNR Administration insisted that I should get relieving order from Shadan Medical College, as it is a must for inspection. The Shadan people gave me relieving order only after their inspection, hence the clash of dates.

I have resigned Shadan Medical College with one month notice prior leaving their college and later on I joined MNR Medical College.

I have placed the facts before the Ethics Committee. I accept that I have done the mistake. I assure MCI that this mistake will not be repeated by me in future.

Sd/-
(Dr. Syed Najmul Hasan)
Dt – 13.10.2006

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council, were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case Dr. Syed Najmul Hasan, the Ethics Committee noted that explanation/clarification has not been found to be satisfactory and the misconduct of making mis-declaration/misstatement in Declaration Form having been found to be established.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the

fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration/misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due

opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of Dr. Syed Najmul Hasan along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. Syed Najmul Hasan constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do

not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

15. Setting up a Computerised Registration System for MCI.

Read : The matter with regard to Computerization of Registration System along with generation of Certificates and various reports through its database and Online System for candidates to Apply Online for Certificates.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter and approved the setting up of computerization of Registration System along with generation of Certificates and various reports through its database and Online System for candidates to Apply Online for Certificates and also approved the estimated budgetary expenditure of Rs.8 lakhs for this work.

16. Extension of Service of Zonal Inspectors.

Read : The consider the matter regarding extension of the service of the Zonal Inspectors namely Dr. C.A. Desai, Dr. K. Anandakannan and Dr. S.B. Agarwal.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. C.A. Desai, Dr. K. Ananda Kannan and Dr. S.B. Aggarwal as Zonal Inspectors for a period of one year i.e. upto 01.11.2007, 07.11.2007 and 30.11.2007 respectively.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council also observed that the remuneration admissible to the Zonal Inspectors was last revised in the year 2004 and after that there has been substantial increase in the dearness allowance payable to the Central Govt. employees as well as in the mode of computation in calculating the basic pay as 50% of the dearness allowance has been merged with the basic pay for computation of other allowances. The members also felt that to attract good talent and employing Senior Professors of repute and integrity it is necessary to match the remuneration package which would be to that admissible to a Senior Professor in a Govt. Institution.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council, considering the increase in the dearness allowance over last 2 years and prevailing pay scales in the private sector medical colleges, decided to increase the remuneration paid to the Zonal Inspectors from Rs.26,000/- per month to Rs.39,000/- per month.

17. Extension of Service of Dr. Kamlesh Kohli as Whole Time Inspector.

Read : The matter regarding extension of the service of Dr. Kamlesh Kohli as Whole Time Inspector on existing terms and conditions.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. Kamlesh Kohli as Whole Time Inspector for a period of one year i.e. upto 30.12.2007.

18. Extension of Service of Dr. Malti Mehra as Whole Time Inspector.

Read : The matter regarding extension of the service of Dr. Malti Mehra as Whole Time Inspector on existing terms and conditions.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. Malti Mehra as Whole Time Inspector for a period of one year i.e. upto 13.11.2007.

19. Mutual transfer of 12(twelve) candidates from Govt. Medical College, Jammu to Govt. Medical College, Srinagar.

Read : The letter dated 5.8.2006 of University of Kashmir togetherwith the recommendation of Migration Sub- Committee with regard to Mutual transfer of 12(twelve) candidates from Govt. Medical College, Jammu to Govt. Medical College, Srinagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following decision of the Migration Sub-Committee dated 18.09.2006 with regard to Mutual transfer of 12(twelve) candidates from Govt. Medical College, Jammu to Govt. Medical College, Srinagar:-

“The Migration Sub-Committee after considering all the related documents decided that the matter of mutual transfer was not come within the purview of the Committee. However, the Committee decided to place the matter before the Executive Committee of the Council for decision, as it is a policy matter.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further noted that Regulation 6 pertaining to 'Migration' only permitted the migration of students on extreme compassionate grounds after he has passed the first professional MBBS examination. It was noted that Regulation 6(3)(4)(5) of the Regulations on Graduate Medical Education, 1997 read as under:-

- “6 (3) The applicant candidate should have passed first professional MBBS examination.
- (4) The applicant candidate submits his application for migration, complete in all respects, to all authorities concerned within a period of one month of passing (declaration of results) the first professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination.
- (5) The applicant candidate must submit an affidavit stating that he/she will pursue 18 months of prescribed study before appearing at IInd professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination at the transferee medical college, which should be duly certified by the Registrar of the concerned University in which he/she is seeking transfer. The transfer will be applicable only after receipt of the affidavit.

Note 1:

- (i) Migration during clinical course of study shall not be allowed on any ground.
- (ii) All applications for migration shall be referred to Medical Council of India by college authorities. No institution / University shall allow migrations directly without the approval of the Council.
- (iii) Council reserves the right, not to entertain any application which is not under the prescribed compassionate grounds and also to take independent decisions where applicant has been allowed to migrate without referring the same to the Council.

Note 2 : * Compassionate grounds criteria :

- (i) Death of a supporting guardian.
- (ii) Illness of the candidate causing disability.
- (iii) Disturbed conditions as declared by Government in the Medical College area.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided that the matter of mutual transfer of the students during the first MBBS course is not permissible as per the Regulations, which being statutory are mandatory and binding in character, and further decided that these migrations should not take place and further decided to send the communication conveying the above said decision that the mutual transfer of 12 students during the first MBBS course is not permissible as per the Regulations, to all the authorities concerned.

20. DNB qualification awarded by the National Board of Examinations – Equivalence of Board's qualification for appointment as teachers.

Read : The Central Govt. letter dated 1.6.2006 with regard to DNB qualification awarded by the National Board of Examinations – Equivalence of Board's qualification for appointment as teachers.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and observed that this matter was considered earlier by the General Body of the Council at its meeting held on 26.03.2005 wherein it was decided as under:-

"The Council noted that the Postgraduate Committee at its meeting held on 23.12.2004 considering the letter dated 20.12.2004 from the Govt. of India decided to seek the opinion thereon from the Directors of premier institutions like AIIMS, New Delhi; PGI, Chandigarh; SGPGI, Lucknow; JIPMER, Pondicherry; Sri Chitra Thirunal Institute of Medical Sciences & Technology, Trivandrum; KGMU (Deemed University), Lucknow.

The observations communicated by Registrar, AIIMS, New Delhi in his communication dated 29.1.2005 enclosing the minutes of the meeting held on 22.1.2005 at AIIMS and observations of the Vice Chancellor, KGMU (Deemed University), Lucknow in his communication dated 1.2.2005 were in contrast to the observations that have been brought out by the Committee of Experts incorporated in the communication from the Govt. of India dated 20.12.2004.

In view of the same, the Secretary of the Council by a communication dated 17.3.2005 directed by the Chairman, Postgraduate Committee sought opinion of the members of the Postgraduate Committee in regard to the conclusion that "it was not prudent and appropriate to waive the decision of the General Body of the Council prescribing additional teaching experience of one/two years at the recognised medical institutions/colleges for acquiring equivalence with the regular postgraduate degrees by the holders of Diplomate National Board for the purpose of appointment as teacher in medical colleges/institutions."

The said decision was concurred by the members of the Postgraduate Committee. The members observed that the observations brought out by the Vice-Chancellor of King George Medical University, Lucknow and those by the various heads of the department at A.I.I.M.S. vide a meeting held on 22.1.2005 presided over by the Dean, Dr. Kusum Verma be adopted.

Accordingly, Council unanimously decided that the earlier decision of the Council in regard to equivalency of DNB qualifications with MD/MS and DM/MCh. course with that of Diplomate of National Board and their validity for the purpose of appointment of teachers is reiterated."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed as under:-

"The Central Government in the matter of equivalence of D.N.B. qualification for appointment as teachers vide its Circular dated 1st June, 2006 had intimated to all the Health Secretaries of the States as under:-

"The Government has reviewed in detail the issue of the requirement of additional one/two years teaching experience for DNB degree holders for appointment as Lecturer in broad specialities/super-specialities. After taking into consideration all facts of the matter, the Government has come to the conclusion that for the purpose of appointment of DNB degree holders to the teaching posts, the requirement of additional one/two years teaching experience as stipulated in the above instructions dated 3.10.1994 needs to be discontinued. Accordingly, these instructions stand amended to this extent."

In this connection, it is stated that although the circular from the Central Government mentions about letter of 1994 no mention has been made about the Minimum

Qualifications for Teachers in Medical Institutions Regulations, 1998. Entry No. 14 in Schedule II of the above said Regulation states as under:-

“14. M.A.M.S./M.N.A.M.S./D.N.B. qualifications when granted on or after 1st June, 1976 granted by National Board of Examinations, New Delhi after due examination and fulfilling one year research experience.”

It is evident that the DNB qualification when granted on or after 1st June, 1976 can only be considered at par with MD/MS degree only after fulfilling one year research experience. It is further stated that these Regulations have been notified u/s 33 of the Indian Medical Council Act, 1956 with the previous sanction of the Central Government and being statutory Regulations are mandatory and binding in character. These statutory Regulations cannot be over-ridden by an executive order.”

It was further observed that there is no structured residency programme for DNB courses. Majority of the centers for DNB education are private or semi-private organizations which are non-teaching in character wherein no organized and structured teaching schedule exists. The specialists working at such centers also do not possess the requisite teaching experience required as prescribed under the Medical Qualifications for Teachers Regulations, 1998 to be classified as a postgraduate teacher. It was further observed that in accordance with the scheme prescribed in the Indian Medical Council Act, 1956 the power of recommending the framing/amending of regulations notified u/s 33 of the I.M.C. Act, 1956 rests with the Medical Council of India.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate the earlier decision of the General Body of the Council dated 26.03.2005 in regard to equivalence of D.N.B. qualifications with M.D./M.S./D.M./M.Ch. and their validity for purpose of appointment of teachers. It was further decided that the office of the Council be directed to inform all the relevant authorities including all the State Health Secretaries, Directors of Medical Education of all the States, all the State Medical Councils, all the Universities and all the medical institutions in the country of the same.

21. Conduction of DNB courses in postgraduate medicine in Govt. Medical Colleges by utilizing the surplus capacity available vis –a- vis MCI norms- regarding.

Read : The Central Govt. letter dated 4.1.2006 togetherwith the decision of the General Body taken at its meeting held on 18.2.2006 with regard to Conduction of DNB courses in postgraduate medicine in Govt. Medical Colleges by utilizing the surplus capacity available vis – a- vis MCI norms.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter in detail and observed that this matter was considered earlier by the General Body of the Council at its meeting held on 26.03.2005 wherein it was decided as under:-

“The Council noting the letter dated 17th August, 2004 from the Director, Govt. of India, Ministry of Health & F.W. and decided that as of now, there is neither need nor necessity to revise the earlier instructions of the Council to all the medical institutions/colleges not to admit DNB candidates for training, so as to avoid duplication and ensure fair and desired teaching and training including hands on training to the students admitted to the postgraduate courses permitted by the Council.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed as under:-

“The Central Government has stated that the MCI vide letter dt. 11.11.2005 addressed to various Universities, DME's of all the State Govt./UTs, Secretaries of Health/Medical Education Departments of all the States etc. interlia, informing them that it may be made sure by them not to conduct DNB and other parallel courses i.e. CPS etc. in any subject alongwith MD/MS/DM/M.Ch./PG Diploma courses wherever the institutions have been permitted/recognized to conduct MD/MS/DM/M.Ch. and PG diploma courses. It has also been stated therein that the decision has been communicated to all concerned. This

is contrary to the stand taken by the Ministry in this regard. In this connection, it is also to be stated that any decision taken by the Postgraduate Committee of MCI, including those with regard to the policies, is only recommendatory in nature and requires the approval of the Council and the Govt. In the present case, if the Postgraduate Committee/Council considered that the earlier policy of allowing DNB courses to be run parallel to MD/MS etc. in medical colleges requires any change, the Council should have sent such proposal alongwith reasons for the proposed change of their stand to the Govt. for its consideration particularly when the Central Government have issued instructions to all concerned allowing conduct of DNB courses alongwith MD/MS etc. subject to availability of additional faculty. It is pertinent to point out that the copy of the instructions of the Central Government dated 19.9.2005 was also specifically endorsed to the Acting President of MCI for their information.

In the meanwhile, the Council received another communication from the Central Government dated 4th January, 2006 stating that till such time the Govt. takes a final decision on the Postgraduate Committee recommendations, the Govt. instructions as contained in letter dt. 19th September, 2005 will remain in force.

The matter was considered by the General Body of the Council at its meeting held on 18.2.2006 wherein it was decided as under:

The Council after detailed discussion and deliberations on the issue decided to approve the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Central Govt. letter dated 19.09.2005 together with report of the Sub-Committee constituted in the matter and decided to approve the following report of the Sub-Committee:-

“The present Committee has been constituted by the President (Acting), Medical Council of India in terms of the authorization made by the Executive Committee of the Council along with members of the Adhoc Committee appointed by the Hon’ble Supreme Court in the meeting of the Committee held on 30.12.2004 wherein letter dated 17.8.2004 received from the Director, Govt. of India, Ministry of Health & F.W. was considered.

The Executive Committee decided that the said letter should be placed before the next meeting of the General Body of the Council. The Executive Committee further decided that regarding starting of DNB courses already approved by the National Board of Examination in the teaching institutions, a Sub-Committee be constituted to go through in detail about the academic fall-outs of the said decision.

The meeting of the Committee was held on 6th June, 2005 at 11.00 a.m. in the office of the Council. Upon careful scrutiny and perusal of the relevant documents that have been brought out before the Committee, the Committee thought it appropriate to take stock of chronological details of the events that have taken place in the past. They are catalogued here-in-below for ready reference:-

- *The General Body of the Council at its meeting held on 17.10.1993 on the basis of approved recommendation of the Postgraduate Committee decided as under:-*

“It is recommended that for teaching appointments in the broad specialities the holders of Diplomate NBE should have at least 1(one) year teaching experience as a Tutor/Registrar/Demonstrator or equivalent post in a recognized medical college imparting undergraduate teaching and training for appointment as Lecturer. Regarding the candidates holding Diplomate NBE in superspeciality subjects, the training shall be for 2 (two) years in a recognized medical college having recognized postgraduate medical degree in the concerned speciality for appointment as a Lecturer.”

- *The matter of eligibility of DNB qualification holder for admission to DM/M.Ch. courses was deliberated in the PG Committee meeting held on 28.11.1994 wherein*

- the Committee extended provision of “two years teaching experience in a recognized medical college having recognized postgraduate medical degree in the concerned speciality applicable to DNB holder for being eligible for appointment as Lecturer”, as referred to in the decision of the General Body of the Council at its meeting dated 17.10.1993.*
- *Further, the Postgraduate Committee of the Council at its meeting held on 10.9.1998 considered the issue of equivalence of DNB qualifications with that of MCI recognized MD/MS or DM/M.Ch. qualifications and decided that for teaching appointments in the broad specialities, DNB qualification holder with one year teaching experience as a Tutor/Registrar/Demonstrator or equivalent post in a recognized medical college imparting undergraduate teaching and training can be appointed. Further, with regard to holders of DNB qualification in superspeciality subjects, the required training shall be of 2(two) years in a recognized medical college having recognized postgraduate course in the concerned speciality can be appointed as Lecturer. The aforesaid decision of the PG Committee dated 10.9.1998 was approved by the General Body of the Council at its meeting held on 29.10.1998.*
 - *Further, the Postgraduate Committee upon consideration of a letter dated 07.02.2002 from the Ministry of Health & F.W. forwarding therewith a copy of letter dated 28.12.2001 from President, National Board of Examination in regard to consideration of DNB qualifications granted by National Board of Examination as equivalent to postgraduate MD/MS or DM/M.Ch. degrees, in its meeting dated 16.9.2002 constituted a Sub-Committee of 3 members namely Dr. B.Ray Chaudhuri, Chairman with Dr. Subhash Penkar and Dr. G. Sham Sunder as members to consider the matter in all its aspects.*
 - *Due to sad demise of Dr. B. Ray Chaudhuri, Chairman of the Sub-Committee, Dr. L.S. Chawla was appointed as Chairman in his place. The Committee submitted its report on 12.5.2003 which was considered by the General Body of the Council in its meeting held on 20.10.2003 wherein the recommendations of the Sub-Committee were approved by the Council. The reasons included in the said report facilitated in drafting of the conclusion approved by the General Body are catalogued as under:-*

The reasons for not equating DNB degrees with MD/MS/DM/M.Ch. are as follows:-

Admissions to DNB course is only by qualifying examination whereas admission to postgraduate course is by competent examination in all States and for all colleges.

A definite teaching faculty along with other infrastructural facilities as prescribed in the regulations governing the postgraduate education by the Council has to be made whereas for DNB training the faculty possessing required teaching experience is not a pre-requisite. Moreover, the said courses by and large are conducted in non-teaching hospitals and are under the supervision of consultants who are by and large not eligible to be qualified teacher in terms of MCI regulations.

The facilities of basic sciences training which is essential and vital for postgraduate teaching and training is non-existent in such non-teaching hospitals. Some facilities of para-clinical departments like Pathology, Microbiology, Biochemistry may be available but the facilities of pre-clinical and other para-clinical departments namely that of Anatomy, Physiology, Community Medicine, Forensic Medicine are non-existent. The said facilities even in case where they are available are ‘service oriented’ and not ‘teaching oriented’.

The candidates possessing postgraduate courses i.e. MD/MS/DM/M.Ch. in recognized teaching institutions are trained in hospitals attached to such institutions where the clinical material is available in terms of variety and quantity sufficient enough for imparting of the hands on

training to the postgraduate students. On the other hand the DNB candidates are training on paying beds which mainly cater to private patients and insufficient hands on training is imparted resulting in defeat the very purpose of practical training for the postgraduate students.

The regular teaching institutions have a multi-disciplinary approach for orientation of the postgraduate trainees whereby they have a wider interaction with different aspects of medicine whereas the training of DNB students for want of required facilities as are available in a medical college are denied of this multi-disciplinary approach of teaching and training.

The postgraduate teachers as contemplated by the Medical Council of India are to be whole-time in nature whereas the teaching and training conducted for DNB courses is by and large by consultants who are either part-time or are honorary in nature.

The students training for MD/MS is for 3 years duration and as of now is residential in character. Such a situation is not applicable in regard to the trainees for DNB courses.

- *The regulations on Postgraduate Medical Education, 2000 mandates 3 years teaching experience with recognized postgraduate qualification as minimum eligibility for admission of a person as Lecturer/Assistant Professor in a medical college. One year teaching experience after broad speciality and 2 years experience after superspeciality for DNB candidates does not equate them with such a prescribed eligibility for want of 3 years experience gained by a regular postgraduate student in a teaching institution during the period of his postgraduate training. This limitation cannot be overcome in any mode and manner at any given point of time until and unless the concerned degree holders are required to work as a resident for 3 years all over again on residential basis in a teaching institution.*
- *The concept in regard to utilization of the unutilized facilities in medical college was also deemed to be incorrect as the intake capacity in the postgraduate courses is fixed commensurate with the available teaching faculty, clinical material and infrastructural facilities available which are necessary for maintaining desired standards of training and hence there is nothing which can be said to be an unutilized/surplus component.*
- *The said matter has been dealt adequately by the General Body of the Council at its meeting held on 26.03.2005 wherein it was unanimously decided that the position adopted by the Council in this case be reiterated.*
- *Coming to the question of approval/renewal of the DNB courses in teaching institutions, the idea which has been canvassed is maintenance of 1:1 postgraduate teaching student ratio.*
- *The Committee is aware that there could be situations where the number of postgraduate seats may not be commensurate with the number of available postgraduate teachers. As a matter of fact, the Postgraduate Regulations, 2000 prescribes a ceiling on the number of students permissible in a teaching unit. As per the governing regulations against a teaching unit which ought to have a complement of 3 teachers that the first unit being headed by a person not below the rank of Professor along with a Associate Professor and Assistant Professor and the subsequent unit, if any, to be headed by the person not below the rank of Associate Professor along with 2 Assistant Professors/Lecturers being a minimum must.*
- *Constituting a possibility that in unit 1 all the 3 professors constitutes the teaching complement are recognized postgraduate teachers yet the number of students that can be registered with degree against the said unit shall be 2 per year and in case of diploma it would be one diploma per unit in addition to the 2 degree students. Thus in*

any case the total number of registration of degree and diploma taken together in one unit in one year shall not exceed 3 (2+1) provided 3 postgraduate teachers are available. In subjects which do not have diploma against the available 3 teachers still the number of registered students shall be restricted to 2 per year.

- *At the cost of repetition, the Committee would like to emphatically said that teacher taught ratio is not the only parameter which is viewed in isolation for the purposes of according permission of starting of postgraduate courses or augmenting of its annual intake, the other parameters like infrastructural facilities, clinical material, teaching and training facilities are also given equal emphasis in a holistic manner.*
- *Prescribing of the upper limit of the permissibility of the annual intake is not only intake of teacher student ratio of 1:1 but also is aimed at having a ratio with number of teaching unit.*
- *In this context, it may be noted that a minimum bed strength is prescribed for a postgraduate teaching unit which is of minimum 30 beds in case of broad speciality and 20 beds in case of super speciality. Meaning thereby that in a unit with postgraduate teachers wherein only degree course is permitted with an annual intake of 2 seats and the duration of the course being 3 years, the number of postgraduate students shall be 6 at a given point of time with ratio of bed strength or student ratio is 1:5. Therefore, the governing ratio automatically the teachers are to taught is also tagged with bed strength: the student.*
- *The Committee is conscious of the fact that the bed strength does not contemplate number of beds but the patients of desired variety facilitating the appropriate orientation in regard to hands on training. An emphasis is also prescribed in regard to the daily overall clinical material and the prescribed bed strength viewed in the form of occupancy rate. By and large the governing practice adopted by the Council is that a minimum of 80% occupancy is a must for granting of permission for postgraduate course.*
- *All these parameters have been prescribed by the Council upon due application of mind with required emphasis on the standards of teaching and training at the postgraduate level whereby the postgraduate students is upto the desired level in terms of being able to discharge the prescribed competence catalogued in the regulations. The stringent parameters that have been prescribed are solely made to ensure on maintenance and adherence of the academic standards governing teaching and training for the postgraduate students.*
- *Taking note of these considerations, the General Body of the Council had emphasized that all efforts need to be taken to ensure that no duplication takes place in regard to the streams including modalities of admissions, teaching and training methods and also availing of the available infrastructure in an institution.*

The academic fall-outs therefore out of a liberal approach would be causing a definite prejudice to the standards and legitimate expectations out of a well structured postgraduate teaching programme. As such, the Committee taking stock of it is of the considered opinion that the position adopted by the General Body of the Council in regard to non-grant of permission for running of DNB courses in recognized teaching institutions needs to be maintained in the larger academic interest and standards of postgraduate medical education in the country.”

It was also observed that the Adhoc Committee and the Executive Committee consistently observed that while carrying out inspections for continuance of recognition of MBBS degree of several institutions all across the country in the last 3 years, not even a single institute is having surplus staff and almost all the institutions are having shortage of teaching faculty ranging from 10% to 60%. It was also observed that the Verappa Moilly Committee appointed for implementation of the reservation for OBC students and consequential increase in the intake capacity has also stated that an increase to the extent of nearly 54% to the present intake capacity will be required for full implementation of its recommendations. The members felt that in such a scenario it would be desirable if the surplus facilities available in any medical

institution is first utilized towards the augmentation of the intake capacity for various postgraduate courses run by the institute rather than utilizing the same for running a parallel postgraduate course and then to create the additional facilities required for the increase in intake capacity.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate the earlier decisions of the General Body of the Council dated 26.03.2005 and 18.02.2006 regarding the position adopted in regard to the non-grant of permission for running of DNB course in recognized teaching institutions needs to be maintained in the larger academic interest and standard of postgraduate medical education in the country.

22. Admission in a medical course leading to a degree equivalent to MBBS from foreign University.

Read : The matter of Admission in MBBS from foreign University in which part training is offered in India and part training is offered in abroad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the action taken by the office under the direction of the President (Acting) and the communication sent by the office of the Council dated 14.08.2006 to the Central Govt. and dated 26.09.2006 to all the Health Secretaries/DMEs & State Medical Councils and further directed the office to take appropriate follow up action as and when required.

23. Removal of name of Dr. Tapaskumar Pal from the Indian Medical Register.

Read : The letter dated 2.11.2006 received from the West Bengal Medical Council with regard to Removal of name of Dr. Tapaskumar Pal from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 02.11.2006 received from the West Bengal Medical Council informing that the name of Dr. Tapaskumar Pal has been removed from the Register of Registered Medical Practitioners for a period of one year w.e.f. 31.10.2006. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register for a period of one year w.e.f. 31.10.2006 and also give intimation in this regard to all the State Medical Councils in the country.

24. Removal of name of Dr. Subhash Chandra Deb from the Indian Medical Register.

Read : The letter dated 21.10.2002 received from the West Bengal Medical Council togetherwith this office circular dated 2.5.1996 with regard to removal of name of Dr. Subhash Chandra Deb from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to remove the name of Dr. Subhash Chandra Deb (Registration No. 6475, dated 14.06.1987) from the Indian Medical Register permanently.

25. Removal of name of the deceased person from the register of Registered Medical Practitioners Dr. Rajendra Kumar Whig – Reg.

Read : The letter dated 29.9.2006 received from the Rajasthan Medical Council with regard to removal of name of the deceased person from the register of Registered Medical Practitioners Dr. Rajendra Kumar Whig.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 29.09.2006 received from the Registrar, Rajasthan Medical Council intimating that Dr. Rajendra Kumar Whig (Registration No.1338, dated 28.5.1965) had expired on 27.09.2006 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

26. Removal of name of the deceased person from the register of Registered Medical Practitioners Dr. Ram Awatar Sharma and Dr. T.N.Sharma – reg.

Read : The letter dated 9.10.2006 received from the Rajasthan Medical Council with regard to Removal of name of the deceased person from the register of Registered Medical Practitioners Dr. Ram Awatar Sharma and Dr. T.N.Sharma.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 09.10.2006 received from the Registrar, Rajasthan Medical Council intimating that Dr. Ram Awatar Sharma (Registration No. 20, dated 08.06.1960) and Dr. T.N.Sharma.(Registration No.866, dated 11.10.1962) had expired on 07.10.2006 & 08.10.2006 respectively and their name have been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctors from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

27. Registration in Indian Medical Register requirement for State Medical Council – regarding.

Read : The matter togetherwith the legal opinion with regard to Registration in Indian Medical Register requirement for State Medical Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed as under

“The matter with regard to Registration in Indian Medical Register requirement for State Medical Council was considered by the Executive Committee of this Council at its meeting held on 13.06.2004 and the recommendations to the Executive Committee were duly placed before the General Body of this Council at its meeting held on 12.10.2004 and the Council approved the above recommendations of Executive Committee.

The above decision of the General Body was duly communicated to the authorities of all the State Medical Councils in India vide Council's letter dated 02.02.2005. In reference to above, few State Medical Councils sought some clarifications on the issue and requested to reconsider the matter.

The matter alongwith the points raised by the State Medical Councils was again considered by the executive Committee of this Council held on 07.05.2005 and Committee decided to take legal opinion in the matter.

The Registrar, Tamil Nadu Medical Council vide his letter dated 03.03.2006 addressed to the Secretary and copy endorsed to the President (Acting) has informed that if the reply is not received within the month, they have no way except to stop the enrollment fee Rs. 500/- and other connected records from the doctors form 01.04.2006 onwards.

The above matter was put up to the Chairman, Registration & Equivalence Committee and Chairman directed to take legal opinion in the matter. Mr.Bhasin (Council Retainer) has suggested that the objections which is being raised by few of the State Medical Councils regarding the charge of Rs 500/-being paid to MCI towards registration of the medical Practitioner/doctor in the IMR we may call Representative of State Medical Council to attend the Executive Committee/Adhoc Committee Meeting and to discuss the said issue and the expenses for maintaining the IMR by the Council.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the legal opinion of the retainer Advocate and to invite the representatives of the State Medical Councils to attend the next meeting of the Adhoc Committee/Executive Committee to discuss the said issue and the expenses for maintaining the IMR by the Council.

28. Approval of the Minutes of Finance Committee Meeting held on 9th November, 2006.

Read : The minutes of the Finance Committee Meeting held on 9th November, 2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while approving the minutes of the meeting of the Finance Committee dated 9th November, 2006 directed the office regarding item No. 5 i.e. Upgradation of pay scales of Assistants/P.As./Senior Stenographers to ascertain from the Ministry of Health & F.W., Govt. of India regarding the effective date of implementation of the office Memorandum dated 15.09.2006 issued by Govt. of India, Ministry of Finance, Deptt. of Expenditure, New Delhi and Office Memorandum dated 03.10.2006 issued by the Ministry of Health & F.W., New Delhi and to take further consequential action thereupon.

29. Annual Report of the Medical Council of India for the year 2005-2006.

Read : The annual report of the Medical Council of India for the year 2005-2006.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the Annual Report of the Council for the year 2005-06.

The Committee also observed that on one hand the expenditure on establishment is rising in view of the fact that the Council office has shifted to its new premises at Dwarka and the amount of TA/DA to be paid to the Inspectors is increasing because of the increase in air fare etc. The anticipated income is remaining constant or has also decreased marginally. It was also observed that the fees laid down for various activities of the Council have been prescribed before a long period of 10 years while the expenditure has been continuously rising since then. In view of this a proposal be prepared for augmenting the income and controlling the expenditure to place it before the Finance Committee for further necessary action in the matter.

30. Proposal received from the Dean, Lady Hardinge Medical College, New Delhi.

Read : The letter dated 21.11.2006 with regard to enhancement of seats in MBBS at Lady Hardinge Medical College, New Delhi for implementation of reservation of OBC.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the Dean, Lady Hardinge Medical College, New Delhi may be advised to submit an application for increase of seats to the Central Govt. as per Section 10A(1) of the I.M.C. Act, 1956 pertaining to permission for establishment of new medical college, new course of study, increase in annual intake etc. which reads as under:-

“Sec. 10A (1) Notwithstanding anything contained in this Act or any other law for the time being in force:-

(a) no person shall establish a medical college or

(b) no medical college shall:-

(i) open a new or higher course of study or training (including a postgraduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognized medical qualifications: or

(ii) increase its admission capacity in any course of study or training (including a postgraduate course of study or training) except with the previous permission of the Central Government obtained in accordance with the provisions of this section

Explanation 1. – For the purposes of this section “person” includes any University or a trust but does not include the Central Govt.

Explanation 2. – For the purposes of this section “admission capacity” in relation to any course of study or training (including postgraduate course of study or training) in medical college, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.”

31. Grant of provisional registration under Section 25(2) of the Indian Medical Council Act to students pursuing MBBS course for doing internship.

Read: The Central Govt. letter dated 16th Nov., 2006 for grant of provisional registration under Section 25(2) of the Indian Medical Council Act to students pursuing MBBS course for doing internship.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and observed as under:

“Section 25, pertaining to Provisional Registration of the Indian Medical Council Act, 1956 reads as under:-

- “25 (1) A citizen of India possessing a medical qualification granted by a medical institution outside India included in part II of the Third Schedule, who is required to undergo practical training as prescribed under sub section (3) of Section 13, shall, on production of proper evidence that he has been selected for such practical training in an approved institution be entitled to be registered provisionally in a State Medical Register and shall be entitled to practice medicine in the approved institution for the purposes of such training and for no other purpose.
- (2) A person who has passed the qualifying examination of any university or Medical Institution in India for the grant of a recognized medical qualification shall be entitled to be registered provisionally in a State Medical Register for the purpose of enabling him to be engaged in employment in a resident medical capacity in any approved institution, or in the Medical Service of the Armed Forces of the Union, and for no other purpose, on production of proper evidence that he has been selected for such employment.
- (3) The names of all persons provisionally registered under sub-section (1) or sub-section (2) in the State Medical Register shall be entered therein separately from the names of other persons registered therein.
- (4) A person registered provisionally as aforesaid who has completed practical training referred to in sub section (1) or who has been engaged for the prescribed period in employment in a resident medical capacity in any approved institution or in the Medical service of the Armed Forces of the Union, as the case may be, shall be entitled to registration in the State Medical Register under Section 15.”

As regards clause 14(5) (iii) & (iv), which are reproduced hereinbelow, it is stated that this clause forms a part of Regulations on Graduate Medical Education, 1997 which have been notified in the Gazette of India dated 17th May, 1997 in exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956:-

- (i) The University shall issue a provisional MBBS pass certificate on passing the final examination.
- (ii) The State Medical Council will grant provisional registration to the candidate on production of the provisional MBBS pass certificate. The provisional registration will be for a period of one year. In the event of shortage or unsatisfactory work, the period of provisional registration and the compulsory rotating internship may be suitably extended by the appropriate authorities.

Further, Section 11 of the Indian Medical Council Act, 1956 which reads as under:-

- (1) The medical qualifications granted by any university or medical Institution in India which are included in the first Schedule shall be recognised medical qualifications for the purposes of this Act.
- (2) Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.”

Further, as per the definition prescribed in Section 2(h) of the Indian Medical Council Act, 1956 “recognized medical qualification” means any of the medical qualifications included in the Schedules.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that it is well-settled principle of law that the Regulations are subordinate legislation and cannot override the specific provisions contained in

the Act passed by the Parliament. An Act passed by the Parliament has the legislative supremacy over all the Rules & Regulations framed thereunder. Further, Section 25(2), reproduced above states that (“a person who has passed the qualifying examination of any university or Medical Institution in India for the grant of a recognized medical qualification shall be entitled to be registered provisionally in a State Medical Register for the purpose of enabling him to be engaged in employment in a resident medical capacity in any approved institution etc.etc.....”). It is further noted that specifically clause 14(5)(iv) of the Graduate Medical Education Regulations, 1997 does not state that State Medical Council has to grant provisional registration to the candidates possessing medical qualifications which are not yet recognized medical qualifications as envisaged in the scheme of the Act. Clause 14(5)(iv) only amplifies the scope for the grant of provisional registration in as much as that it enjoins upon the State Medical Council to grant provisional registration to the candidates on production of the provisional MBBS pass certificate. As stated above, it does not state that this provisional registration can be granted to a candidate who does not possess a recognized medical qualification as envisaged under Section 25(2) of the Indian Medical Council Act, 1956. This clause 14(5)(iv) has to be read in conjunction with Section 25(2) of the Indian Medical Council Act, 1956 which would make it evident that only those candidates who have passed the qualifying examination of any University or medical institution for grant of recognized medical qualification shall be entitled to be registered in a State medical Register upon production of the provisional MBBS pass certificate. Clause 14(5)(iii) and 14(5)(iv) of the Regulations on Graduate Medical Education, 1997 would only apply to such medical qualifications obtained from medical colleges/institutions as are included in the Schedules of the Indian Medical Council Act, 1956 and would not apply to medical qualifications obtained from the medical colleges/institutions which are not included in such Schedule of the Indian Medical Council Act, 1956.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Government to withdraw the above said circular dated 16th November, 2006 and further directed the Office to place the above stated position of the MCI to all the Health Secretaries of the State Government, Registration of all the Health Universities and Registrar of all the State Medical Councils for further action.

32. Recognition of State Medical and Pharmaceutical University, “Nicolas Testimitanu” of Republic of Maldova by the MCI under Section 12 of the IMC Act, 1956.

Read: The letter dated 27.10.2006 received from the Central Govt. for comments on Negotiation for recognition of State Medical and Pharmaceutical University, “Nicolas Testimitanu” of Republic of Maldova by the MCI under Section 12 of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to carry out the inspection and further directed the Office to correspond with the State Medical and Pharmaceutical University, “Nicolas Testimitanu” of Republic of Maldova regarding the operational aspects of conducting the inspection.

33. Conversion of MBBS marks given in grades by the concerned universities abroad by converting slabs into percentage of marks - Regarding.

Read: The proceedings in reference to CWP No.5664/2006- Dr. Prabhjot Singh-Vs. –The State of Punjab and Ors. of the Hon'ble High Court of Punjab & Haryana together with the recommendation of the Sub-Committee held on 11.7.2006 with regard to Conversion of MBBS marks given in grades by the concerned universities abroad by converting slabs into percentage of marks, as submitted by the Council Advocate and the letter of the Council Advocate dt.31.10.2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and in view of the observations made by the Hon'ble High Court of Punjab & Haryana in CWP No. 5304 of 2006- Jasdeep Singh Vs. State of Punjab & Ors., decided to request the Sub-Committee comprising of Dr. Ved Prakash Mishra and Dr. D.K. Sharma to have a re-look in the matter in light of the observations made by the Hon'ble High Court of Punjab & Haryana and submit the report at the earliest for further consideration in the matter.

34. Minutes of the Registration and the Equivalence Committee held on 18.09.2006 – Approval of.

Read: The minutes of the Registration and the Equivalence Committee held on 18.09.2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of Registration and Equivalence Committee meeting held on 18.09.2006.

35. Grant of Permanent Registration to (1) Dr. T.V.R. Kondala Rao(2) Dr. Nageshwara Rao(3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha who initially studied in India in an unrecognized institute.

Read: The matter with regard to Grant of Permanent Registration to (1) Dr. T.V.R. Kondala Rao(2) Dr. Nageshwara Rao(3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha who initially studied in India in an unrecognized institute.

The Secretary of the Council informed the members of the Adhoc Committee and of the Executive Committee of the Council that out of these four candidates, one candidate Dr. T.V.R. Kondala Rao has already filed a Writ Petition No. 16509/2006 before the Hon'ble High Court of Andhra Pradesh on the matter. The Medical Council of India has filed its reply placing the factual position of the case and the matter is pending in the High Court of Andhra Pradesh.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to defer the matter till the final decision of the Hon'ble High Court is delivered.

36. Stoppage of admissions to Postgraduate courses in certain medical colleges in the country during 2006-07 – regarding.

Read: The matter with regard to stoppage of admissions to Postgraduate courses in certain medical colleges in the country during 2006-07 – regarding.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter and observed that the Postgraduate Committee of the Council in its meeting held on 18.2.2006 had decided that admissions to various postgraduate medical courses be stopped forthwith in those cases where the courses conducted in such colleges were not recommended for recognition/approval by the Postgraduate Committee. Communications to this effect were sent to the respective colleges vide Council letter dated 7th April, 2006 and 13th April, 2006.

It was further observed that the Council had received a letter from the Central Government dated 10th May, 2006 stating as under:-

"...It is stated that the Council has referred a proposal to this Ministry for considering amendment of Regulations to the effect that failure to seek timely recognition should lead to stoppage of admission in the said postgraduate courses. Considering the importance of such amendment, the Central Government is holding consultations with various stakeholders including the State Governments to take a view in the matter before making amendments in the Regulations. Pending amendments to the Regulations, it would have been appropriate if the Council had consulted the Ministry before taking up the matter directly with the medical colleges to stop admissions. Accordingly, the medical colleges are being informed to proceed with the admissions to the postgraduate medical courses this year."

The Committee further observed that the decision of the Postgraduate Committee was taken in accordance with the stipulation imposed by the Govt. of India in each of the permission granted by it on the recommendations of the MCI which stated as under:-

"This permission for starting of the above course(s) and admission of students will be till such time the first batch of students admitted against the above course (s) appears for the first final examination in the respective subject and thereafter the college authorities may take up the matter of recognition of the qualifications under section 11(2) of the IMC Act."

Thus, it is evident that each of such permission granted by the Ministry of Health, Govt. of India for starting a PG medical course or for seeking an increase in the annual capacity in PG medical course, comes to an end automatically on the first batch admitted in the permitted PG course, undergoes the final examination process conducted by the affiliating university. Unless and until, the college having been granted such permission for PG admissions, approaches the Ministry of Health, Govt. of India through the affiliating university for grant of recognition as stipulated by statutory Regulation 6 above, neither the Govt. of India is empowered to extend any such permission without the college seeking recognition as per procedure laid down nor does

the college remains any more entitled to make any further admission in the PG course. In other words, permission granted by the Govt. of India on the recommendation of MCI for starting any PG course or increase in intake in the absence of the grant of recognition for such permitted PG course in the manner prescribed by the Regulation, the permission automatically comes to an end thereby prohibiting the college concerned to make any further admission in those PG medical courses.

It was also observed that the reliance of the Council upon the proposed amendments in Postgraduates Regulations in issuing the above said notification in as much as the decision of the Postgraduate Committee was re-enforcement of the conditions stipulated by the Central Government in its Letter of Permission issued from time to time and further it was only in relation to those postgraduate courses which have not been granted the recognition/approval by the Central Government and therefore the condition stipulated for withdrawal of recognition would not in any case be applicable for such courses.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Government to recall the communication dated 10th May, 2006 permitting postgraduate admissions in such colleges wherein the institutes have been permitted to make admissions to postgraduate courses even after the expiry of the period as specified in the Letter of Permissions issued by the Govt. of India and wherein such postgraduate courses have not been recognized/approved by the Postgraduate Committee of the Council.

37. Admission of 1st year MBBS students made by various Medical Colleges/Institutions in excess of its Management Quota limit for the academic year 2006-2007.

Read: The matter with regard to Admission made by various Medical Colleges/Institutions in Ist year MBBS course for the academic session 2004-05, 2005-06 and 2006-2007 in excess of Management Quota limit.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the lists of admissions and noted that the Medical Colleges/Institutions those names are appeared in Annexure-I have admitted students in excess of permissible management quota in the academic years 2004-05, 2005-06 and 2006-07.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after detailed deliberations decided that suitable communication be sent to concerned State Governments for the respective medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2006-07 and also in previous years i.e. 2004-05 and 2005-06, by calling upon them to correspondingly reduce the admissions in the management quota for those medical colleges for the academic year 2007-08 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2007-08 in those medical colleges/institutions so as to set-off the undue advantage gained by those medical colleges/institutions by making excess admissions in the management quota in the academic years 2004-05, 2005-06 and 2006-07.

38. Admission of 1st year MBBS students made by various Medical Colleges/Institutions in excess of its intake capacity for the academic year 2006-2007.

Read: The matter with regard to Admission made by various Medical Colleges/Institutions in 1st year MBBS course for the academic session 2006-2007 in excess of intake capacity fixed by the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter and noted that the following institutions have admitted students in excess of the permissible intake capacity for the academic year 2006-07:-

S. No.	Name of the Medical College / Institution	No. of Students admitted beyond permissible intake capacity

1	Sree Uthradom Thiurnal Academy of Medical Sciences, Trivandrum	01
2	M.E.S. Medical College, Perintalmanna	03
3	Malankara Orthodox & Syrian Church Medical College, Kolencherry	02
4	Dr. Somerval Memorial CSI Hospital, Karakonam	04
5	Karuna Medical College, Palakkad	02
6	RNT Medical College, Udaipur	01
7	M.G.M Medical College, Jamshedpur	02
8	Patliputra Medical College, Dhanbad	03

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after detailed deliberations decided to advise the institutions to discharge the students admitted beyond the permissible intake capacity and to send the compliance in this regard immediately to the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the following medical colleges/institutions have admitted excess students in compliance to the orders of the Hon'ble Supreme Court of India in IA No. 32 in Petition (s) Special Leave to Appeal Civil No. 13526/1993:-

S. No.	Name of the Medical College / Institution	No. of Students admitted beyond permissible intake capacity
1	Chengalpattu Medical College, Chengalpattu	04
2	Coimbatore Medical College, Coimbatore	04
3	KAP Vishwanathan Govt. Medical College, Trichy	02
4	Madurai Medical College, Madurai	05
5	Mohan Kumarmangalam Medical College, Salem	04
6	Thanjavur Medical College, Thanjavur	06
7	Tirunelveli Medical College, Tirunelveli	01

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after detailed deliberations in these cases decided to take the legal opinion from the Council Advocate and take appropriate action accordingly.

39. Admission of 1st year MBBS students made by various Medical Colleges/Institutions after the cut off date i.e. 30.9.2006 for the academic year 2006-2007.

Read: The matter with regard to admission made by various Medical Colleges/Institutions in 1st year MBBS course for the academic session 2006-2007 after the cut off date i.e. 30.9.2006 prescribed in the regulations.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following institutions have made the admissions in the 1st year MBBS course for the academic session 2006-07 after the cut off date i.e. 30.09.2006 as per the order of the Hon'ble Supreme Court in W.P.[C] No. 435/2006 State of Kerala Vs. Union of India & Anrs.in respect of colleges at Sr. Nos. 01 to 13 and in respect of Sr. No. 14 in Special Leave [C] No. 13753/2006 dated 22.09.2006 in the matter of Prateek Krishna Ghatge Vs. State of Maharashtra and Anrs.:-

S.No.	Name of the Medical College/Institution	No. of Students admitted after 30.09.06
1.	Kannur Medical College & Hospital, Kannur	10
2.	Medical College, Kottayam	03
3.	T.D. Medical College, Vanadanam	07
4.	Co-operative Medical College, Kochi	18
5.	Academy of Medical Sciences, Kannur	05
6.	SUT Academy of Medical Sciences, Trivandrum	02

7.	Jubilee Mission Medical College, Thrissur	05
8.	Pushpagiri Instt. of Medical Sciences, Tiruvalla	05
9.	Amala Instt. of Medical Sciences, Thrissur	02
10.	M.E.S. Medical College, Perintalmanna	07
11.	Malankara OSC Medical College, Kollencherry	03
12.	Dr. Somervel Medical College, Karakonam	10
13.	Karuna Medical College, Palakkad	04
14.	Seth G S Medical College, Mumbai	01

40. Information in respect of Medical Colleges those have not submitted the list of 1st year MBBS students for the academic year 2006-2007.

Read: The names of the medical college who have not submitted information regarding the admissions for the academic session 2006-2007 in the 1st year MBBS course.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the office to issue a final warning notice for getting the list of the students admitted in the academic year 2006-07 and defer the consideration till then.

41. Framing of guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme court Judgement in the case of Criminal Appeal Nos. 144-145 of 2004 Jacob Mathew Vs. State of Punjab and Another.

Read: The Central Govt. letter dated 22.11.2006 with regard to framing of guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme court Judgement in the case of Criminal Appeal Nos. 144-145 of 2004 Jacob Mathew Vs. State of Punjab and Another.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the matter to the Ethics Committee with a request to frame the guidelines for prosecution of medical professional under Criminal Law for their medical negligence.

The Committee further decided to defer the consideration till then.

42. Establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust.

Read: The application with regard to Establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust where the Essentiality Certificate is not as per format-2 prescribed in the regulations.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the application received through the Central Government for establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust for the academic year 2007-08 and observed that the application is deficient in terms of the following qualifying criteria laid down in the Establishment of Medical College Regulations, 1999:-

In the 'Essentiality Certificate' dated 3.4.2006 issued by the State Govt. of Kerala at point (d) it is mentioned that "the applicant proposes to make available adequate clinical materials as per the Medical Council of India norms". This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that "adequate clinical material as per Medical Council of India norms is available".

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. for establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust for the academic year 2007-08.

43. Establishment of new medical college at Kanpur by Rama Educational Society, Kanpur.

Read: The application with regard to Establishment of a new medical college at Kanpur by Rama Educational Society, Kanpur where the Essentiality Certificate is not as per format-2 prescribed in the regulations.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the application received through the Central Government for Establishment of a new medical college at Kanpur by Rama Educational Society, Kanpur for the academic year 2007-08 and observed that the application is deficient in terms of the following qualifying criteria laid down in the Establishment of Medical College Regulations, 1999:-

In the 'Essentiality Certificate' dated 23.08.2006 issued by the State Govt. of UP at point (d) it is mentioned that "information about availability of adequate clinical materials as per the Medical Council of India norms is not available". This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that "adequate clinical material as per Medical Council of India norms is available".

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. for establishment of a new medical college at Kanpur by Rama Educational Society, Kanpur for the academic year 2007-08.

44. Continuance of recognition of MBBS course at S.S. Medical College, Rewa granted by A.P. Singh University, Rewa.

Read: The Council Inspectors report(27th & 28th November, 2006) of S.S. Medical College, Rewa for continuance of recognition of MBBS degree granted by A.P. Singh University, Rewa carried out in view of the High Court of judicature at Jabalpur order dated 27.10.2006 in W.P.N0.2523/04 –Km. Puja Mathur Vs. State of MP & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report (27th –28th November, 2006) of S.S. Medical College, Rewa and observed as under:-

"It was noted that in order to maintain the Standard of Medical Education, the Council carries out periodical inspection of the recognized medical colleges every 5 years to verify the facilities available for teaching and training of the students. Periodical inspection of the Medical Colleges in Madhya Pradesh was carried out on the dates mentioned against each.

1.	G.R. Medical College, Gwalior	-	Oct, 95.
2.	Gandhi Medical College, Bhopal.	-	Jan., 98.
3.	M.G.M. Medical College, Indore.	-	Feb., 98.
4.	NSCB Medical College, Jabalpur	-	April, 98
5.	S. S. Medical College, Rewa.	-	Nov., 98.

In view of the deficiencies pointed out in the inspection report pertaining to teaching staff and other infrastructure facilities, time was granted to the institutions to send compliance by the various meetings of the Executive Committee of the Council. Since, no proper compliance was received the matter was considered by the Executive Committee of this Council at its meeting held on 13/03/2003 and it was decided to issue show cause notice to the concerned authorities as to why steps should not be initiated to recommend to the Central Govt. to derecognise the institution for the award of MBBS degree granted by the respective universities. One month time was granted to the institution to respond to the show cause notice. Compliance received from the Medical Colleges were placed before the Executive Committee at its meeting held on 02nd June, 2003 and it was decided to verify the same by way of an inspection.

Accordingly, inspection the above medical colleges were again carried out in July, 2003. In view of the gross deficiencies with regard to staff and infrastructural facilities pointed out in

the inspection report the Executive Committee at its meeting held on 28th July, 2003 decided to recommend to the Central Govt. to withdraw the recognition of MBBS degree in respect of these medical colleges in Madhya Pradesh due to the deficiencies recoded as under:-

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

- | | | | |
|----|--------------------------------|---|--|
| 1. | G.R.Medical College, Gwalior | - | 11 th & 12 th July, 2003 |
| 2. | Gandhi Medical College, Bhopal | - | 11 th & 12 th July, 2003 |
| 3. | MGM Medical College, Indore | - | 11 th & 12 th July, 2003 |
| 4. | NSCB Medical College, Jabalpur | - | 11 th & 12 th July, 2003 |
| 5. | S.S.Medical College, Rewa | - | 14 th & 15 th July, 2003 |

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

S.S. MEDICAL COLLEGE, REWA:

1. *The shortage of teaching faculty is more than 20%.
(a) Shortage of tutors/residents is also about 20%.
(b) There is no faculty member in the Biochemistry department. Biochemistry as a subject is taught by staff from Physiology department.
(c) Forensic Medicine deptt. has no teaching faculty at all. The only staff available is 2-tutors and the deptt. is headed by Prof. of Microbiology.*
2. *In the OPD, proper demonstration room/teaching areas with furniture are not arranged. Psychiatry OPD runs only 3 days a week. The injection room does not have facilities for managing emergencies like IV fluid 02 cylinder etc. Sound proof audiometry room is not available. Physio-therapist are not posted in the Physiotherapy department.*
3. *There is no central registration system. Central Medical record section is also not available. Each deptt. maintain its own statistic in a haphazard manner.*
4. *The license of blood bank has expired on 31st December, 1997 which has not been renewed thereafter.*
5. *The labour rooms are unhygienic and poorly lighted. New born resuscitation facilities are not adequate. There are no waiting beds. Patients in first stage are also kept on labour table.*
6. *In the central laboratory, clinical biochemistry is also under the deptt. of Pathology.*
7. *The dining areas in the hostel mess do not have adequate furniture.*
8. *There is no urban health center. Rural Health center is not under the control of Dean. No staff from PSM deptt. is posted at the RHTC.*
9. *Animal house is not available.*
10. *Photographic section are not available.*
11. *Examination hall is much smaller- of only 1106 capacity.*
12. *MEU is not functional.*
13. *The books in departmental libraries of several departments like Microbiology, Forensic Medicine etc. are less than required as per norms.*
14. *Personal monitoring system for radiological hazards are not provided. Colour doplar is not made functional as yet.*
15. *Mechanized laundry with adequate equipment is not available.*

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to -

- 1. recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.*
- 2. refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.*

The above recommendations of the Executive Committee duly approved by the General Body of the Council at its meeting held on 20/10/2003 were sent to the Secretary to Govt. of India, Ministry of health and F.W., on 12/01/2004 for further necessary action u/s 19 of the IMC Act, 1956.

In response to above the Central Govt. vide its letter dated 13/07/2004 has forwarded a copy of letter dated 30/06/2004 received from the State Govt. of Madhya Pradesh with regard to compliance of the various deficiencies pointed out in the MCI inspection report conducted in July, 2003 of the five Medical Colleges in Madhya Pradesh. The Ministry has requested to reconsider the matter in the light of submission made therein and sent the comments/recommendation of the Council thereon.

The matter was considered by the Executive Committee at its meeting held on 16th July, 2004 and it was resolved that further action on the discontinuation of recognition of the MBBS degree for this college, in the light of the steps taken by the State Govt. for removal of deficiencies incorporated in the State Govt.'s letter dated 30.6.2004, be deferred by the Central Govt. for a period of 1 ½ months. The Council shall carry out the inspection of these 5 medical colleges thereafter. In the event it is found in the inspection that the deficiencies have not been removed, the Central Govt. shall be suitably informed by the council with the appropriate recommendations for taking further appropriate action towards de-recognition in accordance with the provisions of Section 19 of the Act.

As no further communication was received from the State Govt. the matter was placed before the Executive Committee at its meeting held on 30.12.2004. The committee decided to carry out the inspection of the medical colleges.

Inspection of all the 5 medical colleges in Madhya Pradesh was again carried out on 4th & 5th March, 2005 and the inspection reports were considered by the Executive Committee of this council at its meeting held on 24th March, 2005. The committee noted that there was an improvement in teaching faculty, infrastructure and other facilities. It also observed that the deficiencies still persisting in the above medical colleges and decided to grant three months time for rectification of deficiencies pointed out in the respective inspection reports. The decision of the Executive Committee was communicated to the concerned authorities of the colleges on 05.05.2005.

The 3 months time as given by the Executive Committee of the Council had been lapsed, and no compliance received from all medical colleges in Madhya Pradesh through the Central Govt. A reminder dated 6.9.2005 was also sent to all the Dean's of medical colleges with copy to Principal Secretary Health and to all the Registrar of university concerned for rectification of the deficiencies as pointed out in the last inspection report. Meanwhile, the office received a communication from Advocate at Jabalpur dated 01/11/2006 stating as under :-

"Sub : - WP. No. 2523/04 – Ku. Puja Mathur Vs. State of MP & Ors.

Dear Sir,

In the above case we have filed an inspection report conducted by our inspectors to show the various deficiencies in the five medical colleges run by the state by the State government. The State Government has now filed reply showing what steps they have taken to cure the deficiency. The Court has asked us to give an independent opinion as to whether the step taken by the State government is proper or not and the steps taken by the State Government will cure all the deficiencies pointed out by us.

A copy of the reply supported by documents filed by the State government is sent herewith. The case is now fixed for 4th December, 2006. Kindly, inform whether we will be able to make/conduct an inspection on the particular colleges as pointed out by State government in the reply before the next date of hearing and whether it is possible to give an independent opinion on behalf of MCI before the court by that time.

Sd/
(Indira Nair)
Sr. Advocate”

The inspection for compliance verification was carried out on 27th – 28th November, 2006. Perusal of this inspection report reveals the following deficiencies as under:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) Faculty 63 %
 - i) Professor : 6 (1- Physio, 1- Biochem., 1-Pharma ,1-Path., 1-FMT, 1-Anaeshtsiology)
 - ii) Associate Professor: 18 (1-Anatomy, 1-Physio, Biochem, 1-Pharma, 1-PSM, 1-Medicine, 1-Peaditrics, 1 Skin VD., 1-Suregery, 1-Ortho, 1-Ophthalm.,3-O&G, 2- Aneshthisiology, 1-Raidodio. 1-Dentistry)
 - iii) Assistant Professor: 27 (3-Anatomy, 1-Phsio, 1-Biochem, 2-Pharma, 1-Micro, 4- PSM, 3- Medicine, 2-Pead, 1-TB Chest, 1 Psychiatry, 2-Ophthalm., 1-ENT, 2-O&G , 2-Anaesht. &1 LECT Biophysics .
 - iv) Tutor: 3 (1-Pharma, 1-Rediology 1-Dentistry)
 - (v) Pharmaceutical Chemist 1
 - (b) Resident 31.00 %
 - (i) Sr. Resident: 14 (3-Medi, 1-Peda.1-TB& Chest, 1-Skin &VD, 1-Psychiatry, 3-Surgery, 2-Ortho,1-Ophthalm., 1-O&G)
 - (ii) Jr. Resident: 09 (3-TB Chest, 3-Skin VD, 3- Psychiatry)

2. Clinical Material is inadequate in terms of bed occupancy and Lab. Investigations are as under:-

	Daily Average	Day of Inspection
Bed occupancy %	60-80%	70%
<u>Laboratory Investigations</u>		
Biochemistry	110-200	130
Microbiology	15-25	20
Serology	20-35	25
Parasitology	5-10	08
Haematology	120-220	160
Histopathology	4-8per day	06
Cytopathology	4-8 per day	04
Others		

3. The institution does not have separate departments of Psychiatry and skin & V.D. These specialities are sections/divisions of department of medicine. These specialities do not have their separate departmental libraries. The head of department of Medicine is also the head of these specialities which is not as per MCI norms.
4. Hostel accommodation for students is inadequate as it is available for 216 students only against the requirement of 300.
5. Non-teaching staff in the library is inadequate.
6. Number of available journals are only 45 against the requirement of 100.
7. Central Animal house with required facilities are not available. No animal is regularly maintained in the animal house.
8. No Lecturer cum medical officer having MD(PSM) is available at RHTC. Infrastructural facilities are inadequate at RHTC. No audio-visual aids are provided.
9. At UHC – No Lecturer-cum-Medical Officer for MD(PSM) qualification is posted. Record for investigations are not maintained properly.
10. Registration counter for OPD is not computerized.
11. The indoor registration counter is not computerized and not cross linked with the outdoor registration.
12. The Medical Record department is not computerized. ISD classification of record is not being followed.
13. Only one mobile x-ray unit is available which is inadequate as per MCI norms.

14. Canteen for patients, staff and students is not available.
15. In Pathology department, the up-keeping of the museum is not satisfactory.
16. Service laboratory for Serology, virology, parasitology, mycology and tuberculosis are not available in the Department of Microbiology.
17. Catalogues are not available in the museum of Deptt. of Forensic Medicine.
18. Number of books in the departmental library in TB & Chest, Psychiatry, ENT, Paediatrics is inadequate as per MCI norms.
19. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the deficiencies in terms of teaching faculty and infrastructure have worsened and the quantum of the deficiencies is much higher than that observed in 2003 inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision taken at its meeting held on 28th July, 2003 to recommend to the Central Govt. to withdraw the recognition of MBBS Degree in respect of S.S. Medical College, Rewa granted by A.P. Singh University, Rewa as approved by the General Body of the Council at its meeting held on 20/10/2003 and recommended to the Govt. of India, Ministry of Health & Family Welfare, (Department of Health), Nirman Bhavan, New Delhi vide letter dated 12.01.2004 for further necessary action u/s 19 of the IMC Act, 1956 and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

45. Continuance of recognition of MBBS course at Netaji Subhash Chandra Bose Medical College, Jabalpur granted by Rani Durgawati Vishwavidyalaya, Jabalpur.

Read: The consider the Council Inspectors report(27th & 28th November, 2006) of Netaji Subhash Chandra Bose Medical College, Jabalpur for continuance of recognition of MBBS degree granted by Rani Durgawati Vishwavidyalaya, Jabalpur carried out in view of the High Court of judicature at Jabalpur order dated 27.10.2006 in W.P.N0.2523/04 –Km. Puja Mathur Vs. State of MP & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report (27th –28th November, 2006) of Netaji Subhash Chandra Bose Medical College, Jabalpur and observed as under:-

It was noted that in order to maintain the Standard of Medical Education, the Council carries out periodical inspection of the recognized medical colleges every 5 years to verify the facilities available for teaching and training of the students. Periodical inspection of the Medical Colleges in Madhya Pradesh was carried out on the dates mentioned against each.

- | | | | |
|----|---------------------------------|---|-----------|
| 1. | G.R. Medical College, Gwalior | - | Oct, 95. |
| 2. | Gandhi Medical College, Bhopal. | - | Jan., 98. |
| 3. | M.G.M. Medical College, Indore. | - | Feb., 98. |
| 4. | NSCB Medical College, Jabalpur | - | April, 98 |
| 5. | S. S. Medical College, Rewa. | - | Nov., 98. |

In view of the deficiencies pointed out in the inspection report pertaining to teaching staff and other infrastructure facilities, time was granted to the institutions to send compliance by the various meetings of the Executive Committee of the Council. Since, no proper compliance was received the matter was considered by the Executive Committee of this Council at its meeting held on 13/03/2003 and it was decided to issue show cause notice to the concerned authorities as to why steps should not be initiated to recommend to the Central Govt. to derecognise the institution for the award of MBBS degree granted by the respective universities. One month time was granted to the institution to respond to the show cause notice. Compliance received from the Medical Colleges were placed before the Executive Committee at its meeting held on 02nd June, 2003 and it was decided to verify the same by way of an inspection.

Accordingly, inspection the above medical colleges were again carried out in July, 2003. In view of the gross deficiencies with regard to staff and infrastructural facilities pointed out in the inspection report the Executive Committee at its meeting held on 28th July, 2003 decided to recommend to the Central Govt. to withdraw the recognition of MBBS degree in respect of these medical colleges in Madhya Pradesh due to the deficiencies recoded as under:-

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

1.	G.R.Medical College, Gwalior	-	11 th & 12 th July, 2003
2.	Gandhi Medical College, Bhopal	-	11 th & 12 th July, 2003
3.	MGM Medical College, Indore	-	11 th & 12 th July, 2003
4.	NSCB Medical College, Jabalpur	-	11 th & 12 th July, 2003
5.	S.S.Medical College, Rewa	-	14 th & 15 th July, 2003

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

NSCB Medical College, Jabalpur:-

- 1. The shortage of teaching faculty is more than 25%.*
- 2. The shortage of Tutors/Residents is more than 60%.*
- 3. The beds of General Medicine, TB and Psychiatry are common and no demarcation is done. Total beds in this department are 213 against the requirement of 225. Thus, there is a deficiency of 12 beds in this department.*
- 4. Number of units in Surgery are 3 out of which one is headed by Professor of Paed. Surgery, one by Plastic Surgery and third one by the Lecturer in Neuro-Surgery.*
- 5. Affiliation letter from Rani Durgawati University was not available and was not produced before the inspection team.*
- 6. Clinical material particularly in terms of laboratory and x-ray investigations is inadequate. Clinical material is also inadequate in terms of out patients attendance which is 450 to 500 per day and bed occupancy which is less than 80%. Number of investigations performed both in laboratory and x-ray deptt. are grossly inadequate. Number of deliveries conducted is 1 to 2 per day on an average. In the casualty, only 6 beds are available. Resuscitation equipment like defibrillator, emergency trolley etc. were not available. Nursing staff are not available throughout the day. Central lab. samples are collected and sent to different departments for processing. Full scale laboratory is not yet established. Mycology, Para Cytology and micro-bacteriology sections are not available in Microbiology department. Laproscopic surgery is not performed at all in the hospital.*
- 7. There is no Medical Record Section in the hospital. Each department maintain its own record in a haphazard manner.*
- 8. MEU unit is not yet established.*
- 9. Hostel mess facilities are inadequate and are unhygienic. Hostels are in poor state and the medicine facilities are inadequate and unsatisfactorily.*
- 10. Cold storage facility for staff are not available.*
- 11. 800 MA machine is not available. In x-ray deptt., CT Scan & mammography are not available.*
- 12. Rural Health training center is not under the control of Dean. No Urban Health Center is available.*
- 13. Animal house facility are not adequate and not as per the norms. The staff available in the animal house is not as per norms.*
- 14. Service lab. for clinical biochemistry is not available. This is handled by department of Pathology. Separate students lab. for Forensic Medicine is not available which is shared with the deptt. of Microbiology.*
- 15. No separate ultra-sonography machine for Obst. & Gynae. department are available.*

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities

were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to -

- 1. recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.*
- 2. refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.*

The above recommendations of the Executive Committee duly approved by the General Body of the Council at its meeting held on 20/10/2003 were sent to the Secretary to Govt. of India, Ministry of health and F.W., on 12/01/2004 for further necessary action u/s 19 of the IMC Act, 1956.

In response to above the Central Govt. vide its letter dated 13/07/2004 has forwarded a copy of letter dated 30/06/2004 received from the State Govt. of Madhya Pradesh with regard to compliance of the various deficiencies pointed out in the MCI inspection report conducted in July, 2003 of the five Medical Colleges in Madhya Pradesh. The Ministry has requested to re-consider the matter in the light of submission made therein and sent the comments/recommendation of the Council thereon.

The matter was considered by the Executive Committee at its meeting held on 16th July, 2004 and it was resolved that further action on the discontinuation of recognition of the MBBS degree for this college, in the light of the steps taken by the State Govt. for removal of deficiencies incorporated in the State Govt.'s letter dated 30.6.2004, be deferred by the Central Govt. for a period of 1 ½ months. The Council shall carry out the inspection of these 5 medical colleges thereafter. In the event it is found in the inspection that the deficiencies have not been removed, the Central Govt. shall be suitably informed by the council with the appropriate recommendations for taking further appropriate action towards de-recognition in accordance with the provisions of Section 19 of the Act.

As no further communication was received from the State Govt. the matter was placed before the Executive Committee at its meeting held on 30.12.2004. The committee decided to carry out the inspection of the medical colleges.

Inspection of all the 5 medical colleges in Madhya Pradesh was again carried out on 4th & 5th March, 2005 and the inspection reports were considered by the Executive Committee of this council at its meeting held on 24th March, 2005. The committee noted that there was an improvement in teaching faculty, infrastructure and other facilities. It also observed that the deficiencies still persisting in the above medical colleges and decided to grant three months time for rectification of deficiencies pointed out in the respective inspection reports. The decision of the Executive Committee was communicated to the concerned authorities of the colleges on 05.05.2005.

The 3 months time as given by the Executive Committee of the Council had been lapsed, and no compliance received from all medical colleges in Madhya Pradesh through the Central Govt. A reminder dated 6.9.2005 was also sent to all the Dean's of medical colleges with copy to Principal Secretary Health and to all the Registrar of university concerned for rectification of the deficiencies as pointed out in the last inspection report.

In reference to above, the Principal of the college vide letter dt. 11/08/2005 has forwarded the compliance report. On perusal of the compliance, it was decided to obtain a positive compliance for which a letter was sent to college on 05/08/2006.

The Dean, Netaji Subhash Chandra Bose Medical College, Jabalpur vide his letter dated 19/10/2006, has submitted herewith the compliance report on the observations made by the Inspectors of MCI (Compliance report enclosed). The MCI had conducted periodical inspection of this Institution for the purpose of continuance of recognition of MBBS degree on 04th – 05th

March, 2005. Meanwhile, the office received a communication from Advocate at Jabalpur dated 01/11/2006 stating as under :-

*“Sub : - WP. No. 2523/04 – Ku. Puja Mathur Vs. State of MP & Ors.
Dear Sir,*

In the above case we have filed an inspection report conducted by our inspectors to show the various deficiencies in the five medical colleges run by the state by the State government. The State Government has now filed reply showing what steps they have taken to cure the deficiency. The Court has asked us to give an independent opinion as to whether the step taken by the State government is proper or not and the steps taken by the State Government will cure all the deficiencies pointed out by us.

A copy of the reply supported by documents filed by the State government is sent herewith. The case is now fixed for 4th December, 2006. Kindly, inform whether we will be able to make/conduct an inspection on the particular colleges as pointed out by State government in the reply before the next date of hearing and whether it is possible to give an independent opinion on behalf of MCI before the court by that time.

*Sd/
(Indira Nair)
Sr. Advocate”*

The compliance was verified by way of inspection on 27th & 28th November, 2006. Perusal of this inspection report reveals the following deficiencies as under:-

1. The shortage of teaching staff required at present stage is as under:-
- (a) The shortage of teaching faculty is 31.7% as under:-

1	Professor	04	Biochemistry 01, Microbiology 01, Skin VD 01, Dentistry 01)
2	Associate Professor	29	(Anatomy 03, Physiology 03, Biochemistry 01, Pharmacology 02, Pathology 01, Microbiology 01, Forensic Medicine 02, Community Medicine 01, General Medicine 05, Pediatrics 01, General Surgery 02, Orthopedics 01, Anesthesia 03, Radio-diagnosis 02, Dentistry 01)
3	Assistant Professor	30	(Anatomy 02, Physiology 03, lecturer bio physics 01, Biochemistry 01, Pharmacology 01, Pathology 01, Microbiology 01, Forensic Medicine 02, Community Medicine 05, General Medicine 03, Pediatrics 02, General Surgery 03, Orthopedics 02, OBGY 01, Anesthesia 01, Radio-diagnosis 01,)
4	Tutor	05	(Anatomy 05)

- (g) The shortage of Residents is 34.1% as under :-

1	Sr Residents	39	General Medicine 06, Pediatrics 03, TB Chest 01, Skin VD 01, Psychiatry 01, General Surgery 06, Orthopedics 03, ENT 01, Ophthalmology 01, OBGY 03, Anesthesia 08, Radio-diagnosis 05,)
2.	Jr Residents	01	Dentistry 01

- There are no Senior Residents in any Clinical Departments.

2. Bed occupancy is inadequate as under:-

	Daily average	Day of Inspection
Bed Occupancy %	72%	72.7%

3. The following deficiencies are observed in the infrastructure of pre-clinical departments:-

Anatomy.

1. The cooling cabinet is not functioning.
2. MRI, CT and X-ray are not displayed in the museum.
3. Catalogue in the museum is not displayed.
4. Department Library cum Seminar room is located in the research lab.
5. Demonstration rooms capacity is not as per MCI norms.

Biochemistry:

1. The gas cylinders are kept in the practical lab.

2. There is seepage in the practical Lab.
 3. The administration of the department is done by HOD Physiology as there is no Professor/Associate Professor in the Department of Biochemistry.
 4. There is no department library cum seminar room.
 5. There is no demonstration room.
4. The following deficiencies are observed in the infrastructure of para-clinical departments:-
- Pathology:
1. One Demonstration room is located inside the museum.
 2. There is a no research laboratory.
 3. Catalogues are not available.
- Microbiology:
1. There is no research laboratory.
 2. There is no museum
 3. There is no provision for artificial light in the practical lab.
 4. Practical lab is shared with Forensic Medicine Department.
- For. Medicine :
1. There is only 01 faculty in the department who is the HOD.
 2. There are no catalogue are kept in the museum.
 3. There is no research laboratory.
 4. The demonstration room is located inside the museum.
 5. There is no practical lab in the department. It is being shared with the Microbiology Department.
 6. There is no department library cum seminar room.
- Com. Medicine:
1. One demonstration room is located in the museum.
 2. There is no research laboratory
5. The number of beds in the Deptt. of Pead. is 80 in three units against the requirement of 90 beds in three units.
6. The Audiometry room is not sound proof and not airconditioned.
7. There are only five operation theatres having 10 tables against the requirement of 10 operation theatres. The arrangement for more than one table in OT is also not as per the MCI norms.
8. Septic labour room and eclamsia room are not available.
9. There is no separate surgical & medical ICU. There is no Gynae. ICU and Neonatal ICU.
10. CT Scan is not available.
11. Number of para-medical staff is grossly inadequate is as under:-
 Laboratory Technicians: 7 (5 posts vacant)
 Laboratory Assistants: 01
 Laboratory Attendants: 04 (1 post vacant)
12. The Nursing Staff is inadequate as under :
- | | |
|--------------------------------|-----------------------|
| Nursing Superintendent: | nil (1 post vacant) |
| Deputy Nursing Superintendent: | nil |
| Matron | 01 |
| Asstt. Nursing Superintendent | nil |
| Nursing Sisters | 32 (2 posts vacant) |
| Staff nurses | 144 (36 posts vacant) |
- There is a deficiency of paramedical and nursing staff and is not as per MCI norms.
13. There are only four lecture theatres having capacity of 150 each which is not as per MCI norms.
14. Hostel accommodation is available only for 516 students against the requirement of 700.
15. Separate hostel for interns is not available.

16. In the central library – no current journals are available for the year 2005. Only few current journals for the year 2006 are available upto the month of July. Total number of journals subscribed are 86 which is inadequate.
17. No training courses were held for teachers by the Medical Education Unit during the year.
18. Guinea pig, mice and large animals are not available in the animal house. The veterinary officer visits are as per MCI norms.
19. RHTC-Natwara is under the control of the State Health Govt. Department and not under the control of Dean.
20. No Lecturer-cum-Medical Officer with MD(PSM) is available. Audio-visual aids have not been provided.
21. The college does not have any Urban Health Centre at present.
22. There is no Medical Record Department and there is no staff appointed for the same. ICD X classification of diseases is not followed for indexing.
23. Instrumentation is grossly inadequate. Only one Ambu Bag and BP instrument is available. There is no minor operation theatre and there is no emergency operation theatre.
24. Doctors for pre-clinical are posted on rotation in the casualty which is not as per MCI norms. There is no emergency treatment in the casualty.
25. The CSSD Hall is not as per MCI norms. Distribution and receiving points are not separate.
26. The following deficiencies have been observed in the infrastructure of three MBBS departments:-
 Anatomy: 1. The cooling cabinet is not functioning; 2. MRI, CT and X-ray are not displayed in the museum; 3. Catalogue in the museum are not displayed; 4. Departmental library cum seminar room is located in the research lab.
 Physiology: 1. One demonstration room is located in the practical lab
 Biochemistry: 1. The administration of the department is done by HOD Physiology as there is no Professor/Associate Professor in the Deptt. of Biochemistry
 2. There is no departmental library cum seminar room; 3. There are no demonstration room in the department and it is shared with the Physiology department. 4. The Gas cylinders need to be kept away in a separate enclosure.
27. There are no departmental library for TB & Chest, Dermatology and Psychiatry department.
28. Number of books in Radio-diagnosis and Anatomy department are inadequate.
29. The following deficiencies are observed in the para-clinical departments of Pharmacology, Microbiology and Forensic Medicine:-
 Pharmacology – photographs and medicinal plants are not available in the museum.
 Pathology – 1. One demonstration room is located inside the museum; 2. There is no research laboratory; 3. Catalogues are not available in the museum.
 Microbiology – 1. There is no research laboratory; 2. There is no museum; 3. There is no provision for artificial light in the practical lab.; 4. Practical lab. Is shared with the Forensic Medicine department.
 Forensic Med. Deptt 1. There are no catalogue are kept in the museum. 2. There is no research laboratory. 3. The demonstration room is located inside the museum. 4. There is no practical lab. in the department. It is being shared with the Microbiology Lab. 5. There is no departmental library cum seminar room.
 Comm. Med.deptt. – One demonstration room is located in the museum. There is no Research lab.
30. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the deficiencies in terms of teaching faculty and infrastructure have worsened and the quantum of the deficiencies is much higher than that observed in 2003 inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision taken at its meeting held on 28th July, 2003 to recommend to the Central Govt. to withdraw the

recognition of MBBS Degree in respect of Netaji Subhash Chandra Bose Medical College, Jabalpur granted by Rani Durgawati Vishwavidyalaya, Jabalpur as approved by the General Body of the Council at its meeting held on 20/10/2003 and recommended to the Govt. of India, Ministry of Health & Family Welfare, (Department of Health), Nirman Bhavan, New Delhi vide letter dated 12.01.2004 for further necessary action u/s 19 of the IMC Act, 1956 and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

46. Continuance of recognition of MBBS course at G.R. Medical College, Gwalior granted by Jiwaji University, Gwalior.

Read: The Council Inspectors report(24th & 25th November, 2006) of G.R. Medical College, Gwalior for continuance of recognition of MBBS degree granted by Jiwaji University, Gwalior carried out in view of the High Court of judicature at Jabalpur order dated 27.10.2006 in W.P.N0.2523/04 –Km. Puja Mathur Vs. State of MP & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report (24th –25th November, 2006) of G.R. Medical College, Gwalior and observed as under:-

It was noted that in order to maintain the Standard of Medical Education, the Council carries out periodical inspection of the recognized medical colleges every 5 years to verify the facilities available for teaching and training of the students. Periodical inspection of the Medical Colleges in Madhya Pradesh was carried out on the dates mentioned against each.

1.	G.R. Medical College, Gwalior	-	Oct, 95.
2.	Gandhi Medical College, Bhopal.	-	Jan., 98.
3.	M.G.M. Medical College, Indore.	-	Feb., 98.
4.	NSCB Medical College, Jabalpur	-	April, 98
5.	S. S. Medical College, Rewa.	-	Nov., 98.

In view of the deficiencies pointed out in the inspection report pertaining to teaching staff and other infrastructure facilities, time was granted to the institutions to send compliance by the various meetings of the Executive Committee of the Council. Since, no proper compliance was received the matter was considered by the Executive Committee of this Council at its meeting held on 13/03/2003 and it was decided to issue show cause notice to the concerned authorities as to why steps should not be initiated to recommend to the Central Govt. to derecognise the institution for the award of MBBS degree granted by the respective universities. One months time was granted to the institution to respond to the show cause notice. Compliance received from the Medical Colleges were placed before the Executive Committee at its meeting held on 02nd June, 2003 and it was decided to verify the same by way of an inspection.

Accordingly, inspection the above medical colleges were again carried out in July, 2003. In view of the gross deficiencies with regard to staff and infrastructural facilities pointed out in the inspection report the Executive Committee at its meeting held on 28th July, 2003 decided to recommend to the Central Govt. to withdraw the recognition of MBBS degree in respect of these medical colleges in Madhya due to the deficiencies recoded as under:-

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

1.	G.R. Medical College, Gwalior	-	11 th & 12 th July, 2003
2.	Gandhi Medical College, Bhopal	-	11 th & 12 th July, 2003
3.	MGM Medical College, Indore	-	11 th & 12 th July, 2003
4.	NSCB Medical College, Jabalpur	-	11 th & 12 th July, 2003

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

G.R.Medical College, Gwalior:

1. *The shortage of teaching faculty is more than 20% and tutors/residents is more than 40%. The entire faculty in the Biochemistry department is non-medical.*
2. *The animal house facilities are not adequate.*
3. *The equipment of mechanized laundry has been procured but it has not yet installed.*
4. *Registration is not computerized.*
5. *In the Infrastructure facilities of Ist MBBS department it is observed that in the deptt. of Biochemistry, the practical laboratory is also used as a demonstration room.*
6. *In the Infrastructure of 2nd MBBS deptt. it has been observed that the facilities of Pathology department are also shared by the deptt. of Microbiology which has not been developed on account of inadequate space and equipment. The deptt. of Microbiology is sharing all teaching facilities with Pathology including microscopes, practical laboratories, theory lecture theatre etc. Most of the equipment in the Microbiology deptt. is very old and needs to be replaced.*
7. *The demonstration room of Forensic Medicine is also partially used as museum. In the museum of Forensic Medicine, the firearms are not available and proper label of various models and photographs is not done.*

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to -

1. *recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.*
2. *refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.*

The above recommendations of the Executive Committee duly approved by the General Body of the Council at its meeting held on 20/10/2003 were sent to the Secretary to Govt. of India, Ministry of health and F.W., on 12/01/2004 for further necessary action u/s 19 of the IMC Act, 1956.

In response to above the Central Govt. vide its letter dated 13/07/2004 has forwarded a copy of letter dated 30/06/2004 received from the State Govt. of Madhya Pradesh with regard to compliance of the various deficiencies pointed out in the MCI inspection report conducted in July, 2003 of the five Medical Colleges in Madhya Pradesh. The Ministry has requested to re-consider the matter in the light of submission made therein and sent the comments/recommendation of the Council thereon.

The matter was considered by the Executive Committee at its meeting held on 16th July, 2004 and it was resolved that further action on the discontinuation of recognition of the MBBS degree for this college, in the light of the steps taken by the State Govt. for removal of deficiencies incorporated in the State Govt.'s letter dated 30.6.2004, be deferred by the Central Govt. for a period of 1 ½ months. The Council shall carry out the inspection of these 5 medical colleges thereafter. In the event it is found in the inspection that the deficiencies have not been removed, the Central Govt. shall be suitably informed by the council with the appropriate recommendations for taking further appropriate action towards de-recognition in accordance with the provisions of Section 19 of the Act.

As no further communication was received from the State Govt. the matter was placed before the Executive Committee at its meeting held on 30.12.2004. The committee decided to carry out the inspection of the medical colleges.

Inspection of all the 5 medical colleges in Madhya Pradesh was again carried out on 4th & 5th March, 2005 and the inspection reports were considered by the Executive Committee of this council at its meeting held on 24th March, 2005. The committee noted that there was an improvement in teaching faculty, infrastructure and other facilities. It also observed that the deficiencies still persisting in the above medical colleges and decided to grant three months time for rectification of deficiencies pointed out in the respective inspection reports. The decision of the Executive Committee was communicated to the concerned authorities of the colleges on 05.05.2005.

The 3 months time as given by the Executive Committee of the Council had been lapsed, and no compliance received from all medical colleges in Madhya Pradesh through the Central Govt. A reminder dated 6.9.2005 was also sent to all the Dean's of medical colleges with copy to Principal Secretary Health and to all the Registrar of university concerned for rectification of the deficiencies as pointed out in the last inspection report.

The Dean, G.R. Medical College, Gwalior vide letter dt. 29/08/2006 has submitted compliance report of the deficiencies pointed out during the last MCI inspection held on 04th & 05th March, 2005. Meanwhile, the office received a communication from Advocate at Jabalpur dated 01/11/2006 stating as under :-

"Sub : - WP. No. 2523/04 – Ku. Puja Mathur Vs. State of MP & Ors.

Dear Sir,

In the above case we have filed an inspection report conducted by our inspectors to show the various deficiencies in the five medical colleges run by the state by the State government. The State Government has now filed reply showing what steps they have taken to cure the deficiency. The Court has asked us to give an independent opinion as to whether the step taken by the State government is proper or not and the steps taken by the State Government will cure all the deficiencies pointed out by us.

A copy of the reply supported by documents filed by the State government is sent herewith. The case is now fixed for 4th December, 2006. Kindly, inform whether we will be able to make/conduct an inspection on the particular colleges as pointed out by State government in the reply before the next date of hearing and whether it is possible to give an independent opinion on behalf of MCI before the court by that time.

*Sd/
(Indira Nair)
Sr. Advocate"*

The compliance was verified by way of inspection on 24th & 25th Nov., 2006. Perusal of this inspection report reveals the following deficiencies as under:-

1. The shortage of teaching faculty is as under:-

(a) Faculty 28.8%

Professor : 04 (Microbiology-1, TB & Chest –1, Medicine – 1, ENT -1)
Associate Professor: 28 (Anatomy -2, Physiology -1, Biochemistry– 1, Pathology –4, Microbiology –1, Pharmacology –3, FMT –2, Medicine – 2, Psychiatry-1, Pediatrics –2, Surgery –4, Orthopaedics – 1, Dental –1, Ophthalmology –2, Radiology –1)
Assistant Professor: 16 (Anatomy-3, Physiology-1, Biochemistry – 2, Pathology -1, Pharmacology -2, FMT-1, PSM– 1, Medicine –1, Surgery – 2, Radiodiagnosis – 2),
Tutor: 01(FMT -1)

(b) Resident 25.8%

(i) Sr. Resident: 20(TB & Chest – 1, Medicine-6, Pediatrics- 3, Surgery – 6, Orthopaedics-3, Ophthalmology– 1)
(ii) Jr. Resident: 08 (TB & Chest -2, Skin & VD – 3, Psychiatry-3)

Central oxygen, nitrous oxide & central suction in the operation theatres are not in working order.

Paramedical staff is inadequate is as under:-

Laboratory Technicians	-	07
Laboratory Assistants	-	02
Laboratory Attendants	-	02

4. Nursing staff is inadequate as under:-

Nursing superintendent Gr I (matron)	-	02
Nursing superintendent Gr.II	-	nil
Nursing superintendent Gr. III (nursing sister)	-	24
Staff nurse	-	127
ANM	-	18
Maternity Assistant	-	14
Other categories	-	nil

5. The capacity of lecture theatre is not as per Council norms.

6. The accommodation in students' hostel is available only for 585 students against the requirement of 700 at this stage. There is only one combine hostel for interns, PGs and Residents with a capacity of 100 which is grossly inadequate.

7. In the central library, the number of journals subscribed are only 41 against the requirement of 100. The non-teaching staff in library is inadequate.

8. The capacity of examination hall is only 230, which is inadequate.

9. In the central animal house, Guinea pig, mice and large animals are not available. The veterinary officer and attendants are also not available.

10. RHTC, Dabra is under the control of Director Medical & Health Services, which is not as per norms.

11. The indoor registration counter is computerized but not cross linked with outdoor registration counter and of MRD computer.

12. The organizational and the operational part of both OPD and indoor laboratories is not proper. There are no adequate required automation instruments in any of the laboratories

13. The Biochemistry department is not involved in any diagnostic services neither in college nor in hospital. The anomalies in the working of various diagnostic units should be corrected and all the three departments i.e pathology, microbiology & biochemistry should be effectively involved in the library work.

14. Central laundry is not available.

15. In the infrastructure of 1st MBBS deptt., the following deficiencies are observed:-

a. Anatomy

- There is no electric saw
- There is no separate cooling cabinet available.

b. Physiology

- The laboratory of human and mammalian experiments is not available.

c. Biochemistry

- There is no demonstration room available.
- Gas cylinders need to be kept away in a separate enclosures.
- The department does not participates in hospital work.

In the infrastructure of para-clinical department, the following deficiencies are observed:

(a) Pharmacology

- The clinical pharmacology and experimental pharmacology laboratory is not as per norms.

(b) Pathology

- The capacity of demonstration room is not as per norms.

16. The institution does not have separate departments of Psychiatry, Skin & VD and TB & Chest. These specialties are divisions / section under the department of medicine which is not as per norms. These departments do not have their own teaching / demonstration rooms, side laboratories and libraries which is not as per norms.

17. The Professor of Skin & VD is the Head of department of medicine.

18. Other deficiencies / remarks are in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the deficiencies in terms of teaching faculty and infrastructure have worsened and the quantum of the deficiencies is much higher than that observed in 2003 inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision taken at its meeting held on 28th July, 2003 to recommend to the Central Govt. to withdraw the recognition of MBBS Degree in respect of G.R. Medical College, Gwalior granted by Jiwaji University, Gwalior as approved by the General Body of the Council at its meeting held on 20/10/2003 and recommended to the Govt. of India, Ministry of Health & Family Welfare, (Department of Health), Nirman Bhavan, New Delhi vide letter dated 12.01.2004 for further necessary action u/s 19 of the IMC Act, 1956 and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

47. Continuance of recognition of MBBS course at Gandhi Medical College, Bhopal granted by Barkatullah University, Bhopal.

Read: The Council Inspectors report(24th & 25th November, 2006) of Gandhi Medical College, Bhopal for continuance of recognition of MBBS degree granted by Barkatullah University, Bhopal carried out in view of the High Court of judicature at Jabalpur order dated 27.10.2006 in W.P.N0.2523/04 –Km. Puja Mathur Vs. State of MP & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report (24th – 25th November, 2006) of Gandhi Medical College, Bhopal and observed as under:-

It was noted that in order to maintain the Standard of Medical Education, the Council carries out periodical inspection of the recognized medical colleges every 5 years to verify the facilities available for teaching and training of the students. Periodical inspection of the Medical Colleges in Madhya Pradesh was carried out on the dates mentioned against each.

1.	G.R. Medical College, Gwalior	-	Oct, 95.
2.	Gandhi Medical College, Bhopal.	-	Jan., 98.
3.	M.G.M. Medical College, Indore.	-	Feb., 98.
4.	NSCB Medical College, Jabalpur	-	April, 98
5.	S. S. Medical College, Rewa.	-	Nov., 98.

In view of the deficiencies pointed out in the inspection report pertaining to teaching staff and other infrastructure facilities, time was granted to the institutions to send compliance by the various meetings of the Executive Committee of the Council. Since, no proper compliance was received the matter was considered by the Executive Committee of this Council at its meeting held on 13/03/2003 and it was decided to issue show cause notice to the concerned authorities as to why steps should not be initiated to recommend to the Central Govt. to derecognise the institution for the award of MBBS degree granted by the respective universities. One month time was granted to the institution to respond to the show cause notice. Compliance received from the Medical Colleges were placed before the Executive Committee at its meeting held on 02nd June, 2003 and it was decided to verify the same by way of an inspection.

Accordingly, inspection the above medical colleges were again carried out in July, 2003. In view of the gross deficiencies with regard to staff and infrastructural facilities pointed out in the inspection report the Executive Committee at its meeting held on 28th July, 2003 decided to recommend to the Central Govt. to withdraw the recognition of MBBS degree in respect of these medical colleges in Madhya Pradesh due to the deficiencies recoded as under:-

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

1.	G.R.Medical College, Gwalior	-	11 th & 12 th July,2003
2.	Gandhi Medical College, Bhopal	-	11 th & 12 th July,2003
3.	MGM Medical College, Indore	-	11 th & 12 th July,2003
4.	NSCB Medical College, Jabalpur	-	11 th & 12 th July,2003
5.	S.S.Medical College, Rewa	-	14 th & 15 th July,2003

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

Gandhi Medical College, Bhopal:

1. *Infrastructural facilities and staff in pre and para clinical departments even now are not adequate for 140 admissions. Most of the practical laboratories are adequate for 50 students (i.e. 100 admissions) and in most of the departments there are no demonstration rooms, only demonstration areas are available in one portion of the laboratory.*
2. *The staff shortage at present is as follows:*
 - A. *Professors-1 in TB & Chest.*
 - B. *Readers (16)- 2 in Anatomy, 1 in Physiology, 1 in Biochemistry, 3 in Pathology, 1 in Microbiology, 1 in Forensic Medicine, 1 in Comm. Medicine, 1 in Pediatrics, 1 in TB & Chest, 3 in Gen. Surgery and 1 in Dentistry.*
 - C. *Lecturers (33) – 1 in Anatomy, 2 in Physiology, 1 in Biophysics, 1 in Pharmacology, 2 in Pathology, 2 in Microbiology, 2 in Forensic Medicine, 1 Lecturer in Epidemiology, 6 in Gen. Medicine, 2 in Pediatrics, 1 in TB & Chest, 5 in Gen. Surgery, 5 in Orthopaedics, 1 in ENT and 1 in Radiodiagnosis.*
 - D. *Tutors/Registrars/Residents (13) – 3 in Anatomy, 2 in Biochemistry, 1 in Microbiology, 3 in Forensic Medicine, 2 in Comm. Medicine, 1 in TB & Chest, 1 in Obst. & Gynae.*
 - E. *Junior Residents (6) – 3 in Dermatology, 3 in Psychiatry.*

Total Shortages 69 (including 6 Jr. Residents)
3. *The Infrastructural facilities of practical laboratories, museum and demonstration areas are still common for department of Pathology and Microbiology. Only separate teaching staff for these two departments has been provided.*
All the service laboratories of Microbiology are placed in one room. All this needs immediate rectification.
4. *Central Animal House: Central Animal House is grossly under equipped and under staffed. A Veterinary Officer should be appointed, may be part time to look after the health of the animals. The infrastructure facilities and staff should be provided as per Council's requirement.*
5. *Central Library: Since the institution is running a large number of PG courses and it is a unitary complex, the working hours of library should be extended to atleast 8 a.m. to 10 p.m. in two shifts.*
The college is subscribing to only 34 journals. The subscription should be extended to atleast 150 journals and the budget should be increased to 15 lakhs in the first instance from meager 2 lakhs which is at present.
The total number of books available are adequate and the library is having Medlar and internet facilities.
6. *RHC : At present, there is no rural health center under the disciplinary and the administrative control of the institution. Atleast 3 primary health center should be attached and one should be with proper hostel facilities for boys, girls, interns and other teaching staff. At present only interns are taken to some of the centers under the control of the Public Health Department. This is not in accordance with the Council's recommendation for pre registration internship.*
7. *Emergency & Casualty Services: Number of emergency beds available are only 7. They should be increased to atleast 20. The residents of Medicine, Surgery, Orthopaedics and Pediatrics should be posted by rotation in the casualty and the functioning of it should not be left at the sole discretion of a CMO. The emergency x-ray unit should also work round the clock. It should be provided with all the required resuscitation measures.*
8. *The department of Biochemistry is heavily laden with non-medical staff. Efforts should be made to recruit atleast 50% of staff medically qualified. Persons with Ph.D from faculty of Science should not be appointed as faculty member.*

9. *Museum of deptt. of Pharmacology is scattered in the laboratory and the corridor. A central circumscribe museum with proper display of samples should be provided.*
10. *All the clinical departments should be provided with proper teaching areas in OPD and IPD. At present only few of them are available.*
11. *A proper audiometry room with noiseless split level air-conditioner should be provided.*
12. *Central registration and record keeping needs upgradation and improvement. At present the registration is only department-wise and not central.*
13. *Hostel: total accommodation available is only for 534 students against the requirement of 750. The institution should provide a separate hostel for interns. At present they are accommodated in PG hostels, the accommodation in which is otherwise adequate.*

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to -

1. *recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.*
2. *refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.*

The above recommendations of the Executive Committee duly approved by the General Body of the Council at its meeting held on 20/10/2003 were sent to the Secretary to Govt. of India, Ministry of health and F.W., on 12/01/2004 for further necessary action u/s 19 of the IMC Act, 1956.

In response to above the Central Govt. vide its letter dated 13/07/2004 has forwarded a copy of letter dated 30/06/2004 received from the State Govt. of Madhya Pradesh with regard to compliance of the various deficiencies pointed out in the MCI inspection report conducted in July, 2003 of the five Medical Colleges in Madhya Pradesh. The Ministry has requested to re-consider the matter in the light of submission made therein and sent the comments/recommendation of the Council thereon.

The matter was considered by the Executive Committee at its meeting held on 16th July, 2004 and it was resolved that further action on the discontinuation of recognition of the MBBS degree for this college, in the light of the steps taken by the State Govt. for removal of deficiencies incorporated in the State Govt.'s letter dated 30.6.2004, be deferred by the Central Govt. for a period of 1 ½ months. The Council shall carry out the inspection of these 5 medical colleges thereafter. In the event it is found in the inspection that the deficiencies have not been removed, the Central Govt. shall be suitably informed by the council with the appropriate recommendations for taking further appropriate action towards de-recognition in accordance with the provisions of Section 19 of the Act.

As no further communication was received from the State Govt. the matter was placed before the Executive Committee at its meeting held on 30.12.2004. The committee decided to carry out the inspection of the medical colleges.

Inspection of all the 5 medical colleges in Madhya Pradesh was again carried out on 4th & 5th March, 2005 and the inspection reports were considered by the Executive Committee of this

council at its meeting held on 24th March, 2005. The committee noted that there was an improvement in teaching faculty, infrastructure and other facilities. It also observed that the deficiencies still persisting in the above medical colleges and decided to grant three months time for rectification of deficiencies pointed out in the respective inspection reports. The decision of the Executive Committee was communicated to the concerned authorities of the colleges on 05.05.2005.

The 3 months time as given by the Executive Committee of the Council had been lapsed, and no compliance received from all medical colleges in Madhya Pradesh through the Central Govt. A reminder dated 6.9.2005 was also sent to all the Dean's of medical colleges with copy to Principal Secretary Health and to all the Registrar of university concerned for rectification of the deficiencies as pointed out in the last inspection report. Meanwhile, the office received a communication from Advocate at Jabalpur dated 01/11/2006 stating as under :-

"Sub : - WP. No. 2523/04 – Ku. Puja Mathur Vs. State of MP & Ors.

Dear Sir,

In the above case we have filed an inspection report conducted by our inspectors to show the various deficiencies in the five medical colleges run by the state by the State government. The State Government has now filed reply showing what steps they have taken to cure the deficiency. The Court has asked us to give an independent opinion as to whether the step taken by the State government is proper or not and the steps taken by the State Government will cure all the deficiencies pointed out by us.

A copy of the reply supported by documents filed by the State government is sent herewith. The case is now fixed for 4th December, 2006. Kindly, inform whether we will be able to make/conduct an inspection on the particular colleges as pointed out by State government in the reply before the next date of hearing and whether it is possible to give an independent opinion on behalf of MCI before the court by that time.

*Sd/
(Indira Nair)
Sr. Advocate"*

The inspection for compliance verification was carried out on 24th & 25th Nov., 2006. Perusal of this inspection report reveals the following deficiencies as under:-

1. The shortage of teaching faculty is as under:-
 - (c) Faculty 40%
 - (i) Professor : 02 (TB & Chest-1, Microbiology-1)
 - (ii) Associate Professor: 22 (Anatomy -3, Physiology -3, Biochemistry- 1, Pathology -3, Microbiology -2, Forensic medicine-1, Medicine -1, TB & Chest-1, Pediatrics -1, Surgery -3, Radiology-1, Anaesthesia -1, Dentistry-1)
 - (iii) Assistant Professor: 32 (Anatomy -4, Physiology-2 Lecturer in Biophysics- 1, Biochemistry-2, Pathology-2, Microbiology-1, Pharmacology- 3, Pharmachemist-1, Forensic Medicine - 1, PSM- 2, lecturer in epidimiology -1, Medicine-1, Psychiatry - 1, Peadiatric-2, Surgery-2, Orthopedics-2, ANMO-1, MWO -1, Radiology-1, Anaesthesia -1)
 - (iv) Tutor: 32 (Anatomy-3, Physiology-5, Biochemistry-1, Pathology-3, Pharmacology-1, Forensic Medicine-2, PSM-3, Radiology -5, Anaesthesia-8, Dentistry-1)
 - (d) Resident 25.8%
 - (i) Sr. Resident: 26(Medicine-6, TB & Chest -1, Dermatology-1, Psychiatry-1, Peadiatric-3, surgery-6, Orthopaedic-3, ENT-1, Ophthalmology-1, Obst. & Gynae.-3)
 - (ii) Jr. Resident: 08 (TB & Chest -2, Dermatology - 3, Psychiatry-3)
2. Bed occupancy is only 70% on the day of inspection, which is inadequate.

3. In the department of Obst. & Gynae. there are 235 teaching beds distributed in 3 units, which is not as per norms.
4. The unit composition in the departments of Pediatrics, Medicine, Skin & VD, Psychiatry & TB & Chest is inadequate as under:-
 - (a) Skin & VD : At present dermatology is under medicine department. There are no senior resident or junior resident. Dermatology department should be separated at from medicine.
 - (b) Psychiatry – Psychiatry Department is having only 1 Professor. No other teaching staff and no senior or junior resident.
 - (c) TB & Chest department is having only 1 assistant professor. No other teaching staff and no senior or junior resident.
5. There is no central registration counter in the OPD. Each speciality is having its own registration counter which is not as per norms.
6. Some of the rooms in OPD are very small in size. There is no privacy for the patients in most of the areas. Facilities like patient couch, stools, x-ray view box, examination tray etc. are not provided in most of the rooms. Paramedical staff and nurses are very few. Most of the specialities are not provided teaching areas.
7. Air conditioning of the Audiometry room is not working. There is no proper sound proofing. Audiometry technician is not available.
8. Most of the wards are not having teaching areas. Side laboratories are not available in most of the wards. Most of the wards are over crowded. Space between the two cots is not adequate. The unit distribution of beds is not clearly marked. Bed side lockers are not provided to many beds. Patients of Psychiatry, TB & Chest & Skin diseases are kept in the same ward. Male and female patients are also kept together which is not as per norms. Most of the wards are not having duty doctor room and duty nurse room. There is no provision of safe drinking water in OPD and Wards.
9. Obst. & Gynae operation theatres do not have any specialized equipment like bed side monitors, pulse oximeters, infusion pump, ventilators, defibrillator etc.
10. The infrastructural facilities in the ICCU are grossly inadequate. There are no medical, surgical, burns in ICU. Ventilator in the ICCU is not available. For entry of dialysis room patients and staff has to cross through the entire ICCU. There is no central oxygen supply and central suction in ICCU. Air condition is not functional in the ICCU.
11. There are no departmental libraries of TB & Chest, Skin & VD and Psychiatry. Number of books in the departmental library of Pediatrics, ENT, Radiodiagnosis and Anaesthesia are inadequate.
12. At present both the labour room are closed for major repair. Except for delivery tables, no other special equipments are available in makeshift labour room.
13. Canteen is not available.
14. There is no provision to supply special diet as recommended by Physician.
15. Para medical staff is grossly inadequate as under:-

	Hamidia Hospital	Sultania Hospital
Laboratory Technicians	07	01
Laboratory Assistants	Nil	01
Laboratory Attendants	02	01
16. Nursing staff is inadequate as under:-]

Nursing Superintendent	Nil	01
Deputy Nursing Superintendent	Nil	Nil
Matron	02	Nil
Asstt. Nursing Superintendent	Nil	Nil
Nursing Sister	24	10
Staff Nurses	84	27
17. Residential quarters for teaching and non-teaching staff within the campus are inadequate.
18. In the central library only 36 journals are available against the requirement of 100
19. No training courses for faculty were conducted during this year by medical education unit.

20. Common room for boys is not available. Common room for girls is empty room without any furniture.
21. In the animal house large animals. Guinea pig are not available. Para medical staff is not available in the animal house.
22. In RHTC, Lecturer cum medical officer having MD (PSM) qualification is not available. At present students / interns are not staying in the hostel.
23. In UHC, Lecturer cum medical officer having MD (PSM) qualification is not available.
24. Separate hostels for interns is not available.
25. Dr. V.K. Pandya is incharge medical superintendent of the main teaching hospital which is not as per norms. Full time Medical Superintendent of the main hospital is not available. Dr. Neeraj Bedi who is Associate Professor has been posted as full time medical superintendent of Sultania Hospital. He is not qualified to hold the post as he has no administrative experience.
26. Medical Record department is not computerized. The staff in MRD is not qualified.
27. There is no collection and segregation of hospital waste as per the guidelines of Pollution Control Board.
28. The following deficiencies have been observed in the Pre-clinical department:-
 - a. Anatomy:
 - The capacity of demonstration room is not as per Council norms.
 - There is no cooling cabinet.
 - b. Biochemistry
 - The department does not participates in hospital work.
29. Following deficiencies have been observed in the infrastructure of Para-clinical department:-
 - c. Microbiology
 - it has not its own laboratory and using practical laboratory of Pathology for students.
30. Other deficiencies / remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the deficiencies in terms of teaching faculty and infrastructure have worsened and the quantum of the deficiencies is much higher than that observed in 2003 inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision taken at its meeting held on 28th July, 2003 to recommend to the Central Govt. to withdraw the recognition of MBBS Degree in respect of Gandhi Medical College, Bhopal granted by Barkatullah University, Bhopal as approved by the General Body of the Council at its meeting held on 20/10/2003 and recommended to the Govt. of India, Ministry of Health & Family Welfare, (Department of Health), Nirman Bhavan, New Delhi vide letter dated 12.01.2004 for further necessary action u/s 19 of the IMC Act, 1956 and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

48. Continuance of recognition of MBBS course at M.G.M. Medical College, Indore granted by Devi Ahilya Vishwavidyalaya, Indore.

Read: The Council Inspectors report(27th & 28th November, 2006) of M.G.M. Medical College, Indore for continuance of recognition of MBBS degree granted by Devi Ahilya Vishwavidyalaya, Indore carried out in view of the High Court of judicature at Jabalpur order dated 27.10.2006 in W.P.N0.2523/04 –Km. Puja Mathur Vs. State of MP & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the inspection report (27th – 28th November, 2006) of M.G.M. Medical College, Indore and observed as under:-

It was noted that in order to maintain the Standard of Medical Education, the Council carries out periodical inspection of the recognized medical colleges every 5 years to verify the facilities available for teaching and training of the students. Periodical inspection of the Medical Colleges in Madhya Pradesh was carried out on the dates mentioned against each.

- | | | | |
|----|---------------------------------|---|-----------|
| 1. | G.R. Medical College, Gwalior | - | Oct, 95. |
| 2. | Gandhi Medical College, Bhopal. | - | Jan., 98. |
| 3. | M.G.M. Medical College, Indore. | - | Feb., 98. |
| 4. | NSCB Medical College, Jabalpur | - | April, 98 |
| 5. | S. S. Medical College, Rewa. | - | Nov., 98. |

In view of the deficiencies pointed out in the inspection report pertaining to teaching staff and other infrastructure facilities, time was granted to the institutions to send compliance by the various meetings of the Executive Committee of the Council. Since, no proper compliance was received the matter was considered by the Executive Committee of this Council at its meeting held on 13/03/2003 and it was decided to issue show cause notice to the concerned authorities as to why steps should not be initiated to recommend to the Central Govt. to derecognise the institution for the award of MBBS degree granted by the respective universities. One month time was granted to the institution to respond to the show cause notice. Compliance received from the Medical Colleges were placed before the Executive Committee at its meeting held on 02nd June, 2003 and it was decided to verify the same by way of an inspection.

Accordingly, inspection the above medical colleges were again carried out in July, 2003. In view of the gross deficiencies with regard to staff and infrastructural facilities pointed out in the inspection report the Executive Committee at its meeting held on 28th July, 2003 decided to recommend to the Central Govt. to withdraw the recognition of MBBS degree in respect of these medical colleges in Madhya Pradesh due to the deficiencies recoded as under:-

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

- | | | | |
|----|--------------------------------|---|--|
| 1. | G.R. Medical College, Gwalior | - | 11 th & 12 th July, 2003 |
| 2. | Gandhi Medical College, Bhopal | - | 11 th & 12 th July, 2003 |
| 3. | MGM Medical College, Indore | - | 11 th & 12 th July, 2003 |
| 4. | NSCB Medical College, Jabalpur | - | 11 th & 12 th July, 2003 |
| 5. | S.S. Medical College, Rewa | - | 14 th & 15 th July, 2003 |

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

M.G.M. Medical College, Indore:

1. *The shortage of teaching faculty of Tutors/Residents is more than 20% even without considering the additional teachers required for various postgraduate courses. The non-teaching staff is grossly inadequate including nursing, para medical, technical and administrative.*
2. *Two lecture halls are smaller than required as per the norms.*
3. *No common rooms for girls is available at present.*
4. *The staff in the library is less than required as per norms.*
5. *Central workshop is not yet established.*
6. *There is a shortfall of accommodation in girls hostel. Kitchen is not running. One of the hostel of girls is inhabitable. There is no visitors room and no alternate power supply. No security guards and telephone attendants are provided. The accommodation of dormitory type is provided for some students which is not desirable.*
7. *Mess is run in the hostel on co-operative contribution by the students with no help from the hospital authorities.*
8. *Intercom facilities provided is much less than required. No intercom facility at present is available for the staff quarters.*

9. *In the infrastructure of pre-clinical departments, the following deficiencies are noticed:*
 - (i) *Locker facility for the students are not adequate.*
 - (ii) *The number of specimens in the Anatomy museum is less.*
 - (iii) *No separate demonstration room for Physiology and Biochemistry is available. Only one table with necessary equipment is available in clinical physiology lab. which is much less than the norms.*
 - (iv) *In Biochemistry department, the departmental library, seminar room and research lab. are not provided.*
10. *In the infrastructure of para clinical departments, the following deficiencies are noticed:*
 - (i) *There is no clinical pathology lab. available.*
 - (ii) *Research lab. in Microbiology department is not available. The number of specimens in the Microbiology museum is less and catalogue is not available. Research laboratory has to be developed. The clinical investigation in Microbiology are not done in the hospital lab.*
 - (iii) *Research lab. in Forensic Medicine department is not available. Catalogue in the museum of Forensic Medicine is not available. The number of books in the departmental library in Forensic Medicine is less than required as per norms.*
 - (iv) *In the deptt. of Community Medicine, it was found that 2 Medical officers posted for duty at the PHCs are not visiting the centres and their services are utilized for college/hospital work.*
 - (v) *The demonstration room is small. Catalogue is not available in the museum. In all PHCs and RHTC, neither undergraduates nor interns are posted as no transport vehicle are available. No staff member of Community Medicine is staying in any of the centre. All the centres are under the control of State Govt. Health department and HOD of Community Medicine as no administrative control whatsoever on any of the staff of these centres. The PHC at Simrol is on a rent base and not owned by any health authority. PHC at Manpur is in the building, which have been write off by the Govt. but still these health activities are going on. The number of nursing stations in the wards has to be improved. Nursing staff in relation with number is beds is grossly inadequate. Nursing stations are located in between two large wards. The equipment available in ICU and ICCU is not as per the norms of the Council and are inadequate.*
11. *The license of blood bank has expired in December, 2001 and thereafter it has not been renewed although the correspondence is going on.*
12. *The number of clinical demonstration areas in the OPD are inadequate as major departments do not have demonstration room in the OPD. Ventilator and nursing station are not available in the casualty. Pre-operative and post-operative areas in the OT complex need to be improved.*
13. *Trained Medical Record Officer is not available. Index coding system is not followed in registration of the cases.*
14. *Wash areas have to be provided in the CSSD and it also requires to be augmented with more equipment.*
15. *The capacity of generators available is much less considering the volume of work.*

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to –

1. *recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.*
2. *refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.*

The above recommendations of the Executive Committee duly approved by the General Body of the Council at its meeting held on 20/10/2003 were sent to the Secretary to Govt. of India, Ministry of health and F.W., on 12/01/2004 for further necessary action u/s 19 of the IMC Act, 1956.

In response to above the Central Govt. vide its letter dated 13/07/2004 has forwarded a copy of letter dated 30/06/2004 received from the State Govt. of Madhya Pradesh with regard to compliance of the various deficiencies pointed out in the MCI inspection report conducted in July, 2003 of the five Medical Colleges in Madhya Pradesh. The Ministry has requested to reconsider the matter in the light of submission made therein and sent the comments/recommendation of the Council thereon.

The matter was considered by the Executive Committee at its meeting held on 16th July, 2004 and it was resolved that further action on the discontinuation of recognition of the MBBS degree for this college, in the light of the steps taken by the State Govt. for removal of deficiencies incorporated in the State Govt.'s letter dated 30.6.2004, be deferred by the Central Govt. for a period of 1 ½ months. The Council shall carry out the inspection of these 5 medical colleges thereafter. In the event it is found in the inspection that the deficiencies have not been removed, the Central Govt. shall be suitably informed by the council with the appropriate recommendations for taking further appropriate action towards de-recognition in accordance with the provisions of Section 19 of the Act.

As no further communication was received from the State Govt. the matter was placed before the Executive Committee at its meeting held on 30.12.2004. The committee decided to carry out the inspection of the medical colleges.

Inspection of all the 5 medical colleges in Madhya Pradesh was again carried out on 4th & 5th March, 2005 and the inspection reports were considered by the Executive Committee of this council at its meeting held on 24th March, 2005. The committee noted that there was an improvement in teaching faculty, infrastructure and other facilities. It also observed that the deficiencies still persisting in the above medical colleges and decided to grant three months time for rectification of deficiencies pointed out in the respective inspection reports. The decision of the Executive Committee was communicated to the concerned authorities of the colleges on 05.05.2005.

The 3 months time as given by the Executive Committee of the Council had been lapsed, and no compliance received from all medical colleges in Madhya Pradesh through the Central Govt. A reminder dated 6.9.2005 was also sent to all the Dean's of medical colleges with copy to Principal Secretary Health and to all the Registrar of university concerned for rectification of the deficiencies as pointed out in the last inspection report.

The Dean, M.G.M. Medical College, Indore has submitted compliance report of the deficiencies pointed out during the last MCI inspection held on 04th & 05th March, 2005 vide letter dt. 14/09/2006. Meanwhile, the office received a communication from Advocate at Jabalpur dated 01/11/2006 stating as under :-

"Sub : - WP. No. 2523/04 – Ku. Puja Mathur Vs. State of MP & Ors.

Dear Sir,

In the above case we have filed an inspection report conducted by our inspectors to show the various deficiencies in the five medical colleges run by the state by the State government. The State Government has now filed reply showing what steps they have taken to cure the deficiency. The Court has asked us to give an independent opinion as to whether the step taken by the State government is proper or not and the steps taken by the State Government will cure all the deficiencies pointed out by us.

A copy of the reply supported by documents filed by the State government is sent herewith. The case is now fixed for 4th December, 2006. Kindly, inform whether we will be able to make/conduct an inspection on the particular colleges as pointed out by State government in the reply before the next date of hearing and whether it is possible to give an independent opinion on behalf of MCI before the court by that time.

*Sd/
(Indira Nair)
Sr. Advocate"*

The compliance was verified by way of inspection on 27th & 28th Nov., 2006. Perusal of this inspection report reveals the following deficiencies as under:-

1. (a) *The shortage of teaching faculty is 27.85% as under:*

- (i) Professor -02 (Pharmacology-1, Forensic Medicine-1)
- (ii) Assoc.Prof. - 16 (Anatomy-2, Pathology-4, Microbiology-1, Pharmacology-3, Psychiatry-1, Surgery-4, PSM-1)
- (iii) Asstt.Prof.-25 (Anatomy-3, Physiology-1, Lecturer in Biophysics-1, Biochemistry-1, Pathology-1, Microbiology-1, Pharmacology-1, Pharmaceutical Chemist-1, Forensic Medicine-2, PSM-1, Lecturer in Epidemiology-1, Medicine-3, Surgery-3, Obst. & Gynae.-1, ANMO-1, MWO-1, Radiology-2)
- (iv) Tutor -18 (Anatomy-2, Pathology-2, Pharmacology-2, Radiology-5, Anaesthesia-7)

(b) The shortage of Residents is 29.56% as under:-

- i) Sr. Resident – 25 (Medicine-6, TB & Chest-1, Dermatology-1, Psychiatry-1, Paediatric-3, Surgery-6, Orthopaedic-3, ENT-1, Obst. & Gynae.-3)
- ii) Jr. Resident-09 (Dermatology-3, Psychiatry-3, Ophthalmology-3)

2. Clinical material in terms of OPD attendance, bed occupancy and Radiological investigations is inadequate on the day of inspection as under:

	Day of inspection	
OPD attendance	728	
Bed Occupancy%	61.39%	
<u>Radiological investigations</u>	OP	IP
x-ray	40	26
Ultrasonography	41	17
Special investigations	-	07
CT Scan	-	-

- 3. Dr. D.K. Jain shown as Medical Superintendent is not qualified to hold the post of Medical Superintendent as he has 3 years of administrative experience against the requirement of 10 years.
- 4. Dr. V.K. Saini, Dean of the medical college is also holding the additional charge of Director of Medical Education which is not as per norms.
- 5. Distribution of teaching beds in different specialities is not as per Council recommendation. In the department of Psychiatry there are 164 beds (9 beds in MYH and 155 beds in Mental Hospital). All these beds are managed by the Psychiatry Department. The beds of TB & Chest and Dermatology are combined with those of medicine and these two are not separate specialities.
- 6. The composition of units in Medicine, Paediatrics, Surgery, Ophthalmology and Obst. & Gynae. is not as per norms of the Council as under:-

Medicine Department:

- Medicine Unit I is having 31 beds (Unit should not have more than 30 beds)
- Medicine Unit III is having one professor and one assistant professor (Unit should have 3 senior faculty members).
- Medicine Unit V is having one associate professor and one assistant professor (Unit should have 3 senior faculty members).
- Medicine Unit VI is having one associate professor and one assistant professor (Unit should have 3 senior faculty members).

- TB & chest and Dermatology departments are not separated from Medicine Department.
- Head of the Department of Medicine is Professor of TB & Chest department.

Pediatric Department:

- Unit I, II & III are having 34 beds each.
In addition to this 52 beds are common for all the three units.
Hence the total beds available in Pediatric department are 154 beds.

Surgery Department:

- Unit I is having 35 beds and two assistant professors (it is headed by Assistant Professors).
- Unit II is having 35 beds.
- Unit III is having 35 beds.
- Unit IV is having 32 beds and two assistant professors (it is headed by Assistant Professor)
- Unit V is having two assistant professors (it is headed by Assistant Professor)
- Unit VI is having two assistant professors (it is headed by Assistant Professor)

Ophthalmology Department:

- Unit I is having 31 beds, one professor and one assistant professor.
- Unit II is having one associate professor and one assistant professor.
- Unit III is having one associate professor.

Obstetrics & Gynecology Department:

- Unit I is having 52 beds.
- Unit II is having 37 beds and one assistant professor. (Unit is headed by Assistant Professor)
- Unit III is having 37 beds and one associate professor and one assistant professor.
- Unit IV is having 37 beds, one associate professor and one assistant professor.
- Unit V is having 37 beds, one associate professor and one assistant professor.

7. In the O.P.D. Teaching facilities like patient couch, stools, x-ray view box, examination tray, etc. are not available in all the rooms. There is no separate injection room for male and female patients. Injection room was without any emergency drugs. There is no minor O.T. There is a physiotherapy section. OPD is overcrowded and the space provided to different specialties for examination of patients, sitting of doctors & teaching is inadequate.
8. Most of the wards are not provided with duty doctor room, nurse duty room, pantry, examination/procedure room, teaching area and side laboratory. Nursing station is available in most of the wards but it is outside in most of the wards. In the ward bed-side teaching is carried out as there is no designated teaching area in any ward. There is overcrowding of the beds in most of the wards. Beds are numbered but in most of the wards unit distribution of the beds is not clearly mentioned. All the beds are not provided with side lockers. In one of the Medicine male ward patients of medicine, psychiatry & dermatology and TB & Chest are kept. The same situation is seen in one female medicine ward.
9. Some of the operation theatres are not air-conditioned which is not as per norms. Central oxygen & Nitrous oxide supply and central suction are not functional in any OT and they are under repairs.
10. The ICCU is not air conditioned. Central oxygen and central suction is not available in Medical ICU. There is no central oxygen or central suction. Equipments are grossly inadequate. Burns ICU is not available. There is no central suction and oxygen in Neonatal ICU at CNBC. Hospital.
11. CT Scan is not available. There is no 800 MA x-ray machine available.
12. In CSSD, ETO sterilization is not available.

13. Services of Dietician are not available. There is no provision for supply of diet as recommended by physician.
14. The para-medical staff is grossly inadequate as under:-
Laboratory Technicians: 07
Laboratory Assistants: 05
Laboratory Attendants: 02
15. Nursing staff is inadequate as under:-
Nursing Superintendent: Nil
Deputy Nursing Superintendent: Nil
Matron 04
Asstt. Nursing Superintendent Nil
Nursing Sisters 32
Staff nurses 198
16. The auditorium has a capacity of only 425 seats against the requirement of 750.
17. The common room for girls does not have adequate furniture.
18. The accommodation for students in Hostels is available only for 337 students which is inadequate against the requirement of 700.
19. There is no hostel for working nurses.
20. In the central library, the number of journals subscribed are only 65 against the requirement of 100.
21. In the infrastructure of pre-clinical departments, the following deficiencies are observed:-

Anatomy Department:
2 demonstration rooms each having 75-100 seats are required.
Histopathology practical laboratory should have 90 workplaces.

Physiology Department:
Each demonstration rooms should have 75 seats.
All practical laboratories should have 90 workplaces each.

Biochemistry Department:
Two demonstration rooms of 75 seats each is required.
The practical laboratory should have 90 workplaces.
22. The following deficiencies are observed in the infrastructure of para-clinical departments:-
Pathology Department:
Histopathology laboratory should have 90 workplaces.
Clinical pathology lab should have 40 workplaces.
Microbiology Department:
Two demonstration rooms of 75 seats each are required.
Practical laboratory should have 90 workplaces.
Forensic Medicine Department:
Two demonstration rooms of 75 seats each are required.
Community Medicine Department:
Two demonstration rooms of 75 seats each are required.
The practical laboratory should have 90 workplaces.
23. In animal house, large animals are not available. Veterinary officer is part-time which is not as per norms.
24. At RHTC Harsola, messing facilities are not available. Audio-visual aids have not been provided.
25. At UHC, Lecturer-cum-Medical Officer having MD(PSM) qualification is not available.

26. In the medical record department, no qualified medical record officer available. ICD IX classification of diseases is followed for indexing which should be replaced by ICD X classification.
27. Central oxygen supply and central suction are not available in the casualty emergency area. It is not equipped with adequate equipments. Disaster trolley and crash cots are not available. There is no minor O.T. Space provided for casualty is grossly inadequate and there is over-crowding of beds.
28. Collection and segregation of hospital waste is not carried out as per pollution control board guidelines.
29. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the deficiencies in terms of teaching faculty and infrastructure have worsened and the quantum of the deficiencies is much higher than that observed in 2003 inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its decision taken at its meeting held on 28th July, 2003 to recommend to the Central Govt. to withdraw the recognition of MBBS Degree in respect of M.G.M. Medical College, Indore granted by Devi Ahilya Vishwavidyalaya, Indore as approved by the General Body of the Council at its meeting held on 20/10/2003 and recommended to the Govt. of India, Ministry of Health & Family Welfare, (Department of Health), Nirman Bhavan, New Delhi vide letter dated 12.01.2004 for further necessary action u/s 19 of the IMC Act, 1956 and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

49. Continuance of recognition of MBBS course at Kasturba Medical College, Manipal granted by Manipal Academy of Higher Education(Deemed University).

Read: The Council Inspectors report(17th & 18th November, 2006) of Kasturba Medical College, Manipal for continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education(Deemed University).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report of the inspection carried out by the Council Inspectors (17th & 18th November, 2006) and observed as under:-

The General Body of the Council at its meeting held on 27.8.2002, presided over by the Administrator, had approved the recommendations of the Executive Committee to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Manipal as under:-

“The Council approved the following recommendations of the Executive Committee:-

“The Executive Committee considered the matter with regard to continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at KMC, Manipal along with the decision taken by the Committee at its meeting held on 22.1.2001.

Upon consideration of the inspection reports of the institutions carried out by the Council Inspectors in Jan., 2001 at K.M.C. Manipal, the Committee had noticed that out of the total admissions being made at Kasturba Medical College, Manipal, 25% of the seats are being filled up with NRI/Foreign quota and the remaining 75% under the general category quota. Further all the students admitted against NRI/foreign quota of both the colleges are being placed at Kasturba Medical College, Manipal for the entire MBBS course. The general category candidates admitted against the Kasturba Medical College, Manipal are being sent to the Mangalore medical college for the entire MBBS course in lieu of the NRI/foreign quota admitted against the Mangalore Medical College. Thus the admissions against NRI/foreign quota fixed as 15% by the Hon'ble

Supreme Court is being violated by the institution. Moreover, the number of admissions made against the NRI/foreign quota has been exceeded in the year 2000-2001 beyond the 25% i.e. 26.2%. Further, approximately 50% of the total seats are being filled up by the NRI/foreign students each year at Kasturba Medical College, Manipal which is also a total violation of the NRI quota fixed by the Hon'ble Supreme Court for one particular medical college. To quote an example out of the total 248 admissions made at the college during the year 1999-2000 at Kasturba Medical College, Manipal, 134 students belonged to general category and 114 belonged to NRI/foreign quota.

The Committee also noted the deficiencies pointed out in the inspection report with regard to infrastructural facilities, clinical material in the hospital, teaching facilities in Govt. Hospital, shortage of staff etc. for the number of admissions being made at the colleges.

In view of above, it was decided to issue a show cause notice to the concerned authorities regarding the admissions made at the college in excess of the NRI quota fixed by the Hon'ble Supreme Court at 15% and also that all the NRI/foreign students selected against Kasturba Medical College, Manipal are being placed at Kasturba Medical College, Manipal for their entire MBBS course which is in total violation of the orders of the Hon'ble Supreme Court and further that seats in the NRI quota at Kasturba Medical College, Manipal have been increased to 50%.

The Executive Committee further considered the reply received from the Registrar, MAHE, regarding the admission against NRI quota and the compliance regarding rectification of the deficiencies pointed out in the inspection report of two medical colleges.

Regarding admission against NRI quota the Registrar has informed that the Hon'ble High Court of Karnataka has ruled that deemed universities are not under the purview of the State Govt. Further, the Hon'ble Supreme Court has also declared that the scheme in Unnikrishnan judgement is not applicable to the colleges run by the Govt. and University colleges. The Registrar has enclosed a copy of Govt. notification dated 01.06.1993 issued by the Govt. of India conferring the Deemed university status to these colleges. In the said order clause D reads as follows:-

“The Academy will not charge any capitation fee from the students and the tuition fee to be charged from the students for pursuing the professional courses should be as prescribed on the recommendations of the Expert Committee appointed in consultation with the UGC.”

The Committee so appointed recommended admission of 33.3% of the total intake by NRI/Foreign students but the university restricted admission only to 25%. This question was raised before the Hon'ble Supreme Court in WP No. 23/99 and the Court made the following orders dated 16.4.1999:-

“However in view of peculiar facts of this case, we order that for the year 1999-2000 only, the petitioner's institutions shall be permitted to continue their earlier policy of NRI quota, a fee fixation and admission.”

It was also informed that the UGC instructed all the universities to create 20% supernumerary seats in all the university departments special courses whether technical or professional or otherwise. These supernumerary seats are exclusively meant for foreign students. Subsequently, the UGC reduced these supernumerary seats to 15%. This was in addition to 15% of the seats allowed by the Hon'ble Supreme Court.

Regarding admitting all of NRI's in KMC, Manipal resulting in the increase of quota of NRI/Foreign students to 50% in Manipal, it was informed that the entire admission process (medical, dental, nursing and other courses) is done through an all India entrance test, Open Counselling and a centralized admission procedure (which is as per UGC guidelines). Hence, based on the total number of seats available, the NRI/foreign and general category seats are fixed. Accordingly, out of 500 seats available for medical, the NRI/foreign quota becomes 125 which is distributed in both Manipal and Mangalore as per the option given by the students. Since most of the NRI/foreign students opted for Manipal it appears that there are more number of NRI/foreign students in Manipal. The Govt. category students selected through Karnataka entrance test are admitted in KMC, Mangalore because of the Govt. hospitals which are utilized by them only at Mangalore.

From the compliance submitted by the Registrar, MAHE in respect of KMC, Manipal, it was also noted that all the deficiencies have not yet been rectified.

The Committee further considered the legal opinion obtained from the Council Advocate regarding NRI quota. He opined that UGC does not have the authority to create supernumerary seats in medical colleges. Creation of additional seats in medical colleges lies in the domain of the MCI. He further opined that reservation of 15% seats as NRI quota has to be institution-wise; it matters not if more than one institutions have acquired the character of deemed university. He also informed that the question whether the judgement of Unnikrishnan case would apply to deemed university or not, would become clear after judgement is delivered by a Bench of eleven judges of the Supreme Court.

In view of above, the Committee decided to recommend to the Council to initiate action u/s 19 of the I.M.C. Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Manipal for not following the orders of the Hon'ble Supreme Court of India with regard to admission against NRI quota i.e 15% in each of the medical colleges and approximately 50% of the total seats being filled up by the NRI/foreign students each year at Kasturba Medical College, Manipal which is also a total violation of the NRI quota fixed by the Hon'ble Supreme Court for one particular medical college."

The above decision of the General Body of the Council was communicated to the Central Govt. on 27.9.2002 for further necessary action.

In this connection, the Central Govt. vide letter dated 31.12.2004 had forwarded a copy of representation dated 20.7.2004 received from Manipal Academy of Higher Education (Deemed University) requesting for withdrawal of the recommendation of the Council dated 27.8.2002 with regard to initiation of de-recognition proceedings in respect of the MBBS degree granted by MAHE in respect of the college under section 19 of the IMC Act, 1956, in the light of the judgement of the Hon'ble Supreme Court dated 31.10.2002 in the TMA Pai Foundation case and also in accordance with the provisions of section 19 of the Act. The Ministry had sought the comments of the Council in the matter.

The above letter received from the Govt. of India alongwith the status note was placed before the Executive Committee at its meeting held on 24.3.2005 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

".....issue pertaining to the subject mentioned above with reference to admissions made in Kasturba Medical College Manipal in the NRI/Foreign category beyond the permissible limit of 15% of the annual intake capacity of the said institution, was taken up by the Executive Committee at its meeting held on 31.01.2005 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided that:-

"Manipal Academy of Higher Education could not have made more than 37 admissions in the NRI category in each of its medical colleges. Therefore, as 103 students have been admitted in excess in the NRI category in Kasturba Medical College, Manipal, the academy should be required to ensure that it shall not make any admission in the NRI category in the next three academic years i.e. 2005-06 (37 seats), 2006-07 (37 seats) and 2007-08 (29 seats) in Kasturba Medical College, Manipal so as to offset the undue advantage gained by it by admitting 103 students in the NRI category in excess permissible 15% intake of 37 seats in any given academic year."

The decision of the Executive Committee was communicated to the authorities of Manipal Academy of Higher Education vide Council letter dated 08.02.2005.

After consideration of the above-mentioned relevant aspects, the members of the Executive Committee and of the Ad-hoc Committee appointed by the Hon'ble Supreme Court at its meeting held on 24-03-2005 resolved as under : -

- (i) *Both the constituent colleges of this Deemed University had been inspected in the year 2000. They are now due, after 5 years, for inspection for continuation of recognition. The inspection of both these institutions be carried out by panel of five inspectors comprising of two Whole-time Inspectors of the Council, one Vice-Chancellor of the University who is otherwise eligible to become an inspector and two Professors from institutions of All India character.*
- (ii) *The inspection reports be placed before the EC for consideration.*

- (iii) *Thereafter, the matter to be placed before the General Body of the Council so that if there are no deficiencies with regard to minimum infrastructural, teaching and other facilities, the General Body of the Council to take an appropriate view in that regard for suitable recommendations to the Central Govt.*
- (iv) *Require MAHE to comply with the above-mentioned decision of the EC of the Council dated 31.01.2005 towards requisite adjustments for future admissions in the NRI quota and further to strictly follow the proportion of NRI quota as fixed by the Hon'ble Supreme Court from time to time while making admissions in the MBBS course in both of its constituent colleges.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the matter be placed before the General Body of the Council."

The above decision duly approved by the General Body of the Council at its meeting held on 26.3.2005 was sent to the Central Govt. vide MCI letter dated 1.4.2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the inspection of Kasturba Medical College, Manipal was carried out by a team of 5 inspectors comprising of two Whole Time/Zonal Inspectors of the Council, one Vice-Chancellor of Health University and two Professors of A.I.I.M.S. Perusal of the inspection report reveals as under:-

1. The shortage of teaching staff required at present stage is as under:-

(a) The shortage of teaching faculty is 17.2%

i) Professor	1 (Radiodiagnosis 1)
ii) Associate Professor	21 (Anatomy-4, Physiology-2, Biochem-3, Pharma-1, Patho-2, Foren Med-2, Paeds-2, Ophthal-2, Radiodiagnosis-3)
iii) Assistant Professor	13 (Comm Med-2, Paeds-1, TB Chest-1, Gen Surg-4, ENT-1, Anaetheia-2, Radiodiagnosis-2)
iv) Tutors	27 (Anatomy-2, Comm Med-4, Anaesthesia-13, Radiodiagnosis-8)

(c) The shortage of Residents is 36% as under :-

i) Sr. Resident	49 (Gen Med-10, Paeds-5, TB Chest-8, Dermat-2, Psychiatry-2, Gen Surg-7, Ortho-4, ENT-3, Ophthal-3, OBGY-5)
ii) Jr. Resident	15 (TB Chest-8, Gen Surg-7,)

2. The distribution of beds and units are inadequate and not as per Council norms as under:-

Speciality	Required Beds/Units	Present-Beds/Units	Deficiency if any
Medicine & Allied Specialities	300/10	210/7	90/3
General Medicine	150/5	98/3	52/2
Paediatrics	50/2	25/1	25/1
TB & Chest	25/1	30/1	
Skin & VD	25/1	30/1	
Psychiatry	550/19	293/13	167/6
Total			
Surgery & Allied Specialities	300/10	210/7	90/3
General Surgery	150/5	150/5	
Orthopaedics	50/2	60/2	
Ophthalmology	50/2	60/2	
ENT	550/19	480/16	90/3
Total			
Obstetrics & Gynaecology			

Obstetrics & ANC	150/5	81/3	69/2
Gynaecology	1250/43	854/32	326/11
Total			

- The college also utilizes 295 bed of the District Hospital, Udupi of which 90 beds are located in Govt. Maternity & Child Hospital, Udupi as per the GO No 805 GM 2004 Bangalore dated 17.05.05. This Hospital is located 4 kms away from the Medical College. This Distt. Hospital was not utilized by the college before May,2005. The terms of MoU are as under:-

“As mentioned in reasons cited above, Kasturba Medical College is permitted clinical training facilities for its students in Govt. Distt. Hospital, Udupi on condition that the said college provides 25% seats for the Govt. C.E.T.

1. Permission for clinical training facilities granted is for duration of 3 years.
 2. For the present year clinical fees payable as per total number of seats may be paid in advance.
 3. If the clinical facilities thus permitted are not utilized within 3 months, this order would stand cancelled.”
- There is no financial or administrative control of the college over the hospital. There is no patient care control of the college in this hospital.
 - In view of above, the beds at District Hospital, Udupi cannot be considered as teaching beds as no permission has been taken for utilization of District Hospital, Udupi either u/s 10A at the time of utilization or u/s 11(2) at the time of recognition of award of MBBS degree.

Distribution of beds in Govt. Distt. Hospital, Udupi

Speciality	Present-Beds/Units
Medicine & Allied Specialities	90
General Medicine	30*
Paediatrics	25
TB & Chest	--
Skin & VD	--
Psychiatry	145
Total	
Surgery & Allied Specialities	
General Surgery	90
Orthopaedics	--
Ophthalmology	--
ENT	--
Total	90
Obstetrics & Gynaecology	
Obstetrics & ANC	60*
Gynaecology	
Total	

- There is no clear cut demarcation of units in the Govt. Dt. Udupi Hospital.
 - 60 OB&G and 30 Paediatric beds are located in the Govt. Maternity and Child Hospital located at a distance of more than 1 KM from the Govt. Dt. Udupi Hospital.
 - Govt. Distt. Hospital, Udupi has bed occupancy of only 34% while that of Maternity and Child Hospital, Udupi is 30%.
 - In the Govt. Dt. Hospital at Udupi, there is overcrowding of cots with no teaching facilities. There is no MRD. No records are available for the students posting. No faculty was available. No Residents take rounds or write case sheets. Only Basic investigations are being done and no records are available for verification. No teaching activity seem to be taking place as per the Council requirements.
3. Number of teaching units is 32 against the requirement of 43. There is a deficiency of 90 beds and 3 Units in Medicine, 52 beds and 2 Units in Paediatrics, 25 beds and 1 Unit in

TB & Chest, 90 beds and 3 Units in General Surgery and 69 beds and 2 Units in OBGY. Thus, there is a total deficiency of 326 beds and 11 beds at the Kasturba Medical College Hospital.

4. Melakka Manipal Medical College, Malaysia is a constituent institute of Manipal Academy of Higher Education admitting 125 students every six months. The students study pre and para clinical subjects at Manipal and clinical subjects in the Melakka campus. The students admitted in that college are provided training and teaching in this college for which the college claims to have separate faculty and infrastructure facilities which have not been shown to the Council Inspectors. It appears that the college has not taken permission u/s 10A for the same and no such permission was shown to the Inspectors.
5. Hostels: There is no separate hostels for interns, residents and postgraduates. They are all accommodated within the girls and boys hostels respectively. Hostels space is not course specific. Sharing of hostel rooms between MBBS/BDS/PG's/Residents/Interns/Paramedical courses etc. is done depending on the ability of the students to pay the designated fee.
6. Accommodation for nurses is inadequate as only 98 nurses are accommodated in rooms in the Nursing Hostel for nursing students and 80 nurses are staying in Type C and D quarters while 357 nurses have made their own arrangements in the city.
7. Paramedical staff is inadequate as under:

Laboratory Technicians	39
Laboratory Assistants	Nil
Laboratory Attendants	Nil
8. The following deficiencies are observed in the infrastructure of pre and para clinical departments:-
 - PG cum Tutors have been appointed in all the departments and their salary varies from Rs. 2,500 to 4,000.
 - Laboratories and demonstration rooms are under renovation; civil work and flooring is completed but remains to be furnished.
 - UHTC is not under the administrative and financial control of the deptt. of Community Medicine.
 - In Anatomy department, there is space for 2 demonstration rooms each having a capacity of 30 seats which are inadequate as per norms.
 - In Physiology department, each laboratory has 40 workplaces which are inadequate as per norms.
 - In Pathology department, there are 2 demonstration rooms with capacity of 50 seats which are inadequate as per norms. Considering the number of specimens, the museum is over-crowded and need to be expanded.
 - In Microbiology department, there are 2 demonstration rooms with capacity of 65 seats each which are inadequate as per norms.
9. The following deficiencies are observed in the infrastructure of clinical departments:-
 - There is deficiency of 326 beds and 11 units in Kasturba Medical College Hospital.
 - There is inadequacy of teaching facilities and clinical material in the Govt. Distt. Hospital, Udupi.
 - In the Govt. Dt. Hospital at Udupi, there is overcrowding of cots with no teaching facilities. There is no MRD. No records are available for the students posting. No faculty was available. No Residents take rounds or write case sheets. Only Basic investigations are being done and no records are available for verification. No teaching activity seem to be taking place as per the Council requirements.
 - The departmental libraries of Skin & VD and Pediatrics need to be upgraded.
 - No CCTV facility is available in any of the OTs.

- There is no separate cadre of casualty medical officers. Faculty from departments are posted on casualty duties.
 - Books in the departmental libraries of TB & Chest, Skin & VD & Paediatrics are inadequate.
10. U.H.C. is not owned and managed by the college. One medical officer and 4 ANM's all employed by the State Government run the center. There is no laboratory or delivery services available in the center. There is no class room available and no lecturer from the department of PSM visit the center. Students are reported to visit the center only once in their rotation for which no records are available.
 11. In the animal house, Guinea pigs and large animals are not available. Veterinary Officer is not available.
 12. OPD registration is not computerized.
 13. 800 mA x-ray machine is not available.
 14. Bowl sterilizer, Glove washing, drying and powdering machine and instrument washing machine are not available in CSSD.
 15. Books in the departmental libraries of TB & Chest, Skin & VD & Radio-Diagnosis are inadequate.

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Manipal and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08. It was further decided to request the Central Government to direct the institute not to teach and train the students of Malekka Manipal Medical College, Malaysia unless proof of creating additional facilities for training such students is submitted to the Central Government and prior permission of the Central Government is obtained for such an arrangement.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

50. Continuance of recognition of MBBS course at Kasturba Medical College, Mangalore granted by Manipal Academy of Higher Education(Deemed University).

Read: The Council Inspectors report(20th & 21st November, 2006) of Kasturba Medical College, Mangalore for continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education(Deemed University).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report of the inspection carried out by the Council Inspectors (20th & 21st November, 2006) and observed as under:-

The General Body of the Council at its meeting held on 27.8.2002, presided over by the Administrator, had approved the recommendations of the Executive Committee to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore as under:-

“The Council approved the following recommendations of the Executive Committee:-

“The Executive Committee considered the matter with regard to continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at KMC, Mangalore along with the decision taken by the Committee at its meeting held on 22.1.2001.

Upon consideration of the inspection reports of the institutions carried out by the Council Inspectors in Jan.,2001 at K.M.C.Mangalore, the Committee had noticed that out of the total admissions being made at Kasturba Medical College, Mangalore, 25% of the seats are being filled up with NRI/Foreign quota and the remaining 75% under the general category quota. Further all the students admitted against NRI/foreign quota of both the colleges are being placed at Kasturba Medical College, Manipal for the entire MBBS course. The general category candidates admitted against the Kasturba Medical College, Manipal are being sent to the Mangalore medical college for the entire MBBS course in lieu of the NRI/foreign quota admitted against the Mangalore Medical College. Thus the admissions against NRI/foreign quota fixed as 15% by the Hon'ble Supreme Court is being violated by the institution. Moreover, the number of admissions made against the NRI/foreign quota has been exceeded in the year 2000-2001 beyond the 25% i.e. 26.2%. Further, approximately 50% of the total seats are being filled up by the NRI/foreign students each year at Kasturba Medical College, Mangalore which is also a total violation of the NRI quota fixed by the Hon'ble Supreme Court for one particular medical college. To quote an example out of the total 248 admissions made at the college during the year 1999-2000 at Kasturba Medical College, Mangalore, 134 students belonged to general category and 114 belonged to NRI/foreign quota.

The Committee also noted the deficiencies pointed out in the inspection report with regard to infrastructural facilities, clinical material in the hospital, teaching facilities in Govt. Hospital, shortage of staff etc. for the number of admissions being made at the colleges.

In view of above, it was decided to issue a show cause notice to the concerned authorities regarding the admissions made at the college in excess of the NRI quota fixed by the Hon'ble Supreme Court at 15% and also that all the NRI/foreign students selected against Kasturba Medical College, Mangalore are being placed at Kasturba Medical College, Manipal for their entire MBBS course which is in total violation of the orders of the Hon'ble Supreme Court and further that seats in the NRI quota at Kasturba Medical College, Mangalore have been increased to 50%.

The Executive Committee further considered the reply received from the Registrar, MAHE, regarding the admission against NRI quota and the compliance regarding rectification of the deficiencies pointed out in the inspection report of two medical colleges.

Regarding admission against NRI quota the Registrar has informed that the Hon'ble High Court of Karnataka has ruled that deemed universities are not under the purview of the State Govt. Further, the Hon'ble Supreme Court has also declared that the scheme in Unnikrishnan judgement is not applicable to the colleges run by the Govt. and University colleges. The Registrar has enclosed a copy of Govt. notification dated 01.06.1993 issued by the Govt. of India conferring the Deemed university status to these colleges. In the said order clause D reads as follows:-

“The Academy will not charge any capitation fee from the students and the tuition fee to be charged from the students for pursuing the professional courses should be as prescribed on the recommendations of the Expert Committee appointed in consultation with the UGC.”

The Committee so appointed recommended admission of 33.3% of the total intake by NRI/Foreign students but the university restricted admission only to 25%. This question was raised before the Hon'ble Supreme Court in WP No. 23/99 and the Court made the following orders dated 16.4.1999:-

“However in view of peculiar facts of this case, we order that for the year 1999-2000 only, the petitioner's institutions shall be permitted to continue their earlier policy of NRI quota, a fee fixation and admission.”

It was also informed that the UGC instructed all the universities to create 20% supernumerary seats in all the university departments special courses whether technical or professional or otherwise. These supernumerary seats are exclusively meant for foreign students. Subsequently, the UGC reduced these supernumerary seats to 15%. This was in addition to 15% of the seats allowed by the Hon'ble Supreme Court.

Regarding admitting all of NRI's in KMC, Mangalore resulting in the increase of quota of NRI/Foreign students to 50% in Mangalore, it was informed that the entire admission process (medical, dental, nursing and other courses) is done through an all India entrance test, Open Counselling and a centralized admission procedure (which is as per UGC guidelines). Hence, based on the total number of seats available, the NRI/foreign and general category seats are fixed. Accordingly, out of 500 seats available for medical, the NRI/foreign quota becomes 125 which is distributed in both Manipal and Mangalore as per the option given by the students. Since most of the NRI/foreign students opted for Manipal it appears that there are more number of NRI/foreign students in Manipal. The Govt. category students selected through Karnataka entrance test are admitted in KMC, Mangalore because of the Govt. hospitals which are utilized by them only at Mangalore.

From the compliance submitted by the Registrar, MAHE in respect of KMC, Mangalore, it was also noted that all the deficiencies have not yet been rectified.

The Committee further considered the legal opinion obtained from the Council Advocate regarding NRI quota. He opined that UGC does not have the authority to create supernumerary seats in medical colleges. Creation of additional seats in medical colleges lies in the domain of the MCI. He further opined that reservation of 15% seats as NRI quota has to be institution-wise; it matters not if more than one institutions have acquired the character of deemed university. He also informed that the question whether the judgement of Unnikrishnan case would apply to deemed university or not, would become clear after judgement is delivered by a Bench of eleven judges of the Supreme Court.

In view of above, the Committee decided to recommend to the Council to initiate action u/s 19 of the I.M.C. Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore for not following the orders of the Hon'ble Supreme Court of India with regard to admission against NRI quota i.e 15% in each of the medical colleges and approximately 50% of the total seats being filled up by the NRI/foreign students each year at Kasturba Medical College, Mangalore which is also a total violation of the NRI quota fixed by the Hon'ble Supreme Court for one particular medical college."

The above decision of the General Body of the Council was communicated to the Central Govt. on 27.9.2002 for further necessary action.

In this connection, the Central Govt. vide letter dated 31.12.2004 had forwarded a copy of representation dated 20.7.2004 received from Manipal Academy of Higher Education (Deemed University) requesting for withdrawal of the recommendation of the Council dated 27.8.2002 with regard to initiation of de-recognition proceedings in respect of the MBBS degree granted by MAHE in respect of the college under section 19 of the IMC Act, 1956, in the light of the judgement of the Hon'ble Supreme Court dated 31.10.2002 in the TMA Pai Foundation case and also in accordance with the provisions of section 19 of the Act. The Ministry had sought the comments of the Council in the matter.

The above letter received from the Govt. of India alongwith the status note was placed before the Executive Committee at its meeting held on 24.3.2005 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

".....issue pertaining to the subject mentioned above with reference to admissions made in Kasturba Medical College Manipal in the NRI/Foreign category beyond the permissible limit of 15% of the annual intake capacity of the said institution, was taken up by the Executive Committee at its meeting held on 31.01.2005 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided that:-

"Manipal Academy of Higher Education could not have made more than 37 admissions in the NRI category in each of its medical colleges. Therefore, as 103 students have been admitted in excess in the NRI category in Kasturba Medical College, Manipal, the academy should be required to ensure that it shall not make any admission in the NRI category in the next three academic years i.e. 2005-06 (37 seats), 2006-07 (37 seats) and 2007-08 (29 seats) in Kasturba Medical College, Manipal so as to offset the undue advantage gained by it by admitting 103 students in the NRI category in excess permissible 15% intake of 37 seats in any given academic year."

The decision of the Executive Committee was communicated to the authorities of Manipal Academy of Higher Education vide Council letter dated 08.02.2005.

After consideration of the above-mentioned relevant aspects, the members of the Executive Committee and of the Ad-hoc Committee appointed by the Hon'ble Supreme Court at its meeting held on 24-03-2005 resolved as under : -

- (i) *Both the constituent colleges of this Deemed University had been inspected in the year 2000. They are now due, after 5 years, for inspection for continuation of recognition. The inspection of both these institutions be carried out by panel of five inspectors comprising of two Whole-time Inspectors of the Council, one Vice-Chancellor of the University who is otherwise eligible to become an inspector and two Professors from institutions of All India character.*
- (ii) *The inspection reports be placed before the EC for consideration.*
- (iii) *Thereafter, the matter to be placed before the General Body of the Council so that if there are no deficiencies with regard to minimum infrastructural, teaching and other facilities, the General Body of the Council to take an appropriate view in that regard for suitable recommendations to the Central Govt.*
- (iv) *Require MAHE to comply with the above-mentioned decision of the EC of the Council dated 31.01.2005 towards requisite adjustments for future admissions in the NRI quota and further to strictly follow the proportion of NRI quota as fixed by the Hon'ble Supreme Court from time to time while making admissions in the MBBS course in both of its constituent colleges.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the matter be placed before the General Body of the Council."

The above decision duly approved by the General Body of the Council at its meeting held on 26.3.2005 was sent to the Central Govt. vide MCI letter dated 1.4.2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the inspection of Kasturba Medical College, Mangalore was carried out by a team of 5 inspectors comprising of two Whole Time/Zonal Inspectors of the Council, one Vice-Chancellor of Health University and two Professors of A.I.I.M.S. Perusal of the inspection report reveals as under:-

1. The shortage of teaching staff required at present stage is as under:-

(a) Faculty 12.57%

Professor :	02 (Forensic medicine-1,Community medicine – 1)
Associate Professor:	07 (Anatomy -3, Physiology -1, Forensic medicine – 1, Orthopaedics -2)
Assistant Professor:	23 (Anatomy -2, Lecture Biophysics-1 , Pharmacology – 1, Pathology -2,Epidemiologist -1, Paediatrics – 2, TB chest – 1, General Surgery – 6, Orthopaedics – 4, OBGY – 2, Radiodiagnosis - 1)
Tutor:	09(Pharmacology -3, Community Medicine – 6,)

(b) Resident 46.8%

Sr. Resident:	67(General medicine – 10, Paeditrics – 4, TB & Chest- 3, Skin VD – 3, Psychiatry – 3, General surgery – 10, Orthopaedics – 4, ENT – 2, Ophthalmology – 3, OBGY – 5, Anaesthesia –12, Radiodiagnosis-8)
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Jr. Resident: 29 (TB & Chest -9, Psychiatry – 5, OBGY – 15)

2. Clinical material is inadequate in terms of bed occupancy, number of deliveries and x-ray investigations as under:-

Bed occupancy%	68%		63%	
Operative work				
Number of major surgical operations	14		11	
Number of minor surgical operations	9		3	
Number of normal deliveries	1		Nil	
Number of caesarian Sections	Nil		Nil	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	60	70	47	55
Ultrasonography	22	16	14	15
Special Investigations	6	4	01	01
C.T. Scan	5	8	13	13

Remarks : The bed occupancy as observed by the Inspection team in the 4 major departments which has been duly signed by the Medical Superintendent is as under:-

Subject	Units	No. of Beds	Indoor Patients	Percentage
Surgery	3	90	41	45.5
Medicine	4	120	85	70
Paediatrics	2	60	38	63.3
Orthopaedics	2	60	25	41.6
OBGy	Not located in this hospital			

3. The distribution of beds and units is as under:-

Speciality	Required Beds/Units		Present Beds/Units	
Medicine & Allied Specialities	300/10	KMC Hospital	Wenlock District Hospital	Govt. Lady Goschen Hospital
General Medicine	150/5	90/03	184/06	Nil
Paediatrics	50/2	60/02	63/02	
TB & Chest	25/1	50/02	50/02	
Skin & VD	25/1	Nil	30/01	
Psychiatry		25/01	Nil	
Total	550/19	225/08	277/09	
Surgery & Allied Specialities				
General Surgery	300/10	90/03	194/06	Nil
Orthopaedics	150/5	60/02	93/03	
Ophthalmology	50/2	30/01	30/01	
ENT		30/01	30/01	
Total	550/19	210/07	347/11	
Obstetrics & Gynaecology				
Obstetrics & ANC	100/3	Nil		180/05
Gynaecology	50/2			
	150/5			
Total				180/05
Grand Total	1250/43	435/15 (1) Total (1+2+3)	624/20 (2) =1239/40	(3)

Distribution of teaching beds and teaching units is not as per MCI norms.

- Govt. Wenlock District Hospital (one km from the Dean's Office) College claimed 624 as teaching beds out of 735 beds available in this hospital. The Karnataka Govt. is running this hospital and has provided 28 posts of Doctors including the Medical Superintendent. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state govt. incurs and expenditure of more than 10 crores in plan and non plan expenditure per annum. The facilities provided by the state govt. in this hospital include CT scan, ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the Govt. of Karnataka.
- The KMC is giving user charges per student to this hospital. In addition KMC is also paying coordinator allowance to 21 Govt. doctors of this hospital ranging from Rs. 3500/- to Rs.6000/- per month. (A letter duly signed by the Dean is enclosed)
- Govt. Lady Goschen Hospital (one km from the Dean's Office) College claimed 180 as teaching beds out of 290 beds available in this hospital. This hospital has 7 Govt. doctors working in the hospital. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state Govt. incurs an expenditure of more than 1.7 crores in plan and non plan expenditure per annum. The facilities provided by the state Govt. in this hospital include ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the Govt. of Karnataka.

4. Teaching beds are as follows.

- (i) Kasturba Medical College, Mangalore owns its own Corporate Hospital named as KMC Hospital Attavar. It has got 435 teaching beds and 100 non teaching beds. All the beds (teaching & non teaching) are paid beds. All OPD patients have to pay Rs. 130/- valid for one month and all indoor patients have to pay Rs.50/- per day.

The following two hospitals have been permitted by the Dept. of Health, Govt. of Madras for the purpose clinical training to medical students vide letter No. 3048 Health dated 25th September, 1952. However following two hospitals have no financial or administrative control by the KMC and are administrated exclusively by the Govt.

- (ii) Govt. Wenlock District Hospital (one km from the Dean's Office) College claimed 624 as teaching beds out of 704 beds available in this hospital. The Karnataka Govt. is running this hospital and has provided 28 posts of Doctors including the Medical Superintendent. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state govt. incurs and expenditure of more than 10 crores in plan and non plan expenditure per annum. The facilities provided by the state govt. in this hospital include CT scan, ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the govt. of Karnataka.
The KMC is giving user charges per the student to this Hospital. In addition KMC is also paying coordinator allowance to 21 Govt. doctors of this hospital ranging from Rs. 3500/- to Rs. 6000/- per month. (A letter duly signed by the Dean is enclosed)
- (iii) Govt. Lady Goschen Hospital (one km from the Dean's Office) College claimed 180 as teaching beds out of 260 beds available in this hospital. This hospital has 7 Govt. doctors working in the hospital. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state Govt. incurs and expenditure of more than 1.7 crores in plan and non plan expenditure per annum. The facilities provided by the state Govt. in this hospital include ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the govt. of Karnataka.
The KMC is giving user charges per the student to this Hospital also. In addition KMC is also paying coordinator allowance to some of the Govt. doctors of this hospital ranging from Rs. 3500/- to Rs. 6000/- per month. (A letter duly signed by the Dean is enclosed).

- Distribution of teaching beds in different specialties is not as per Council requirements. No. of teaching beds is 1239 as against 1250 as per MCI requirement after adding the beds of Government Wenlock District Hospital (624 beds) and Govt. Lady Goschen Hospital (180 beds). These two Govt. hospitals are not under the administrative and financial control of KMC.
- No. of teaching beds in few clinical departments is not as per MCI norms.
- The number of teaching beds in General Medicine are 274 as against 300 as per MCI requirement.
- No. of teaching beds in Pediatrics department is 123 as against 150 as per MCI requirement
- No. of teaching beds in General Surgery are 284 as against 300 as per MCI requirement.
5. Number of teaching units is 40 as against 43 as per MCI requirement.
 6. The Operation Theatres are inadequate as only 7 OTs are available against the requirement of 10.
 7. 800 mA x-ray machine is not available.
 8. There is no hospital pharmacy available. The supply of medicine through a chemist shop located at the reception hall.
 9. The central laundry is not available. The laundry services are being outsourced.
 10. The para medical staff is inadequate as under:-

Laboratory Technicians	48
Laboratory Assistants &	
Laboratory Attendants	13
 11. There is no lecture theatre available in the hospital. Lecture theatres are not as per norms as no lecture theatre is having a sitting capacity of more than 150 students.
 12. Hostels:
 - (a) The institution possesses a large number of hostel space scattered all over the town but within approximately 3km of the campus. Girls hostel accommodations are close by within 500 meters of the main college campus. Hostel rooms are provided with basic furniture. Some Air conditioned and rest non A/c accommodation is available. Accommodations is mixed type in so far as occupancy is concerned. Single bed/double bed with attached bath, and with common bath room facility are available in both a/c and non a/c rooms. Some rooms even have triple occupancy. Hostel charges are on the basis of type of room allotted to the student.
 - (b) Hostel space is not course specific. Sharing of Hostel rooms between MBBS/BDS/PG's/Residents/interns/M.Sc. students, Paramedical Courses etc. is done depending on the ability of the students to pay the designated fee.
 - (c) Interns Hostel is in common with Undergraduates hostel accommodation.
 13. No residential accommodation is available for Group C & D staff.
 14. The following deficiencies are observed in the infrastructure of pre-clinical departments:-
 - A) Anatomy Department :
 1. There are 2 demonstration rooms each having 100+60 seats which is inadequate as per norms.
 2. There is shortage of 2 Assoc. Prof and 2 Asst. Prof .
 3. Research lab. is located in a separate building.

Physiology Department :

1. Mammalian & research lab is located in a separate building.
2. There is shortage of 1 Assoc. Prof and 1 Lecturer (Bio). Laboratories are under renovation.
3. The laboratories are under renovation.

Biochemistry Department:

1. Laboratories are under renovation.
2. The research lab. is located in a separate building

- B) In the pre-clinical department wing (Centre for basic sciences) there is a separate building which has :

Mess for boys and girls on ground floor

Library and common room on first floor

Block C of boys hostel on 2nd floor

Research lab of Anatomy, Physiology & Biochemistry (having rats and mice) on 3rd floor

On one side of building there is a small physiology lab which has non-functional instruments and one animal room.

- C) The teaching block in the pre-clinical department is also utilized for teaching of other courses like BDS, Masters courses in Microbiology and Pharmacology & para-medical courses.

15. The following deficiencies are observed in the infrastructure of para-clinical departments:-

- A) Pharmacology Department:

1. Pharmacology Department is on the 4th & 5th Floor of College Building.
2. Laboratories and demonstration room are under renovation.

Pathology Department:

1. The department is situated on 1st & 3rd Floor of Main College Building.
2. There is no room for tutors.
3. The demonstration room, laboratories and museum are under renovation. They were found to be non-functional on the day of inspection.

Microbiology Department:

1. The department is located on the 2nd, 4th & 7th Floor of the main College building.
2. The demonstration room and laboratories are under renovation and non-functional on the day of inspection.
3. There is over-crowding of seating arrangement in the demonstration room as well as practical lab which can accommodate 90 students only.
4. 46.6% of the staff is non medical which is not as per norms.

Forensic Medicine Department:

1. The department is located on the second floor of the main college building.
2. The demonstration room and laboratories are under renovation.
3. There is inadequate space for the faculty.

Community Medicine Department:

1. The demonstration room and the museum was under renovation which was not functional on the day of inspection.
2. The capacity of the demonstration room is for 90 students although the seating was shown for 125 students.
3. There was a board of College Dental sciences displayed on the 3rd floor where the part of the community medicine department is located.
4. Part of the community medicine department is located on the 5th floor.

- B) The teaching block in the para-clinical department is also utilized for teaching of other courses like BDS, Masters courses in Microbiology and Pharmacology & para-medical courses which is not as per norms.

16. No lecturer-cum-medical officer having MD (PSM) is available at the RHTC Moodabidri and is under the control of Government of Karnataka and the college is allowed to teaching facilities which is not as per norms.
17. No lecturer-cum-medical officer having MD (PSM) is available at the UHC. Immunization services are not available at UHC. The duty roaster and records of various activities are not maintained properly at the UHC.
18. Only 7 beds are available against the requirement of 25 beds.
19. Separate eclampsia room is not available in the labour room which is not as per norms.

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academic of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action.

51. M.V.J. Medical College, Bangalore – Inspection to assess infrastructure and teaching facilities.

Read: The Council Inspectors report(30th Nov., 2006) to assess the infrastructure and teaching facilities available at M.V.J. Medical College, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report(30th Nov., 2006) and decided to reiterate its earlier decision taken at its meeting held on 14/15th June, 2006 as under:-

“.....In this view of the matter it was decided that, subject to the further orders which may be passed by the Hon'ble Supreme Court in SLP (C) No. 2820-27/2003 filed by the MCI, to recommend to the General Body of the Council for forwarding the recommendations of the Council to the Ministry of Health, Govt. of India, for approval of this college for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences Bangalore. It was also decided that, subject to the further orders which may be passed by the Hon'ble Supreme Court in SLP (C) No. 2820-27/2003 filed by the MCI, to recommend to the Central Govt. for admission of 100 students in the MBBS course for the academic session 2006-07 at MVJ Medical College at Bangalore”.

52. Screening Test Regulations, 2002 – Consideration for amendments regarding.

Read: The matter with regard to possible applicability of the Screening Test even to those Indian graduate who qualify from foreign medical institution recognized u/s 12(2) (reciprocal recognition) and consequent necessary amendments.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length. After due deliberations it was noted as under:

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that as per Section 12 (1) of the Indian Medical Council Act, 1956, the medical qualifications granted by medical institutions outside India which are included in the 2nd Schedule shall be recognized medical qualifications for the purposes of the Indian Medical Council Act.

This results in a situation in which an institution outside India whose degree is included in the 2nd Schedule u/s 12 becomes a full fledged recognized medical qualification for all the purposes of the I.M.C. Act. This would mean that the students passing out from a college recognized u/s 12 can practice medicine in India without any further restriction or limitation or without undergoing the screening test.

Certain medical institutions whose qualifications are not included in the 1st or 2nd Schedule of the I.M.C. Act, 1956 are included in Part-I & Part-II of the 3rd Schedule. The Indian Medical Council Act, 1956 was amended in 2001 to insert the Section 4(a), 4(b) and 4(c) pertaining to the qualifications granted by the institutions which were not included in the 1st or 2nd Schedule. By virtue of the said incorporation, the Screening Test came to be prescribed for the person who is the citizen of India and obtains medical qualification granted by medical institute in any country outside India recognized for enrollment as medical practitioner in the country, and shall be entitled to enrollment on any medical register maintained by State Medical Council or to have its name entered in the Indian Medical Register only upon passing the said "Screening Test" upon which he shall be deemed to be possessing the recognized medical qualification for the purposes of Indian Medical Council Act, 1956.

As the students passing out from a college recognized u/s 12 can practice medicine in India without any further restriction or limitation or without undergoing the screening test, it has to be necessarily ensured that all the required facilities are available in such colleges and they would produce the quality doctors. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of several years, it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. Adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution. The quality of the education provided in such an institute wherein there are gross deficiencies would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards to be applied to an institute in India and yet because of the recognition u/s 12 would be entitled to practice in India without any restriction or limitation or without the necessity of having to pass the screening test. It has been observed that it may not be feasible to monitor the available facilities of teaching faculty, clinical material infrastructure etc. in all such institutions abroad. It has also been observed that there has no restriction on the intake of students in such institutions abroad commensurate with available facilities.

Indian Nationals who qualify from the medical institutions whose MBBS qualification are recognized u/s 12(2) (reciprocal recognition) are presently exempt from appearing and passing the Screening Test. Such candidates apply directly for grant of registration (permanent or provisional as the case may be). The graduates of all these institutions are at advantage in the sense that they are exempt from the Screening Test. The advantageous position enjoyed by the above name institutions has started getting attention of many other foreign medical institutions who admit substantial number of Indian Nationals who subsequently have to appear in the Screening Test. Now more and more institutions abroad are exploring the possibility of getting their institution recognized u/s 12(2) so that their Indian students after qualifying their medical course would not need to pass the Screening Test. In a way the whole exercise/intention of these foreign medical institutions seems to circumvent the requirement of passing the Screening Test as applicable for their Indian Graduates applicable as per the amendment passed by the Parliament in 2001. Prescribing a screening mechanism by way of a test for all foreign graduates exists in almost all major countries including USA, U.K. etc. This is also essential as the medical graduates who want to practice medicine in India have to be familiar with local medical jurisprudence, local social customs and beliefs prevalent for the diseases and also the disease pattern and epidemiology prevalent in India which certainly would not have been covered in any institute abroad."

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government that the Indian Medical Council Act, 1956 should be suitably amended for applicability of the Screening Test even to those Indian Graduates who qualify from medical institutions recognized u/s 12 also so as to maintain the uniform standards of medical education and medical practice in India. It was also decided that the Office of the Council may submit the proposed amendments in the Screening Test Regulations for the consideration of the Executive Committee at its next meeting.

53. Removal of name of Dr. Krishan Kumar Agarwal from the Indian Medical Register.

Read: The letter dated 22.11.2006 received from the Rajasthan Medical Council with regard to removal of name of Dr. Krishan Kuamr Agarwal from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 22.11.2006 received from the Registrar, Rajasthan Medical Council intimating that Dr. Krishan Kuamr Agarwal bearing Regn. No.6170, dated 16.2.1977 had expired on 20.11.2006 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

54. Excess Admissions made by Dr. B.R. Ambedkar Medical College, Bangalore under NRI Quota, in the academic year 2006-07.

Read: The letter dated 29.9.2006 received from the Principal of Dr. B.R. Ambedkar Medical College, Bangalore with regard to excess admissions made by Dr. B.R. Ambedkar Medical College, Bangalore under NRI Quota, in the academic year 2006-07.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 29.9.2006 received from the Principal of Dr. B.R. Ambedkar Medical College, Bangalore and decided that Dr. B.R. Ambedkar Medical College, Bangalore could not have made more than 15 admissions in the NRI category. Therefore, as 05 students have been admitted in excess in the NRI category, the college should be required to ensure that it shall not make more than 10 admissions in the NRI category in the next academic year i.e. 2007-08, so as to offset the undue advantage gained by admitting 05 students in the NRI category in excess of permissible 15% intake of 100 seats in any given academic year.

55. SLP © No. 17962/2006-Medical Council of India-Vs.- Amerthesh Manuel & Ors. Before the Hon'ble Supreme Court of India-Payment of the bill of Sr. Advocate.

Read: The bill of Sr. Advocate in the matter of SLP © No. 17962/2006-Medical Council of India-Vs.- Amerthesh Manuel & Ors. before the Hon'ble Supreme Court of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the issue for which the opinion of Shri Harish N. Salve, Senior Counsel was sought was very important as it related to matter pertaining to a candidate who did not pass the 10+2 examination and he was declared failed by the CBSE in 10+2 examination and denied registration by MCI.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it was very important for the Council to defend its stand of following the directives of the Hon'ble Supreme Court and therefore it was essential for the appearance of Shri Harish N. Salve, Senior. Advocate in the Hon'ble Court on behalf of the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to pay the bill of Shri Harish N. Salve, Senior Advocate under these circumstances.

56. Nomination of Selection Committee members for the post of Assistant Secretary/Administrative Officer/Section Officer.

Read: The matter with regard to Nomination of Selection Committee members for the post of Assistant Secretary/Administrative Officer/Section Officer.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to nominate Dr. J.N. Sony and Dr. V.K. Jain as members of the Selection Committee for the post of Assistant Secretary/Administrative Officer/Section Officer.

57. Probation period of Dr. Davinder Kumar, Deputy Secretary.

Read: The matter with regard to probation period of Dr. Davinder Kumar, Deputy Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the confidential reports for the probation period including extended probation period i.e. upto 02.12.2006 and decided that on successful completion of extended period of probation, Dr. Davinder Kumar, Deputy Secretary, be confirmed for the post of Deputy Secretary in the pay scale of Rs.12000-375-18000 w.e.f. 4.12.2003.

58. Probation period of Dr. Prem Kumar, Additional Secretary.

Read: The matter with regard to probation period of Dr. Prem Kumar, Additional Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that on successful completion of probation period of one year on 23.03.2006, Dr. Prem Kumar be confirmed in the post of Additional Secretary in the pay scale of Rs.16400-450-20000 from the date of the completion of probation period i.e. 23.03.2006.

59. Establishment of new medical college at Pune, Maharashtra by Singhad Technical Education Society.

Read : The application with regard to establishment of a new medical college at Pune, Maharashtra by Singhad Technical Education Society where the Consent of Affiliation is not enclosed with the application.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the application received through the Central Government for establishment of a new medical college at Pune, Maharashtra by Singhad Technical Education Society for the academic year 2007-08 and observed that the application is deficient in terms of the following qualifying criteria laid down in the Establishment of Medical College Regulations, 1999:-

“No consent of affiliation as prescribed in Format - 3 under the Regulations is attached with application received in the office of Council on 27.09.2006 or was made available to the Council on or before 30.09.2006 i.e. the last date prescribed under the Regulations for receipt of application complete in all respects, from the Central Govt. This is at variance with the qualifying criteria 2 (4) wherein such consent of affiliation is mandatorily required to be submitted alongwith the application.”

The Eligibility Criteria laid down in the Establishment of Medical College Regulations, 1999, the Qualifying Criteria, point 2(4) reads as under:-

“that Consent of affiliation in Form-3 for the proposed medical college has been obtained by the applicant from a University.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. for establishment of a new medical college at Pune, Maharashtra by Singhad Technical Education Society for the academic year 2007-08.

(Lt. Col. (Retd.) Dr. A.R.N. Setalvad)
Secretary

New Delhi, dated the
2nd December, 2006

A P P R O V E D

(DR. P.C. KESAVANKUTTY NAYAR)
PRESIDENT (ACTING)