

No.MCI-5(3)/2007-Med./**MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on 3rd November, 2007 at 11.30 a.m. in the old Council Office at Aiwan-E-Galib Marg, Kotla Road, New Delhi-110 002 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.
Dr. (Mrs.) S. Kantha	] Former Vice-Chancellor,] Rajiv Gandhi University of Health] Sciences, Bangalore and] Member, Adhoc Committee] appointed by the Hon'ble Supreme] Court.
Dr. Ketan D. Desai	] Prof. & Head, Deptt. of Urology,] BJ Medical College, Ahmedabad.
Dr. K.P. Mathur	] Former Medical Superintendent,] Dr. Ram Manohar Lohia Hospital,] 77, Chitra Vihar,] Delhi-110092.
Dr. Mukesh Kr. Sharma	] Professor of General Surgery,] S.M.S. Medical College,] Jaipur.
Dr. Bhanu Prakash Dubey	] Prof. & Head of department of]Forensic Medicine, Gandhi]Medical College, Bhopal.
Dr. S.D. Dalvi	] Prof. & Head, Department of PSM,] Govt. Medical College,] Nanded (Maharashtra).
Dr. G.K. Thakur	] Head of the department of Radiology,] S.K.Medical College, Muzaffarpur.
Dr. V.N. Jindal	] Dean, Goa Medical College,] Bombolim-403202, Goa.
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	] Secretary, MCI.

The apologies for absence were received from Dr. N. Rangabashyam, member, Adhoc Committee and from Dr. P.K. Das, member of the Executive Committee.

1. Minutes of the Executive Committee Meeting held on 5th October, 2007-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 Executive Committee meeting held on 5th October, 2007.

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 20th September, 2007 and 5th October, 2007.

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. Inspection of A.J. Institute of Medical Sciences, Mangalore to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.

Read: The Council Inspectors report (11th & 12th Oct., 2007) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at A.J. Institute of Medical Sciences, Mangalore alongwith the additional information received from the college authorities dated 19.10.2007.

The Secretary informed that the Dean, A.J. Institute of Medical Sciences, Mangalore vide his letter dated 19.10.2007 withdrawn all the applications for starting postgraduate degree and diploma courses for the year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to accept the application for withdrawal of all the applications for starting postgraduate degree and diploma courses for the year 2008-09 and further decided to return the applications to the Central Govt. recommending disapproval of the scheme for starting of postgraduate degree and diploma courses.

5. Request for grant of extension of Provisional Registration by (1) Dr. Khurana Amit Ravindrabhai (2) Dr. Sunny Uppal (3) Dr. Adhlakha Akshira.

Read: The matter with regard to grant of extension of Provisional Registration by (1) Dr. Khurana Amit Ravindrabhai (2) Dr. Sunny Uppal (3) Dr. Adhlakha Akshira.

The Secretary informed that a Writ Petition No. 3930/2007 - Dr. Pankaj Aggarwal Vs. UOI & Ors. in the Hon'ble High Court of Rajasthan and W.P.[C] No. /2007 – Yash Ahuja and 6 Others Vs. UOI & Ors. in the Hon'ble High Court of Delhi at New Delhi have been filed in the similar matter of grant of registration who have the students passing from the institutes affected by the decision of the Executive Committee dated 7.3.2007.

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 consideration of the matter as the matter is subjudice.

6. **Inspection of Dr. S. Nijalingappa Medical College & Hospital, Bagalkot to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.**

Read: The Council Inspectors report (12th Oct., 2007) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at Dr. S. Nijalingappa Medical College & Hospital, Bagalkot.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that at the earlier meeting of the Executive Committee held on 28th April, 2007, 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 considered the Council Inspectors report (24th April, 2007) and decided to recommend that Dr. S.Nijalingappa Medical College & Hospital, Bagalkot be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Karnataka with an annual intake of 100 (hundred) students.”

It was further observed that an inspection of the institute for processing the applications received from the institute for starting the postgraduate courses was carried out on 30th August/1st Sept., 07 to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at the college. The inspection report was placed before the Executive Committee at its meeting held on 20.09.2007 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and 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 considered the Council Inspectors report (30th Aug. & 1st Sept., 07) and observed as under:-

- *Bed occupancy as claimed by the Medical Superintendent is 90% on the day of inspection. However, on physical verification, it was found that 30-35% of the admitted patients in the various wards did not require any hospitalization. Many patients did not have complete case sheets and they did not have treatment orders as well as any instructions for the Radiological/Biochemical investigations on the first day of the inspection.*
- *The OPD attendance as seen in the computer was 1007 on the day of inspection. However, it was found that the overcrowding in the OPD was not of genuine patients. Each patient was accompanied by 2-3 attendants whose names were also included in the OPD attendance.*

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 conduct another inspection of the institute to verify the available facilities before processing the applications for postgraduate courses.”

Accordingly, another inspection of the institute was carried out on 12th October, 2007.

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 (12th Oct., 2007) and observed as under:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) Faculty more than 10% (i.e. 13 out of 121)
 - (i) Professor – 02 (Medicine & Ophthalmology)

- (ii) Associate Prof. – 08 (Anatomy-2, Physiology-2, Pharmacology-1, Microbiology-1, FM-1, TB & CD –1)
- (iii) Assistant Professor – 03 (PSM, TB&CD and Dental 1 each)
- (b) Resident : 20% (i.e. 17 out of 85)
 - (i) Sr. Resident – 06 (Medicine & Radiology 2 each, TB & CD and Psychiatry 1 each)
 - (ii) Jr. Resident – 11 (Surgery-3, TB&CD, Ortho. & ENT 2 each, Skin & VD & Ophthalmology 1 each)

2. Clinical Material is grossly inadequate as under:-

	Day of Inspection
O.P.D. attendance	539
Bed occupancy%	42%
<u>Radiological Investigations</u>	
X-ray	67
Ultrasonography	45
Special Investigations	06
C.T. Scan	05

In view of the gross deficiencies of teaching faculty & clinical material which are the two most important parameters of medical education, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions to the MBBS course for the academic session 2008-2009 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located. It has further been decided that the Council should not process the applications for postgraduate courses from the institute and return the applications for postgraduate courses to the Central Government.

It was further decided that the decision of the Executive Committee be placed before the General Body of the Council along with the previous decision of the Executive Committee taken at its meeting held on 28.04.2007 for appropriate decision in the matter.

7. **Consideration of Central Govt. letter dated 24.8.2007 – Suggestion of the Council - Regarding.**

Read: The Central Govt. letter dated 24.8.2007 with regard to apply for postgraduate courses in Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Forensic Medicine and Pharmacology before seeking permission to offer other postgraduate courses in Govt./Private medical colleges.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that the suggestion made by the Joint Secretary, Ministry of Health & F.W. vide his letter dated 24.08.2007 that “we should stipulate from the year 2008-09 that any institution be it in Govt. or private sector should have apply for PG course in Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Forensic Science and Pharmacology before seeking permission to offer other courses. We may have to take a decision not to entertain application for any other course, if the applicant institution does not offer/propose to offer PG course in at least two courses each in pre and para medical subjects” already forms a part of the amendments in Postgraduate Medical Education Regulations,2000 which are pending with the Central Govt. for approval u/s 33 of the IMC Act,1956 since 2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that it has also been recommended by the Council in the proposed amendment as under:-

1. The over all requirement of teaching faculty in all the departments has been reduced for medical colleges having 50/100/150 annual admissions.
2. The requirement of additional staff in the subjects of Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Forensic Medicine and Pharmacology for postgraduate courses is deleted.
3. The institutes need not wait for starting of postgraduate courses in these subjects till the recognition for the degree of MBBS is obtained and it may apply for starting of postgraduate courses in these subjects simultaneously with the phase-wise development of the institute.

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 that an appropriate communication in this regard be sent to Mr. K. Raamamoorthy, Joint Secretary, Ministry of Health & F.W. It was also decided that this item should be taken up to be discussed in the regular meetings of the President & Secretary of the Council with Ministry of Health & F.W.

8. Christian Medical College, Dichapally, Andhra Pradesh – Proposal for invoking of Bank Guarantee and shifting of 92 MBBS students to other Government Medical College in Andhra Pradesh.

Read: The Central Govt. letter dated 11.10.2007 alongwith copies of letters dated 06.10.2007 and 08.10.2007 from the Principal Secretary, Govt. of Andhra Pradesh with regard to invoke of Bank Guarantee and shifting of 89 MBBS students of Christian Medical College, Dichapally to other Government Medical Colleges in Andhra Pradesh during 2008-2009.

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:-

“With effect from 01.06.1992, Section 10A has been incorporated in the Indian Medical Council Act, 1956 stipulating grant of prior permission for establishing any New Medical College, for Opening of the New or Higher Course of study or Training (including Postgraduate course of study or training) and increase of admission capacity in any course of study or training (including a Postgraduate course of study or training) of any medical college/institution in any medical course.

Thereafter, statutory regulations had been framed for the minimum norms requirements and the procedures in relation to the entire process for the grant of permission u/s 10A of the Act. The permission is granted by the Ministry of Health, Govt. of India on the recommendations of the MCI.

It is a part of the statutory scheme as provided under the provisions of Section 10A of the Act and the statutory regulations made thereunder that the permissions shall be granted in the following manner : -

- a) *Issuance of Letter of Intent by the Central Government on the recommendation of the MCI;*
- b) *Issuance of Letter of Permission by the Central Government on the recommendation of the MCI for starting admissions;*
- c) *Issuance of for annual renewals to be granted by the Central Govt. on the recommendation of the MCI;*
- d) *At the stage of 1st batch of students admitted in the MBBS course go for final year examination, grant of formal recognition by the Central Govt. on the recommendation of the MCI;*

- e) *If at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.*

With a view to ensure that the applicants who are seeking permission u/s 10A of the Act and with a view to ensure that the students who are admitted in any college, granted permission u/s 10A on annual basis, are not prejudiced and do not suffer any harm in the event of any college not fulfilling the further requirements in augmentation of its infrastructure, teaching and other facilities for obtaining annual renewals on year to year basis and final recognition, the statutory provision of obtaining an essentiality certificate from the State Govt. has been laid down in the statutory regulations with a statutorily prescribed format of the undertaking to be furnished by the State Govt. to the Ministry of Health, Govt. of India – undertaking the responsibility of those students who are admitted in such Section 10A permitted colleges. The statutory format in the statutory regulations of the essentiality certificate incorporating therein the undertaking of the State Govt. is reproduced as under: -

FORM – 2
Subject:- ESSENTIALITY CERTIFICATE No.
Government of _____

Department of Health
Dated, the
To (applicant),

Sir,

The desired certificate is as follows:-

1. No. of institutions already existing in the State.
2. No. of seats available or No. of doctors being produced annually.
3. No. of doctors registered with the State Medical Council.
4. No. of doctors in Government service.
5. No. of Government posts vacant and those in rural/difficult areas.
6. No. of doctors registered with Employment Exchange.
7. Doctor population ratio in the State.
8. How the establishment of the college would resolve the problem of deficiencies of qualified medical personnel in the State and improve the availability of such medical manpower in the State.
9. The restrictions imposed by the State Government, if any, on students who are not domiciled in the State from obtaining admissions in the State, be specified.
10. Full justification for opening of the proposed college.
11. Doctor-patient ratio proposed to be achieved.

The (Name of the person) _____ has applied for establishment of a medical college at _____. On careful consideration of the proposal, the Government of _____ has decided to issue an essentiality certificate to the applicant for the establishment of a Medical College with _____(no.) seats. It is certified that: -

- a. The applicant owns and manages a 300 bedded hospital which was established in ...
- b. It is desirable to establish a medical college in the public interest;
- c. Establishment of a medical college at _____ by (the name of Society/Trust) is feasible.
- d. Adequate clinical material as per the Medical Council of India norms is available.

It is further certified that in case the applicant fails to create infrastructure for the medical college as per MCI norms and fresh admissions are

stopped by the Central Government, the State Government shall take over the responsibility of the students already admitted in the College with the permission of the Central Government.

Yours faithfully,

(SIGNATURE OF THE COMPETENT AUTHORITY)

In the recent past, except a few, almost all the medical colleges which had been granted permission u/s 10A of the Act, have been able to obtain statutory annual renewals on year to year basis and the final recognition thereafter. Not many colleges had been closed down after the grant of initial permission or any particular annual renewal.

One such case was of the private medical college at Azamgarh, started by All India Children Care Trust. This college had been closed down. The students who were admitted pursuant to the orders of the Hon'ble Supreme Court were then required to be adjusted in other medical colleges (Asheesh Pratap Singh & Ors. Vs. UOI & Ors. - [2002] 4 SCC 216)

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further considered the Central Govt., Ministry of Health, letter dated 11.10.2007 together with two letters/proposals both dated 8/10/2007 received from the Principal, Secretary, Govt. of Andhra Pradesh along with the order dated 06/10/2007 issued by the Govt. of A.P. canceling the Essentiality Certificate dated 06.03.1999 issued for establishment of a new medical - Christian Medical College at Dichapalli.

The Executive Committee noted that the Letter of Permission u/s 10A of the IMC Act, 1956 for establishment of new medical college namely Christian Medical College, Dichapalli, in the academic year 2003-04 with an annual intake of 100 (hundred) seats, was issued by the Central Govt. and thereafter applicant-college has failed to provide the minimum infrastructural, teaching and other staff, clinical material and other physical facilities in the college and therefore, could not secure any further renewal of permissions u/s 10A of the Act on the recommendations of the MCI by the Central Govt./MCI.

The students who had been admitted in this college in the academic year 2003-04, pursuant to the initial permission granted by the Govt. of India u/s 10A of the Act, are now to appear for their final MBBS examination to be held in November/December, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed from the contents of Govt. of A.P.'s letters dated 8/10/2007 wherein Govt. of A.P. has made requests for invocation of the Performance Bank Guarantees provided by the management of Christian Medical College, Dichapalli, Nizamabad District to MCI and to adjust the students admitted in this college by adjusting them in the Govt. Medical Colleges of the State. The relevant portion of the letter dated 08/10/2007 of the Govt. of A.P. is given below :-

".....3. the management of Christian Medical College, Dichapalli, Nizamabad District has failed in providing necessary infrastructural facilities in the Medical College or establish the teaching hospital fully as per MCI regulations, as evidenced by the consecutive non-renewal of permission by Govt. of India/Medical Council of India for the years 2004-05, 05-06 and 07-08. Even after the opportunity offered by Govt. of India vide its letter dated 1.11.2006 consequent upon the orders of the Hon'ble High Court of A.P., in W.P. No. 17136/06, the management failed to provide the infrastructure and facilities and get renewal of permission for

the year 2007-08 as also affiliation of Dr. N.T.R. University of Health Sciences, for the final MBBS part I & II.

4. *In view of the above, the only batch of students admitted during the year 2003-04 cannot continue their studies and get a valid and recognized MBBS degree. The options available to State Government as per Essentiality Certificate issued and as per MCI Regulations have been examined and the issue was taken up with Govt. of India vide our letters dated 19.7.2007 and 18.8.2007.*
5. *In the above circumstances and keeping in view of the fact that the only batch of students have now reached final year of MBBS course and unless they are allowed to take examination from an affiliated college they would not be in a position to obtain Degree, the State Government have issued a show cause notice on 14.8.2007 to the Management to explain as to why the Essentiality Certificate issued to them be not cancelled and the bank guarantee furnished by the college to the GOI be invoked for shifting the only batch of students studying their to other Govt. Medical Colleges.*
6. *In response to the said notice, the management of the college has sent a reply on 20.8.2007. The reply to the show Cause Notice submitted by the management has been examined and the State Government have issued orders in G.O.Ms.No.333, HM&FW(E1) Deptt., dt. 6.10.2007(Copy enclosed). Canceling the E.C. issued to the Management in order to shift the students to other Govt. Medical Colleges with the approval of the GOI.*
7. *Pursuant to the above a detailed proposal for shifting of students of Christian Medical College, Dichapalli, Nizamabad District(89 students) to various Government Medical Colleges has been furnished alongwith the consent for equal reeducation in intake capacity of Govt. Medical Colleges for the year 2008-09 where they are proposed to be shifted.*
8. *I am therefore to request to take up with the Medical Council of India to invoke the performance Bank Guarantees provided by the management of Christian Medical College, Dichapalli, Nizamabad District to Medical Council of India and facilitate the above proposal to adjust the students of Christian Medical College, Dichapalli, Nizamabad District in Govt. Medical Colleges of the State. The funds made available after involving the Bank Guarantee will be utilized for augmenting the infrastructure, teaching facilities in the departments of final MBBS part I & II subjects in the Medical Colleges where the students are shifted. The amount allotted to each college will be in proportion to the students allotted to that college.....”*

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further observed that Govt. of A.P. vide order its dated 06/10/2007 - which has been forwarded to the MCI by the Central Govt. along with its letters dated 11/10/2007 - have, while canceling the essentiality certificate of the applicant-college, inter-alia, issued the following directions: -

“.....7. taking into the consideration the reply given by the management of the college and the report of the Registrar, Dr. N.T.R. University of Health Sciences, Vijayawada and other relevant documents and the advise tendered by the MCI/GOI on the subject, Government have come to conclusion that the management of the college have failed to abide by the Establishment of Medical College Regulations 1999 and have failed to fulfill the conditions prescribed in the Essentiality Certificate issued to them for starting the MBBS course at the college, whereby the academic career of the only batch of MBBS students admitted in the year 2003-04 in that college is jeopardized and thus taking over of the responsibility of these students and shifting them to other Government Medical Colleges has become inevitable. In order to shift the students to

other Government Medical Colleges, the State Government hereby cancels the Essentiality Certificate issued to the M/s. Church of South India Trust Association, Dichapalli, Nizamabad and to request the GOI to invoke the Bank Guarantee of Rs. 6.50 crores provided by the college in order to augment infrastructural facilities in the Government Medical Colleges, where students are to be shifted.....”

It was further observed by the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council that through its letter dated 8/10/2007 the Govt. of A.P. vide have given the following proposal for a decision :-

“.....7. It is proposed to shift these 89 students to the existing ten(10) Govt. Medical Colleges of Andhra Pradesh as shown in the table below with corresponding reduction of seats in the colleges during the year 2008-09.

S.No.	Name of Medical College	Admission Capacity	Allotment of students of CMC in 2007-08	Corresponding reduction in 2008-09
1.	Osmania Medical College, Hyderabad	200	10	10
2.	Andhra Medical College, Visakhapatnam	150	9	9
3.	Rangaraya Medical College, Kakinada	150	9	9
4.	Guntur Medical College, Guntur	150	9	9
5.	Kurnool Medical College, Kurnool	150	9	9
6.	S.V. Medical College, Tirupathi	150	9	9
7.	Siddhartha medical College, Vijayawada	100	8	8
8.	Government Medical College, Anantapur	100	8	8
9.	Kakatiya Medical College, Warangal	150	9	9
10.	Gandhi Medical College, Secunderebad	150	9	9

8. *The actual allocation of 89 students will be done by counseling after obtaining concurrence of Government of India. The respective students will do their internship in the colleges/hospitals to which they are allotted. The Registrar, Dr. N.T.R University of Health Sciences, Vijayawada in the letter 6th cited has also conveyed no objection to accept the proposal of the State Government to shift 89 students of CMC, Dichapalli, Nizamabad District to Govt. Medical Colleges. Subject to approval of Medical Council of India/Govt. of India.*

9. *A proposal for invoking the Bank Guarantee furnished for augmenting the infrastructure for teaching facilities in the colleges where students are proposed to be shifted is separately submitted to concurrence of the Central Government.*

10. *In the circumstances, it is requested that the Govt. of India may give its approval to the above proposal for shifting of the only batch of students of Christian Medical College, Dichapalli to various Government Medical Colleges in A.P. at the earliest, to save the career and future of the students.....”*

The Members of the Executive Committee and of the Ad-hoc Committee appointed by the Hon'ble Supreme Court observed that the batch of students admitted in this college in 2003-04 upon the grant of permission u/s 10A of the Act, are now at the verge of appearing in their final MBBS examination. They, therefore, at this stage, do not require any further teaching and training for the final year of the MBBS course. Since they do not require any further teaching and training as they are scheduled to appear for final MBBS examination in November/December, 2007 – in these circumstances there would be a necessity or requirement to now, at this stage, shift them to any other medical college only for the purpose for allowing them to appear in III M.B.B.S. Part II examination of Dr. N.T.R. Health University from a recognized medical college.

On their completion of 4 ½ years of teaching and training in the MBBS course and upon qualifying in the final MBBS examination in November/December 2007, they would then be eligible to undergo rotatory internship of 12 months in any teaching medical hospital. At that stage, it would become necessary for their distribution / allocation in different teaching medical hospitals for their undertaking 12 months rotatory internship.

When these students of the 2003-04 batch scheduled to appear in the final MBBS examination in November/December 2007 – are required to be shifted at this stage to any other recognized medical college only for the purpose of allowing them to appear in III M.B.B.S. Part II examinations, it would also not be in the interest of anyone and in fact would be contrary to interest of those meritorious students in the State of A.P. who are going to become eligible for admission in the MBBS course for the academic session 2008-09 – to get deprived of precious MBBS seats in the State Medical Colleges and when, as observed above, no adjustment is needed / required when the students of 2003-04 batch are to appear in their final MBBS examination in November / December 2007.

In view of the above and having regard to the fact that transfer / adjustment of these students of the batch of 2003-04 is required to any other medical college only for the purpose of allowing them to appear in III M.B.B.S. Part II examination, the Members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that although the proposal of the State Govt. of setting-off the number of MBBS seats in the respective colleges by the number of students getting adjusted into that college in the next academic year, i.e. 2008-09 – has been made, it would not be necessary – as observed above. No purpose would be served by making any adjustment in any other medical college for this batch of students of the academic year 2003-04 at this stage when they are all set to appear in their final MBBS examination in November / December 2007 and then to deprive same number of meritorious students of a chance of taking admissions in the State Medical Colleges for the academic year 2008-09.

Thus, there is neither any logic nor any rationality or justification in accepting any adjustment of these students, as proposed, at this stage and further in depriving meritorious students of the State of A.P. of a chance to those number of precious MBBS seats in Govt. medical colleges in that State for the academic year 2008-09.

Accordingly and having regard to the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the 89 students admitted in the applicant-college in the academic year 2003-04 who have almost completed teaching and training of 4½ years and are scheduled to appear in their final MBBS examination in November/December 2007, be transferred to a recognized medical college as proposed by the State Govt. of Andhra Pradesh without any adjustment or reduction of seats in Govt. Medical Colleges in 2008-2009 as there is neither any logic nor any rationality or justification in any adjustment of these students, as proposed, at this stage and further depriving meritorious students of the State of A.P. of a chance to those number of precious MBBS seats in Govt. Medical Colleges in that State for the academic year 2008-09. It was further decided to recommend to the Central Govt. to permit the Council to invoke the performance Bank Guarantee provided by the management of Christian Medical College, Dichapally and make the funds available to the State Govt. of A.P. as requested by the State Govt. of A.P. in its proposal dated 08.10.2007. It was also decided that this view of the Executive Committee of the Council be placed before the General Body of the Council.

9. Removal of name of Dr. Prabhu Lal Sharma from the Indian Medical Register.

Read: The letter dt. 23.12.2006 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Prabhu Lal Sharma 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 23.12.2006 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Prabhu Lal Sharma bearing Regn. No. 596 dated 11.7.1961 has expired on 22.12.2006 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.

10. Removal of name of Dr. C.L. Sharda from the Indian Medical Register.

Read: The letter dt. 15.11.2006 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. C.L. Sharda 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 15.11.2006 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. C.L. Sharda bearing Regn. No. 112 dated 26.7.1960 has expired on 30.10.2006 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.

11. Removal of name of Dr. K.P. Khutetta from the Indian Medical Register.

Read: The letter dt. 24.09.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. K.P. Khutetta 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 24.09.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. K.P. Khutetta bearing Regn. No. 1055 dated 7.10.1963 has expired on 20.9.2007 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.

12. Removal of name of Dr. K.C. Sogani from the Indian Medical Register.

Read: The letter dt. 19.09.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. K.C. Sogani 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 19.09.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. K.C. Sogani bearing Regn. No. 300 dated 01.03.1961 has expired on 18.09.2007 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.

13. Internship training: Community Medicine: Attachment with a Rural Mission Hospital and Rural Health Care Centre.

Read: The letter dated 4.8.2007 received from the Dean, Sikkim Manipal Institute of Medical Sciences, Gangtok with regard to permission for internship training in Rural Health Mission Hospital and Rural Health Care Centre by attachment with Sikkim Manipal Institute of Medical Sciences, Gangtok and valid internship training programme.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that Regulation 8(H) of Clause A.2. Departments of Schedule-1 of the Minimum Standard Requirements for the Medical College for 50 Admissions Annually Regulations, 1999 pertaining to Primary Health Centre/Rural Health Training Centre reads as under:-

“8 (H) Primary Health Centre/Rural Health Training Centre – Every medical college shall have three primary health centers/rural health training centers for training of students in community oriented primary health care and rural based health education for the rural community attached to it. Out of these one primary health center shall be within a distance of 30 km. Or within one hour of commuting distance from the medical college. Separate residential arrangements for boys and girls, interns and undergraduates with mess facilities shall also be provided in at least one of the primary health centers/rural health training centers which shall be under the full administrative jurisdiction of the medical college. Adequate transport shall be provided for carrying out field work, teaching and training activities by the department of Community Medicine and other departments (both for staff and students).

In view of above, it was decided that the proposal of Sikkim Manipal Institute of Medical Sciences, Gangtok, Sikkim to consider Navajeevan Hospital and Rural Health Care Centre, Gayaganga, P.O. Kamala Bagan, Distt. Darjeeling, run by Daughters of the Cross, a missionary, for posting the interns for an extensive training in the rural community for a month during their attachment with community medicine cannot be accepted.

14. Recognition of MBBS degree awarded by the Kathmandu University in respect of students being trained at College of Medical Sciences, Bharatpur, Chitwan(Distt.), Nepal u/s 12(2) of the IMC Act, 1956.

Read: The Council Inspectors report(5th & 6th Jan., 2007) to assess the undergraduate teaching and training facilities available at College of Medical Sciences, Bharatpur together with the compliance report received vide college letter dated 9.10.2007 for recognition of MBBS degree granted by Kathmandu University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that College of Medical Sciences, Bharatpur, Chitwan Distt., Nepal vide its letter dated 07.05.2007 had submitted the compliance report on the

deficiencies pointed out by the Council Inspectors during the inspection carried out on 5th & 6th January, 2007. As this compliance was unsatisfactory, the institute was advised by the Council vide letter dated 31.07.2007 that the deficiencies pointed out in the inspection report remain as they are and further it was advised to submit full compliance report of the deficiencies pointed out for further action in the matter.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the contentions raised by the Principal, College of Medical Sciences, Bharatpur, Chitwan Distt., Nepal vide his letter dated 09.10.2007 are merely the explanation and not the compliance of the deficiencies observed during the inspection carried out by the Council Inspectors on 5th & 6th January, 2007.

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.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed the relevant provisions of Section 12 of the Indian Medical Council Act, 1956 which read 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.

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 as per the MCI Regulations 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 are 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 decided that the explanation submitted by the Dean of the institute vide his letter dated 09.10.2007 cannot be considered as a

compliance of the deficiencies pointed out in the inspection report and therefore decided to reiterate its decision taken at its earlier meeting on 05.02.2007 not to recognize the MBBS degree granted by Katghmandu University in respect of students being trained at College of Medical Sciences, Bharatpur, Chitwan(Distt.), Nepal u/s 12(2) of the IMC Act, 1956.

15. Approval of Swami Vivekanand Institute of Medical Sciences & Research, Vallia for the award of MBBS degree granted by Veer Narmad South Gujarat University.

Read: The Council Inspectors report(24th & 25th October, 2007) for approval of Swami Vivekanand Institute of Medical Sciences & Research,Vallia for the award of MBBS degree granted by Veer Narmad South Gujarat University.

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

1. The institute was granted letter of permission by the Central Govt. vide its letter dated 15.11.2002 for the academic year 2002-03 with 100 seats.
2. Thereafter, the institute was granted renewal of permissions for the academic year 2004-05 with 50 seats.
3. In view of the gross deficiencies of teaching faculty, teaching hospital, clinical material, hostels and other infrastructural facilities, the institute was not recommended for renewal of permission by the Council for the academic year 2005-06 and 2006-07. The Central Govt. vide letter dated 28th July,2006 had advised the institution not to admit any fresh batch of students in 1st MBBS course during the academic year 2006-07.
4. For the academic year 2007-08, the Council vide its letter dated 7th November,2006 had intimated the institute that as per provisions of Establishment of Medical College Regulations, 1999, it is the responsibility of the applicant to apply to MCI for renewal of permission six months prior to the expiry of the last permission. It was also intimated that it is for the medical college to give its letter to the effect that it is ready and willing to be inspected by the Council Inspectors.
5. The institute vide its letter dated 26th December,2006 had requested the Council to conduct the inspection during the last week of March,2007.
6. The Council vide its letter dated 3rd January,2007 had requested the institution authorities to attend the Council office with the declaration forms of all the teachers duly completed with all annexures on 9th March,2007. However, vide letter dated 5th March,2007, Dr. Vijay Shah, the Trustee had intimated the Council to give another appropriate date of April,2007 as they were not in a position to come due to unforeseen circumstances like exams, etc.
7. The Council vide its another letter dated 8th March,2007 had then intimated the institute to attend the office with declaration forms of all the teachers duly completed with all annexures on 4th April,2007.
8. Thereafter, the institution has neither responded by letter nor had submitted any declaration form of any teacher in the Council. It has not intimated till date about their willingness for inspection to be carried out by the Council Inspectors.
9. As the institute had not intimated the willingness till June,2007, the question of carrying out the inspection for renewal of permission or forwarding the recommendations of the Council for renewal of permission did not arise.

10. In the meanwhile, the Council had come to know that the first batch of the students admitted at the institute had already appeared at the final MBBS examination held by Veer Narmada South Gujarat University, Surat. However, no intimation to this effect was received by the Council from the institute nor any request u/s 11(2) of the Indian Medical Council Act, 1956 for inspection at the time of examination was received from the University through the Central Govt. Under these circumstances, the Council vide its letter dated 12th April, 2007 had requested to the institute to inform when the first batch of students would appear at the final year MBBS examination and also advised the college to approach the Registrar of the University for forwarding the formal request as required u/s 11(2) of the Indian Medical Council Act, 1956 through the Central Government along with the examination schedule.
11. The institute vide its letter dated 15th June, 2007 has intimated that “the first batch of MBBS examination took place during the month of February-March, 2007 and due to unknown reasons the management could not arrange for the inspection of final MBBS examination of March, 2007. The institute has also informed that the next batch of MBBS will be appearing for the final MBBS exam during the month of September, 2007 as verbally told by the university authorities.
12. The Council vide its letter dated 30th July, 2007 once again requested the institute to approach the Registrar of the University to forward its formal request through the Central Government as required u/s 11(2) of the Indian Medical Council Act, 1956.
13. Upon the receipt of the application of the institute u/s 11(2) through University and Central Govt., the inspection for recognizing MBBS degree awarded by the institute was carried out by Council Inspectors on 24th & 25th October, 2007.

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 (24th & 25th October, 2007) and noted the following:-

1. The following 10 faculty members are working full time in the institution. The rest of the faculty are all part – time (1 -3 days a week) as given in writing by the individual and duly counter signed by the Dean. The residents gave in writing that they had been called only for one day (i.e. 24th October, 2007) in their respective declaration forms which was also countersigned by the Dean. The details of the full - time faculty are given as under:

Sr. No	Name of Faculty	Designation	Department
1	Dr. Rajiv Shah	Asst. Prof.	Microbiology
2	Dr. Dharmesh Devmurari	Asst. Prof.	Microbiology
3	Dr. M.N. Vaghela	Asst.Prof	PSM
4	Dr. Jitendra Rathod	Tutor	PSM
5	Dr. Narendra Barad	Asst.Prof	Medicine
6	Dr. Tushar Vaishnav	Asst.Prof	Ophthalmology
7	Dr. Rahul Babar	Lect.(Bio-Physics)	Physiology
8	Dr. Bharat G. Makwana	Asst.Prof	Anaesthesia
9	Dr. J.M. Jadav	Asst.Prof	Anaesthesia
10	Dr. Jitendra Zaveri	Asst.Prof	Pharmacology

In view of the above, the shortage of teaching staff required at present stage is as under:

- (a) Shortage of teaching faculty is 91.7% (i.e. 111 out of 121)
- (b) Shortage of Residents is 100% (i.e. Nil out of 85)

3. Clinical Material is grossly inadequate as under:-

	Daily Average			Day of Inspection		
O.P.D. attendance	45			50		
Casualty attendance	--			02		
Bed occupancy%	10%			10%		
Operative work	--			--		
Number of major surgical operations	--			--		
Number of minor surgical operations	--			--		
Number of normal deliveries	--			--		
Number of caesarian Sections						
<u>Radiological Investigations</u>	O.P.	+	I.P.	O.P.	+	I.P.
X-ray	--			--		
Ultrasonography	--			--		
Special Investigations	--			--		
C.T. Scan						
<u>Laboratory Investigations</u>						
Biochemistry	--			--		
Microbiology	--			--		
Serology	--			--		
Parasitology	06			08		
Haematology	--			--		
Histopathology	--			--		
Cytopathology	--			--		
Others						

- The Hospital appears to be non functional / functioning at a minimal level.
- The Dean and the officiating Medical Superintendent have given in writing that on and average, there are 35 to 40 OPD patients and 10 – 15 in patients in the hospital per day. No records are available in respect of in-patients or outpatients.
- The Central Laboratory was found to be non-functional except the Haematology section which had 8 blood samples on the day of the Inspection.
- No X-Rays or ultrasound was done on the day of the Inspection. Only one 300MA machine, one ultra sound and one mobile unit are functional.
- No surgery / delivery was conducted on the day of the Inspection. No delivery has been conducted w.e.f. 1st May 2007. No O.T list had been put up.

3. Distribution of beds is as under:-

Speciality	Required Beds/Units	Present Beds/Units	Remarks
Medicine & Allied Specialities	120	60	60
General Medicine	60	36	24
Paediatrics	20	06	14
TB & Chest	10	-	10
Skin & VD	10	02	08
Psychiatry			
Total	220	104	116

Surgery & Allied Specialities			
General Surgery	120	64	56
Orthopaedics	60	16	44
Ophthalmology	20	16	04
ENT	20	16	04
Total	220	112	108
Obstetrics & Gynaecology			
Obstetrics & ANC	36	32	04
Gynaecology	24	24	00
Total	60	56	04
Grand Total	500	272	228

- The number and distribution of beds and units is not as per Council norms.
 - There is a deficiency of 228 beds in various departments as shown above.
 - Most of the wards were found to be empty except Surgery which had 10 patients.
 - There were no doctors, residents and nurses available either in the OPD or in the wards.
 - There were no side Laboratories and pantries in any of the wards.
4. Dr.Minoo R. Patel, M.S.(1985), Dean comes to the college only once a week and is therefore part-time.
 5. The Medical Education Unit is not functional. No training courses have been held since last 3 years. The equipment is kept under lock and key.
 6. Statistical unit is not functional. There is no statistician/Medical Record Department.
 7. The college council is defunct. No college council meetings are held.
 8. One lecture theatre is not furnished.
 9. Auditorium is not available.
 10. There is no examination hall available.
 11. Rooms are allocated for boys and girls common rooms but are not furnished. There are no attached toilets.
 12. Animal House: Total 136 sq.mt. space is available. There are 4 rooms which are in a depilated condition. No animals are available.
 13. Facilities for experimental work are not available. All facilities for carrying out minor surgical procedures are also not available. No staff is available.
 14. There are no Indian or Foreign journals. No budget has been allocated for buying books and journals.
 15. RHTC: Netrang is under the administrative and financial control of the State Government and the college is allowed to use its facilities for teaching purposes. No lecturer cum medical officer having M.D.{P.S.M.} is available. One L.M.O. is available. No hostel and messing facilities are available. Lecture hall cum seminar room is not available. No

audiovisual aids have been provided. There is no proper labour room. Investigation facilities for basic investigation, X-ray & ECG are not available. Activities under the national programmes are not carried out. Staff as prescribed under norms needs to be appointed. Lecture hall with A.V. aids needs to be provided.

16. U.H.C.: CHC, Valia at a distance of 02 kms. is under financial and administrative control of the State Government. No lecturer cum medical officer having M.D.{P.S.M.} is posted.
17. Hostels: Accommodation is available only for 168 boys & girls against the requirement of 500. Residents hostel has not been furnished. Presently, it is in a depilated condition from disuse. It is unoccupied. There is no interns hostel. There are only a total of 56 nurses in the hospital. There is no mess in any of the hostels.
18. Residential Quarters: A total of 14, one bed room quarters are available within the campus.
19. Sports and recreation facilities: Play ground is not available.
20. Teaching Hospital : It has a total of 272 beds which are free teaching beds. There is a shortage of 228 beds as shown in the table on bed distribution.
21. Dr. Nilotpala Mehta has 06 years of administrative experience. However, she visits the hospital only once a week and is therefore part-time. She has not received the appointment order of Medical Superintendent.
22. O.P.D. There is no separate registration counter for male and female patients. There is no separate inpatients admission counter. Teaching facilities like patient couch, stools, x-ray, view box, examination tray, etc. are not provided in each room. There is a separate injection room for male and female, dressing room, plaster room, plaster cutting room and E.C.G. room. These rooms do not appear to be used and are not appropriately equipped. Audiometry room is not air conditioned or sound proof. All these rooms are non functional at present. Immunization room, family welfare clinic, dark room refraction room, minor O.T. etc are also non functional at present.
23. Wards : Pantry, examination/procedure room, teaching area and side laboratory are not available. No clinical demonstration areas have been provided in the wards. There is no seminar hall in the major departments. Teaching facilities are inadequate.
24. Registration and Medical Record Section: There is no separate registration counter for O.P.D. and Inpatients. Registration is done manually. One computer has been kept at the registration counter which is not being used. There is no medical record department.
25. Central Casualty Service: Casualty I currently not functional where labour room also is located but are not functional at present. There was no Central oxygen supply, central suction, defibrillator, pulse oximeter, ambu bag, disaster trolley and crash cots etc. Casualty OT is not functioning at present. Emergency drugs with expiry date were found.
26. Clinical Laboratories: Microbiological investigations like culture sensitivity, serology etc. are not carried out either in the department or in the hospital. None of the sections of the Central Lab were found to be functional except the Haematology section which had 8 blood samples. No technical staff was available.
27. Operation theatre unit: There are 7 operation theatres having total 7 tables. They are not air-conditioned. Each O.T. is not having central oxygen & nitrous oxide supply and

central suction. The facilities for preanaesthetic and post anaesthetic care are not available. The following equipments are available in O.T. block which are inadequate:-

Multiparameter Monitor (with capnograph)	-	4
Respiratory Gas Monitor	-	Nil
Respiratory Gas Monitor with Pulse oximeter-		Nil
Defibrillators	-	Nil
Ventilator	-	Nil
Boyles' apparatus	-	1
Infusion Pump	-	Nil
Drip Infusion Pump	-	Nil

Post-operative recovery room with Nil beds is available within O.T. and another post-operative ward with 6 beds is available outside the O.T. complex.

Pre-operative and post-operative facilities are not available.

28. Facilities and equipment in ICUs of Medical, Surgical, Burns , Neonatal, Paediatrics and Obstetrics are not available.
29. Facilities and equipment in labour room are grossly inadequate. No delivery has been conducted since May, 2005.
30. Radiological facilities: 1 static unit – (300 mA) is available. One mobile unit (60 mA) is available which is grossly inadequate. No Color Doppler and CT Scan are available. No ultrasound is given to Obstetrics & Gynaecology department. Facilities for special investigations are not available. Protective measures as per Facilities and workload are grossly inadequate.
31. Central sterilization department: The department was found to be non-functional. Nil bowl sterilizer, nil Glove inspection machine and nil instrument washing machine in CSSD. No sterilization facilities are also available in operation block. No racks, no trays and no mixers were available. The receiving and distribution points are not separate.
32. There is no Central Laundry.
33. There is no kitchen in the hospital.
34. There is no incinerators.
35. Paramedical staff : is grossly inadequate as under:-

Laboratory Technicians:	02
Laboratory Assistants:	04
Laboratory Attendants:	06
36. Nursing Staff is grossly inadequate as under:

Nursing Superintendent:	Nil
Deputy Nursing Superintendent:	01
Matron	Nil
Asstt. Nursing Superintendent	Nil
Nursing Sisters	Nil
Staff nurses	10
37. In the department of Anatomy – There is no cadaver.

38. Anatomy department: There is no cadaver. There is a cooling cabinet for 2 bodies which is however not functioning at present. There is a single museum having 30 mounted specimens, Nil models and 2 bone sets. MRI, CT and X-rays are not provided.
39. Physiology Department : Departmental library cum seminar room has 20 seats and 30 books. There is a research laboratory provided which is not well equipped.
40. Biochemistry Department : The department is at present not functioning as there are no students. No biochemistry investigations are being done for the hospital at present.
41. Pharmacology Department: Experimental Pharmacology laboratory has capacity of 10 and preparation room. Clinical Pharmacology & Pharmacy laboratory also has capacity of 10 which is inadequate. A separate departmental museum is not provided. There is a research laboratory which is not functional at present.
42. Pathology Department : Histopathology laboratory has 30 workplaces, 30 microscopes, provision for artificial light and preparation rooms. Clinical Pathology/Haematology laboratory has 30 workplaces, 30 microscopes which is inadequate. The museum has 40 mounted and 10 unmounted specimens. Departmental library cum seminar room has 20 seats and 10 books. Blood Bank is under Pathology Department and is not functional. No teaching is being done presently.
43. Microbiology Department : Service laboratories for serology, virology, parasitology, mycology and tuberculosis are not functioning at present. No immunology work is carried out. Departmental library cum seminar room has 15 seats and 20 books. There is a research laboratory which is not functional. There is no museum. No laboratory work for the hospital is being done in the department at present. No teaching is being done presently.
44. Forensic Medicine Department : There is one demonstration room with capacity of 20 seats each. The museum has no mounted or unmounted specimens, no fire arms, no models and no poisons or catalogues. There is no laboratory. The departmental library cum seminar room has 10 seats and no books. Mortuary is in a dilapidated condition and not functional at present. No teaching is being done presently.
45. Community Medicine Department : There is one demonstration room with capacity of 35 seats which is inadequate. Departmental library cum seminar room has 10 seats and 50 books. There is a research laboratory which is not functioning at present.
46. Departmental libraries have books of Medicine-62, TB & Chest –20, Skin & V.D.-15, Psychiatry-14 and Paediatrics – 72, Orthopaedics-25, Oto-Rhino-Laryngology-21, Ophthalmology – 42, Radio-Diagnosis – 31 and Anaesthesia – 28.
47. Departmental library of Obst. & Gynae. department has 60 books.
48. Other deficiencies/remarks are 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 not to approve Swami Vivekanand Institute of Medical Sciences & Research, Vallia for the award of MBBS degree granted by Veer Narmad South Gujarat University.

16. Establishment of new medical college at Barabanki, Uttar Pradesh by Hind Charitable Trust, Lucknow, Uttar Pradesh.

Read: The application with regard to establishment of new medical college at Barabanki, Uttar Pradesh by Hind Charitable Trust, Lucknow, Uttar Pradesh u/s 10A of the IMC Act, 1956 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 Barabanki, Uttar Pradesh by Hind Charitable Trust, Lucknow, Uttar Pradesh u/s 10A of the IMC Act 1956 for the academic year

2008-2009 and observed that in the Essentiality Certificate dated 20.8.2007 issued by the State Govt. of Uttar Pradesh, it has been mentioned as under:-

“The applicant will follow the directions issued by Govt. of U.P., MCI and Govt. of India. If the applicant violates these directions the State Government will be free to cancel this Essentiality Certificate”.

Thus, the Essentiality Certificate is not in order as per Format-2 as prescribed under Establishment of Medical College Regulations, 1999. Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Barabanki, Uttar Pradesh by Hind Charitable Trust, Lucknow, Uttar Pradesh for the academic year 2008-2009.

17. Establishment of new medical college at Moradabad, U.P. in the name of Teerthanker Mahavir Medical College & Research Centre by Teerthanker Mahavir Institute of Management and Technology(Society), Moradabad, U.P. u/s 10A of the IMC Act, 1956.

Read: The application with regard to establishment of new medical college at Moradabad, U.P. in the name of Teerthanker Mahavir Medical College & Research Centre by Teerthanker Mahavir Institute of Management and Technology(Society), Moradabad, U.P. u/s 10A of the IMC Act, 1956 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 new medical college at Moradabad, U.P. in the name of Teerthanker Mahavir Medical College & Research Centre by Teerthanker Mahavir Institute of Management and Technology(Society), Moradabad, U.P. u/s 10A of the Indian Medical Council Act, 1956 for the academic year 2008-2009 and observed that in the Essentiality Certificate dated 29.8.2007 issued by the State Govt. of Uttar Pradesh, it has been mentioned as under:-

“The applicant will follow the directions issued by Govt. of U.P., MCI and Govt. of India. If the applicant violates these directions the State Government will be free to cancel this Essentiality Certificate”.

Thus, the Essentiality Certificate is not in order as per Format-2 as prescribed under Establishment of Medical College Regulations, 1999. Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Moradabad, U.P. in the name of Teerthanker Mahavir Medical College & Research Centre by Teerthanker Mahavir Institute of Management and Technology(Society), Moradabad, U.P. for the academic year 2008-2009.

18. Establishment of new medical college at Kalahandi, Orissa by Salvam Educational & Charitable Trust.

Read: The application with regard to establishment of new medical college at Kalahandi, Orissa by Salvam Educational & Charitable Trust u/s 10A of the IMC Act, 1956 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 Kalahandi, Orissa by Salvam Educational & Charitable Trust u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 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 23.03.2007 issued by the State Govt. of Orissa at point (a) It is shown that **"the applicant does not own and manage a 300 bedded hospital"** and (d) It is shown that **"It is further certified that in case the applicant fails to establish the Medical college & Hospital as per MCI norms the State Government shall take over the responsibility to establish the Medical College and Hospital with the sponsorship of any other interested private firm of the country."** This is at variance with the format of the Essentiality Certificate wherein point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999.*

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Kalahandi, Orissa by Salvam Educational & Charitable Trust for the academic year 2008-2009.

19. Establishment of new medical college at Ghaziabad, Uttar Pradesh by Saraswathi Ammal Educational & Charitable Trust, Chennai, Tamilnadu.

Read: The application with regard to establishment of new medical college at Ghaziabad, Uttar Pradesh by Saraswathi Ammal Educational & Charitable Trust, Chennai, Tamilnadu u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 Ghaziabad, Uttar Pradesh by Saraswathi Ammal Educational & Charitable Trust, Chennai, Tamilnadu u/s 10A of the IMC Act, 1956 and observed that in the Essentiality Certificate dated 20.8.2007 issued by the State Govt. of Uttar Pradesh, it has been mentioned as under:-

"The applicant will follow the directions issued by Govt. of U.P., MCI and Govt. of India. If the applicant violates these directions the State Government will be free to cancel this Essentiality Certificate." and also

The University Affiliation is an 'No Objection Certificate' which is not in format. The Registrar, Ch. Charan Singh University, Meerut vide letter dated 12.1.2007 requested the Secretary, Medical Education, Govt. of U.P. to issue 'No Objection Certificate' to the institute for proposed MBBS course. This is at variance with the qualifying criteria 2 (4) wherein such consent of affiliation is mandatorily required to be submitted along with the application.

Thus, the Essentiality Certificate and Consent of Affiliation was not in order as per Format-2 & 3 as prescribed under Establishment of Medical College Regulations, 1999. Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the

consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Ghaziabad, Uttar Pradesh by Saraswathi Ammal Educational & Charitable Trust, Chennai, Tamilnadu for the academic year 2008-2009.

20. Establishment of new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad.

Read: The application with regard to establishment of new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad u/s 10A of the IMC Act, 1956 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 Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 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 03.02.2005 issued by the State Govt. of Andhra Pradesh at point (a) It is shown that "the applicant owns 25 acres of land and where there is a building to the extent of 1,00,000 sqft. within this area" and (d) It is shown that "It is further certified that in case the applicant fails to create infrastructure for the medical college as per MCI norms and fresh admission are denied by the Central Government, the State Government shall take over the responsibility of the students already admitted in the college with the permission of the Central Govt." This is at variance with the format of the Essentiality Certificate wherein point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999.

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad for the academic year 2008-09.

21. Establishment of new medical college at Sagar, M.P. by Govt. of Madhya Pradesh.

Read: The application with regard to establishment of new medical college at Sagar, M.P. by Govt. of Madhya Pradesh u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 Sagar, M.P. by Govt. of Madhya Pradesh.

Pradesh u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 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 30.03.2007 issued by the Govt. of Madhya Pradesh at point (a) It is shown that “the applicant is going stepwise for the construction of Medical College and 300 bedded hospital at Sagar” (b) It is shown that “the applicant is having District Hospitals at Sagar with 300 bedded capacity. The hospitals are having sufficient clinical material as per MCI norms” and (c) It is shown that “it is desirable to start Medical College, Sagar in public interest”. This is at variance with the format of the Essentiality Certificate wherein it is required to be certified that point (a) The applicant owns and manages a 300 bedded hospital which was established in

(b) It is desirable to establish a medical college in the public interest;

(c) Establishment of a medical college at _____ by (the name of Society/Trust) is feasible.

(d) Adequate clinical material as per the Medical Council of India norms is available. It is further certified that incase the applicant fails to create infrastructure for the medical college as per MCI norms and fresh admissions are stopped by the Central Govt., the State Govt. shall take over the responsibility of the students already admitted in the college with the permission of the Central Govt., as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999, and also

“No Consent of affiliation as prescribed in format –3 under the Regulations is attached, however in its place a ‘No Objection Certificate’ issued by the concerned University was attached with application. Consent of Affiliation was not made available to the Council on or before 30.09.2007 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.”

Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the Consent of Affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Sagar, M.P. by Govt. of Madhya Pradesh for the academic year 2008-2009.

22. Establishment of new medical college at Calicut, Kerala by Sree Anjaneya Medical Trust, Calicut, Kerala.

Read: The application along with order of the Hon’ble High Court of Kerala dated 28.09.2007 with regard to establishment of new medical college at Calicut, Kerala by Sree Anjaneya Medical Trust, Calicut, Kerala u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 Calicut, Kerala by Sree Anjaneya Medical Trust, Calicut, Kerala u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 along with judgement of the Hon’ble High Court of Kerala dated 28.09.2007 in Writ Petition [C]

No.25290/2006(I) and observed that the judgement of the Hon'ble High Court of Kerala reads as under:-

“The petitioner in this writ petition submits that the second respondent has now issued a revised Essentiality Certificate, which has been forwarded to the first respondent. Respondent 1 and 3 shall process the application of the petitioner on the basis of the revised Essentiality certificate in accordance with law.”

The writ petition is disposed of as above.”

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 application is deficient in terms of the following qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999:-

*In the revised 'Essentiality Certificate' dated 24.09.2007 issued by the State Govt. of Kerala at point (a) It is shown that **“the applicant proposes to establish a 300 bedded hospital at Kozhikode District”** and (d) It is shown 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 point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999, and also*

The Consent of Affiliation attached with the application issued by the Registrar, University of Calicut dated 17.02.2006 during the academic years 2006-07 and 2007-08 was no objection certificate. The Consent of Affiliation as prescribed in Format - 3 which is an essential eligibility criteria for Establishment of new medical college Regulations, 1999 is not available for the academic year 2008-09. Thus, not fulfilling the qualifying criteria 2(4) wherein such Consent of Affiliation is mandatorily required to be submitted alongwith the application.

Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the Consent of Affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Calicut, Kerala by Sree Anjaneya Medical Trust, Calicut, Kerala for the academic year 2008-2009.

23. Establishment of new medical college at Kollam, Kerala by Podikunju Musaliar memorial Charitable and Educational Trust, Kollam, Kerala.

Read: The application with regard to establishment of new medical college at Kollam, Kerala by Podikunju Musaliar memorial Charitable and Educational Trust, Kollam, Kerala u/s 10A of the IMC Act, 1956 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 Kollam, Kerala by Podikunju Musaliar Memorial Charitable and Educational Trust, Kollam, Kerala u/s 10A of the IMC Act, 1956 for the academic year 2008-09 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 30.08.2007 issued by the State Govt. of Kerala at point (a) It is shown that **"The applicant proposes to establish a 300 bedded hospital at Kollam District"** and (d) It is shown 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 point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999.*

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Kollam, Kerala by Podikunju Musaliar memorial Charitable and Educational Trust, Kollam, Kerala for the academic year 2008-09.

24. Establishment of new medical college at Konisi, Berhampur, Orissa by Paritrاندhya Bharati Charitable & Educational Trust, Berhampur, Orissa.

Read: The application with regard to establishment of new medical college at Konisi, Berhampur, Orissa by Paritrاندhya Bharati Charitable & Educational Trust, Berhampur, Orissa u/s 10A of the IMC Act, 1956 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 Konisi, Berhampur, Orissa by Paritrاندhya Bharati Charitable & Educational Trust, Berhampur, Orissa u/s 10A of the IMC Act, 1956 for the academic year 2008-09 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 23.11.2006 issued by the State Govt. of Orissa at point (a) It is shown that **"The applicant does not own and manage a 300 bedded hospital "** and [b] & [c] It is not shown **"It is desirable to establish a Medical College and Hospital at Berhampur in the public interest."** And (d) It is not shown in the Essentiality Certificate. This is at variance with the format of the Essentiality Certificate wherein point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... , (c) It is mentioned that the Establishment of a medical college at _____by(the name of Society/Trust) is feasible and (d) It is mentioned that it is Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the "Establishment of Medical College, Regulations, 1999.*

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Konisi, Berhampur, Orissa by Paritrاندhya Bharati Charitable & Educational Trust, Berhampur, Orissa for the academic year 2008-2009.

25. Establishment of new medical college at Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand.

Read: The application with regard to establishment of new medical college at Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand u/s 10A of the IMC Act, 1956 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 Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand u/s 10A of the IMC Act, 1956 for the academic year 2008-09 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 03.08.2007 at point "(a) It is shown that **The applicant proposes to own and manage a 500 bedded hospital which will be established in Deoghar, Jharkhand**" and (d) It is shown that **This NOC is issued on the condition that first the 500 bedded hospital is established & started for Medical College**". This is at variance with the format of the Essentiality Certificate wherein point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999.*

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand for the academic year 2008-2009.

26. Establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi.

Read: The application with regard to establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi u/s 10A of the IMC Act, 1956 for the academic year 2008-09 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 30.09.2007 at "Point (a) The applicant owns and manages a 300 bedded hospital which was established in" is not mentioned.

Further, the Consent of Affiliation issued by the Registrar, Maharishi Dayanand University, Rohtak dated 29.09.2007 is not in format as prescribed in Form-3 as an essential eligibility criteria for Establishment of New Medical College Regulations, 1999.

Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi for the academic year 2008-2009.

27. Establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust.

Read: The application with regard to establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust u/s 10A of the IMC Act, 1956 alongwith letter dated 30.10.2007 from the applicant trust.

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 vide letter dated 8.10.2007 for establishment of a new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 alongwith Central Govt. letter dated 30.10.2007 of the Central Govt. and observed that the Essentiality Certificate was not attached with the application.

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 Govt. of Jharkhand has issued Essentiality Certificate only on 26.10.2007 which is after the last date prescribed for receipt of applications, complete in all respects, by the Council – i.e. 30.9.2007. It has also observed that this Essentiality Certificate issued on 26.10.2007, is also defective in as much as that the point (d) prescribed in the certificate in Form 2 that “Adequate clinical material as per the Medical Council of India norms is available” is not included in the Essentiality certificate issued by the State Govt.

It was also observed that only a letter/order dated 22.08.2006 from the State Govt. of Jharkhand has been submitted wherein it is stated that the Essentiality Certificate will be issued on condition – I) 25 acres of land on the name of Trust and ii) bank guarantee of Rs. 25 thousand per seat for 5 years.

Thus, the Essentiality Certificate is not in order as per format –2 as prescribed under Establishment of Medical College Regulations, 1999. Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Hon'ble Supreme Court in Writ Petition No. Mridul Dhar Vs. UOI & Ors. in (2005 2SCC65) vide its order dated 12th Jan. 2005 had directed as under:-

*“.....14. Time schedule for establishment of new college or to increase intake in existing college, shall be adhered to strictly by all concerned.
15. Time schedule provided in Regulations shall be strictly adhered to by all concerned failing which defaulting party would be liable to be personally proceeded with.....”*

It was further observed that the pursuant of the order of the Hon'ble Supreme Court stated above, the Govt. of India vide letter dated 15.03.2005 had directed the Council to strictly adhere to the time schedule prescribed under the regulations. As per the Schedule prescribed in

the Establishment of Medical College Regulations, 1999, the last date for receipt of applications complete in all respects to the Council being 30th September, 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. recommending disapproval of the scheme for establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust for the academic year 2008-2009.

28. Establishment of new medical college at Chennai, Tamilnadu by The Tamilnadu Dr. M.G.R. Medical University, Chennai.

Read: The application with regard to establishment of new medical college at Chennai, Tamilnadu by The Tamilnadu Dr. M.G.R. Medical University, Chennai u/s 10A of the IMC Act, 1956 as the Essentiality Certification and Consent of Affiliation 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 vide letter dated 8.10.2007 for establishment of a new medical college at Chennai, Tamilnadu by The Tamilnadu Dr. M.G.R. Medical University, Chennai u/s 10A of the IMC Act, 1956 for the academic year 2008-09 and observed that the Essentiality Certificate in Format-2 as prescribed under the Establishment of Medical College Regulations, 1999 is not attached with the application.

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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. recommending disapproval of scheme for establishment of a new medical college at Chennai, Tamilnadu by The Tamilnadu Dr. M.G.R. Medical University, Chennai for the academic year 2008-2009.

29. Increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh.

Read: The application with regard to increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 and observed that in the 'Essentiality Certificate' dated 24.09.2007, it has been mentioned as under:-

“Essentiality Certificate include the conditions (1 to 6) including – “if the applicant violates these directions the State Govt. will be free to cancel this Essentiality Certificate”. and also

The Consent of Affiliation issued by the Registrar, Dr. Ram Maohar Lohia Avadh University, Faizabad dated 31.8.2007 is not as per format as prescribed in Form-3 as an essential eligibility criteria for Establishment of New Medical College Regulations, 1999. Thus, not fulfilling the qualifying criteria 2(4) wherein such Consent of Affiliation is mandatorily required to be submitted along with the application.

Thus, the Essentiality Certificate and Consent of Affiliation are not in order as per Format-2 and Format-3 as prescribed under Establishment of Medical College Regulations, 1999. Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh for the academic year 2008-2009.

30. Increase in MBBS seats from 50 to 100 at J.N. Medical College, Bhagalpur, Bihar.

Read: The application with regard to increase in MBBS seats from 50 to 100 at J.N. Medical College, Bhagalpur, Bihar u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 increase in MBBS seats from 50 to 100 at J.N. Medical College, Bhagalpur, Bihar for the academic year 2008-2009 and observed that the Essentiality Certificate dated 06.08.2007 and Consent of Affiliation dated 8.8.2006 are not in order and not as per Format-2 and Format-3 as prescribed under the Establishment of Medical College Regulations, 1999. The document shown as Essentiality Certificate is only a letter for fee deposition and that shown as Consent of Affiliation is only the change of name of University and for the purpose of conduct of examination and award of degree.

Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

It was also observed that the said college has been recommended for withdrawal of recognition by the General Body of the Council at its meeting held on 29.03.2004.

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. recommending disapproval of scheme for increase in MBBS seats from 50 to 100 at J.N. Medical College, Bhagalpur, Bihar for the academic 2008-2009.

31. Increase in MBBS seats from 90 to 150 at Darbhanga Medical College, Laheriasarai.

Read: The application with regard to increase in MBBS seats from 90 to 150 at Darbhanga Medical College, Laheriasarai u/s 10A of the IMC Act, 1956 where the Consent of Affiliation is not as per format-3 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 Govt. for increase in MBBS seats from 90 to 150 at Darbhanga Medical College, Laheriasarai for the academic year 2008-2009 and observed that the Consent of Affiliation is not in order as per Format-3 as prescribed under Establishment of Medical College Regulations, 1999.

Hence, the Qualifying Criterion 2(4) pertaining to Consent of Affiliation as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

It was also observed that the said college has been recommended for withdrawal of recognition by the General Body of the Council at its meeting held on 29.03.2004.

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. recommending disapproval of scheme for increase in MBBS seats from 90 to 150 at Darbhanga Medical College, Laheriasarai for the academic year 2008-2009.

32. Increase in MBBS seats from 50 to 100 at Sri Krishna Medical College, Muzaffarpur, Bihar.

Read: The application with regard to increase in MBBS seats from 50 to 100 at Sri Krishna Medical College, Muzaffarpur, Bihar u/s 10A of the IMC Act, 1956 where the Consent of Affiliation is not as per format-3 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 increase in MBBS seats from 50 to 100 at Sri Krishna Medical College, Muzaffarpur, Bihar u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 and observed that the observed that the Consent of Affiliation dated 23.03.2007 issued by the University is not Format-3 as prescribed under the Establishment of Medical College Regulations, 1999. The letter issued by University states that "*S.K. Medical College, Muzaffarpur affiliated on temporary basis for one year for MBBS degree as per Govt. of Bihar order dated 17.06.1976.*" Hence, the Qualifying Criterion 2(4) pertaining to Consent of Affiliation as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

It was also observed that the said college has been recommended for withdrawal of recognition by the General Body of the Council at its meeting held on 29.03.2004.

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. recommending disapproval of scheme for increase in MBBS seats from 50 to 100 at Sri Krishna Medical College, Muzaffarpur, Bihar for the academic year 2008-2009.

33. Increase in MBBS seats from 100 to 150 at Aarupadai Veedu Medical College & Hospital, Puducherry.

Read: The application with regard to increase in MBBS seats from 100 to 150 at Aarupadai Veedu Medical College & Hospital, Puducherry u/s 10A of the IMC Act, 1956 where the Essentiality Certificate and Consent of Affiliation are not as per format-2 & 3 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 increase in MBBS seats from 100 to 150 at Aarupadai Veedu Medical College & Hospital, Puducherry u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 and observed that the Essentiality Certificate dated 03.04.2007 and Consent of Affiliation dated 09.03.2007 are not in order and not as per Format-2 and Format-3 as prescribed under the Establishment of Medical College Regulations, 1999. The document shown as Essentiality Certificate is basically an NOC issued by the Govt. of Puducherry and that shown as Consent of Affiliation is an approval letter for increase of seats of the Board of Vinayaka Mission University, Salem.

Hence, the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999 are not fulfilled.

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. recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Aarupadai Veedu Medical College & Hospital, Puducherry for the academic year 2008-2009.

34. Negotiations for Comprehensive Economic Partnership Agreement(CEPA) between India and Korea – starting dialogue for MRA – regarding.

Read: The letter dated 15.10.2007 received from the Director, Govt. of India, Ministry of Commerce and Industry, Department of Commerce, Udyog Bhawan, New Delhi with regard to Negotiations for Comprehensive Economic Partnership Agreement (CEPA) between India and Korea.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in the list of professional bodies attached with the letter of the Central Government, Ministry of Commerce & Industry, Deptt. of Commerce, New Delhi dated 15th October, 2007, there is no mention of Korean Medical Council which would be the counter part of the Medical Council of India in Korea. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council therefore decided that the Ministry of Commerce, Govt. of India be informed accordingly.

35. Annual Report of the Medical Council of India for the year 2006-2007.

Read: The annual report of the Medical Council of India for the year 2006-2007.

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 Medical Council of India for the year 2006-2007.

36. Request for Grant of Permanent Registration by (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha.

Read: The matter with regard to Grant of Permanent Registration by (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the institute itself in its letter dated 13.5.2006 has indicated that there is no corresponding increase in the period of study at Tanzania although the students were delayed by a period 3 months for commencing their training in Tanzania. 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 Indian High Commission has informed that *initial part i.e. approx. 3 months of the course has been conducted in India before students went to Tanzania in early January/February, 1998.*

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 matter of such candidates who had part training in India was considered by 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 10th February, 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 decided not to grant registration to such students who have undergone part of their training in an institution in India without obtaining the permission from the Central Govt./MCI as required u/s 10A of the I.M.C. 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 that the request of (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha to grant them permanent registration cannot be accepted as the full period of training of 4½ year has not been carried out by them in Tanzania.

37. Request for Registration of additional qualification of (Ph.D) in Medicine(Cardiology) u/s 26(1) of the IMC Act, 1956 by Dr. Jugbadal Singh Nannuan – Regarding.

Read: The matter with regard to Registration of additional qualification of (Ph.D) in Medicine (Cardiology) u/s 26(1) of the IMC Act, 1956 by Dr. Jugbadal Singh Nannuan.

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 Registration & Equivalence Committee for taking appropriate decision in the matter in accordance with the Rules & Regulations in force.

38. Request for Registration of additional qualification of (Ph.D) in Medicine u/s 26(1) of the IMC Act, 1956 by Dr. Jainendra Upadhyay – Regarding.

Read: The matter with regard to Registration of additional qualification of (Ph.D) in Medicine u/s 26(1) of the IMC Act, 1956 by Dr. Jainendra Upadhyay.

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 Registration & Equivalence Committee for taking appropriate decision in the matter in accordance with the Rules & Regulations in force.

39. Request for grant of Permanent Registration by (i) Mr. Praveen Sehrawat & (ii) Mr. Anil Kumar – Regarding.

Read: The matter with regard to grant of Permanent Registration by (i) Mr. Praveen Sehrawat & (ii) Mr. Anil Kumar.

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 Registration & Equivalence Committee for taking appropriate decision in the matter in accordance with the Rules & Regulations in force.

40. SLP(C) No. 11452/04 – Indian Medical Association, Vs. Rakesh Kumar Srivastava & Ors.

Read: The matter with regard to SLP © No.11452/2004-Indian Medical Association – Vs. Rakesh Kumar Srivastava & Ors.

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 Parliament Committee on Subordinate Legislation (Tenth Lok Sabha) had made a recommendation for compulsory renewal of registration of medical practitioners so that the registers could be kept upto date, prescription by the MCI for compulsory renewal after every five years and the funds needed by the Council for the purpose may be obtained by charging fees for renewal. The Government of India had accepted the recommendation in principle but stated there will be administrative difficulties for renewal of registration for about 4.5 lakh practitioners and the scheme may be introduced

in a phased manner and the involvement of State Governments and State Medical Councils would be necessary. Further the Parliament Committee also recommended that the MCI should frame regulations to make it compulsory to attend courses or programmes for continued medical education for every medical practitioner and that a minimum amount of credits would be necessary to renew registration of a doctor by the MCI every five years or so. The Government in their reply stated that they are in agreement with the Committee and that the “MCI is already examining the possibility of making regulations for attendance of CME programmes by doctors”.

A National workshop on Medical Education was conducted under the auspices of the Medical Council of India on the 20th and 21st May, 1996. The Workshop among other recommendations made the following recommendations in regard to compulsory Continuing Medical Education Programme for medical practitioners and renewal of registration after every five years (Item 2,3,6, 8 & 9 of Session III).

- “i) In keeping with the principle of quality assurance in the delivery of health care to the people of the country, it strongly recommended Re-registration/renewal of registration/revalidation by all practitioners must be made mandatory; and for this, a period of five years is considered most suitable for renewal and validity of registration.
- ii) All medical practitioners must acquire at least 30 hours of CME credits per year for enhancing their knowledge and skill in order to qualify for renewal/revalidation of their registration.
- iii) MCI in association with representatives of State Medical Councils should develop an appropriate CME credits system for both urban and rural areas depending upon needs.
- iv) MCI should encourage State Medical Councils to associate local medical colleges, IMA and professional organizations to create need-based educational programmes and authorize the organizers to award appropriate credits to participants.
- v) Suitable fee for registration/re-registration/renewal of registration should be fixed in consultation with MCI so as to have uniformity in the whole country. Certain amount of fee realized by State medical Councils should be passed to MCI.”

The Working Group on Medical Education appointed by the Planning Commission (in the context of Ninth Five Year Plan) under the chairmanship of Union Health Secretary had also recommended to the Planning Commission that a National Coordination Committee should be established in the Directorate General of Health Services for coordinating continuing medical education programmes with representatives of Central and State Governments, MCI, professional associations of various categories of health personnel etc; a special cell may be created at the DGHS for the purpose and funds may be provided to various agencies for conducting such programmes; the Committee may provide policy guidelines, identify priority areas as per professional requirements; the actual planning and conduct of the CME programmes may be left to the Universities of Health Sciences and State Directorates of Medical Education; there should be State legal committees. The Group also recommended that re-certification of medical practitioners every five years should be made mandatory by suitably amending the IMC Act.

The Additional Secretary (Health) Ministry of Health & FW took a meeting on the 16th December 1996 had said that the undertakings given by the Government to the Parliamentary Committee have to be carried out on a time bound manner and the MCI should prepare an action plan how to give effect to the compulsory CME programme for every medical practitioner and renewal of registration after every five years.

In this background, the General Body of the Council at its meeting held on 27.2.1997 had decided as under with regard to Continuing Medical Education and Renewal of Registration:-

“The Council considered the recommendations of the Parliament Committee on Subordinate Legislation as well as the National Workshop on Medical Education on this subject and made the following decisions:-

1. There should be renewal of registration every five years. However, those medical practitioners who have attained the age of 65 years, when they become due for renewal, may be exempted from renewal thereafter.
2. However, the renewal of registration can be started only after amending the Indian Medical Council Act since in the existing Section 15(i) there is no provision for periodical renewal of registration.
3. The State Medical Council concerned or where there is no State Medical Council, the MCI shall make re-registration.
4. The Central Govt., State Governments and the Medical Council of India/State Medical Councils may identify the bodies who will provide Continuing Medical Education. While doing so they may take into account the various authorities and organizations who are already providing such CME programmes namely Medical Council of India, State Medical Councils. Indian Medical Association & its State Chapters. National Academy of Medical Sciences, Specialists Associations, National institutions such as AIIMS & PGIMER, Govt. Health/Family Planning Training Centres, Open Universities System/IGNOU etc. such bodies may be authorized to conduct CME programmes and issue certificates of credits to medical practitioners.
5. Each doctor has to attend a minimum of 30 credit hours per year to be eligible for renewal of registration.
6. There should be structured curriculum for each CME programme.
7. The CME programmes should be arranged by the identified bodies throughout the year so as to cover all registered medical practitioners throughout the country which will include Govt. doctors, general practitioners, specialists etc.
8. The Central Govt./State Govts. should provide funds for conducting CME programmes.

The Council noted that renewal of registration after every five years will require amendment of the Indian Medical Council Act as existing Section 15(i) does not give power for periodical renewal of registration. It urged the Govt. to take immediate steps for amending the Act in this regard.”

It was also brought to the notice of the Committee that provisions for renewal of registration are already existing in the State Medical Council Act Gujarat, Maharashtra, Karnataka, Goa and Delhi.

The decision of the Council was duly communicated to the Govt. of India in April, 1997. However, no substantial progress has been made in the matter. The Committee recommends that immediate steps be taken by the Central Govt. in the matter to introduce the provision of CME and Renewal of Registration in the IMC Act.

In this connection, it may please be noted that Sections 21,23,27 and 28 of the Indian Medical Council Act,1956 reads as under:-

Section 21

“21 (1) The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who

are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications.

(2) It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.

(3) Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India."

Section 23

"23 The Registrar of the Council, may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register:

Provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification."

Section 27

"27. Subject to the conditions and restrictions laid down in this Act, regarding medical practice by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled."

Section 28

"28 Every person registered in the Indian Medical Register shall notify any transfer of the place of his residence or practice to the Council and to the State Medical Council concerned, within thirty days of such transfer failing which his right to participate in the election of members to the Council or a State Medical Council shall be liable to be forfeited by order of the Central Government either permanently or for such period as may be specified therein."

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 refer the matter back to the Registration & Equivalence Committee for taking appropriate decision in the matter in accordance with the Rules & Regulations in force.

41. Minutes of the Registration and the Equivalence Committee held on 06.09.2007 – Approval regarding.

Read: The minutes of the Registration and the Equivalence Committee held on 09.06.2007 for its approval.

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 minutes of the Registration and the Equivalence Committee held on 06.09.2007.

42. Minutes of Finance Committee held on 19.10.2007- Approval of.

Read: The minutes of Finance Committee held on 19.10.2007 for its approval.

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 Finance Committee held on 19.10.2007 decided that the facility of telephone at the residence in respect of entitled categories of Council's Officers be adopted from the date of the O.M.No. 7(14)/C&V/2006 dated 14th November, 2006 instead of the date of approval by the Executive Committee as decided by the Finance Committee.

43. To lay down the requirements for "Central Hospital Pharmacy" and Drug Information center at teaching hospitals by MCI in its Regulations.

Read: The letter dated 9.10.2007 from the Registrar-cum-Secretary, Pharmacy Council of India with regard to lay down the requirements for "Central Hospital Pharmacy" and Drug

Information center at teaching hospitals by MCI in its Regulations alongwith the report of the Sub-Committee.

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 9.10.2007 from the Registrar-cum-Secretary, Pharmacy Council of India with regard to lay down the requirements for “Central Hospital Pharmacy” and Drug Information center at teaching hospitals by MCI in its Regulations and approved the following report of the Sub-Committee:-

“The existing Regulations of Minimum Standard Requirements for the Medical College for 100 Admissions Annually Regulations, 1999 under point number B6 of MCI is as under:-

“It shall have qualified pharmacist incharge and other staff certified by statutory authorities to dispense the drugs.”

The requirements which have been submitted by Pharmacy Council of India were discussed at length and the following recommendations are made by the Sub-Committee:-

1. Space Requirement -

Dispensary : 2000 Sq.ft. (It should include all areas of dispensing services available in wards and OPDs, patient counseling, Inventory, staff and all stores).

Drug and poison information services

They are being provided by the Pharmacology Department as a part of MBBS curriculum & should be continued as such.

2. Staff requirement –

As per existing Regulations of Minimum Standard Requirements for the Medical College for 100 Admissions Annually Regulations, 1999 under point number B6 “Central Hospital Pharmacy” – the incharge of central hospital pharmacy should be a qualified pharmacist. He should be preferably B. Pharma from a recognized university/D.Pharma from a recognized body. He/she may be Head of the central hospital pharmacy and should work under the supervision of Medical Superintendent.

Other staff certified by statutory authorities should be available to dispense the drugs.

3. Infrastructural Requirements (Numbers may vary as required) -

Refrigerators	:02
Tables	:10
Chairs	:15
Dispensing tables (2x8 ft)	:05
Computers(depending on the need)	:05
Computer chairs	:05
File cabinets	:02
Text book racks	:02
Computer tables	:05
Telephone facilities	
Printing facilities	
Internet facilities (high speed)	

The above numbers are minimum requirement. However the actual number may vary as per requirement of the hospital.

4. Resources required for Drug information

Pharmacopoeias/National Formularies & important text books & journals should be available in Central library as per recommendation of Prof. & HOD, Pharmacology department.

The above suggestions are made after deliberation of the Committee for further consideration and necessary action.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to place the above report before the General Body of the Council.

44. Delegation or inspection of Kazan State Medical University.

Read: The letter dated 14.2.2007 received from the Rector, Kazan State Medical University with regard to delegation or inspection of Kazan State Medical University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were highly critical of the delay of more than 8 months in placing the letter before the Executive Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that as per the minutes of the meeting held on 17th July, 2007 in the Ministry of Health & F.W. regarding recognition of medical qualifications granted by medical colleges in Nepal, the following decision was taken –

“As regards modalities of inspection of medical colleges in foreign countries, if MCI is asked by Govt. of India to inspect, this Ministry will first take advice of MEA and seek their clearance. MEA would consult NMC/Health Ministry in Nepal and finalize programme of 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 that Kazan State Medical University may be informed accordingly to forward their request through the Government of Kazakhstan and Government of India.

45. Complaint lodged with Delhi Medical Council by Dy. Commissioner of Police, North District, Delhi fixing of liability on Dr. Paramjeet Singh of St. Stephen's Hospital, Delhi.

Read: The matter with regard to complaint lodged with Delhi Medical Council by Dy. Commissioner of Police, North District, Delhi fixing of liability on Dr. Paramjeet Singh of St. Stephen's Hospital, Delhi alongwith the recommendation of the Ethics Committee.

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:-

“The Ethics Committee decided to call Dr.Sudhir Joseph & Dr.Paramjeet Singh on 11.9.2007 and accordingly Dr.Sudhir Joseph & Dr.Paramjeet Singh has appeared before the Ethics Committee, his statements are as under:-

Statement of Dr.Sudhir Joseph

“I, Dr.Sudhir Joseph did my MBBS from Christian Medical College, Vellore in the year 1977 and did MS(Gen.Surgery) from the same institute in the year 1985. My date of birth is 12.11.1954. My registration number is 12878 of Delhi Medical Council.

The patient Mr.Fariuddin was admitted in St.Stephen's hospital on 25.10.2003. At the time of admission since the patient was brought with an alleged road accident. Dr.Paramjeet Singh, the then present Casualty Medical Officer asked the patient about registering MLC case. At this point the relatives of the patient and also the person suspected to have caused the trauma stated that MLC has already been lodged and would produce the number of MLC later. The patient was then admitted and treated. After the patient expired on 5.11.2003, it was realized that MLC No. had not been submitted by the relations. At this point MLC was registered and police informed accordingly. It is standing written instructions in the casualty that all cases of trauma are to be registered as Medico-legal. The then Director Dr. Mathew Varghese had discussed with Dr.Paramjeet Singh and had been satisfied that there was no intentional lapse on his part”.

Sd/-
(Dr.Sudhir Joseph)

Statement of Dr. Paramjeet Singh

“I, Dr.Paramjeet Singh did my MBBS from U.C.M.S. New Delhi in the year 1992. My date of birth is 14.5.1967. My registration number is 11991 of MCI.

The patient Mr.Fariuddin, MLC No.379/03, dated 25.10.2003, the patient came to our casualty with the history of road traffic accident. At the time of admission, they told me that they have already informed the police and the MLC was made in the same hospital. They also told me that at the time of accident the police was also there. I repeatedly asked them please provide me the MLC Number and other details of the treatment. They told me doctor sahib please start the treatment to the patient. We will provide you the MLC number and the details of treatment later on. As the patient was old and quite gentleman in his behaviour I believe in his words and then I admit the patient in Neuro-surgical ICU. Even then I request them please provide me the MLC number and details of the treatment but they do not give me the same. After that when the patient expired and the MLC number was not given by the relative then I made the MLC and informed the police”.

*Sd/-
(Dr.Paramjeet Singh)*

The Ethics Committee considered the matter with regard to complaint lodged with Delhi Medical Council by Dy. Commissioner of Police, North District, Delhi fixing of liability on Dr. Paramjeet Singh of St. Stephens Hospital, Delhi and have noted (i) the complaint against Dr. Paramjeet Singh has been lodged first with the Delhi Medical Council by the Deputy Commissioner of Police, North District, Delhi fixing of liability on Dr. Paramjeet Singh of St. Stephan’s Hospital, Delhi (ii) The case came before the Ethics Committee not because of a complaint by patient but because of the directions of the Hon’ble Metropolitan Magistrate, Taz Hazari Court, Delhi dt. 22.6.2007 in FIR No.393/003. (iii) Records of the case have been received from Delhi Medical Council dt. 4th July, 2007 on the order of the Hon’ble Metropolitan Magistrate, Taz Hazari Court, Delhi this has reported. (iv) After perusal of all the documents including the case dairy, the Ethics Committee has observed that there was a lapse on the part of Dr. Paramjeet Singh in filing the MLC report to the police at the time of admission of the patient. According to the statement of Dr. Paramjeet Singh and also Dr. Mathew Varghese, Director, St. Stephens’s Hospital, Delhi that they were under the erroneous impression that the MLC has already filed by the health institution where the patient was first treated before he was brought to the St. Stephan’s Hospital, Delhi. The Hospital authorities have filed the report with the police only after 10 days during which period the patient was under treatment at St. Stephan’s Hospital, Delhi and has expired.

After going through all, the Ethics Committee of unanimous opinion that Dr. Paramjeet Singh has failed in his professional duties to give the MLC to the police authority on time. He should not have relied on statement/submission from the patient and attendants but should have discharged his professional and legal duties as per rules and law of land.

The Ethics Committee therefore decided to issue a strict warning to Dr. Paramjeet Singh to be very cautious in future in discharging his duty as a Doctor and to fulfill all the legal requirements as per law. The warning may be recorded in the IMR against his name.

The Ethics Committee also of the view that the hospital authorities and have also not fulfilled the legal obligations of ensuring that medico legal patient admitted in their hospital is properly reported with the appropriate authorities in time as per norms. The Ethics Committee therefore decided to issue a warning to the Medical Director, St. Stephan’s Hospital, Delhi to be more careful in future for such matter.”

46. Undertaking given by Dr. Shrikant S. Akolekar for working in more than one medical college – Action to be taken in view of Code of Medical Ethics.

Read: The matter with regard to Undertaking given by Dr. Shrikant S. Akolekar for working in more than one medical college alongwith the recommendation of the Ethics Committee.

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:-

“The Ethics Committee heard Dr. Shrikant S Akolekar who appeared before the Ethics Committee meeting on 10th September, 2007. Written statement was also taken from him which are as under:-

STATEMENT OF DR.SHRIKANT S AKOLEKAR

I, Dr.Shrikant S Akolekar did my MBBS from M.G.M. Medical College, Indore in the year 1972 and did my MS(Anatomy) from the same institute in the year 1976. My date of birth is 23.9.1946. My Registration number is 15899 from Gujarat Medical Council, Ahmedabad.

This is with reference to MCI communication dated 22.6.2007 regarding my signing the declaration form at Kesar Sal Medical College, Ahmedabad on 31.12.2003 while I was already employed as Anatomy faculty in SBKS Medical Instt. & Research Centre, Piparia, Baroda.

In this regard I wish to make the following statement:-

During the period 1.5.2003 to 30.10.2006, I was in employment as Sr.Assoc.Prof in Anatomy at SBKS Medical Instt. & Research Centre, Piparia, District Baroda. On 31.12.2003 I was invited by the Medical Director of Kesar Sal Medical College for an interview for the post of Professor in Anatomy and without my knowledge and consent I was shown as faculty in the Anatomy in the above said college. I have signed the declaration form in ignorance and it was not my intention to appear for the inspection of the said college and in violation of the norms and code of conduct of MCI. I had intimated to the Dean and Chairman of SBKS Medical Instt. with regard to my being shown as faculty at Kesar Sal Medical College, Ahmedabad and I had given a written statement to this effect to the Chairman, to be forwarded to MCI through proper channel.

My appearing at the inspection for Kesar Sal Medical College was a lapse on my part which I admit and deeply regret it. I would request you to kindly consider my case in the light of above statement.

*Sd/-
(Dr.Shrikant S Akolekar)*

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 of Dr.Shrikant S Akolekar 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.Shrikant S Akolekar 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.Shrikant S Akolekar 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.”

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

47. Undertaking given by Dr. K.P. Saxena for working in more than one medical college – Action to be taken in view of Code of Medical Ethics.

Read: The matter with regard to Undertaking given by Dr. K.P. Saxena for working in more than one medical college alongwith the recommendation of the Ethics Committee.

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:-

“The Ethics Committee heard Dr.K.P. Saxena, who appeared before the Ethics Committee meeting on 10th September, 2007. Written statement was also taken from him which are as under:-

STATEMENT OF DR.K.P. SAXENA

“I, Dr.K.P. Saxena did my MBBS from GSVM Medical College, Kanpur in the year 1971 and MS(Anatomy) from the same institute in the year 1977. My date of birth is 17.10.1946. My registration number is 15218 of U.P. Medical Council.

Regarding the charges brought against me from MCI, I appeared before the MCI inspection in Uttranchal Forest Hosp. & Medical College, Haldwani, Nainital on 8.6.2005 and signed the declaration form. The declaration form is also not in my hand writing. But in the declaration from I have shown to be working as a Reader/Assoc. Prof. in S.K.G.K.H. Medical College, Moradabad which is a non-existence college and also as Professor in Himalayan Instt. of Med. Sciences, Jollygrant, Dehradun. In both the places, I have not worked as a first is non-existence college and the 2nd I have never joined. I have signed the declaration form which was an error on my part. I resigned from C.U.Shah Medical College, Surendranagar, Gujarat on 31.3.2005 but I have appeared their on the date of inspection i.e. 16.3.2005. I have sent the resignation letter by Regd. Post which I have already submitted alongwith my written statement. In the Uttranchal Forest Medical College, I have joined on 12.5.2005 and I am submitting a copy of the letter given by the Secretary, Uttranchal Forest Medical College stating that I have joined on duty on 12.5.2005 only under an agreement for one year. I have resigned from that college after attending the MCI inspection. I am at present working as Professor of Anatomy in SRMS Instt. of Medical Sciences, Bareilly.

I am sorry for the error and I tendered my apology for it”.

Sd/-
(Dr.K.P. Saxena)

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 of Dr.K.P. Saxena 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.K.P. Saxena 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.K.P. Saxena 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."

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

48. Undertaking given by Dr. Mary Omon Horo for working in more than one medical college – Action to be taken in view of Code of Medical Ethics.

Read: The matter with regard to Undertaking given by Dr. Mary Omon Horo for working in more than one medical college alongwith the recommendation of the Ethics Committee.

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:-

"The Ethics Committee heard Dr.Mary Omon Horo, who appeared before the Ethics Committee meeting on 10th September, 2007. Written statement was also taken from her which are as under:-

Statement of Dr.Mary Omon Horo

I, Dr.Mary Omon Horo did my MBBS from Prince of Wales Medical College, Patna in the year 1968 and did my MS (Anatomy) in the year 1976 from Rajendra Medical College, Ranchi under Ranchi University. My date of birth is 1.3.1943. My registration number is 9512 of Bihar Medical Council.

I want to make a written statement before the Ethics Committee of the MCI and I am submitting my letter addressed to the Secretary MCI.

Further I want to state that the inspection dates mentioned in the declaration form are only correct and the date of joining are according to their will or so.

Though I have shown that joining at Santosh Medical College, Ghaziabad was 22.11.2003, I have not received any salary for that period. Proof for this I can submit the income tax return which will be sent later on by fax.

I was retired in the year 2001 and after that I was not working any medical college and the date mentioned their in 2003.

At present I am submitting my explanation and photocopy of previous letter dated 2.7.2007 for your ready reference.

My appearing at the inspection for Santosh Medical College, Ghaziabad & Konaseena Instt. of Medical Sciences, Amalapuram was a lapse on my part which I admit and deeply regret it. I would request you to kindly consider my case in the light of above statement.

*Sd/-
(Dr.Mary Omon Horo)*

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. She had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by her are correct and true to her 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 her to the effect and to the result that she 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 her for submitting more than one Declaration Forms signed and submitted by her 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 she had submitted to the inspection team of the Council were also sent to her.

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

Upon consideration of the case of Dr.Mary Omon Horo 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. Mary Omon Horo 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 she 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.Mary Omon Horo constitutes PROFESSIONAL MISCONDUCT, which render her liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that her 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.”

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

49. Letter issued by Distt. Ophthalmic Surgeon, Pune to Lions Mudhoji eye Hospital, Phaltan in respect of carrying out surgeries by unqualified surgeons.

Read: The matter with regard to Letter issued by Distt. Ophthalmic Surgeon, Pune to Lions Mudhoji eye Hospital, Phaltan in respect of carrying out surgeries by unqualified surgeons alongwith the recommendation of the Ethics Committee.

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:-

“The Ethics Committee went into an office Memorandum from the Directorate General of Health Services, Ophtha/BC Section, Nirman Bhawan, New Delhi and decided to formulate an answer to it as follows:-

Three Aurvedic postgraduate doctors namely Dr. Samir Raskar, Dr. Kaustuba More & Dr. Chandrakant Gosavi have claimed that they should be recognized as practicing surgeons for National Programme for control of blindness as they have postgraduate degree of Ayurveda. An office Memorandum from the Directorate General of Health Services, Ophtha/BC Section, Nirman Bhawan, New Delhi has been received in the Council and it is stated that the Ministry have received a letter from the above mentioned 3 doctors from Lions Mudhoji Eye Hospital, Phaltan requesting this Ministry to recognized them as “Practicing Surgeons” for National programme for control of blindness. It is requested that this matter may please be considered at an early date for further necessary action.

After going through the documents and the Ethics Committee would like to give its views as below:-

Section 1.1.3 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 states as under:-

“No person other than a doctor having qualification recognised by Medical Council of India and registered with Medical Council of India/State Medical Council(s) is allowed to practice Modern system of Medicine or Surgery. A person obtaining qualification in any other system of Medicine is not allowed to practice Modern system of Medicine in any form”.

It is very clear from the above that only a MBBS doctor is allowed to practice modern system of Medicine and graduates from other system of Medicine (AYUSH) not allowed to practice modern system of Medicine in any form.

Even in modern system of Medicine, Eye Surgery being a very delicate and sophisticated procedure is to be done only by a specialist doctor holding recognized postgraduate degree or diploma in Ophthalmology. Certain modern form on surgery, such as 'Pheco' required further training in the procedure from recognized institute to enable the specialists to carry out the procedure. This is true in all other branches of modern medicine.

As such, any doctor who does not possess recognized MBBS degree alongwith Postgraduate qualifications cannot do Surgery according to the law of the land. Any attempt to allow anybody else to do this kind of procedure by any authority under any pretext would be totally against the law i.e. totally illegal. It will attract such penalties as prescribed by law. No Government agency can recognize any doctor from stream other then modern system of medicine to do this as long as the present law stands. To do so will be totally illegal.

In the landmark judgement by the Hon'ble Justice Sh. Kuldip Singh & Sh. S. Saghir Ahmad. J.J. of the Supreme Court of India in Poonam Verma Vs. Ashwin Patel and others case Civil Appeal No.8856 of 1994, decided on May 10, 1996 have clearly stated the following:-

"Though study of Physiology and Anatomy is common in all systems of medicines and the students belonging to different systems of medicines may be taught Physiology and anatomy together, but so far as the study of drugs is concerned, the Pharmacology of all systems is entirely different. Merely because the Anatomy and Physiology are similar, it does not mean that a person having studied one system of medicine can claim to treat the patient by drugs of another system which he might not have studied at any stage.

Since the law, under which Respondent I was registered as a medical practitioner, required him to practise in HOMOEOPATHY ONLY, he was under a statutory duty not to enter the field of any other system of medicine as, admittedly, he was not qualified in the other system, Allopathy, to be precise. He trespassed into a prohibited field and was liable to be prosecuted under Section 15(3) of the Indian Medical Council Act, 1956. A person who does not have knowledge of a particular system of medicine but practices in that system is a quack and a mere pretender to medical knowledge or skill, or to put it differently, a charlatan."

The Hon'ble Supreme Court of India has in this historic judgement laid down that only a qualified person in a particular steam of medicine is only authorized to practice that steam of medicine any other person doing so has to be treated as quack.

It will be travesty of truth to claim that person other than those taught in Allopathic branch of medicine are actually taught skill of modern medical treatment and sophisticated surgery. In the Allopathy system also delicate surgery like Eye Surgery can only be performed by recognized specialists holding of postgraduate degree/diploma as already stated.

Further, the Hon'ble Supreme Court, justice I Venkatanarayana in W.P.No.3003 of 1990 have said that "There can be no doubt about the fact that it is the duty of the State to provide medical facilities to all the citizens. It is equally the responsibility of the State not to permit quacks and other unqualified persons to practice medicine and surgery. By permitting quacks, quality of health life of the country would be degenerated and the manner in which they administer drugs affects the health o the citizens. Cases are not _____ where quacks have been performing surgery with crude instruments playing with the lies of the citizen".

In view of above ruling of the Hon'ble Supreme Court of India and the Hon'ble High Court, the claim of the postgraduate surgical diploma holder of AYUSH. To be called practicing surgeons and to do Eye Surgery cannot be entertained by any authority. Doing so will be going against the letter of spirit of the judgement of the Hon'ble Courts and who ever does so shall be responsible for the consequences.

Further, it is necessary at this point of time to comment also on certain notifications issued by the Central Council of Indian Medicine, which create lots of confusions amongst the public and also in the Governments level as well.

The Central Council of Indian Medicine, (Institutional Area, Janakpur, New Delhi) in its notification No.F.No.8-5/2002-Ay.(MM), dated 22.1.2004 have stated that rights of practitioners of Indian systems of Medicine are protected under Indian Medicine Central Council Act, 1970 under Section 17(3)(B) which states as under:- "Nothing contained in sub-Section (2) shall affect privileges (including the right to practice any system of medicine) conferred by or under any law relating to registration of practitioners of Indian Medicine for the time being in force in any state on a practitioners of Indian Medicine enrolled on a State Register of Indian Medicine."

They have further concluded "institutionally qualified practitioners of Ayurveda, Siddha, Unani Tibb are eligible to practice respective Systems with modern scientific medicine including surgery and Gynaecology Obstetrics. Anaesthesiology, ENT, Ophthalmology etc. based on the training and teaching".

The Ethics Committee feels that this kind of interpretation and notifications are totally against the law and against the rules laid down by the Hon'ble Supreme Court & other Courts from time to time. It is well known that though many modern investigative procedures of Pathology, Microbiology, Biochemistry & Radiology and imaging have been incorporated into the curriculum and teaching of different system other than Allopathy, the main point is that after taking help of all these modern advances, the practitioners of these streams are only allowed to practice

their system of medicine alongwith the drug, medicine procedure pertaining their system of medicine alone. This is the spirit behind using modern advances in AYUSH. At no point of time in their teaching and training these graduates are taught the treatment including differential diagnosis, management, prescription of allopathic drugs, methodology of modern stream of treatment and modern method of surgery as they are taught to allopathic graduates and postgraduates. Otherwise, there has to be no justification in continuing a separate modern allopathic system at all and all medical courses would become an integrated course as claimed by the Central Council of Indian Medicine.

Therefore, if these doctors of AYUSH are allowed to treat patients in modern system of medicine and are recognized to perform delicate of surgeries, the authorities concerned who allow this shall be solely responsible for any untoward incidents that may happen to the patients and will have to bear the responsibility thereof.”

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

50. Creation of a post of Director, Academic & Standing Cell in the Council office.

Read: The matter with regard to Creation of a post of Director, Academic & Standing Cell in the Council office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to create the post of Director, Academic & Standing Cell in the Council office in the pay-scale of Rs. 18400-500-22400 plus allowances as admissible under the rules.

51. Hindi Advisory Committee of Ministry of Health & Family Welfare – Suggestion/Comments of Sh. Rambhagat Paswan about the medium of instructions should be commence in Hindi in the Medical Education.

Read: The Central letter dated 24.10.2007 with regard to Hindi Advisory Committee of Ministry of Health & Family Welfare – Suggestion/Comments of Sh. Rambhagat Paswan about the medium of instructions should be commencing in Hindi in the Medical Education.

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 24.10.2007 with regard to Hindi Advisory Committee of Ministry of Health & Family Welfare and observed as under:-

- (a) There is very little reading material on medical subject suitably for medical students available in Hindi language. Even the letters sent by the Council dated 6.7.2007 & reminder dated 24.10.2007 for supply of medical books in Hindi have evolved very little response.
- (b) English is now an international language accepted all over the world.
- (c) Because of wide-spread use of internet, English has also become a language of communication through electronic media.

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 that it is not possible to provide medical education in Hindi at present as no evidence has been submitted on which the conclusion has been made that the medical education is becoming costly because it is being provided in English.

52. Extension of services of Zonal Inspectors.

Read: The matter with regard to extension of services of Zonal Inspectors.

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 Zonal Inspectors for a further period of one year w.e.f. the dates mentioned against them as follows:-

<u>Name of Inspector</u>	<u>Date of Extension</u>
Dr.C.A. Desai	2.11.2007
Dr. Anandakannan K.	8.11.2007
Dr.S.B. Agarwal	30.11.2007

53. Extension of services of Dr. Malti Mehra as Whole Time Inspector.

Read: The matter with regard to extension of services of Dr. Malti Mehra as Whole Time Inspector.

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, Whole Time Inspector of the Council for a further period of one year w.e.f. 13.11.2007.

54. Non receipt of list of 1st year MBBS students admitted by various Medical colleges/institution in India for the academic year 2007-2008.

Read: The matter with regard to Non receipt of list of 1st year MBBS students admitted by various Medical colleges/institution in India for the academic year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated in the matter and decided that the following institutes may be issued one more reminder to submit the list of Ist year MBBS students in the prescribed format immediately without any further delay and also decided to issue a warning to the institutes who do not supply the list of admitted students inspite of repeated reminders:-

ANDHRA PRADESH

S. No.	Name of the College/Institution
1.	Sadan Institute of Medical Sciences, Hyderabad
2.	Konaseema Institute of Medical Sciences, Amalapuram
3.	Bhaskhar Medical College, Yenkapally
4.	Chalmeda Institute of Medical Sciences, Karimnagar
5.	Katuri Medical College, Guntur
6.	Rangaraya Medical College, Kakinada
7.	Osmania Medical College, Hyderabad

ASSAM

S. No.	Name of the College/Institution
1.	Guwahati Medical College, Guwahati

BIHAR

S. No.	Name of the College/Institution
1.	Darbhanga Medical College, Darbhanga
2.	S.K. Medical College, Muzaffarpur
3.	Mata Gujri Medical College, Kishanganj

DELHI

S. No.	Name of the College/Institution
1.	Lady Hardinge Medical College, New Delhi
2.	University College of Medical Sciences, new Delhi

GUJRAT

S. No.	Name of the College/Institution
1.	Govt. Medical College, Bhavnagar

HARYANA

S. No.	Name of the College/Institution
1.	Maharaja Agarsen Medical College, Hisar

JAMMU & KASHMIR

S. No.	Name of the College/Institution
1.	Acharya Shri Chandar Chinar Medical College, Jammu

KARNATAKA

S. No.	Name of the College/Institution
1.	Bidar Institute of medial Sciences, Bidar
2.	M.S. Ramaiah Medical College, Bangalore
3.	Navodya Medical College, Raichur

KERALA

S. No.	Name of the College/Institution
1.	SUT Academy of Medcial Sciences, Trivanthurapam
2.	Karuna Medical College, Palakkad
3.	Kannur Medical College, Kannur
4.	Govt. Medical College, Calicut

MAHARASHTRA

S. No.	Name of the College/Institution
1.	D.Y. Patil Medical College, Navi Mumbai
2.	Govt. Medical College, Aurangabad
3.	Govt. Medical College, Latur
4.	SRT Medical College, Ambajogai
5.	LTM Medical College, Mumbai
6.	Govt. Medical College, Nagpur
7.	Govt. Medical College, Dhule

ORISSA

S. No.	Name of the College/Institution
1.	Institute of medial Sciences, Bhubaneshwar
2.	Kalinga Institute of medical Sciences, Bhubaneshwar
3.	Hi-Tech Medical College, Bhubaneshwar
4.	VSS Medical College, Burla

PONDICHERRY

S. No.	Name of the College/Institution
1.	Aarupudai Medical college, Pondicherry
2.	Vinayaka Mission Medicla College, Pondicherry

PUNJAB

S. No.	Name of the College/Institution
1.	Adesh Institute of medical Sciences, Bhatinda
2.	Govt. medical College, Amritsar

RAJASTHAN

S. No.	Name of the College/Institution
1.	NIMS, Jaipur
2.	Mahatama Gandhi Institute of Medical Sciences, Jaipur
3.	Dr. S.N. Medical College, Jodhpur

TAMILNADU

S. No.	Name of the College/Institution
1.	Vinayaka Missions Medical College, Salem
2.	Chennai Medical College, Chennai
3.	Theni Medical College, Thenai
4.	Kilapuk Medical College, Kilpauk
5.	KAPV Govt. Medical College, Trichy

UTTAR PRADESH

S. No.	Name of the College/Institution
1.	GSVM medical College, Kanpur
2.	LLRM Medical College, Meerut
3.	Muzaffarnagar Medical College, Muzaffarnagar
4.	Sri Ram Murti Medical College, Bareilly
5.	Era Medical College, Lucknow
6.	Subharati Medical College, Meerut

UTTRANCHAL

S. No.	Name of the College/Institution
1.	Himalayan Institute of medical Sciences, Dehradun

WEST BENGAL

S. No.	Name of the College/Institution
1.	Institute of Postgraduate Medical Education and Research, Calcutta
2.	Burdhwan Medical College, Burdhan

55. Admission of excess students made by various medical colleges over and above their annual sanctioned intake for the academic year 2007-2008.

Read: The matter with regard to admission of excess students made by various medical colleges over and above their annual sanctioned intake for the academic year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter in detail and decided to initiate action u/s 10B of the Indian Medical Council Act, 1956 in respect of the following medical colleges:

S.No.	Name of the College	Sanctioned intake for 2007-08	Total number of students admitted for the year 2007-2008	No. of excess admission
1.	Mohan Kumar Mangalam Govt. Medical College, Salem	75	82	7
2.	Madurai Medical College, Madurai	155	159	4
3.	Thanjavur Medical College, Thanjavur	150	155	5

56. Recognition of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the award of MBSB degree granted by Guru Gobind Singh Indraprastha University.

Read: The Notification dated 21st September, 2007 issued by the Central Govt. for recognition of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the award of MBSB degree granted by Guru Gobind Singh Indraprastha University.

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 as under:-

“The Central Government vide its letter dated 11.8.2006 had forwarded the request of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for inspection of the college during the final year MBBS examination.

An inspection of the institute for recognition for the award of MBBS degree was carried out by the Council Inspectors on 1st & 2nd September, 2006. The inspection report was considered by the Executive Committee at its meeting held on 7th September, 2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of gross deficiencies of teaching faculty, residents, clinical material and infrastructure, it was decided not to recognize Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University. The decision was communicated to the college authorities with copy to the Central Govt. and other concerned authorities vide this office letter dated 15.9.2006.

The Central Govt. vide letter dated 9.5.2007 had forwarded the compliance report submitted by the college authorities vide letter dated 10.4.2007 which was verified by the Council Inspectors on 2nd June, 2007. The compliance verification inspection report was considered by the Executive Committee at its meeting held on 13th & 14th June, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and 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 considered the compliance verification inspection report (2nd June, 2007) and decided to recommend that Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi be recognized for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University and included in the 1st Schedule to the IMC Act, 1956 restricting the number of admissions to 100 students annually.”

The above decision of the Executive Committee was communicated to the Central Govt. vide this office letter dated 13.07.2007 and also communicated the recommendation of the Executive Committee with regard to recognition of the college for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University will be placed before the General Body of the Council at its next meeting for its consideration & approval.

The Council has not received any communication from the Central Govt. in this regard. However, it was observed that the Central Govt. has issued Notification dated 21.09.2007 for recognition of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi u/s 11(2) of the IMC Act, 1956.

It was further observed that the Central Govt. has neither provided any reasons for issuing the above said notification even when the Council in its letter dated 13.07.2007 had specifically communicated that the matter pertaining to the recognition would be placed before the General Body of the Council at its ensuing meeting 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 13th & 14th June, 2007 was communicated to the Central Govt. on 13.07.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that Section 11 of the Indian

Medical Council Act, 1956 pertaining to recognition of the medical qualification granted by universities or medical institutions in India reads as under:-

- “11. (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.”*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in case of another institute – viz. M.N.R. Medical College, Sangareddy, A.P., the Executive Committee had approved the institute for the award of MBBS degree under N.T.R. University of Health Sciences, Vijayawada for 100 admissions at its meeting held on 2nd March, 2007 and the said item was also included in the agenda to be placed before the General Body of the Council at its meeting to be held on 10th March, 2007. However, as complaints were received in the office of the Council pertaining to the gross deficiencies of teaching faculty and clinical material, another inspection to verify the teaching faculty and clinical material was carried out on 9th March, 2007. As gross inadequacy of the teaching faculty (46.3%), residents (83%) and inadequacy of clinical material (bed occupancy-29%, OPD attendance-26) were observed at this inspection dated 9.3.2007, the General Body of the Council had decided not to approve MNR Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada even though the Executive Committee had recommended approval to the institute for award of MBBS degree.

The members of the Adhoc Committee appointed by Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the recommendations for recognition of any medical college is to be made by the General Body of the Council to the Ministry of Health, Government of India. Every case for consideration for recommendation to the Ministry of Health, Government of India for recognition of any college is taken up by the Executive Committee of the Council. The Executive Committee makes the recommendations to the General Body of the Council for consideration for necessary action and notification of the case by the General Body of the Council, which, then makes the final decision which is conveyed to recommendation to the Ministry of Health, Government of India.

It is the recommendation of the General Body of the Council which is necessary for the Ministry of Health, Government of India for issuing any order for grant of recognition of a college. The approval of the recommendation of the Executive Committee by the General Body of the Council for recognition of any college is a condition precedent and therefore in the absence whereof the Ministry of Health, Government of India does not issue any order for grant of recognition to any college. In the light of the facts mentioned above in relation to the case of MNR Medical College where the recommendation was by the Executive Committee of the Council to the General Body and having regard to the subsequent facts as stated above, the General Body of the Council had decided not to approve MNR Medical College for the award of the MBBS Degree by the NTR University, the Ministry of Health, Government of India could not have had issued the order for recognition of this college.”

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 reconsider the matter and recall the notification dated 21.9.2007 issued by the Govt. of

India for recognition of Vardhman Mahavir Medical College, New Delhi u/s 11(2) of the IMC Act, 1956.

57. Approval of Govt. Medical College, Anantapur for the award of MBBS degree granted by NTR University of Health Sciences, Vijayawada.

Read: The Notification dated 27th September, 2007 issued by the Central Govt. for approval of Govt. Medical College, Anantapur for the award of MBBS degree granted by NTR University of Health Sciences, Vijayawada.

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 as under:-

“The Central Government vide its letter dated November, 2006 had forwarded the request of Govt. Medical College, Anantapur for inspection of the college during the final year MBBS examination.

An inspection of the institute for recognition for the award of MBBS degree was carried out by the Council Inspectors on 30th Nov. & 1st Dec., 2006 for approval of the college for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada. The inspection report was considered by the Executive Committee at its meeting held on 30/12/2006 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the deficiencies pointed out in the inspection report, the committee decided to not to approve Govt. Medical College, Anantapur for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.”

The above decision of the Executive Committee was communicated to the Principal of the college with copy to the Central Govt. and other concerned authorities vide Council letter dated 30.12.2006.

In response to above, the Principal, Govt. Medical College, Anantapur vide letter dated 30.4.2007 had submitted the compliance report which was verified by the Council Inspectors on 19th May, 2007. The compliance verification inspection report was considered by the Executive Committee at its meeting held on 13th & 14th June, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and 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 considered the compliance verification inspection report (19th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend that Govt. Medical College, Anantapur be approved for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 100(One Hundred) students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 7th batch of 100(one hundred) MBBS students for the academic session 2007-08 at Govt. Medical College, Anantapur.”

The decision of the Executive Committee was communicated to the Central Govt. vide this office letter dated 15.6.2007 and also communicated the recommendation of the Executive Committee with regard to approval of the college for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada will be placed before the General Body of the Council at its next meeting for its consideration & approval.

The Central Govt. vide letter dated 6.7.2007 renewed the permission for admission of 7th batch of 100(one hundred) MBBS students for the academic session 2007-2008.

The Council has not received any communication from the Central Govt. in this regard. However, it was observed that the Central Govt. has issued Notification dated 27.09.2007 for approval of Govt. Medical College, Anantapur u/s 11(2) of the IMC Act, 1956.

It was further observed that the Central Govt. has neither provided any reasons for issuing the above said notification even when the Council in its letter dated 15.06.2007 had specifically communicated that the matter pertaining to the recognition would be placed before the General Body of the Council at its ensuing meeting 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 13th & 14th June,2007 was communicated to the Central Govt. on 15.06.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that Section 11 of the Indian Medical Council Act,1956 pertaining to recognition of the medical qualification granted by universities or medical institutions in India reads as under:-

- “11. (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.*
- (3) *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.”*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in case of another institute – viz. M.N.R. Medical College, Sangareddy, A.P., the Executive Committee had approved the institute for the award of MBBS degree under N.T.R. University of Health Sciences, Vijayawada for 100 admissions at its meeting held on 2nd March, 2007 and the said item was also included in the agenda to be placed before the General Body of the Council at its meeting to be held on 10th March, 2007. However, as complaints were received in the office of the Council pertaining to the gross deficiencies of teaching faculty and clinical material, another inspection to verify the teaching faculty and clinical material was carried out on 9th March, 2007. As gross inadequacy of the teaching faculty (46.3%), residents (83%) and inadequacy of clinical material (bed occupancy-29%, OPD attendance-26) were observed at this inspection dated 9.3.2007, the General Body of the Council had decided not to approve MNR Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada even though the Executive Committee had recommended approval to the institute for award of MBBS degree.

The members of the Adhoc Committee appointed by Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the recommendations for recognition of any medical college is to be made by the General Body of the Council to the Ministry of Health, Government of India. Every case for consideration for recommendation to the Ministry of Health, Government of India for recognition of any college is taken up by the Executive Committee of the Council. The Executive Committee makes the recommendations to the General Body of the Council for consideration for necessary action and notification of the case by the General Body of

the Council, which, then makes the final decision which is conveyed to recommendation to the Ministry of Health, Government of India.

It is the recommendation of the General Body of the Council which is necessary for the Ministry of Health, Government of India for issuing any order for grant of recognition of a college. The approval of the recommendation of the Executive Committee by the General Body of the Council for recognition of any college is a condition precedent and therefore in the absence whereof the Ministry of Health, Government of India does not issue any order for grant of recognition to any college. In the light of the facts mentioned above in relation to the case of MNR Medical College where the recommendation was by the Executive Committee of the Council to the General Body and having regard to the subsequent facts as stated above, the General Body of the Council had decided not to approve MNR Medical College for the award of the MBBS Degree by the NTR University, the Ministry of Health, Government of India could not have had issued the order for recognition of this college.”

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 reconsider the matter and recall the Notification dated 27.9.2007 for approval of Govt. Medical College, Anantapur u/s 11(2) of the IMC Act, 1956.

58. DIGITAL APPROACH TO MEDICAL EDUCATION-regarding.

Read: The minutes of the Sub-Committee report with regard to “Digital Approach to Medical Education”.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following report of the Sub-Committee with regards to “Digital Approach to Medical Education”.

“The present Committee came to be constituted in terms of the decision by the Executive Committee taken at its meeting held on 24.8.2007 for the purposes of looking into the merits of communication from Dr. Hariprasad Chegu, Dean, Medical Education & Research Edutech, Hyderabad in regard to incorporation of “Digital Approach to Medical Education”.

The meeting of the Committee was held on 25.10.2007 at 1 p.m. in the Office of the Council.

It was noted that Dr. Hariprasad Chegu in his communication dated 1st July, 2007 has brought out that as of now he is overseeing a project entitled UGMED, a venture of MEdRC Edutech, Hyderabad.

In the present project, the entire MBBS curriculum as prescribed by the Medical Council of India is being converted into a series of digital lectures. These lectures are delivered by experienced teachers with effective communication skills and are captured in the video and then enhanced using state of the art multimedia like still graphics, 2D and 3D animations and audio/video. The end result is a teaching-learning software which could be a great supplement for effective and meaningful understanding of concept and ideas in an integrated manner. The entire software for the first MBBS covering Anatomy, Physiology and Biochemistry as included in the CD has been viewed by the Committee.

The underlining concept in the entire exercise as has been deciphered by the Committee is that it is a good attempt towards capacity enhancement of medical students. The emphasis is on introduction of technology enabled learning for medical students. This will mean that the medical colleges will be required to set up a Digital library with content tailored specifically to meet the MBBS curricular needs.

The Committee is of the considered opinion that the project undertaken by Dr. Hariprasad Chegu is praiseworthy. The software in regard to the curriculum of the 1st MBBS for all the three subjects namely Anatomy, Physiology and Biochemistry in terms of the topicality has by & large covered the entire curriculum. Undoubtedly, judicious use of technology in formulating tools & techniques in medical education is need of the hour. The present effort is definitely a positive step in that direction.

However, the Committee would like to put on record that keeping these very objectives in mind, the Council has proposed that every medical college shall have a Medical Education Unit. The objectives, the scope, the tasks including the staffing pattern of the said unit has been notified by the Council to all the colleges. The circular issued in this regard by the Council very specifically has brought out the ventures to be undertaken by the respective colleges through the Medical Education Unit. The generation of standard teaching resource material and validation of the same, evolving of tools & techniques to be availed towards effective teaching and training including judicious and warranted use of technology, generation and validation of MCQ's, SAQ's BAQ's and LAQ's for the examination purposes and orientation of teaching faculty with the same are some of the highlighted objectives which the Council aims to achieve through Medical Education Unit in each of the medical colleges.

It would be appropriate that the Council brings to the information and notice of all the medical colleges under it, all over again, pertaining to the importance and relevance of "digital approach as a complimentary mechanism" to be availed for teaching and training purpose for which the module which has been readied by Dr. Hariprasad Chegu could be procured by the Medical Colleges as a standard referral material for usage by their Medical Education Units as required.

This exercise also seems to be in line with the emphasis that the Council has put in regard to "modular teaching" as a methodology to be incorporated in the domain of "problem based learning". Therefore, the Committee taking stock of the above observations is of the opinion that

- (a) by a notified circular the Council should direct the medical colleges to strengthen and equip their Medical Education Units whereby they would be in a position to undertake the desired digital approach for the purposes of modular teaching as a part of capacity building of medical students.
- (b) During inspections that are carried out by the Council inspectors be specifically instructed to ensure that status and functioning of Medical Education Unit in the inspected colleges are critically observed and functional or infrastructural deficiencies thereunder may be specifically brought out so that compliance thereon may be sought so as to augment its over all functional capacity towards fulfillment of prescribed goals.
- (c) The material in the form of software which has been viewed by the Committee furnished to it by Dr. Hariprasad Chegu content wise was found to be upto the mark. However, the desired co-ordination between the Audio & Visual is wanting.
- (d) The Medical Colleges may avail the software from Dr.Chegu for the appropriate usage by their respective medical education units.
- (e) Council while emphasizing and enforcing the Digital approach in medical education should not end up in advocating a particular usage from a specific source, which could amount to catering to private interests.
- (f) In the context of the above Dr.Chegu may be informed accordingly. "

59. Continuance of recognition of MBBS degree granted by Karnataka University (now affiliated to Rajiv Gandhi University of Health Sciences, Bangalore) in respect of students being trained at Al-Ameen Medcial College, Bijapur.

Read: The compliance verification inspection report(26th & 27th October, 2007) for continuance of recognition of MBBS degree granted by Karnataka University(now affiliated to Rajiv Gandhi University of Health Sciences, Bangalore) in respect of students being trained at Al-Ameen Medical College, Bijapur.

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 (26th & 27th October, 2007) and decided to communicate the inspection report to the institution concerned and submit the compliance report within a period of 3 months for further consideration.

60. Continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur – Compliance verification inspection thereof.

Read: The compliance verification inspection report (26th & 27th October, 2007) for continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur.

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 inspectors report (26th & 27th October, 07) and decided to recommend that recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur be continued restricting the number of admissions to 150 students annually.

It was further decided that the recommendations of the Committee with regard to continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur be placed before the General Body of the Council for its consideration and approval.

61. Inspection of Amrita Instt. of Medical Sciences & Research Centre, Kochi to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.

Read: The Council Inspectors report (04th & 05th Oct., 2007) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at Amrita Institute of Medical Sciences & Research Centre, Kochi.

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 decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

62. Admission of students made by Index Medical College Hospital & Research Centre, Indore for the academic year 2007-2008.

Read: The matter with regard to admission of students made by Index Medical College Hospital & Research Centre, Indore for the academic year 2007-2008.

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:-

1. The institute vide its letter dated 5.10.2007 had submitted the list of admitted candidates which was not as per the proforma sent by the Council.
2. As per the list submitted by the college with its letter dated 30th October, 2007 in which all the 150 students have been shown to be admitted on **5th October, 2007**.
3. In the list of admitted students supplied by the institute alongwith the letter dated 5th October, 2007 & 30th October, 2007 annexed as **Annexure-1**, there is discrepancy in the column of marks obtained at 10+2 examination for a big majority of admitted students. Further, in respect of 66 students where the marks of both 10+2 examination and entrance examination (PMT & DMAT) have been shown, 45 candidates admitted under the General category have secured less than 50% in entrance examination. This is contrary to regulation 5(ii) of the Graduate Medical Education Regulations, 1997, which reads as under:-

“

5(ii) In case of admission of the basis of Competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of 50% of marks taken together in Physics Chemistry and Biology at the qualifying examination as mentioned in clause (2) of regulation 4 and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology competitive examination. In respect of candidates belonging to Schedule Caste, Schedule Tribes or other Backward Class the marks obtained in Physics, Chemistry, and Biology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above.

..... ”

4. For the remaining 84 students, only the marks obtained at 10+2 examination have been shown leaving the column of marks obtained at entrance examination blank.

The members of the Adhoc Committee and of the Executive Committee further observed that the institute was granted the letter of permission by the Central Government on 29.7.2007. The institute had filed an application before the Hon'ble Supreme Court to extend the cut off date of admission bearing No. Writ Petition (Civil) No.347 of 2007. The hearing of the writ petition was adjourned to 8th October, 2007. However, the institute, without waiting for further orders before the Hon'ble Supreme Court, completed the admission process on 30th September, 2007 and admitted all the 150 students through college level counselling. Subsequently, when the case came up before the Hon'ble Supreme Court for hearing on 8th October, 2007, the Advocate for the Institute requested the Hon'ble Court for permission to withdraw the petition stating that the admission process had been completed by the institute on 30th September, 2007.

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 as under:-

1. Action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of all the 150 students who have been admitted by the institute on 5th October, 2007 – i.e. after the cut off date of 30th September, 2007 as prescribed under the Graduate Medical Education Regulations, 1997.
2. Further discharge notice also be issued u/s 10B of the I.M.C. Act, 1956 in respect of 78 students, who are found to be not eligible for getting admission into the medical institute as per Regulation 5(ii) of Graduate Medical Education Regulations, 1997 as shown in the accompanying table annexed as **Annexure-2**.
3. The institute be directed to furnish the list of marks obtained by 84 students at entrance examination (DMAT/PMT) in whose cases these marks have not been shown in the list supplied by the institute for further necessary action in the matter.
4. The Dean of the Institute be issued a show cause notice to explain the discrepancy in the marks obtained at 10+2 examination of the same students in two letters dated 5.10.2007 & 30.10.2007 and how such false and fraudulent information has been submitted to the Council without verification and further the Dean may be asked to appear before the Secretary in person alongwith all the relevant documents for further necessary action.

63. Inspection of M.V.J. Medical College & Research Hospital, Bangalore to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.

Read: The Council Inspectors report (31st Oct. & 1st Nov., 2007) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at M.V.J. Medical College & Research Hospital, 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 (31st Oct. & 1st Nov., 2007) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

64. Selection for the post of L.D.C. – 5(2 Gen., 1 OBC, 1 SC & 1 ST) in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of L.D.C. – 5(2 Gen., 1 OBC, 1 SC & 1 ST) in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee and decided to appoint the candidates for the existing number of vacancies on date from the list of selected candidates and list of candidates on waiting list in order of merit.

65. Selection for the post of Stenographer Grade – II(2-Gen.) in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Stenographer Grade – II (2-Gen.) in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee that none of the candidate who appeared for interview was fulfilling the experience criteria required for the post of Stenographer Grade –II(2-Gen.) (i.e. 8 years service as Stenographer Grade-III-3) and thus no candidate was eligible for the post.

66. Selection for the post of Stenographer Grade – III-3(2 Gen. & 1 OBC) in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Stenographer Grade – III-3(2 Gen. & 1 OBC) in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee and decided to appoint the candidates for the existing number of vacancies on date from the list of selected candidates and list of candidates on waiting list in order of merit.

67. Selection for the post of Computer Operator 4(3 Gen. & 1 OBC) in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Computer Operator 3(2 Gen. & 1 OBC) in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee and decided to appoint the candidates for the existing number of vacancies on date from the list of selected candidates.

68. Selection for the post of Electrician in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Electrician in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee and decided to appoint the candidate from the selection list .

69. Selection for the post of DG Set Operator in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of DG Set Operator in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Selection Committee that only two candidates had appeared for interview and both of them were not eligible by way of prescribed qualification or the required experience as on date of application and hence none was selected.

70. Approval of Katuri Medical College & Hospital, Guntur for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada.

Read: The Council Inspectors report (1st & 2nd November, 2007) for approval of Katuri Medical College & Hospital, Guntur for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada.

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 & 2nd November, 07) and decided to recommend that Katuri Medical College & Hospital, Guntur be approved for the award of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada with an annual intake of 100 students.

71. NHRC – Review meeting on the Recommendations of Core Group on Health & Public Hearing on Health.

Read: the letter dated 25.10.2007 from the National Human Rights Commission, New Delhi to review the implementation of the recommendations of the National Review Meeting on Health.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Sub-Committee with regard to review meeting on the recommendations of Core Group on Health & Public Hearing on Health at its meeting held on 21.08.2007 had decided as under:-

Issue No. 1 – Three years course for training of doctors - It was pointed out by NHRC that there is dearth of trained manpower in rural and remote parts of the country. The required norm for doctor patient ratio is 1:3500 (reference - Govt. of India, Bulletin on Rural Health Statistics in India, June, 1993, DGHS, New Delhi). The current data reveals that there is 1:1429 doctor patient relationship as reported by WHO 2006 in India (reference - The Rural Health Report 2006 – Working together for Health).

There is no dearth of allopathic doctors. The statistics from West Bengal also reveals that the doctor population ratio in rural areas is 1:4476 and in urban areas is 1:783 (reference Health on March 2006-07, Govt. of West Bengal). This

shows that the real problem is of mal distribution of doctors between rural and urban areas than that of their actual numbers.

There was existence of 3 years Licentiate Medical Practitioners (LMP) course in the country which was abolished about 40 years ago because of its short comings. It was again tried by the Government of West Bengal and Govt. of Chhatisgarh. A short term course of 3 years allopathic medicine in the past and had to stop them after 3 years due to various problems:

- (i) They wanted to settle in the urban areas and not in the rural areas for which they were primarily meant.
- (ii) They wanted salary etc. at par with the Medical Officers of the Government.
- (iii) Prescribing drugs under Pharmacy Act was not possible and it require establishment of a separate Board in the State which would give them registration. In the existing Pharmacy Act, "drugs are to be sold on the prescription of registered medical practitioners only".
- (iv) Certificate of illness and fitness issued by them will be acceptable to all (State Governments and others).
- (v) Issue of death certificate while caring for a sick person.
- (vi) Filling up of LIC claims forms etc.
- (vii) Medico-legal cases, Legal cases
- (viii) Court cases- challenging the start of the course by different organizations.

In the light of above facts, the 3 years course could not be sustained in these States and were stopped. The purpose of starting these courses in both the States was not achieved.

The Committee also feels that the above cited problems would also be relevant for "nurse practitioner". It also felt that restricting the diploma holders or nurse practitioner to rural areas only may not be feasible or constitutional viable even if they are granted registration by the State Regulatory Authority. They would be able to practice anywhere within the State including urban areas.

The Committee feels that imparting modern medical care requires minimum level of knowledge and expertise, which has been reflected in the graduate medical course (as per MCI) in India and i.e. fairly standardized in content and time. Any abridgement of that requirement will be harmful for the people at large. Population of rural area should also be provided with standard medical care.

However, the Committee deliberated upon the requirement of the health care in the country, particularly in the rural areas and was of the opinion that some kind of services should be provided by generating/training persons for the purpose. It was thought that a new category of "Community Health Assistance" be developed which will be able to provide immediate first aid care and emergency services and able to treat common medical disorder. They should be posted in PHCs, CSCs and villages. The Committee felt that the Govt. should have career advancement programme for the workers where after initial service of 5 years in the rural setting, they should be brought back to District Hospital for training of one year and should be promoted as "Senior Community Health Assistance". On further discussion, two questions were raised (i) the duration and contents of the training and (ii) who should be recruited for training. Looking to the problem of settling of these trained persons into urban areas, it was thought that persons residing in the area be preferred with 10+2 of any scheme and trained for 2 years. Here, a special system of health care delivery was discussed which is currently operating in Chhatisgarh of "Mitandin" where ladies workers residing in the villages and provide health care in the area. Such kind of existing para medical staff may be upgraded in their knowledge also to function as "Community Health Assistance".

The Committee therefore recommends that instead of starting 3 years course for training doctors on basic preventive and curative health services does not appear justified rather than Government may adopt any of the training programme, suggested above. In addition, we may seriously consider looking at some of the existing programmes for providing rural health care like the one carried out by Dr. Devi Shetty at Narayan Hrudayalaya of Bangalore.

The alternate proposal of one year bridge course for doctors of Indian System of Medicine and post them at the CHCs and PHCs. The Indian System of Medicine consists of Ayurveda, Siddha and Unani. Right to practice a system of medicine is derived from the Act under which a medical practitioner is

registered. In a Civil Appeal No. 8856 of 1994 the Hon'ble Supreme Court of India in a case of Poonam Varma Vs. Dr. Ashwin Patel and Ors. has following para in the judgement:

".....41. A person who does not have knowledge of a particular System of Medicine but practices in that System is a Quack and a mere pretender to medical knowledge or skill, or to put it differently a Charlatan....."

As per the Indian Medical Council Act, 1956, there is no scope of one year bridge course of Indian System of Medicine, hence, the Committee rejects this proposal.

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 that the communication dated 25.10.2007 received from the Joint Secretary, National Human Rights Commission, New Delhi be placed before the Sub-Committee comprising of Prof. P.N. Tandon, Dr. Sneh Bhargava, Dr. G.B. Gupta and Dr. P.K. Sur.

72. Establishment of National Medical Education Centre.

Read : The matter with regard to establishment of National Medical Education Centre in the Council office along with the report of the Sub-Committee dated 30.10.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to establishment of National Medical Education Centre in the Council office along with the report of the Sub-Committee dated 30.10.2007 and observed as under:-

"The General Body of this Council at its meeting held on 10/3/2007 felt the need to enhance the academic activities in various Medical Institutions and decided as under:-

"To establish a permanent Academic Cell in the Council which would take care of academic activities, revision of curriculum, revision of infrastructure and instrumentation requirements etc. This was unanimously agreed upon & a Sub-Committee of Dr. V.P. Mishra, Dr.Sneh Bhargava & Dr.Ketan Desai was constituted for further action."

In compliance with the General Body decision, the academic cell and Standing Curriculum Committee met on 17th April, 2007 & took stock of academic activities development and felt the need o0066 :

- a) National Entrance Test for Undergraduate
- b) National Standards in the form of uniform National Curriculum.
- c) National Exit Test
- d) Internship Assessment

In the subsequent meeting held on 15/5/2007 a detailed discussion on faculty development in medical education including the functioning of Medical education units across the country was held. A short list of Medical Colleges actually involved in faculty development was made. It was decided to hold a Brain storming session with regard to enhancement of the capacity of medical education unit in faculty development through very efficiently functioning medical education unit in India. The following resourceful faculty members dedicated in faculty development in the country under Govt. sector were identified for Brain storming session to be held on 2nd June, 2007, Saturday along with Academic Cell & Standing Committee:-

- 1/ Dr. Rita Sood, Director, Prof. in-charge, KL Wig Centre for Medical Education & Technology, AIIMS, New Delhi.
- 2/ Dr. B.V. Adkoli, Educationist, KL Wig CMET, AIIMS, New Delhi.
- 3/ Dr. Avinash Supe, Director, FAIMER Regional Instt., Seth G.S. Medical College, Mumbai.

4/ Dr. Vishnu Bhat, Faculty, Medical Education Unit, JIPMER, Pondicherry.

A meeting was convened in the MCI office for brainstorming session on faculty development in Medical education in India on 2nd June 2007.

Meeting was chaired by Dr Sneh Bhargava – Ex- Director AIIMS

Following members were present at the meeting

Dr Ketan Desai – Executive Committee and Past President MCI

Dr. Ved Prakash Mishra – Chairman PG Committee

Dr. Prasanna Raj – Jt Secretary

Dr. Rita Sood – Prof. in-charge, KL Wig CMET, AIIMS.

Dr Adkoli BV – Educationist, KL Wig CMET, AIIMS.

Dr Vishnu Bhat – Faculty, MEU, JIPMER, Pondicherry.

Dr. Avinash Supe – Director, FAIMER, Regional Instt., SGS MC, Mumbai.

It was proposed to start a National Centre for Medical Education at MCI with regional center at various region of the country in order to develop the faculty in various medical colleges across the country by providing them efficient teaching skills and expertise with an ultimate objective of producing Indian doctors of international quality standards.

The National center in addition to these may dwell upon the educational research that would improve the regional education. This resource center at Delhi would in turn may act as e-learning center. It should develop Computer based Learning modules over next few years that can be spread to all institutes. This would reduce the need of medical teachers in long run and bring uniformity and quality. MCI should also evaluate projects of developing clinical skills laboratories.

To dispense these responsibilities the Academic Cell needs to be provided with required manpower.

In order to launch this activity the Academic Cell proposes that a core financial corpus of Rs.25/- lakhs to be created by the Council which could be revised on the basis of performance & perceived future needs.

The above report of Brainstorming session on Faculty Development in Medical Education was placed before the Executive Committee at its meeting held on 13-14th June, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The Committee decided as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Brainstorming session on Faculty Development in Medical Education and also approved for providing the core financial corpus of Rs. 25 lakhs for launching the activities related with the faculty development in medical education in India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also decided to create a designated Academic Cell in the Council to coordinate all such activities.”

The Committee further decided to seek the expertise of Dr. Tejinder Singh, famous scholar for medical education from C.M.C. Ludhiana & Educationists for establishing the center at MCI.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Sub-Committee dated 30.10.2007 which reads as under:-

“Medical Education in India has expanded exponentially, expanding from 17 colleges at the time of independence to 271 as of now. However, during this expansion not enough attention has been paid to qualify of medical education. In this era of globalization where our candidates have to be at par with the global standards, unfortunately, we are still lacking in ensuring that a graduate knows the essential basic skill at the time of leaving the medical college.

Medical teachers can play a significant role in guiding the quality of learning and providing role model to the students.

There have been some attempts at medical teachers’ training in the past-most of them have been either isolated or unsustainable with the results that they have failed to make an impact on the quality of medical education. With a view to address this issue, a meeting was held in the Medical Council of India office on 30.10.2007 with the Chairman - Prof. Sneh Bhargava, Ex-Director, All India Institute of Medical Sciences, New Delhi & Member - Dr. Tejinder Singh, Vice-Principal, Head of Paediatrics Department, Christian Medical College, Ludhiana, Dr. P.Prasannaraj, Joint Secretary & Dr. Davinder Kumar, Deputy Secretary of the Council. The Committee deliberate on the issues and logistics involved in this marathon job of training over 25,000 medical teachers in this country. After prolonged discussion, the following points emerged:-

- (i) Central Academic Cell with proper administrative support should be created at the Medical Council of India, not a medical education cell.*
- (ii) The task of training of medical teachers should be de-centralized in the following manner.*
- (iii) With 271 medical colleges as of now, we need to identify 10 zonal centres across the country. The criteria for enrollment of the zonal centre will be the past performance of that institution in the field of medical education. Each zonal centre will cater to the needs of 25 to 30 medical colleges within a geographic region.*
- (iv) The Central Committee will develop a broad curriculum of teacher training after going through the existing models of the following institutions.*

- (i) JIPMER, Pondicherry*
- (ii) Maulana Azad Medical College, New Delhi*
- (iii) Seth G.S. Medical College, Mumbai*
- (iv) Christian Medical College, Ludhiana*
- (v) National Institute of Family Welfare, New Delhi*
- (vi) M.S. Ramiah Medical College, Bangalore*

The Committee will give broad guidelines and also decide on a uniform duration of training to be followed by all the zonal centres. The medical colleges attached to that zonal centre will send one or two faculty members by rotation to the zonal centre for the training. These institutions will pay an amount to be decided by the Committee as training fee to the zonal centre. The money thus collected by the zonal centre will be used for running the training programmes. At the end of the training, there will be an evaluation of the participants and a certificate bearing Medical Council of India approval will be awarded on successful completion of the training. It is proposed that within a period of 3 to 4 years, 100 percent of the faculty of all medical colleges should have undergone basic training in medical education. For teachers who have already received training from one of the NTTCS, this training will not be required. In subsequent phases, the Committee will work out the modalities for intermediate and advance level of training for a small number of teachers (about 5 to 10 percent of each medical college).

To recognize the scholarship of teaching, it is important to suitably modify the Medical Council of India requirements regarding recruitment and promotions so that excellence in teaching is given due credit.

The Committee also recognized the fact that the efforts to improve the quality of medical education in the country have to be multi pronged and the other important issue which needs to be simultaneously addressed is the criteria for admission to postgraduate courses. As of now, the admission is based only on one high stake examination, totally disregarding the performance of the students during MBBS course. This also takes away incentive from the students to learn the skills required for a MBBS doctor. The Committee, therefore, suggests that the criteria for postgraduate admission should be modified to provide only 50% weightage to the entrance examination while from the remaining 40% should be given to marks obtaining by the students in the entire MBBS professional examination and remaining 10% to the assessment of internship.

The internship training also needs to be assessed and evaluated by every department using a standard criteria and no intern should be given a completion certificate without first having completed the minimum prescribed skills for that specialty.

In addition to the skills, some weightage should also be provided for professionalism in the internship evaluation. The Committee will come out with a recommendation for evaluation of the internship. A policy change regarding entrance criteria for postgraduate is the need of the hour and without making this change the quality of medical education is unlikely improve.

The next meeting of the Core Committee can be held soon to consider this report and then only we can proceed further.”

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

New Delhi, dated the
3rd November, 2007

A P P R O V E D

(Dr. P.C.Kesavankutty Nayar)
President (Acting)

