

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

Minutes of the meeting of the Executive Committee held on Saturday, the 29th December, 2007 at 11.30 a.m. in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 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. 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. G.K. Thakur	] Head of the department of Radiology,] S.K.Medical College,] Muzaffarpur– 842004 (Bihar).
Dr. P.K. Das	] Head of the Department of] General Medicine,] SCB Medical College, Cuttack.

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

Apologies for absence were received from Dr. Ketan Desai, Dr. K.P. Mathur, Dr. Ved Prakash Mishra, Dr. V.N. Jindal and Dr. S.D. Dalvi, Members, Executive Committee.

1. Minutes of the Executive Committee Meeting held on 3rd November, 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 3rd November, 2007.

2. Minutes of the last meeting 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 meeting held on 3rd November, 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. Belgaum Institute of Medical Sciences, Belgaum – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Read: The compliance verification inspection report (14th & 15th December, 2007) for renewal of permission for admission of 2nd batch of MBBS students at Belgaum Institute of Medical Sciences, Belgaum 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 compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

1. The shortage of teaching faculty is 11.3% (11 out of 97) as under:-
 - (i) Professor -2 (Forensic Medicine-1, Radio Diagnosis-1)
 - (ii) Associate Professor -3 (Physiology-2, Radio-diagnosis-1)
 - (iii) Assistant Professor -6 (Anatomy -3, TB & Chest-1, Ortho.-1, Pharmacology-1).
2. Only 2 Indian & 16 foreign journals are available against the requirement of 28 Indian & 12 foreign journals at this stage as per Regulations.
3. The capacity of examination hall is 140 which is inadequate against the requirement of 250 at this stage.
4. Hostel accommodation is available for 168 students which is inadequate against the requirement of 200 at this stage.
5. Central laundry is not equipped. Deficiency remains as it is.
6. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give three months time to the authorities of Belgaum Institute of Medical Sciences, Belgaum to rectify the above deficiencies and submit the compliance within the stipulated period.

5. Mandya Institute of Medical Sciences, Mandya – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Read: The compliance verification inspection report (14th & 15th December, 2007) for renewal of permission for admission of 2nd batch of MBBS students at Mandya Institute of Medical Sciences, Mandya 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 compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

1. The shortage of teaching faculty is 11.31% (11 out of 97) as under:-
 - i) Professor -05 (For.Med.-1,Pediatrics-1, OBG-1,Anaesthesia-1,Radio-diagnosis-1).
 - ii) Assoc. Prof. -02 (Anatomy-1, Radio-diag.-1).
 - iii) Asstt. Prof. -04 (Pharmacology-1, Tuberculosis-1 OBG-1, Radio-diag.-1)
2. No journals are available in the central library against the requirement of 28 Indian and 12 foreign journals at this stage. Number of books available in the central library are 2405 against the requirement of 2800 at this stage.
3. Accommodation is available for 176 students in the hostel against the requirement of 200 at this stage.
4. Only 10 two bed room quarters are available within the campus for married nurses which is grossly inadequate. Deficiency persists as it is.
5. Total 9 quarters are available within the campus for the teaching faculty against the requirement of 20 at this stage. Deficiency persists as it is.
6. Only 2 Horizontal Autoclaves are available in CSSD which is grossly inadequate. Deficiency persists as it is.
7. There is no Dietician available. Deficiency remains as it is.
8. Nursing Staff is inadequate as under:-

Nursing Superintendent Gr.II -	1
Deputy Nursing Superintendent	-
Matron	4
Asstt. Nursing Superintendent	-
Nursing sisters	-
Staff nurses	64
9. There is no student view gallery in the Mortuary. Deficiency remains as it is.
10. There is no departmental library available for any of the clinical departments. Deficiency remains as it is.
11. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give three months time to the authorities of Mandya Institute of Medical Sciences, Mandya to rectify the above deficiencies and submit the compliance within the stipulated period.

6. Hassan Institute of Medical Sciences, Hassan – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Read: The compliance verification inspection report (14th & 15th December, 2007) for renewal of permission for admission of 2nd batch of MBBS students at Hassan Institute of Medical Sciences, Hassan 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 compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

- 1. The shortage of teaching faculty is 13.4% (i.e. 13 out of 97) as under:-
 - i) Professor -5 (Biochem-1,Pharma-1, Microbio-1, For.Med.-1,Radiology-1)
 - ii) Assoc.Prof. -7 (Anatomy-2, Physiology-1, For.Med.-1, Pediatrics-1, OBG-1, Radiology-1)
 - iii) Asstt. Prof. -1 (Lecturer in Pharmacchemistry-1).
- 2. Radiological investigations are inadequate and not commensurate with the number of patients available in outdoor & indoor.
- 3. The lecture theater in the hospital is “Level” type against the requirement of “Gallery” type as per Regulations. The capacity is 65 only which is inadequate as per Regulations.
- 4. In the hostels, warden room, visitor room and recreation rooms are not available. Two student hostel blocks with total accommodation are 70 are located across the road which is not as per regulations.
- 5. No accommodation is available for Resident doctors.
- 6. Nursing hostel is not available.
- 7. Only 8 quarters are available with the campus against the teaching faculty against the requirement of 20 at this stage which is inadequate.
- 8. Central Oxygen and central suction are not available.
- 9. In Radio-diagnosis department Image Intensifier is not available.
- 10. Colour Doppler and Spiral CT Scan are also not available. Burns, Pediatrics and Obstetrics ICU are not available.
- 11. In Anatomy department – there is no cooling cabinet.
- 12. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to give three months time to the authorities of Hassan Institute of Medical Sciences, Hassan to rectify the above deficiencies and submit the compliance within the stipulated period.

7. **Shimoga Institute of Medical Sciences, Shimoga – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.**

Read: The compliance verification inspection report (14th & 15th December, 2007) for establishment of new medical college at Shimoga by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

- 1. The shortage of teaching faculty is 12.7% (i.e. 7 out of 55) as under:-

i) Professor	1	(Physiology)
ii) Associate Professor	4	(Anatomy -2, Physiology -2)
iii) Assistant Professor	2	(Anatomy -1 & Community Medicine -1)

2. Clinical material is inadequate in terms of Radiological & Laboratory investigations, which is as under:-

	Daily Average	Day of Inspection
Radiological Investigation X-ray	65-80	43
Laboratory Investigation Microbiology	—	0

Microbiology investigations are not carried out in the hospital at all.

3. There is no separate CSSD department available. The sterilization is done in the main OT complex only. There are 3 horizontal autoclaves available. No separate receiving and distribution points demarcated. CSD facilities and staff are inadequate. Deficiency remains as it is.
4. No mechanized laundry is available. Deficiency remains as it is.
5. In OPD, Paediatrics O.P has got three cubicles with no x-ray view box. DVL OP has got two cubicles and no microscope. No Psychologist is available.
6. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to give three months time to the authorities of Shimoga Institute of Medical Sciences, Shimoga to rectify the above deficiencies and submit the compliance within the stipulated period.

8. **Raichur Institute of Medical Sciences, Raichur – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.**

Read: The compliance verification inspection report (14th & 15th December, 2007) for establishment of new medical college at Raichur by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

1. Teaching beds are deficient by 52 beds as revealed during the present inspection as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities Paediatrics	30/1	24/1	6 beds
Surgery & Allied Specialities General Surgery	90/3	44/2	46 beds
Grand Total	300/12	248/11	52 beds

- There is deficiency of one clinical unit in the Department of General Surgery.
- Paediatrics: 24 beds are there in the paediatrics ward out of which 8 have been placed in the corridor(Deficiency of 6 beds)
- General Surgery – there are only 44 teaching beds (22 male surgical & 22 female surgical) the 46 beds in the General Surgery are non-functional (Deficiency of 4 beds).

Thus, the institute is not fulfilling the qualifying criterion at number 2(5) of Establishment of New Medical College Regulations, 1999, which states that the applicant should own and manage a hospital of not less than 300 beds with necessary

infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

2. (a) The shortage of teaching faculty is 23.63% as under:-

i) Professor	04	(Anatomy -1, Physiology -1, Biochemistry -1, General Surgery-1)
ii) Associate Professor	07	(Anatomy-2, Physiology -2, Paediatrics -1, Orthopaedics -1, Radio Diagnosis -1)
iii) Assistant Professor	02	(Anatomy -2)

- (b) Dr. T.M. Nataraj (M.S. Orthopaedics), shown the Medical Superintendent is not qualified to hold the post as he has only 7 years administrative experience against the requirement of 10 years as per Regulations. He was absent on the day of inspection. Deficiency remains as it is.

3. Clinical material is grossly inadequate in terms of OPD attendance, bed occupancy, radiological & laboratory investigations as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	579		445	
Bed occupancy%	70%		60%	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	49	60	35	50
Ultrasonography	14	6	18	9
<u>Laboratory Investigations</u>				
Biochemistry	22	18	28	11
Microbiology	-	-	-	-
Serology	-	-	-	-
Parasitology	20	18	40	9
Haematology	-	-	-	-
Histopathology	-	-	-	-
Cytopathology	-	-	-	-
Others				

Microbiology, Parasitology, Histopathology and Cytopathology services are not available. The clinical load in the Central laboratories is inadequate.

4. In Central Library, total number of journals subscribed are 12 Indian & 5 Foreign which is inadequate against the requirement of 14 Indian & 6 Foreign journals at this stage. No medlar facility is available.
5. Hostel: The space for recreation and meeting room has been provided but yet to be finished and furnished. The mess and kitchen areas are available but are yet to be equipped and furnished.
6. There is no hostel available for resident doctors, nursing staff and non-teaching staff.
7. In OPD, No waiting area is available near the registration counter. Teaching facilities are not available in any of the OPD rooms. The Obst. & Gynae. OPD does not have proper examination tables, x-ray view box are not provided in some OPDs. No minor O.T. is available in the OPD area. There is no audiometry room available. Speech and hearing therapist is not available. None of the OPD areas have adequate waiting space. There is no teaching space provided in any of the OPD.
8. In wards, Nurse duty room and nursing station are not provided in most of the wards. No pantries, examination room procedure room, teaching area etc. are provided in the wards. There is no seminar hall available in the wards. The roof has collapsed in paediatrics

ward, NICU & General surgery ward. 46 beds in the General Surgery ward have become non-functional.

- 9. Central Casualty Service: Total 7 beds are available in casualty area against the requirement of 20 beds as per Regulations. Out of these 7 beds, 2 beds are having inadequate casualty services and equipment whereas 5 have been placed in a separate room with no casualty service and equipment. Central Oxygen supply, Central suction is not available in the casualty.
- 10. Clinical Laboratories: Technical staff is inadequate. The biochemistry section has only 1 semi auto analyzer. Hence, instrumentation is inadequate. No facility for Microbiological investigations, Parasitology, Histopathology & Cytopathology.
- 11. Operation Theatre Unit, no central suction or nitrous oxide are available. C-arm is not available. No CCTV is available.
- 12. In CSSD, there is no bowl sterilizer and no instrument washing area. Only one horizontal autoclave is available. Additional sterilization facilities are not available in operation theatre block.
- 13. Laundry: Manual washing is done by dhobis. Mechanized central laundry is not available, which is required as per Regulations. Deficiency remains as it is.
- 14. Nursing Staff is inadequate as under:-

Nursing Superintendent:	01
Deputy Nursing Superintendent:	02
Matron	01
Asst. Nursing Superintendent	Nil
Nursing Sisters & Staff Nurses	39

Hence, deficiency remains as it is.
- 15. In Anatomy Department, cadaveric injectors are not available in the embalming room.
- 16. In Physiology Department, research laboratory is equipped with no electric points for the electric equipment.
- 17. In Biochemistry Department, the research laboratory space is available and is equipped with no electric points for the electric equipment. The research room is also being used as a store.
- 18. Other deficiencies pointed out in the inspection 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 observed that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the Qualifying Criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999 and decided to recommend to the Central Govt. to recall the Letter of Permission dated 13.07.2007 issued by the Central Govt. for establishment of new medical college at Raichur

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Karnataka requesting to intimate as to how the Essentiality Certificate vide letters dated 29.12.2004 & revalidated on 01.06.2005 certifying that the applicant owned and managed a

functional hospital of 300 beds having adequate clinical material have been given, when on inspection it has been found that only 248 beds are available.

9. **Recognition of Padmashree Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune for the award of MBBS degree granted by Dr. D.Y. Patil University, Pune against the increased intake i.e. from 100 to 150.**

Read: The Council Inspectors report (6th & 7th December, 2007) for Recognition/Approval of Padmashree Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune for the award of MBBS degree granted by Dr. D.Y. Patil University, Pune against the increased intake i.e. from 100 to 150.

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 (6th & 7th December, 2007) and decided that Padmashree Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune be recognized for the award of MBBS degree granted by Dr. D.Y. Patil University, Pune against the increased intake i.e. from 100 to 150.

10. **Continuance of recognition of MBBS degree granted by Sardar Patel University in respect of students being trained at Pramukhswami Medical College, Karamsad- Consideration of compliance verification inspection report – Regarding.**

Read: The compliance verification inspection report (29th & 30th November, 2007) for continuance of recognition of MBBS degree granted by Sardar Patel University in respect of students being trained at Pramukhswami Medical College, Karamsad.

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 (29th & 30th November, 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 16.02% (26 / 160) as under:-

i) Professor	:03	Microbiology-1, FM-1 and Radiodiagnosis-1
ii) Associate Professor	:13	Anat-1, Physio-1, Pharma-2, Pathology-1, PSM-1, Gen.Med-2, Paed-1, Gen.Sur-1, OBG-1, Anaesthesiology-1 & Dentistry-1.
iii) Assistant Professor	:07	Anat-2, Biochem-1, PSM-2, TB & chest-1 & Dentistry-1.
iv) Tutor	:03	FM-1 and Anaesthesiology-2

- (b) The shortage of Residents is 32.9% (28 / 85) as under:-

i) Sr. Resident	17	Gen.Med-4, Paed-2, DVL-1, Psychistry-1, Gen.Sur-4, Ortho-2, ENT-1 & OBG-2.
ii)Jr. Resident	11	Psychiatry-3, Gen.Sur-7 & ENT-1

2. Clinical material is inadequate in terms of bed occupancy & radiological investigations are as under:-

	Daily Average		Day of Inspection	
Bed occupancy%	52%		44.4%	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	89	64	51	69
Ultrasonography	38	21	17	19
Special Investigations	01	-	3	-
C.T. Scan	03	03	2	3

- The clinical material is low in terms of bed occupancy which was 44.4% on the day of the inspection.

- 3. The animal house is neither air - conditioned nor air-cooled. Veterinary Officer available on call from Veterinary College, which is 5 KM away from the medical college.
- 4. There is 1 auditorium of 350 seats capacity is located in college building, which is inadequate against the requirement of 700 as per Regulations.
- 5. The capacity of examination hall is 100 seats, which is inadequate against the requirement of 250 as per Regulations.
- 6. In O.P.D., there are no records maintained for the diagnosis of patients in the respective OPDs.
- 7. Registration and Medical Record Section: there is no Medical Record Officer. It is computerised but is not networked. There is a medical record department. It is not computerised. It has adequate staff. ICD X Classification of diseases is not followed for indexing.
- 8. In Central sterilization department, there is no bowl sterilizer, no glove inspection machine and no mixers are available.
- 9. Paramedical Staff is inadequate as under:-
 - Laboratory Technicians: 13
 - Laboratory Assistants: 07
 - Laboratory Attendants: 10
- 10. All the PHCs are under the administrative and financial control of the State Health department. The college is not utilizing the PHCs for teaching and training of interns and students. No students and interns are posted to the PHCs. Instead of the PHCs, the college utilizing the services of three NGOs for teaching and training of interns as under:-

Name of NGO	Distance
Radhanpur	300 KMs
Kharel	200 KMs
Jaghadia	150 KMs

Each intern is posted to one NGO for one month, which has only two rooms. Other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology do not participate in the outreach teaching programmes. There is no refrigerator for storing the vaccines at the Centre. No hostel accommodation and messing facilities are available at the RHTC. No beds are provided and no deliveries are conducted.
- 11. The UHC building belongs to Municipality and the college has signed an agreement with Municipality (Nagarpalika) to use the premises as UHTC.
- 12. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the authorities of Pramukhswami Medical College, Karamsad as to why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act,1956 and further decided to advise the institute to respond to the show cause notice within three months on receipt of the communication. 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 MCI representing the State where the college is located.

11. Continuance of recognition of MBBS degree granted by Calcutta University, Calcutta in respect of students being trained at R.G. Kar Medical College, Calcutta - Consideration of compliance verification inspection report – Regarding.

Read: The compliance verification inspection report (6th & 7th December, 2007) for continuance of recognition of MBBS degree granted by Calcutta University, Calcutta in respect of students being trained at R.G. Kar Medical College, Calcutta.

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 (6th & 7th December, 2007) and decided that recognition of MBBS degree granted by Calcutta University, Calcutta in respect of students being trained at R.G. Kar Medical College, Calcutta be continued restricting the number of admissions to 150 (One hundred fifty) students per year.

12. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rajiv Gandhi Medical College, Chhatrapati Shivaji Maharaj Hospital, Thane - Consideration of compliance verification inspection report – Regarding.

Read: The compliance verification inspection report (6th & 7th December, 2007) for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rajiv Gandhi Medical College Chhatrapati Shivaji Maharaj Hospital, Thane.

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 (6th & 7th December, 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 32.18% as under:-

(i) Professor	07	(Biochemistry -1, Pathology -1, Pharmacology -1, TB & Chest -1, Paediatrics -1, Orthopaedics -1, Ophthalmology -1)
(ii) Associate Professor	06	(Anatomy -1, Physiology -1, Biochemistry -1, Microbiology -1, Pharmacology -1, Radiology -1)
(iii) Assistant Professor	12	(Anatomy -1, Biochemistry -1, Microbiology -1, Lecturer in Statistician -1, Paediatrics -1, General Surgery -2, Ophthalmology -1, Obst. & Gynae. -1, A.N.M.O. -1, M.W.O. -1, Anaesthesia -1)
(iv) Tutor	03	(Physiology -1 & Community Medicine -2)

 - (b) The shortage of Residents is 48.6% as under:-

(i) Sr. Resident	12	(General Medicine -2, General Surgery -3, ENT – 1, Obst. & Gynae. -2, Radiology -2, Anaesthesia -2)
(ii) Jr. Resident	23	(General Medicine -6, TB & Chest -1, Dermatology -1, Psychiatry -2, Paediatrics -1, General Surgery -5, Orthopaedics -2, E.N.T. -3, Obst. & Gynae. -2)

 - (c) Dr. C. Maitra is in-charge Dean of the Medical College since 1/11/2007. The college is not having regular Dean since 15th June 2000.
2. Clinical Material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	395		301	
Bed occupancy%	57%		40%	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray	48	55	72	23
Ultrasonography	48	14	47	9
Special Investigations	-	-	-	-
C.T. Scan	2	5	0	0

3. All the 8 lecture theatres are of level type, which is not as per Regulations.
4. Auditorium is not available.
5. In O.P.D adequate space is not provided in all the departments. Teaching areas are not provided in O.P.D.
6. Examination Hall is not available.
7. Common rooms for boys and girls are not available.
8. Animal House is inadequate. No staff or animals are available.
9. Central Library, total numbers of journals subscribed are 24 Indian and 12 Foreign against the requirement of 70 Indian & 30 Foreign journals.
10. At Rural Health Training centre, the P.S.M. department is not organizing any teaching programmes and field visits. None of clinical departments are visiting the centre. Lecturer cum medical officer having M.D. (P.S.M.) is not available. The senior faculties from the department are not posted in rotation as vehicle is not available. L.M.O. is not available. Students are not trained. There is no hostel facility for students/interns. Lecture hall cum seminar room is not available. Indoor beds are not provided. Family welfare activities are not carried out. Staff as prescribed under norms is not appointed. Lecture hall is not available. At this rural health center no teaching & training facilities for undergraduate & interns are available.
11. At U.H.C., Lecturer cum medical officer having M.D. (P.S.M.) is not available. Students are not posted.
12. Hostels for Interns & nurses are not available.
13. Accommodation is available for 84 students in hostels only against the requirement of 300.
14. Residential Quarters: Only 8 quarters are available within the campus for the teaching faculty, which is inadequate.
15. Registration and Medical Record Section: O.P.D is not computerized. Indoor registration counter is near the casualty. It is not computerized. Medical record department is not computerised. Medical Record Officer's post is vacant. ICD X Classification of diseases is not followed for indexing. Follow up service are not available.
16. Central Casualty Service: Only 6 beds are available in casualty area, which is inadequate.
17. ICCU is not available. Surgical, Burns & Paediatrics I.C.U. are not available.
18. Labour room: There is no separate labour room for septic cases. Eclampsia room is not available.

19. Radiological facilities: Only 2 static units – (1 of 500 mA with IITV and one of 300 mA) are available. 3 mobile units (2 of 100mA and 1 of 60 mA) are also available, which is inadequate.
20. Paramedical staff is inadequate as under:-
Laboratory Technicians: 13
Laboratory Assistants: 6
Laboratory Attendants: 6
21. In Anatomy Department, there are 3 demonstration rooms each having 20 seats, which is inadequate.
22. In Biochemistry Department, there is no demonstration room. There is no separate departmental library. There is no research laboratory.
23. In Pharmacology Department, there is 1 demonstration room with capacity of 8 seats, which is inadequate. Experimental Pharmacology laboratory has capacity of 10 and preparation room. There is no Clinical Pharmacology & Pharmacy laboratory. The departmental museum is in the corridor having 20 photographs & 8 Graphs. There are no drugs specimens and medicinal plants. Catalogues are not available. Departmental library has 30 books. There is no research laboratory.
24. In Pathology Department, there is 1 demonstration rooms with capacity of 25 seats, which is inadequate. Histopathology laboratory has 30 workplaces, 43 microscopes, provision for artificial light and preparation rooms. Clinical Pathology/Haematology laboratory has 30 workplaces.
25. In Microbiology Department, there is no demonstration room. There is no separate departmental library. There is no research laboratory. The museum is shared by Forensic Medicine department.
26. In Forensic Medicine Department, there is one demonstration room with capacity of 20 seats. There is no separate museum. It has 15 mounted and nil unmounted specimens, Nil fire arms, Nil models and 15 poisons. No catalogues are available.
27. Departmental libraries of TB & Chest, Skin & V.D., Oto-Rhino-Laryngology, Radio-Diagnosis, Anaesthesia & Dentistry are inadequate.
28. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the authorities of Rajiv Gandhi Medical College & Chhatrapati Shivaji Maharaj Hospital, Thane as to why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act, 1956 and further decided to advise the institute to respond to the show cause notice within three months on receipt of the communication. 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 MCI representing the State where the college is located.

13. Establishment of new medical college at Lucknow by Sardar Patel Shikshan Samiti, Lucknow - Request received from the Trust authorities to postpone the proposal for next academic year 2009-2010.

Read: The letter dated 4.12.2007 received from the Chairman, Sardar Patel Shikshan Samiti, Lucknow with regard to postpone the proposal to establishment of new medical college for the next academic year 2009-2010.

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 4.12.2007 received from the Chairman, Sardar Patel Shikshan Samiti, Lucknow informing that they have unable to pursue the

proposal for the academic year 2008-2009 and requested to postpone the proposal to establishment of new medical college for the next academic year.

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 new medical college at Lucknow by Sardar Patel Shikshan Samiti, Lucknow u/s 10A of the IMC Act, 1956 as there is no provision in the I.M.C. Act, 1956 or Regulations framed thereunder to keep the application pending with the Council for the next academic year.

14. Establishment of new medical college at Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand - Request received from the Trust authorities to defer the application for the next academic year 2009-2010.

Read: The letter dated 10.12.2007 received from the Secretary, Paritrans Trust Deoghar, Jharkhand with regard to defer the application for establishment of new medical college for the next academic year 2009-2010.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its earlier meeting held on 03.11.2007, 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 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.”

It was further observed that the Secretary, Paritrans Trust, Jharkhand vide letter dated 10.12.2007 has stated that they have complied with all the deficiencies pointed out by the Ministry as well as the Council for establishing the medical college, the college authorities are experiencing great difficulty in locating and appointing qualified and experienced teaching staff in the pre-clinical specialties to be in position in due time before MCI inspection. He has therefore requested the Council to defer the application for establishment of new medical college for the next academic year 2009-2010. However, it was observed that Essentiality Certificate in the format prescribed under the Regulations has not been enclosed with this letter dated 10.12.2007.

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 forward the communication received from the applicant trust vide letter dated 10.12.2007 to Ministry of Health & F.W., Nirman Bhavan, New Delhi as application in original for establishment of new medical college at Deoghar, Jharkhand by Paritrans Trust, Deoghar, Jharkhand u/s 10A of the IMC Act, 1956 has already been returned to the Central Government vide Council letter dated 30.11.2007 pursuant to the earlier decision of the Executive Committee dated 03.11.2007.

15. Establishment of a new medical college at Munshiganj Amethi by Sanjay Gandhi Memorial Trust, New Delhi – Request received from the Trust authorities to consider the application for the year 2009-2010.

Read: The letter dated 14.12.2007 received from the Administrator, Sanjay Gandhi Memorial Trust, New Delhi with regard to consider the application for the academic year 2009-2010.

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 14.12.2007 received from the Administrator, Sanjay Gandhi Memorial Trust, New Delhi informing that the Trust may not be able to complete the requirements of first inspection, hence the proposal need not be considered for the academic year 2008-2009 and requested to consider their application for the academic year 2009-10.

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 the Scheme for establishment of new medical college at Munshiganj, Amethi by Sanjay Gandhi Memorial Trust, New Delhi as there is no provision in the I.M.C. Act, 1956 or Regulations framed thereunder to keep the application pending with the Council for the next academic year.

16. Establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University.

Read: The application for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University u/s 10A of the IMC Act, 1956 in reference to old Essentiality Certificate and MoU between Jamia Hamdard and Max Healthcare Institute Ltd., Okhla Phase-III, New Delhi and MoU between Jamia Hamdard and St. Stephen's Hospital, Tis Hazari, Delhi

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

An inspection for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University was carried out by the Council Inspectors on 15th & 16th December, 2006. 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. The operative part of the decision is recorded as under:-

"In view of above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999, 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 file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of a new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of NCT, Delhi requesting to intimate as to how they have issued the Essentiality

Certificate vide letter dated 31st Aug., 2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, when on inspection it has been found that only 130 beds are available”.

The above decision of the Executive Committee was communicated to the Central Govt. and Health Secretary, Govt. of Delhi, vide this office letter dated 30.12.2006 and 17.1.2007 respectively. The State Govt. vide this Council letter dated 8.11.2007 was once again requested to intimate as to how they have issued the Essentiality Certificate vide letter dated 31st August, 2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material. No response has been received from the State Govt. NCT, Delhi so far.

Meanwhile, the Central Govt. vide letter dated 26th Sept., 2007 has forwarded an application received from the Vice-Chancellor, Jamia Hamdard University for establishment of new medical college at Jamia Hamdard, New Delhi. On scrutiny of the application, it has been observed that the college authorities has submitted the old Essentiality Certificate dated 31st August, 2006. It has been further observed that the applicant authority has also enclosed the MoU between Jamia Hamdard and Max Healthcare Institute Ltd., Okhla Phase-III, New Delhi and MoU between Jamia Hamdard and St. Stephen's Hospital, Tis Hazari, Delhi with the application.

It was noted that criterion at Sr. No. 2(5) of the Qualifying Criteria laid down in the Establishment of Medical College Regulations, 1999, reads as under:-

*“Q.C.No.2 (5) “That the person **owns and manages a hospital of not less than 300 beds** with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college”.*

Thus, any MoU or tie up with any hospital regarding utilization of hospital facilities including beds for the purpose of affiliation of the hospital as a teaching hospital to a medical college is not permissible as per Establishment of Medical College Regulations, 1999.

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 proposal of the applicant authority regarding the MoU between Jamia Hamdard and Max Healthcare Institute Ltd., Okhla Phase-III, New Delhi and MoU between Jamia Hamdard and St. Stephen's Hospital, Tis Hazari, Delhi regarding utilization of hospital facilities including beds for the purpose of affiliation of the hospital as a teaching hospital to a medical college cannot be accepted being contrary to the Qualifying Criteria 2(5) laid down in the Establishment of Medical College Regulations, 1999 and decided to return the application to the Central Government recommending disapproval of scheme for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University.

17. Continuance of Recognition of MBBS degree granted by Delhi University in respect of students being trained at Lady Hardinge Medical College, New Delhi.- Consideration of letter regarding.

Read: The letter dated 20.10.2007 received from the Principal, Lady Hardinge Medical College, New Delhi with regard to repeatedly postponement of the inspection for continuance of recognition of MBBS degree granted by Delhi University in respect of students being trained at Lady Hardinge Medical College, New Delhi.

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 20.10.2007 received from the Principal, Lady Hardinge Medical College, New Delhi with regard to postponement of the inspection for continuance of recognition of MBBS degree granted by Delhi University in respect of students being trained at Lady Hardinge Medical College, New Delhi and observed that the institute is asking repeatedly for postponement of inspection under one pretext or another whenever the inspection is being arranged and decided to schedule the inspection of Lady

Hardinge Medical College, New Delhi within the period of six weeks and directed the office to intimate the institute accordingly.

18. Inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956 –Recognition of Medical Qualifications (UG/PG – regarding).

Read: The Central Govt. letter dated 6.11.2007 alongwith the copy of letter dated 6.9.2006 received from the Registrar, Rajasthan University of Health Sciences, Jaipur with regard to inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956 for recognition of medical qualifications (UG/PG) under the said university.

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 06.11.2007 along with the copy of letter dated 06.09.2006 received from the Registrar, Rajasthan University of Health Sciences, Jaipur with regard to inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956 for recognition of medical qualifications (UG/PG) and observed that the Executive Committee at its meeting held in June,1988 had decided as under:-

“No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st Schedule to the I.M.C. Act,1956 unless the Executive Committee decides otherwise.”

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 recognition/approval of medical qualifications be granted in respect of Rajasthan University of Health Sciences, Jaipur, Rajasthan in respect of those qualifications which were recognized/approved when granted by University of Rajasthan, Jaipur.

19. Increase of seats in MBBS course from 75 to 100 at Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry for the academic year 2008-2009.

Read: The Central Govt. vide letters dated 20.9.2007 and 25.9.2007 with regard to issuance of permission for increase of seats in MBBS course from 75 to 100 at Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry from the next academic year 2008-2009 instead of 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 letters dated 20.09.2007 and 25.09.2007 issued by the Central Govt. pertaining to the permission for increase of seats in MBBS course from 75 to 100 at Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry for the academic year 2007-08 and observed that in the past whenever an inspection to verify the facilities available at the institute for continuance of recognition of MBBS degree has been arranged by the Council the institute has repeatedly requested for postponement of the inspection for continuance of recognition of MBBS degree granted by Puducherry University in respect of students being trained at Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry under one pretext or another whenever the inspection is being arranged and decided to schedule the inspection of the institute within the period of six weeks and directed the office to intimate the institute accordingly.

20. Consideration of Govt. General Hospital and Govt. Maternity Hospital as the functional hospitals attached to the Perunthalaivar Kamaraj Medical College & Research Institute(PKMC & RI).

Read: The letter dated 12.10.2007 received from the Chief Minister, Govt. of Puducherry with regard to consideration of Govt. General Hospital and Govt. Maternity Hospital as the functional hospitals attached to the Perunthalaivar Kamaraj Medical College & Research Institute (PKMC & RI).

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 12.10.2007 received from the Chief Minister, Govt. of Puducherry with regard to consideration of Govt. General Hospital and Govt. Maternity Hospital, which are located at a distance of 5 kms., as the functional hospitals attached to the Perunthalaivar Kamaraj Medical College & Research Institute (PKMC & RI) and observed that the criterion No. 2(5) of the Qualifying Criteria as prescribed in the Regulations for Establishment of Medical College, 1999 reads as under:-

2(5) "that the person owns and manages a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college."

It was further observed that the Establishment of Medical College Regulations, 1999 are statutory regulations and mandatory & binding in character and are required to be followed by all the authorities concerned.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in Schedule-1 Accommodation in the Medical College and its Associated Teaching Hospitals under Clause A.1.1 of the Minimum Standard Requirements for the Medical College for 100 Admissions Annually Regulations, 1999 it has been prescribed as under:-

"A.1.1 CAMPUS : The Medical College or Medical Institution shall be housed in a unitary campus near its teaching hospital having room for future expansion."

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 from the Govt. of Puducherry to affiliate the Govt. General Hospital and Govt. Maternity Hospital as the functional hospitals located about 5 kms. from the site of the proposed new medical college cannot be accepted as it is contrary to the Regulations.

21. Consideration of the Recommendations of National Knowledge Commission, New Delhi on Health Information Network and on Education.

Read: The letter dated 6.12.2007 received from the Chairman, National Knowledge Commission, New Delhi alongwith Recommendations of National Knowledge Commission, New Delhi on Health Information Network and on Education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed the following recommendations of the National Knowledge Commission with regard to developing a Health Information Network:-

"1. Initiate development of Indian Health Information Network.

India needs to develop a web-based network, connecting all health care establishments, in both private and public sector. When fully functional, all health care transactions will be recorded electronically and this data will be available in the health data vault to authorized users when they need it and where they need it.

The proposed Knowledge Network with gigabit capabilities may provide the backbone and network infrastructure on which the Health Information Network may ride. The network will be a 'hub and spoke model.' All health care establishments in a district will connect to a central data repository at the district level. All the district nodal data repositories will connect with a state level data bank, which in turn will connect with a central data bank.

There should be active involvement of private and public health entities to effectively address the creation of this network, portals, electronic health records, health data vault, security, privacy and other related issues in future, which will encourage the participation of the following:

- Citizens
- Health care providers and payers
- Education, research institutions and investigators
- Government departments and institutions
- Public health agencies and NGOs

- Pharmaceutical industry and medical device makers
- Telemedicine institutions
- Software and hardware developers.

The ready availability of information will accrue enormous benefits to public health planning, medical education, cost control, medical research, drug development, prevention of fraud, disaster management and improved patient care.

2. Establish national standards for clinical terminology and health informatics

For a web based interoperable national grid it is imperative to have common clinical nomenclature, or else disparate programs developed by the industry will not be interopeable. The clinical standards will establish a common lexicon to be used in electronic transactions. This will enable all geographically scattered entities to communicate in one common language and facilitate data transmission and collection. It is important to develop common nomenclature standards for the traditional medical systems, as large numbers of people depend on these systems for their medical needs. Besides the common clinical language, adoption of a common national standard in health informatics will facilitate the messaging, collation and analysis of data.

3. Create a common electronic health record (EHR)

An electronic health record (EHR) is the record of a person from birth to death where all health care encounters are recorded. Health transactions are presently recorded in a paper format, like a hospital patient chart, prescriptions, laboratory tests etc. The technology to capture and store this information electronically already exists and has been developed by many private and public organizations in India. For uniform data capture, storage and subsequent use, it is recommended to create a common national EHR based on common clinical and IT standards. The record should be able to capture data generated by the 'traditional medicine' health providers. To promote the early adoption of the health IT, this EHR may be given free of cost or at subsidized rates to all users. The other IT tools and applications can be developed by the private industry and should be compatible with the national EHR.

4. Frame policies to promote use of IT in health care.

The use of IT in health care needs an impetus from the government; otherwise the development and penetration will be slow and arbitrary. These policies should be formed, not to hamper, but promote the health IT business in the country and generate employment in this sector. The central government should declare a time period after which all transactions in health care in the country will be in electronic format. Sufficient time should be given for the health establishments to adopt electronic transaction. NKC feels 7-10 years is an adequate time for all parties to evolve electronic transactions after which all health establishments should be able to comply.

5. Create appropriate policy framework to protect health data of citizens.

The integrity of data at the primary data collection site will determine the usefulness of this enterprise. To ensure that only correct patient and other health data is collected, it is of utmost importance to gain the confidence of the citizens that their health data will not be misused by the health providers, insurance companies, employers and the government. Both technological and legal framework is important to achieve this. While encryption, anonymity and other IT security measures should be in place; it is also important to have rules in place. It is important to maintain confidentiality and security of the personal health data and to govern the access and use of data.

6. Medical Informatics to be part of medical and paramedical curriculum

Medical education needs to take full advantage of the power of ICT. A well-structured health informatics curriculum needs to be made an integral part of medical education at all levels. Basic ICT facilities, such as good quality access to Internet and e-Journals, need to be made compulsory for all medical colleges in the country. For capacity building, ICT tools should be effectively deployed to train the large number of health workers. Short and medium term courses need to be developed and made available on the net to address training needs of all health workers in the field. It should be made affordable, accessible and easily available for small players. There is a need to evolve common formats for data reporting to facilitate IT enablement of medical manpower at all levels. Education related portals should also be set up for training of medical manpower.

7. Create an institutional framework for implementation.

An autonomous body with the Ministry of Health should be responsible for planning and implementing the project in a time bound manner. This body should be autonomous and a non-profit organization with representation from private, public and voluntary sectors. All stakeholders should be represented in this body and it should have the resources to promote and implement the plan. It should also have the authority to ensure the smooth functioning of the Indian Health Information Network.

The objectives for this institutional body will be:

- To formulate an implementation plan
- To coordinate the participation of all stake holders
- To create linkages with e-governance, medical education network
- To ensure financial viability of the project
- To set up a comprehensive and interactive national health portal
- To suggest common national standards
- To protect confidentiality and security of data
- To facilitate the ownership, access and flow of data
- To maintain and upgrade the system in future

The next step in the development of Indian Health Information Network is to formalize the institutional body with appropriate professional people with domain expertise, adequate budget, time tables, and measurable milestones to implement these recommendations. The body may consider conducting pilot programmes before scaling at the national level.

A policy framework put in place now, and a focused organization to implement plans for the coming years will ensure enormous improvements in health care delivery in India. We urge you to take the necessary steps to create the organizational framework with human and financial resources to implement the health information network as proposed.”

Taking note of the above report, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that the use of IT in the health care requires to be promoted for efficient delivery of health care in the country. However, 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 organizational framework with human and financial resources to implement the health information network is required to be created by the Govt. of India as it is beyond the purview of the Council. Therefore, it was decided to inform the Knowledge Commission accordingly.

22. Recognition of K.G. Hospital, Coimbatore for Compulsory Rotating internship.

Read: The inspection report(March, 2007) for recognition of K.G. Hospital, Coimbatore for Compulsory rotating Internship.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector’s report (March, 2007) and decided to recommend that K.G. Hospital, Coimbatore be recognized for Compulsory Rotating Internship Training in the following subjects with number of interns mentioned against each:-

General Medicine	-	4(four)
General Surgery	-	4(four)
Obst. & Gynae.	-	4(four)
Paediatrics	-	4(four)
Ophthalmology	-	2(two)
Orthopaedics	-	2(two)

23. Registration in Indian Medical Register – Requirement for State Medical Council.

Read: The letter dated 7.11.2007 received from the Registrar, Tamilnadu Medical Council, Chennai with regard to Registration in Indian Medical Register Requirement for State Medical Council.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the letter dated 7th November,2007 received from the Registrar, Tamil Nadu Medical Council and noted its contents as under:-

“None of the State Medical Councils in India have collected the enrollment fee of Rs.500/- and other connected documents as stated in your circulars, while Tamil Nadu Medical Council is alone collecting the IMR enrollment fee and connected documents. It is arbitrary and against the Natural Justice.

Further some of the doctors from Russian Universities who have passed the Screening Test and permanently registered with your Medical Council (Medical Council of India) and when they come for permanent registration in this Jurisdiction Council, we are insisting to pay another Rs.500/- for enrollment in the Indian Medical Register. It is again duplication of work.

I wish to inform you that some of the doctors who were already registered with other State Medical Councils questioned us under what circumstances and statutory rights of Medical Council of India, you are collecting the enrollment fee of Rs. 500/- in the Tamil Nadu Medical Council while other State Medical Councils are not inclined to collect the same. What action M.C.I. has taken against the other Medical Councils who have not collected the IMR enrollment fee.

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 a meeting of all the State Medical Councils be called in February, 2008 to resolve the issue.

24. Use of animals in the laboratory & others research oriented experiments in Medical Colleges.

Read: The letter dated 1.10.2007 received from the Principal, Govt. Medical College, Agartala with regard to ban on use of animals in the laboratory & others research oriented experiments in Medical Colleges.

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 1.10.2007 received from the Principal, Govt. Medical College, Agartala with regard to ban on use of animals in the laboratory & others research oriented experiments in Medical Colleges and decided to form a Sub-Committee comprising of Dr. Ved Prakash Mishra, Member, Executive Committee and Dr.(Mrs.) Kamlesh Kohli, Whole-time Inspector, MCI, to deliberate upon the matter and to submit its report at the earliest.

25. Removal of name of Dr. Binaybhushan De from the Indian Medical Register.

Read: The letter dt. 14.12.2007 received from the Registrar, West Bengal Medical Council, Kolkata with regard to removal of name of Dr. Binaybhushan De 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 14.12.2007 received from the Registrar, West Bengal Medical Council, Kolkata intimating that the name of Dr. Binaybhushan De bearing Regn. No. 29799 dated 18.10.1965 has been removed from the Register of Registered Medical Practitioners for a period of six months w.e.f. 4.12.2007 (afternoon). The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

26. Removal of name of Dr. Anil Kumar Gupta from the Indian Medical Register.

Read: The letter dt. 26.11.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Anil Kumar Gupta 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 26.11.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Anil Kumar Gupta bearing Regn. No. 8253 dated 23.4.1981 has expired on 23.11.2007 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.

27. Removal of name of Dr. Shiv Sunder Sharma from the Indian Medical Register.

Read: The letter dt. 5.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Shiv Sunder 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 5.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Shiv Sunder Sharma bearing Regn. No. 2135 dated 14.11.1968 has expired on 3.12.2007 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.

28. Provision for admission of patients suffering from AIDS and Cancer in the Medical/Dental College of the Country.

Read: The letter dated 10.11.2007 received from the Vice-Chancellor, Panjab University, Chandigarh with regard to make a provision for admission of patients suffering from AIDS and Cancer in the Medical/Dental College of the Country.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that Medical Council of India is functioning under the aegis of Indian Medical Council Act, 1956 and rules and regulations framed thereunder and at present there is no provision in the Act or the Regulations of the Council for creation/reservation of seats for admission of patients suffering from AIDS and Cancer in the medical colleges of the country.

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 Shri R.C. Sobti, Vice-Chancellor, Panjab University be declined.

29. Extension of services of Dr. Kamlesh Kohli as Whole Time Inspector.

Read: The matter with regard to extension of services of Dr. Kamlesh Kohli 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. Kamlesh Kohli, Whole-Time Inspector of the Council for a further period of one year w.e.f. 31.12.2007.

30. Minutes of the Finance Committee Meeting held on 13th December, 2007 – approval of.

Read: The minutes of the Finance Committee Meeting held on 13th December, 2007.

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 Finance Committee meeting held on 13th December, 2007.

31. Approval of Minutes of the Teachers Eligibility Qualifications Sub-Committee held on 1st October, 2007 – Regarding.

Read: The minutes of the Teachers Eligibility Qualifications Sub-Committee held on 1st October, 2007.

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 Teachers Eligibility Qualifications Sub-Committee held on 1st October, 2007 with reference to Item Nos. 1,2,3,4,5,6 & 16.

It was further decided to constitute a Sub-Committee comprising of Dr.C.V. Bhirmanandham, Chairman, TEQ Sub-Committee; Dr. Indrajit Ray, Chairman, Postgraduate Medical Education Committee and Dr. M.K. Sharma, Member, Executive Committee, with reference to Item Nos. 7,8,9,10,11,12,13,14,15,17 & 18 pertaining to teachers in medical institutions having qualifications in different pre-clinical and para-clinical subjects from the science faculty and the applicability of Minimum Qualification for Teachers in Medical Institutions Regulations, 1998 to such teachers, to deliberate upon the matter and to submit its report at the earliest.

32. Celebration of Platinum Jubilee Year of the Medical Council of India in 2008.

Read: The matter with regard to Celebration of Platinum Jubilee Year of the Medical Council of India in 2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council was of the opinion that the celebrations of Platinum Jubilee Year of the Council should be carried out with full gusto and decided to authorize the President (Acting) to constitute a Sub-Committee for finalizing the modalities of the celebrations.

It was also decided that a corpus fund of Rs.25 lakhs (to begin with) be set up out of the reserve funds of the Council for Platinum Jubilee Year celebrations.

33. Vision document for Establishment of a Centre for Medical Ethics and Health Policy Research by Medical Council of India.

Read: The matter with regard to Vision document for Establishment of a Centre for Medical Ethics and health Policy Research by Medical Council of India along with 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 observed that idea of creating Centre for Medical Ethics and Health Policy Research is laudable and is the need of the hour. However, as the Medical Council of India is an autonomous body created by an Act of Parliament, it would not be prudent to have another autonomous body within its ambit.

It was further observed that the World of Medical Ethics is fast changing. With some of the greatest developments in medical science taking place over a period of time, newer ethical questions are being brought forward. Apart from such issues of euthanasia and prenatal sex determination which agitated the medical community in the last decade, (but which, especially the latter is still greatly relevant today); human cloning, surrogate motherhood and nano technology stem cell research, bio medical and genetic engineering are also throwing up newer ethical challenges before the medical community. Many of the older ethical issues of doctor patient relationship, in the context of increased commercialization of health care facilities in an era of globalization, are assuming newer ethical dimensions.

All the same time health policy has become a matter of great importance in the present times as it is one of the most important determinates of the type of health care that people receive. Medical migration, health tourism, standards of medical and health education, rational distribution of health human resources and issues of medical governance are all assuming great importance in the changing scenario of our country and the world at large. Systematic research into these areas are required to find out the correct status and thus to facilitate adaptation of appropriate health policy.

The Medical Council of India has a responsibility of addressing these issues in the national, regional and the international field.

In view of above, it was decided to create a Cell for Medical Ethics and Health Policy Research in the Council office with the following aims and objectives:-

AIMS

1. **To stimulate, promote, facilitate and organize research endeavours into**
 - a] Questions of medical ethics in the changing social scenario.
 - b] Issues of developing, upgrading, standardizing medical and health education specially the ethical dimensions in all levels.
 - c] Issues of health human resources development in all levels.
 - d] Issues of development of health governance structures responsive to peoples needs.
 - e] To improve Doctor-Patient relationship.
 - f] To improve sense of responsibility and discipline among doctors and also quality of health care.
2. **To build bridges**, relation and network and obtain affiliation between organizations, institutions, NGOs, professionals and universities in national and international level dedicated to medical ethics and health policy research.
3. **Funding agencies:** To seek, obtain and utilize funds for various research proposals from various local, national and international funding agencies and to utilize the same in furtherance of the goals of ethics health policy, and health human resources research.

OBJECTIVES

1. Facilitate the development of research initiative in ethical issues and health policy research in our country.
2. It will lay the foundation for adoption of evidence based health policy in our country.
3. It can develop into a national center for co-ordination between medical institutes, academicians, health professionals, universities in our country and also abroad.
4. It shall raise the prestige and profile of Medical Council of India amongst the national and international community of medical regulatory authorities, professional bodies and academic institutions.

The organizational set up of the Cell for Medical Ethics and Health Policy Research should be as under:-

1.
 - a] Chairman – nominated by President, MCI.
 - b] 6 Members nominated by President, MCI including the Chairman of PG, Ethics and Registration & Equivalence Committee of MCI.
 - c] One lawyer of national repute.
 - d] Director General, ICMR or his representative.
 - e] One eminent medical professional of national repute nominated by President, MCI.
2. The Cell shall be like other Committees of MCI and shall be under the control of Executive Committee and General Council of MCI.

It was further proposed that this Cell should also be headed by the Director (Academic Cell) and the organizational set up created for the purpose of Academic Cell be utilized for this Cell also.

34. Fee for complaints and appeal cases.

Read: The matter with regard to fee for complaints and appeal cases along with 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 noted the following recommendation of the Ethics Committee:-

“(A) Each complaint including cases that have either been lodged directly to State Medical Councils or were referred to State Medical Council by the Ethics Committee of MCI (as the doctors against whom complaints were lodged were registered in State Medical Councils) but where decisions have not been taken by State Medical Councils within the stipulated period of 6 months may be lodged to the Medical Council of India against doctors registered in IMR under Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 must be lodged in the prescribed form and should be accompanied by a Demand Draft of Rs.2000/- (Rupees two thousand only) drawn in favour of Secretary, Medical Council of India payable at New Delhi. Without the fees the complaint shall not be entertained. In cases, the appellant being a person Below Poverty Line (BPL) this amount may be waived. But proof of the appellant being BPL person must be submitted as per rules.

(B) Each appeal under section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 must be accompanied by a Demand Draft of Rs.5000/- (Rupee Five Thousand only) drawn in favour of the Secretary, Medical Council of India and payable at New Delhi. Without this fee the appeal shall not be taken up by MCI. In cases, the appellant being a person Below Poverty Line (BPL), this amount may be waived. But proof of the appellant being BPL person must be submitted as per rules.

(C) The appeal shall only be lodged by the appellant in the prescribed proforma (Annexure-II).

(D) The prescribed forms shall be available in MCI website and such forms shall be sent to all complainants by MCI.

ANNEXURE – I

INSTRUCTIONS

- The Application Form should be properly and neatly filled in.
 - Incomplete applications shall not be entertained by the Council.
 - A Bank draft of Rs.2000/- (Rupees two thousand only) in favour of Secretary, Medical Council of India payable at New Delhi should be sent alongwith the application as fees (cheques are not acceptable).
 - If the person/complainant/appellant is a person of BPL (Below Poverty Line) category the fees is not required to be paid but acceptable proof of being BPL category must be provided. The photo copy of proof must be attested by a Gazetted Officer.

Proforma for submitting original complaints under Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

1. Name of the complainant _____
(In Block letters)
2. Full Postal address of the complainant _____

City _____ District _____ State _____
Pin Code _____
Telephone No. _____ (O) _____
® _____ Mobile _____
E-mail _____
3. Bank Draft No. -----dated -----for Rs.-----
Drawn on -----

4.

Does the complainant belong to BPL category
If Yes, proof may be submitted and listed below.

Yes/No

5.

The name and addresses alongwith particulars
of the doctor(s) against whom complaint is lodged.

Name of the doctor:

Registration number

(Name of the State Medical Council)

Address: Residential

Clinic/Hospital:

Pin code:

Tel. No.

Mobile No.

Office:

Pin code:

(Additional Sheets are to be used in case there is more than one doctor is involved.)

6.

Nature of the complaint/allegations in brief (in case complaint is against doctor)

1.

2.

3.

4.

5.

7.

List of material being provided along with the appeal.

1.

2.

3.

4.

5.

I hereby affirm and declare that the information provided above are true to the best of my knowledge and belief and nothing has been concealed therein.

Date:

Signature

Name in full:

INSTRUCTIONS

- The Application Form should be properly and neatly filled in.
 - Incomplete appeals shall not be entertained by the Council.
 - A Bank draft of Rs.5000/- (Rupees five thousand only) in favour of Secretary, Medical Council of India payable at New Delhi should be sent alongwith the application as fees (cheques are not acceptable).
 - If the person/complainant/appellant is a person of BPL (Below Poverty Line) category the fees is not required to be paid but acceptable proof of being BPL category must be provided. The photo copy of proof must be attested by a Gazetted Officer.

Proforma for submitting appeal cases under section 8.7 & 8.8 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in the form of an affidavit.

1.

Name of the appellant
(In Block letters)

2.

Full Postal address of the appellant

City District State

Pin Code

Telephone No. (O)

® Mobile

E-mail

3.

Bank Draft No. -----dated -----for Rs.-----
Drawn on -----

4.

Does the appellant belong to BPL category
If Yes, proof may be submitted and listed below.

Yes/No

5.

If the appellant is same person who has
Lodged the original complaint.

6.

The name and addresses alongwith particulars
of the doctor(s) against whom complaint is lodged.

Name of the doctor:

Registration number
(Name of the State Medical Council)

Address: Residential

Clinic/Hospital:

Pin code:

Office:

Telephone No. Pin code:

(Additional Sheets are to be used in case there is more than one doctor is involved.)

7. Nature of the appeal in brief -
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
8. Name of the State Medical Council against whose decision the appeal is lodged (enclose a copy of the decision of the State Medical Council with all the relevant papers).

Reasons for not being satisfied of ruling of State Medical Council

- 1.
- 2.
- 3.
- 4.
- 5.

I hereby affirm and declare that the information provided above are true to the best of my knowledge and belief and nothing has been concealed therein.

Date:

Signature _____

Name in full: _____

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the above recommendation of the Ethics Committee with following modifications:-

- (A) The fee for original complaint filed before MCI shall be Rs.5,000/-.
- (B) Fee for appeal under section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 shall be Rs.10,000/-.
- (C) Persons Below Poverty Line (BPL) would have to pay only 10% of the prescribed fee for the original complains or the appeals as the case may be provided that a certificate issued by a Government Authority is attached with the complaint/appeal.

35. Reformative and re-medical programmes for medical practitioners convicted of professional misconduct by Medical Council.

Read: The matter with regard to reformative and re-medical programmes for medical practitioners convicted of professional misconduct by Medical Council along with 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 observed that the Ethics Committee in its meeting dated 15^h & 16th October, 2007 had recommended as under:-

“

Draft on reformative and remedial programme for the medical practitioners convicted of professional misconduct by medical council.

This is with reference to the letter from the Singapore Medical Council dated 03 May, 2007. The Singapore Medical Council consultant has requested the MCI to reply to the queries raised by them. The queries and our suggested replies are as under.

1)	<i>Whether such a framework Already exists in your Council</i>	<i>No (as per the information gathered from MCI officials)</i>
2)	<i>If you do have such a practice, what are some of the remedial measures, strategies and programmes that you have in place to facilitate the reformation of these practitioners.</i>	<i>Till today no such strategies or programmes prepared by this Medical Council (as per the information gathered from MCI officials)</i>

Following are few of the suggestions form reformative and remedial programmes for medical practitioners convicted of professional misconduct by MCI.

- 1. The Council in view of reformative and remedial measures should post the concerned practitioners for a certain length of period, such as 3 to 6 months, in the concerned speciality to which the practitioner belong, in a university department or medical college. The place chosen should be in different region than to which the practitioner belong, (so that his anonymity can be maintained to a certain extent and he will be unable to influence the institution members in any way). The practitioner shall work in the department of the concerned specialty. The conceptual basis for this posting is the practitioner in such environment will imbibe ethical behavioral patterns and the knowledge and skills of the institution which will modify his conduct suitably. The practitioner will be charged fees for this posting which will compensate for the training in this period and he will not be paid any remuneration for the services rendered by him.*
- 2. Conducting periodical workshops/ seminars.*
The Medical Council should conduct periodical workshops and seminars on “Ethical Conduct and Behavior by medical professionals.” These workshops/ seminars should be conducted by the authorities in related subjects and medical professionals including defaulters are invited for active participation. This would not only create awareness on medical ethics but act as a deterrent for would be defaulters and help to improve the conduct of those who have indulged in malpractice in the past. Depending upon the vastness of country these workshops/ seminars are either held centrally or by Regional Medical Councils.
- 3. During the under graduate and post graduate medical curriculum due stress needs to be paid on topics like “ Doctor Patient Relationship”, “Hippocratic Oath”, “Medical and health aspects of Consumer Protection Act”, “Professional Misconduct and the powers of Medical Council” etc. The stress can be given during internship training program: in form of case study, written examination, or participatory discussion session; wherein the candidate will be evaluated by the Institutional Ethics Committee. The internship completion will be granted on this basis.*
- 4. Establishment of Vigilance Committee.*
A vigilance committee (Cell) should be formed by the MCI comprising of eminent medical professional who should formulate an Action Plan for vigilance on practitioners at large and defaulters in particular to keep watch on malpractices by direct and / or indirect methods. The review and reporting to high authorities should be done in strict confidentiality. The defaulters should be intimated accordingly in view of future screening and disciplinary action.
- 5. Indirect participation and creation of awareness of public and medical students.*
Citizens who are normally beneficiaries of all services by medical profession are expected to be fully aware as regards their rights related to availment of services and also victimization of occasional malpractice and misconduct by medics.

The awareness can be achieved through press, public meetings, school and colleges and available vast media. Waiting halls in public hospitals and dispensaries should have displays as regards such awareness and education.

Medical Ethics should be taught as a separate subject in medical colleges.

6. Periodicity of Re-registration of Medical Professionals.

Normally re-registration by Central and / or Regional Medical Councils are carried out periodically to update the Register by inviting written information from practitioners. However as regards defaulters to keep watch and vigilance, the periodicity of re-registration should be short, so that the defaulters are kept under scrutiny and they themselves are aware of such constant watch on them by the Council which may act as a deterrent and punitive action in future.

7. *Under the act of right to information' maintaining the anonymity of the practitioner wide but factual, matter of factly, publicity through mass media be given as to what was the misconduct, how it occurred, through mass media be given as to what was the misconduct, how it occurred, how was it detected, what were the punitive measures given, what are the reformatory measures and how lay people can identify and prevent professional misconduct. If the client knows this the chances are pretty good that the professional will not indulge in misconduct.*

The Ethics Committee further like to propose to the Executive Committee that keeping in view the importance of the Ethical questions that have arisen and need for understanding of the same by doctors, a seminar has to be organized by the Medical Council of India to formulate training programme for faculty members in the medical colleges as well as the general practitioners. It is also necessary to develop a module of training for such seminars which can be reproduced all over the country by different institution. This training will be more focused terms in of ethical issues, the current Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 and also with regards to patient doctor relationship

.....”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to constitute a Sub-Committee comprising of Dr. D.J. Borah, Chairman, Ethics Committee and Dr. Ved Prakash Mishra to deliberate in the matter and submit the report at the earliest.

36. **Appeal against order dated 7.3.2007 of Gujarat Medical Council on the complaint made by Mr. Bhimji Vador, Ahemdabad.**

Read: The matter with regard to Appeal against order dated 7.3.2007 of Gujarat Medical Council on the complaint made by Mr. Bhimji Vador, Ahemdabad along with 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 decision of the Ethics Committee as under:-

“The matter was considered by the Ethics Committee at its meeting held on 10th & 11th August, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to appeal against order dated 7.03.2007 of Gujarat Medical Council on the complaint made by Mr. Bhimji Vador, Ahemdabad and noted that Gujarat Medical Council has replied and submitted the relevant papers pertaining to the case of Dr. Jitendra Amlani having already taken a decision in this case and the appeal for Mr. Bhimji Vador, Ahemdabad as against the order of the Gujarat Medical Council passed on 07.03.2007.

In view of the above, the Ethics Committee decided to call both the complainant Mr. Bhimji Vador, Ahemdabad and the concerned Dr. Jitendra Amlani, to appear before the Ethics Committee in its second next meeting (first day) at 11.00 a.m. the complainant and at 2.30 p.m.”

As per above decision, Mr. Bhimji Vador had requested to appear before the Ethics Committee on 15.10.2007 at 11.00.a.m vide Council's letter dated 24.09.2007.

Dr. Jitendra Amlani had also requested to appear before the Ethics Committee on 15.10.2007 at 2.30.p.m vide Council's letter dated 24.09.2007.

The matter was considered by the Ethics Committee at its meeting held on 15th & 16th October, 2007 and the decision was as under:-

"The Ethics Committee considered the matter with regard to appeal against order dated 7.03.2007 of Gujarat Medical Council made by Mr. Bhimji Vador. The Ethics Committee has taken the submission of both Mr. Bhimji Vador who is complainant in this case and Dr. Jitendra Amlani against whom the complaint has been lodged. Their statements are reproduced below as under:-

Statement of Mr. Bhimji Jethabhai Vador

I, Mr. Bhimji Jethabhai Vador, r/o 1005, Shikhar Tower, Dhumkethu Marg, Paldi, Ahmedabad appeared before the Ethics Committee of the Medical Council of India on 15.10.2007. I am submitting a file with written documents regarding my appeal against the order dated 7.3.2007 of Gujarat Medical Council to you. In this file, I have submitted my points alongwith some newer documents pertaining to this case. I hope the Ethics Committee will take all this into consideration and give my justice.

*Sd/-
(Mr. Bhimji Jethabhai Vador)*

"Statement of Dr. Jitendra Amlani

I, Dr. Jitendra Amlani did my MBBS from B.J. Medical College, Ahmedabad in the year 1984 and did my MS(Gen. Surgery) in 1988 and M.Ch.(Urology) in the year 1991 from the same institute. My date of birth is 9.3.1961. My registration number is 14966 of Gujarat Medical Council.

I have already submitted a written statement in reference to MCI letter dated 19.7.2007. In my written submission, I had given all the information regarding this case and also my point wise reply to the queries raised in the complaint of the complainant.

In addition to what I have submitted in writing, I would like to state that I have given all the extra information which was sought in the letter and Gujarat Medical Council has undergone all the detailed examination and thorough check up and they have given the resolution that Dr. J. Amlani is a qualified and competent to treat such patient. Hence the complaint paper be filed. No allegation has been proved and no negligence has been found on my part.

Kindly note that I have done whatever scientifically required in this patient and kindly consider my case sympathetically. Since I have treated the patient to the best of my knowledge, ability and competence, there is no evidence of negligence on my part.

*Sd/-
(Dr. Jitendra Amlani)*

The Ethics Committee also perused the reply of Dr. Jitendra Amlani which has been sent to the Council by post. It has also taken note of all the additional evidence that Dr. Jitendra Amlani has provided. The Ethics Committee took note this case has already been dealt at different levels starting from the Police up to the Gujarat Medical Council and at all the levels no negligence of Dr. Jitendra Amlani in treating this case was established.

The Ethics Committee also noted that the Gujarat Medical Council has in a reasoned order exonerated Dr. Jitendra Amlani from the charges leveled against him.

Regarding the main charge of the complainant that Dr. Jitendra Amlani has not informed the patient regarding the diagnosis. The Ethics Committee found from the perusal from the different documents and from the fact that the patient come to him with a Biopsy report of Biopsy already done and that he has also sought reimbursement from the employing authority stating that he is suffering from carcinoma penis. Therefore the contention of complainant of not informing the patient about the diagnoses is not tenable.

The Ethics Committee further feels that no question regarding competence of Dr. Jitendra Amlani is not tenable. He is a qualified Urologist. The nature of the other complaint of the complainant are quite frivolous in nature and is not supported by documentary proof and facts.

The Ethics Committee, therefore, unanimously decided to uphold the decision of the Gujarat Medical Council. The Executive Committee may be informed of this decision. The file may be treated as closed.”

37. Order dated 16.4.2007 passed by Hon’ble High Court of Bombay in Criminal W.P. No. 259 of 2007.

Read: The matter with regard to Order dated 16.4.2007 passed by Hon’ble High Court of Bombay in Criminal W.P. No. 259 of 2007 along with 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 observed that the Hospitals/Institutions are not covered within the purview of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. Hence, it was decided to refer the matter to the Govt. of India, Ministry of Health & F.W. to prepare a suitable policy or a Comprehensive Act regarding release of Dead Body by the Hospitals/Institutions as the matter is beyond the purview of the Council.

38. Appeal against order dated 25.10.2006 of Delhi Medical Council on the compliant made by Mr. Rakesh Sharma.

Read: The matter with regard to appeal against order dated 25.10.2006 of Delhi Medical Council on the compliant made by Mr. Rakesh Sharma along with 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 observed that at its earlier meeting dated 24.08.2007, had decided to refer the matter back to the Ethics Committee for re-consideration.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council also noted the following recommendation of the Ethics Committee dated 15th & 16th Oct., 2007:-

“The Ethics Committee noted the decision of the Executive Committee wherein it has referred the case back to Ethics Committee for reconsideration. The Ethics Committee went through all the documents pertaining to this case, discussed about the reasons of its decision in this case and decided to review its recommendation. After all deliberation the Ethics Committee decided unanimously to recommend that the name of Dr. Jaideep Bansal who was found to have committed an act of professional misconduct amounting to negligence in the treatment of patient be removed from the IMR for a period of 1 week. The fact may be recorded in IMR and the recommendation be sent to Executive Committee and General Body for necessary action at their end. “

After due deliberation on the matter, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided that Dr. Jaideep Bansal be issued strict warning to be more careful in treatment of patient in future and the facts of the warning be recorded in the IMR against his name and the recommendation be placed before the General Body of the Council.

39. Complaint against Dr. Vipul Jain as alleged by Mr. Pradeep Ajwani and Ms. Pushpa Ajwani, Delhi.

Read: The matter with regard to complaint against Dr. Vipul Jain as alleged by Mr. Pradeep Ajwani and Ms. Pushpa Ajwani, Delhi along with 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 decided to approve the recommendation of the Ethics Committee as under:-

"The Ethics Committee considered the matter in length with regard to complaint against Dr. Vipul Jain as alleged by Mr. Pradeep Ajwani and Mrs. Pushpa Ajwani, Delhi. The Ethics Committee has also obtained parawise comments from Dr. Vipul Jain regarding the complaint. After going through all the papers, the Ethics Committee has observed that (i) Dr. Vipul Jain has given Measles Vaccine to the child of the complainant named Drishti Ajwani on 12.4.2007, but the child have already Vaccinated with the same vaccine by Dr Nagender Gupta on 18.3.2007.

The Ethics Committee further observed that Dr. Vipul Jain claimed that the previous said measles vaccine given by Dr. Nagender Gupta not shown to him. The Ethics Committee feels that it was necessary on his part to have ascertain beyond reasonable doubt that the particular vaccine was not given the patient in past. He should have obtained a proper vaccination history before administering the measles vaccine. He has failed to exercise reasonable care and his guilty of professional negligence.

In view of above, the Ethics Committee unanimously decided that Dr. Vipul Jain be issued strict warning to be more careful in obtaining history and in treatment of his patient in future. The facts of warning should be recorded in the IMR against his name. The matter may be sent to the Executive Committee for necessary action at their end.."

40. Clarification about the Laboratory Report signatory sought by Dr. J. Ghosh, Medical Officer, North Bengal University.

Read: The matter with regard to clarification about the Laboratory Report signatory sought by Dr. J. Ghosh, Medical Officer, North Bengal University along with 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 decided to approve the recommendation of the Ethics Committee as under:-

"The Ethics Committee considered the matter with regard to clarification about the laboratory report signatory received from Dr.I.Ghosh, Medical Officer, North Bengal University, Darjeeling and approved the clarification/guidelines as under"

"....."

- (i) Ownership to the level of which an MBBS doctor can do and give report of pathological test.

As regard the query of ownership to the level of which an MBBS doctor can do and give report of pathological test" it is pertinent to note that in Medical Council of India Regulations on Graduate Medical Education, 1997 the matter is stated and an MBBS doctor by virtue of the training received can perform and report Pathological, Microbiological and Biochemical tests as under:-

**"10(1) PATHOLOGY
SKILLS**

At the end of the course, the student should be able to:-

1. *describe the rationale and principles of technical procedures of the diagnostic laboratory tests and interpretation of the results;*
 2. *perform the simple bed-side tests on blood, urine and other biological fluid samples;*
 3. *draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders;*
 4. *understand biochemical/physiological disturbances that occur as a result of disease in collaboration with pre clinical departments.*
- (ii) *Beyond the competence of MBBS doctors whose supervision the pathological test are need to be done and who is the competent to give report thereafter.*

**MICROBIOLOGY
SKILLS**

At the end of the course, the student should be able to:

1. *plan and interpret laboratory investigations for the diagnosis of infectious diseases and to correlate the clinical manifestations with the etiological agent.*

- 2. identify the common infectious agents with the help of laboratory procedures and use antimicrobial sensitivity tests to select suitable antimicrobial agents.
 - 3. perform commonly employed bed-side tests for detection of infectious agents such as blood film for malaria, filaria, gram staining and AFB staining and stool sample for ova cyst.
 - 4. Use the correct method of collection, storage and transport of clinical material for microbiological investigations.
- (iii) The role of Lab. Technician in pathological test is to perform test as per Standing procedure/protocol.

BIOCHEMISTRY
SKILLS:

- At the end of the course, the student should be able to :
- (1) make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening and diagnosis;
 - (2) analyze and interpret investigative data;
 - (3) demonstrate the skills of solving scientific and clinical problems and decision making;

The Ethics Committee further decided that this reply may be brought to the notice of the Executive Committee of MCI for necessary approval at their end.”

41. Establishment of a new medical college at Udaipur, Rajasthan by Geetanjali Foundation, Udaipur, Rajasthan.

Read: The Council Inspectors report (13th & 14th December, 2007) for establishment of new medical college at Udaipur, Rajasthan by Geetanjali Foundation, Udaipur, Rajasthan u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (13th & 14th December, 2007) and noted the following:-

- 1. There are 284 beds as against the requirement of 300 beds as per Establishment of New Medical College Regulations, 1999. Number and distribution of beds is also not as per Council norms. There is deficiency of 16 beds in Paediatrics as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency (if any)
Paediatrics	30	14	16

Thus, the institute is not fulfilling the qualifying criteria at number 2(5) of Establishment of New Medical College Regulations, 1999, which states that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

- 2. Dr. S.S. Surana. Medical superintendent has only 7 years of administrative experience which is not as per Council norms.
- 3. Clinical Material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	125	112
Bed occupancy%	30%	26.6%
Operative work		
Number of normal deliveries	-	-
Number of caesarian Sections	-	-

Radiological Investigations X-ray	O.P. + I.P. 20	O.P.+ I.P. 15
Laboratory Investigations		
Biochemistry	120	96
Microbiology	14	18
Serology	-	-
Parasitology	-	-
Haematology	90	80
Histopathology	-	-
Cytopathology	-	-
Others	-	-

There was no doctor in most of the wards. There was only one nurse in each ward.
No normal delivery has been conducted since the inception of hospital.
The hospital seems to be have been made functional only for the inspection.

4. In OPD - there is no separate registration counter for male and female patients. There is no separate injection room for male and female patients.
5. In Wards : The wards are not provided with duty doctor room, nurse duty room, pantry, examination/procedure room, teaching area and side laboratory. The nursing stations are small and inappropriately placed. There is no seminar hall in the major departments. All these areas have not been provided with audiovisual aids and other teaching facilities.
6. Registration and Medical Record Section: It is not computerized but three computers have been placed. The medical record department is located in a small single room which did not even have a light point. It is not computerized and does not have any staff. ICD X Classification of diseases is not followed for indexing. Follow up service is not available. The register showed 28 admissions on 1st Dec 2007, but case sheets were available for only 5 patients which were also not properly filled up.
7. There is no ICU. There is a common medical & surgical ICU.
8. Para medical staff is grossly inadequate as under:-

Laboratory Technicians: 5
Laboratory Assistants: -
Laboratory Attendants: 10
9. Nursing Staff is grossly inadequate as under:-

Nursing Superintendent : -
Deputy Nursing Superintendent : -
Matron : -
Asstt. Nursing Superintendent : -
Nursing Sisters : -
Staff nurses : 28
10. Other deficiencies as pointed out in the inspection report.

In view of above whereby it has been found that the applicant has failed to fulfil the mandatory and statutory criterion at Sr.No. 2(5) of the Qualifying Criteria of owning and managing a functional hospital of not less than 300 beds as per Establishment of Medical College Regulations,1999, 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 Udaipur, Rajasthan by Geetanjali Foundation, Udaipur, Rajasthan u/s. 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Rajasthan requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, when on inspection it has been found that only 284 beds are available.

42. Establishment of a new medical college at Jhalawar, Rajasthan by Govt. of Rajasthan.

Read: The Council Inspectors report (19th & 20th December, 2007) for establishment of new medical college at Jhalawar, Rajasthan by Govt. of Rajasthan u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (19th & 20th December, 2007) and noted the following:-

1. Teaching beds are deficient by 100 beds as under:-

Specialty	Required Beds/Units	Present Beds/Units	Deficiency (if any)
Medicine & Allied Specialities			
General Medicine	80	56	24
Surgery & Allied Specialities			
General Surgery	90	72	18
Orthopaedics	30	-	30
Ophthalmology	10	-	10
ENT	10	-	10
Obstetrics & Gynaecology			
Obstetrics & ANC			
Gynaecology	50	42	8
Grand Total	300	200	100

There are no separate demarked beds of Orthopaedics, Ophthalmology & ENT.

Thus, the institute is not fulfilling the qualifying criteria at number 2(5) of Establishment of New Medical College Regulations, 1999, which state that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

2. The faculty has been relieved from the other Govt. colleges of Rajasthan. However, their service terms and conditions have not been specified. viz. whether or not they have any lien in the previous job, whether they will draw their salary from the previous or the present institution. The owner of the college is Jhalawar Hospital & Medical College Society and not the Govt. of Rajasthan.
3. Clinical Material is inadequate in terms of radiological & laboratory investigations.
4. In O.P.D, there is no separate registration counter for male and female patients. No specialty is provided teaching area. There is a no separate injection room for male and female patients. There is no plaster cutting room, audiometry room and dark room.
5. The wards are not provided with doctor’s duty room, nurse duty room, pantry, examination / procedure room, teaching area and side laboratory.
6. Other deficiencies as pointed out in the inspection report.

In view of above whereby it has been found that the applicant has failed to fulfil the mandatory and statutory criterion at Sr.No. 2(5) of the Qualifying Criteria of owning and managing a functional hospital of not less than 300 beds as per Establishment of Medical College Regulations, 1999, 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 Jhalawar, Rajasthan by Govt. of Rajasthan u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Rajasthan requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, when on inspection it has been found that only 200 beds are available.

43. S.R.M. Medical College Hospital & Research Centre, Kattankulathur – Renewal of permission for admission of 4th batch of students for the academic session 2008-2009.

Read: The Council Inspectors report (19th & 20th December, 2007) for renewal of permission for admission of 4th batch of students for the academic session 2008-2009 at S.R.M. Medical College Hospital & Research Centre, Kattankulathur.

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 (19th & 20th December, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 150 (One hundred fifty) MBBS students at S.R.M. Medical College Hospital & Research Centre, Kattankulathur for the academic session 2008-09.

44. Approval of Jawaharlal Nehru Medical College, Swangi, Wardha for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nasik against the increased intake i.e. from 100 to 150.

Read: The Council Inspectors report (18th & 19th December, 2007) for Approval of J.N. Medical College, Swangi, Wardha for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nasik against the increased intake i.e. from 100 to 150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council Inspectors report (18th & 19th December, 2007) and decided to recommend that J.N. Medical College, Swangi, Wardha be approved for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nasik against the increased intake i.e. from 100 to 150.

45. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.J.M. Medical College, Davangere-Consideration of compliance verification inspection report – regarding.

Read: The compliance verification inspection report (6th & 7th Dec., 2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.J.M. Medical College, Davangere.

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 (6th & 7th Dec., 2007) and noted the following:-

1. Clinical material in Bapuji Hospital owned & managed by the college is inadequate as under:-

	Daily	Day of Inspection 6.12.2007
O.P.D. attendance	540	417
Bed occupancy%	50%	64.30%
Operative work Number of major surgical operations Number of minor surgical operations	12 01	07 --
<u>Radiological Investigations</u> Special Investigations	-	Nil

Clinical material at Chigateri Government Hospital is inadequate as under:-

	Daily	Day of Inspection 6.12.2007
O.P.D. attendance	580	395
Bed occupancy%	62.15%	62.26%
<u>Laboratory Investigations</u>		
Biochemistry	39	21
Microbiology	12	20
Serology	09	04
Parasitology	--	08
Haematology	06	12
Histopathology	--	--
Cytopathology	--	--

- 2. No Central oxygen supply and central suction are available in Central Casualty. No defibrillator, 1 pulse oximeter, ambu bag, no disaster trolley and no crash cart etc. are available in casualty.
- 3. Radiological facilities are inadequate in Bapuji Hospital owned by the college as only 2 Static units (1x800 MA and 1x500MA) and 2 Mobile units (each of 60MA) are available.
- 4. Anatomy department is having 5 demonstration rooms each having 40 seats which is inadequate.
- 5. Physiology department is having 2 demonstration rooms each having 30 seats ` which is inadequate.
- 6. Pathology department is having 2 demonstration rooms with capacity of 65 seats each which is inadequate.
- 7. Books in departmental libraries of T.B. & Chest and Psychiatry are inadequate.
- 8. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to give 3 months time to the authorities of J.J.M. Medical College, Davangere to rectify the above deficiencies and submit the compliance within the stipulated period.

46. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at M.S. Ramaiah Medical College, Bangalore -Consideration of compliance verification inspection report – regarding.

Read: The compliance verification inspection report (6th & 7th Dec.,2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at M.S. Ramaiah Medical College, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (6th & 7th Dec.,2007) and noted the following:-

1.(a) The shortage of teaching faculty is 9.90% (22 out of 222) as under:-

- (i) Professor-1 (Biochemistry-1)
- (ii) Assoc.Profs.-8 (Pharmacology-2, Forensic Medicine-2, Psychiatry-1, Orthopedics-1, Anaesthesia-1, Radio-Diagnosis-1)
- (iii) Asstt.Profs.-9 (Anatomy-1, Lecturer (Biophysics)-1, Pharmacology-3, Pharm. Chemist-1, TB Chest-1, Orthopaedics-1, Ophthalmology-1)
- (iv) Tutor-4 (Biochemistry-2, Pharmacology-1, Microbiology-1)

(b) The shortage of Residents is 28.44% as under (33 out of 116)

- (i) Sr.Resident-25 (General Medicine-5, TB Chest-1, Dermatology-1, Psychiatry-1, General Surgery-4, Orthopaedics-2, ENT-1, Ophthalmology-1, OBGY-1, Anaesthesia-5, Radio-Diagnosis-3)
- (ii) Jr. Resident-8 (General Medicine-4, TB Chest-2, ENT-2)

2. Clinical material is inadequate in terms of bed occupancy as under:-

	Daily Average	Day of Inspection
Bed occupancy%	77%	74%

3. There are two lecture theatres (level type) in the college and 3 level type in the hospital which is inadequate as per Regulations.

4. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 3 months time to the authorities of M.S. Ramaiah Medical College, Bangalore to rectify the above deficiencies and submit the compliance within the stipulated period.

47. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at B.M. Patil Medical College, Bijapur -Consideration of compliance verification inspection report – regarding.

Read: The compliance verification inspection report (19th & 20th Dec.,2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at B.M. Patil 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 (19th & 20th Dec.,2007) and noted the following:-

1. (a) The shortage of teaching faculty is 12.7% as under:-

i) Associate Professor	9	(Anatomy -2, Physiology -1, Microbiology -2, Forensic Medicine -2, TB & Chest -1, Dentist -1)
ii) Assistant Professor	11	(Anatomy -1, Pathology -1, Pharmacology -1, Community Medicine -1 TB & Chest -1 Paediatrics -3 & Radiology -2)
iii) Tutor	7	(Anatomy -2, Physiology -3, Microbiology -1, Pharmacology -1)

- (b) The shortage of Residents is 30.44% as under:-

i) Sr. Resident	21	(General Medicine -6, TB & Chest -1, Psychiatry -1, Paediatrics -2, General Surgery -2, Ophthalmology -1, Obst & Gynae. -1, Radiology -3 Anaesthesia -3, Orthopaedics -1)
ii) Jr. Resident	15	(General Medicine -2, TB & Chest -2, Psychiatry -2, Paediatrics -1, General Surgery -8)

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
Bed occupancy%	62-78%	70%
Operative work		
Number of normal deliveries	1-2	-
Number of caesarian Sections	0-1	1
Radiological Investigations		
X-ray	65-75	56

3. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 3 months time to the authorities of B.M. Patil Medical College, Bijapur to rectify the above deficiencies and submit the compliance within the stipulated period.

48. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.S.S. Medical College, Mysore -Consideration of compliance verification inspection report – regarding.

Read: The compliance verification inspection report (19th & 20th Dec.,2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.S.S. Medical College, Mysore.

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 & 20th Dec.,2007) and noted the following:-

1. Shortage of teaching staff is as under:-

- (a) Faculty more than 5% (i.e. 21 out of 222)

- (i) Associate Professors – 7 (Anatomy-2, Physiology-1, Biochemistry-1, Microbiology-1, Forensic Medicine-2)
(ii) Assistant Professors – 12 (FM-1, PSM-5, Psychiatry-1, TBCD-1, OBG-2, Anaesthesia-2)
(iii) Tutor – 2 (Pharma-1, PSM-1)

- (b) Residents more than 5% (18 out of 116)
- (i) Sr. Resident : 18 (Medicine-3, Psychiatry-1, Surgery-6, Orthopaedics-2, OBG-2, Radio-Diagnosis-3, Anaesthesia-1)
- (ii) Jr. Resident : Nil
2. There are 3 flat and 2 gallery type lecture theatres which are inadequate. One of the lecture halls of the college shown in the previous report is being used as the 2nd Demonstration hall of Pharmacology department.
 3. Examination hall is not available. The Auditorium is being utilized for examination purposes also which is not as per Regulations.
 4. No Lecturer cum medical officer having M.D.(PSM) is available at R.H.T.C. L.M.O. is not available.
 5. Residential Quarters: 27 Double bed room quarters within the Hospital campus and 10 Double bed room quarters in the college campus are available for the teaching staff which are inadequate.
 6. Medical O.P.D.: No class room available. T.B.&C.D. O.P.D has got one cubicle and no class room.
 7. Surgery O.P.D.: No class room available.
 8. Departmental libraries of Skin & VD, T.B.& Chest Diseases, Orthopaedics, ENT, Ophthalmology, Radiology, Anaesthesia and Obst. & Gynae. have less number of books.
 9. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 3 months time to the authorities of J.S.S. Medical College, Mysore to rectify the above deficiencies and submit the compliance within the stipulated period.

49. Admissions of 1st year MBBS students after 30.9.2007 at Katuri Medical College & Hospital, Guntur for the academic year 2007-2008.

Read: The matter with regard to admissions of 1st year MBBS students after 30.9.2007 at Katuri Medical College & Hospital, Guntur 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 and decided that action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of 01(one) student i.e. Ms. Kampa Suneetha admitted by Katuri Medical College & Hospital, Guntur after the cut off date i.e. 30th September, 2007, as prescribed under the Graduate Medical Education Regulations, 1997.

50. Admissions of 1st year MBBS students after 30.9.2007 at Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram for the academic year 2007-2008.

Read: The matter with regard to admissions of 1st year MBBS students after 30.9.2007 at Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram 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 and decided that action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of 11(Eleven) students admitted by Konaseema Institute of Medical Sciences & Research

Foundation, Amalapuram after the cut off date i.e. 30th September, 2007 as prescribed under the Graduate Medical Education Regulations, 1997 as under:-

1. Santosh Kumar Manguva
2. Ugandhar Bhanagiri
3. Sravani Karumuru
4. Sarvya Lingala
5. Prathyusha Koneru
6. Gosala Avinash
7. Datla V. Krishnam Raju
8. Yeluchuri Sona
9. Dataala VSLN Raju
10. Nalli Ramya
11. Lakshmi Tanuja Penumetsa

51. W.P.(Crl.) No. 936/2007 – Dr. Krishan Kumar Arora – Vs. – Union of India & Others in the High Court of Delhi at New Delhi – payment of the bill of Sr. Advocate.

Read: The bill of Sh. H.L. Tiku, Sr. Advocate through Sh. A. Mariarputham, Advocate for Rs. 55,000/--against the W.P.(Crl.) No. 936/2007 – Dr. Krishan Kumar Arora – Vs. – Union of India & Others in the High Court of Delhi at New Delhi – payment of the bill of Sr. Advocate.

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 bill for payment to Sh. H.L. Tiku, Sr. Advocate through Sh. A. Mariarputham, Advocate for Rs. 55,000/--against the W.P.(Crl.) No. 936/2007 – Dr. Krishan Kumar Arora – Vs. – Union of India & Others in the High Court of Delhi at New Delhi

52. The Clinical Establishments(Registration and Regulation) Bill, 2007.

Read: The letter dated 7.12.2007 received from Shri Dinesh Singh, Committee Officer, Parliament of India, Rajya Sabha Secretariat, Parliament House, Annexe, New Delhi with regard to Clinical Establishment (Registration and Regulation) Bill, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to constitute a Sub-Committee of the following members to go into the details and submit the report :-

1. Dr. Ketan Desai, Chairman
2. Dr. C.V. Bhiramanandham
3. Dr. P.M. Jadhav

53. Establishment of Administrative Tribunals under the provisions of the constitution – proposal for extending CAT's jurisdiction.

Read: The letter dated 11.12.2007 received from Shri P.R.A. Nair, Under Secretary, Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi with regard to Establishment of Administrative Tribunals under the provisions of the constitution proposal for extending CAT's jurisdiction.

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 11.12.2007 received from Shri P.R.A. Nair, Under Secretary, Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi and decided to obtain the opinion of the Council Advocate in the matter.

54. PMO Reference – Proposal on Accreditation of Hospitals in India.

Read: The letter dated 13.12.2007 received from Shri K.V.S. Rao, Deputy Secretary to the Govt. of India, Ministry of Health & F.W. with regard to proposal on accreditation of Hospitals in India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the contents of the concept note prepared by Dr. Navin C. Shah on the proposal of Accreditation of Hospital Quality Assessment & Accreditation in India.

After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the communication sent by the Council to the Central Government vide letter dated 18th December, 2007 as under:

“With reference to your above cited letter, I am directed to state that the Council is cognizant of the importance of accreditation of medical institutions since 1998. It had formed a task force as well as it had held a National Workshop in the year 2001 on accreditation of medical institutes. The report of the Task Force was placed before the General Body of the Council at its meeting held on 21st/22nd June, 2001. The decision of the Council, communicated to the Central Govt. in August, 2001 reads as under:-

“51. Accreditation of medical teaching institutions (UG Level).

Read:- The matter with regard to accreditation of medical teaching institutions (UG level) along with the proceedings of the workshop held in the Council office on 3rd April, 2001 as well as comments received from Dr. B. Ray Choudhuri, Dr. T.K. Parthasarthy, Dr. S. Chandrashekar Shetty and Dr. K.R. Shetty and decision taken by the Executive Committee at its meeting held on 24/4/2001.

The Council noted that a Sub-Committee consisting of three members with Dr. B. Ray Chaudhuri as its Chairman was constituted in March, 1998 to scrutinise the feasibility of accreditation being applied to medical institutions in the country along with evolving the necessary modalities thereof. The recommendations of the Sub-Committee were considered at the workshop held in the Council office on 3.4.2001 where the participants were Council members, Vice-Chancellors of Universities of Health Sciences and Deemed Universities as well as representative of National Assessment Accreditation Council and the All India Council of Technical Education.

Council also noted that the proceedings of the Sub-Committee were placed before the Executive Committee at its meeting held on 24.04.2001. The Executive Committee had considered the recommendations of the Workshop along with the observations received from the participants.

Council also noted that while accepting the recommendations of the Workshop the Executive Committee had decided to take steps to get accreditation component included as part of the Indian Medical Council Act, 1956 to initiate action to assess certain willing institutions for accreditation with the Council.

The Council accepted the recommendations of the Workshop as accepted by the Executive Committee with the observations received from some members”.

As per the above decision, a Task Force was appointed with Late Dr. B. Ray Chaudhuri (Chairman), Dr. Ved Prakash Mishra & Dr. S. Chandrashekar Shetty as Members. The Task Force at its meeting held on 27/8/2001 made certain suggestions including the following:-

Necessary steps to be taken to amend the IMC Act to empower the Council to implement the proposal through appropriate rules & regulations.

The white paper as approved be circulated to all recognized undergraduate medical institutions calling for voluntary participation of medical colleges for a pilot study on accreditation.

Council to prepare a panel of evaluators with appropriate credentials.

Orientation course to be organised for the empanelled evaluators.

A programme to be operated through the Medical Education Cell of the Council for the present.

Three documents namely accreditation of medical education programme, internal quality assurance and enhancement and grading of institutions by NAAC: a Meta – evaluation placed before the Task Force by Dr. Shetty were given to the members of the task force for sending their comments to Dr. B. Ray Chaudhuri with a copy to Secretary, MCI.

As per the above decision, the Principals of all recognized medical colleges were addressed vide Council's letter dated 4/9/2001 to let us know whether they are interested to be taken up for pilot study on accreditation. 27 medical colleges had expressed their willingness for the pilot study as per list attached.

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 Task Force on Accreditation of medical degree programmes in another meeting on 17th April, 2003 observed as under:-

That the preamble included in the document on Assessment & Accreditation of Medical Colleges/Institutions in the country along with unitary document worked out by Rajiv Gandhi University of Health Sciences, Bangalore and document on weightage percentile score on the basis of compliance to the unitary requirements for the purpose of accrediting together shall be the document on Accreditation on Medical Institutions in its totality.

In the light of said documents and for validation of the same the Council had sought the consent from various colleges all over the country for experimental evaluation, in response to which about 27 medical colleges have communicated their consent. As a matter of fact consequent upon this the tasks that need to be tackled are as under:-

Processing the amendment required to be made to the Act which has been formulated as an additional entry as Section 11(A) and also a parallel amendment to Section 33 by insertion of an additional entry as (mb) to the Indian Medical Council Act, 1956.

In the meantime it is necessary that a panel of evaluators be identified. The Committee proposes the eligibility in terms of qualification and experience for such evaluators to be on par with the Whole-time Inspectors. The said identified evaluators in the form of a panel will have to be oriented in regard to the process and procedure of the accreditation and dispensation tasks thereof. It is emphasised that the said process shall be under the jurisdiction of MCI and hence for the purpose of co-ordination this Committee be christened as National Accreditation Board of the MCI. This will also necessitate creation of an independent "Accreditation Cell" in the Council which should be headed by a person not below the rank of Deputy Secretary in the Council to be assisted by a Head Clerk, a Steno/Typist, a Statistician and a Peon.

- (c) *The Committee was informed by the Secretary that in view of the extensive work load with the staff of the Council, as of now for effective and smooth functioning the said Cell should be carved out separately and it is advisable if the same is created in terms of posts out of the financial resources of the Council to begin with during the pendency of approval to the amendment to the Act, that has been proposed by the Council to the Govt. of India. This shall facilitate immediate undertaking of the task so that the process and concept of accreditation gets going across the medical institutions in the country.*

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 new provisions which are to be considered for inclusion in the Act for giving effect to the proposal for accreditation as quality assurance mechanism may be on the following lines:-

To add a new Section 11A

"11A. The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes on the basis of quality assurance."

Section 33

May be amended to add a new clause, namely:-

(m,b) the establishment of Board of Accreditation procedure for conduct of its business, guidelines, norms and guidelines for amendment and accreditation of medical degree programmes, withdrawal of accreditation etc."

It was also observed that the workshop has already prepared a list of benchmarks and weightage score to be applied for accreditation as under:-

BENCHMARKS:

What are the intended outcomes for a programme? How do they relate to the subject benchmark information? Are they appropriate to overall aim of the programme?

How does the subject provider ensures that the intended outcomes for programmes are identified and that the curricular contents are directly linked to them?

Does the assessment process enable learners to demonstrate achievement of the intended outcomes and internal and external examiners to distinguish between different levels of attainment?

How are the intended outcomes of a programme communicated to staff, students and external examiners?

What indicators are there that standards achieved by the learners meet or exceed the minimum expectation for the award as measured against the subject benchmark?

How does the subject provider review and seek to enhance standards?

The Workshop had also recommended that the five main areas included in the model formulated by AICTE (NBA) be accepted principally for the purposes of evaluation for accreditation of medical colleges by the Council. Nomenclature of the input “Industry Institution Interaction” as included in the National Board of Accreditation of All India Council of Technical Education model be re-worded as “Society Institution Interaction”. Likewise, the Workshop recommends that the questionnaire tagged with the said model for the purpose of eliciting of responses in regard to the unitised five areas be accepted by and large with suitable alterations wherever necessary. The procedure of evaluation along with the steps included therein and also the periodicity and the manner of the inspection and reporting thereon be also accepted.

The Workshop also has recommended that the various inputs which to be included for the purposes of accreditation of medical colleges/institutions to be in the perspective of institutional goal determined by MCI so that all the vital areas in terms of material, infrastructure, personnel including teaching and non-teaching staff, students, teaching and training patterns and processes, extension work, the research activities and the quality of the products are given adequate weightage. A total compliance with the said minimum requirements commensurate with the annual intake capacity at par with governing regulations only shall not entitle a college to be “accredited”. This shall mean that for a college which is expected to be entitled for an accreditation grade the pre-requisite shall be a total compliance with the minimum requirements as included in the governing regulations. The accruable accreditation grades thereon shall be 3 namely “A,B,C” based on the weightageable percentile score on the basis of compliance with the specific inputs as indicated, herein below.

WEIGHTAGEABLE PERCENTILE SCORE ON THE BASIS OF COMPLIANCE WITH THE SPECIFIC INPUTS FOR THE PURPOSE OF GRADING

I.	MISSION, GOALS AND ORGANISATION	100
	MANAGEMENT	50
a)	Mission & goals	10
b)	Commitment	10
c)	Attitude	10
d)	Planning & monitoring	10
e)	Incentives & effectiveness	10
1.2	Organisation and Governance	50
a)	Leadership & motivation	10
b)	Transparency	10
c)	Decentralization & delegation	10
d)	Involvement of faculty	10
e)	Efficiency	10
II.	AVAILABLE RESOURCES AND THEIR UTILISATION	125
	Capital resources	20
	Allocation for Operational activities	10
	Allocation for Maintenance	10
	Allocation for Development	10
	Land	20
	Buildings	10
	Hostels	10
	Support services (electricity,water, communication etc.)	10
	Office equipment	05

	<i>Canteen</i>	05
	<i>Transport</i>	05
	<i>Medical facilities</i>	10
III.	<u>HUMAN RESOURCES</u>	200
	<i>Faculty :</i>	
	<i>Numbers</i>	20
	<i>Academic / Professional upgradation</i>	20
	<i>Recruitment procedures</i>	20
	<i>Teaching load</i>	20
	<i>Extension programme participation</i>	20
	<i>Faculty development programmes</i>	20
	<i>Performance appraisal</i>	10
	<i>Faculty involvement in management</i>	10
	<i>Attitudes and commitment</i>	10
	<i>Supporting Staff:</i>	
	<i>Numbers, Qualifications & Skills</i>	20
	<i>Recruitment procedures</i>	10
	<i>Attitudes and involvement</i>	10
	<i>Skill upgradation & Performance appraisal</i>	10
IV.	STUDENTS	100
a.	<i>Admission:</i>	
	<i>Admission process</i>	05
	<i>Aptitude assessment</i>	05
	<i>Competitive examination and/or Interview</i>	05
	<i>Any reservation other than Constitutional ones</i>	05
	<i>Academic results of last 5 years</i>	10
	<i>Performance in competitive exams</i>	
	<i>of last 5 years</i>	10
	<i>Admission to PG Courses of last 5 years</i>	10
	<i>Co and extra- curricular Participation</i>	10
	<i>Percentage of employed students in a year</i>	10
	<i>Meritorious achievements of graduates of last</i>	
	<i>five years</i>	10
	<i>Existence of active Alumnus Association</i>	10
	<i>Institutional support thereof</i>	10
	TEACHING LEARNING PROCESS	320
	<i>Curriculum:</i>	
	<i>Compatibility of the programmes with goals and objectives</i>	10
	<i>Initiation, review and redesign of programmes</i>	10
	<i>Feed back on programmes and interaction</i>	
	<i>with academic peers and employees</i>	10
	<i>Programme options</i>	10
ii.	<i>Community orientation</i>	10
	<i>Horizontal and vertical integration</i>	10
	<i>Feed back from students</i>	20
	<i>Removal of obsolete and introduction of</i>	
	<i>contemporary concepts</i>	10
	<i>Bridge courses</i>	20
iii.	<i>Academic Calendar: No. of instructional days</i>	10
	<i>Evaluation procedures and feed back</i>	15
iv.	<i>Community outreach programmes</i>	25
v.	<i>Innovations in education : Library facilities:</i>	
	<i>No. of Books, CD ROM/Internet, Audio Video</i>	
	<i>Cassettes, Level of automation and</i>	
	<i>Computerization</i>	20
	<i>Computer education and additional</i>	
	<i>programmes</i>	15
	<i>Lab – facilities</i>	25
b.	<i>Internship:</i>	
	<i>Structure</i>	10
	<i>Orientation</i>	20
	<i>Method of monitoring</i>	20
c.	<i>Research and publication</i>	
	<i>Institutional support for research UG & PG</i>	10
	<i>Research projects and Support by external</i>	

	<i>agencies</i>	20
	<i>Publications</i>	20
VI.	<i>Community – Institution Interaction</i>	90
i.	<i>Community orientation in Teaching</i>	20
	<i>Extension services</i>	10
	<i>Community visits</i>	10
	<i>Project work</i>	10
	<i>Placement</i>	10
	<i>Interaction of institutions with parents/ Guardians</i>	10
	<i>Ethos/Environment of college</i>	10
	<i>Grievance & Redressals</i>	10
VII.	<i>Health Practices</i>	65
	<i>Any mechanism/process of internal quality checks</i>	15
	<i>National/International linkages established for training</i>	10
	<i>Practices of the college to impart value based education</i>	20
	<i>Sensitization to latest managerial concepts such as strategic planning, team work, decision making and computerization</i>	10
	<i>Efforts of the college towards all round personality development of the learners</i>	10

Total 1000

The award of grading shall be as under:-

<u><i>Grade</i></u>	<u><i>Nomenclature</i></u>	<u><i>%Score</i></u>
<i>A</i>	<i>Excellent</i>	<i>81% and above</i>
<i>B</i>	<i>Good</i>	<i>66 to 80%</i>
<i>C</i>	<i>Above Average</i>	<i>51 to 65%”</i>

It is further stated that the concept of accreditation of medical institutions is not provided for under the IMC Act,1956. As of now the medical institutions are required to be recognized subject to fulfillment of the minimum prescribed conditions in the governing regulations. The students possessing the recognized qualification are entitled to register themselves with the respective State Medical Council and their names are accordingly included in the Indian Medical Register maintained by the Medical Council of India. On registration the privileges accruing thereof stand conferred on them.

As described above, the Council has already prepared the relevant details pertaining to the procedure and the modalities towards accreditation of medical institutions including an amendment to the IMC Act,1956 through insertion of a new Section 11(A) and a corresponding entry under Section 33 as seriatim (mb) respectively.

Section 11 of the IMC Act confer the power of recognition of medical qualifications granted by the universities or medical institutions vide which the Central Govt. upon consulting the Council may include recognized qualifications in the First Schedule appended to the I.M.C. Act.

Section 17 deals with inspection of examinations by the Inspectors appointed by the Council for the purposes of recommending to the Central Govt. recognition of medical qualifications granted by the universities or medical institutions. Section 19 provides for withdrawal of recognition after following the procedure indicated therein. Section 19A deals with prescription of minimum standards of medical education required for according recognized medical qualifications by the universities and medical institutions in India. As such the existing Act does not provide for accreditation of institutions based on a grading system.

In view of above, the Council had proposed an amendment for incorporating a new section titled as Section 11(A) which would read-

“The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes”.

As a result of incorporation of said clause a parallel amendment would be necessary u/s 33 of the Act to incorporate a new seriatum as m(b) which should read as under:-

“The establishment of Board of Accreditation, procedure for conduct of its business, guidelines, norms for accreditation of medical degree programmes, withdraw of accreditation etc.”

The scheme generated out of the said amendment would be regulated through issuance of a regulation vide Section 33 m(b) in order to actualize the provisions included vide Section 11(A) of the Act.

It is further stated that the Executive Committee at its meeting held on 24.08.2007 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present deliberated upon the matter. The decision of the Adhoc Committee and Executive Committee is recorded hereunder:-

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

“Medical education has been one of the important avenues of technical education which has been sought of in a big way. It is construed as an achievement to gain entry to the avenues of medical education and attain a degree thereof. Medical education as such has been evoking a significant “Credit and Respect” in this country for quite sometime. Primarily because of intense recognition and demand for the same, we have seen a large number of medical institutions growing up in the country, as much as that on date there are 269 medical colleges in the country of which nearly 150 have been added in the last decade itself.

The issue of starting of the new colleges including the augmentation of the existing intake capacity thereto has been regulated through incorporation of an appropriate amendment as Section 10A to the IMC Act, 1956, which has come into vogue from the academic year 1992-93. Eversince the incorporation of the said amendment, no new medical college or the augmentation of the existing intake capacity can be initiated without the prior approval by the Medical Council of India and a notification to that effect by the Govt. of India.

Parameters which would govern the starting of the medical colleges including augmentation of the intake capacity are clearly prescribed by the Medical Council of India through the regulations which are issued in terms of power vested with the Council u/s 33 of the I.M.C. Act, 1956. The regulations on Graduate Medical Education and those governing minimum requirements with reference to intake capacity of 50, 100 and 150 respectively are in vogue as of now.

It is worthwhile to note that these regulations prescribe the “minimum requirements” to be fulfilled by the concerned teaching institution and are monitored on an year to year basis till the recognition is accorded as is required u/s 11(2) of the I.M.C. Act, 1956. The said recognition holds true for a period of five years, upon which it is required to be renewed through a periodic inspection to be carried out by the regulatory authority. The emphasis which governs the recognition of the medical institutions in the country by the MCI is compliance of the “minimum requirements” prescribed. Therefore, this turns out to be the “base-line” evoking recognition of the institution.

The aspect which merits consideration is that of “Quality Assurance” in medical education and also update of the various inputs which govern the medical education, so as to be relevant” to the various stake holders in a competitive sense in the context of Globalisation. Recognition based on “Maximal compliance of the Minimal” requirements, is but a humble beginning which necessarily could not be a guarantee of the “desired quality assurance” so as to be able to cater to the requirement of Global competition.

It is pertinent to note that by virtue of the demographic advantage that India has as of now, whereby about 52% of population is below the age of 25 years and nearly 74% of the population is below the age of 35 years, a wide scope of the development of manpower exists. It would be necessary for the planners of higher professional education in this country to harness the abundant youthful manpower for chiseling their capacities, so as to generate them as “knowledge providers” in the coming years. Equipped youthful generation alone would turn out to be a genuine asset to this country and also would be a handy mechanism for the conversion of this country from its present status of a “Developing” nation to that of a “Developed” nation.

The President, Medical Council of India constituted a Sub-Committee in March, 1998 to scrutinize the feasibility of the “Accreditation” being applied to medical teaching institutions in the country, along with evolving the necessary modalities thereof. The Sub-Committee consisted of late Dr. B. Ray Chaudhuri (Chairman), Dr. L.S. Chawla and Dr. Ved Prakash Mishra as members. The Sub-Committee submitted its report on 8th December, 2000.

As per the recommendation of the Sub-Committee, a Workshop involving medical education experts as well as representative of National Assessment and Accreditation Council, National Board of Accreditation (AICTE) and some Council Members was convened by MCI on 3rd April, 2001 at New Delhi.

The report of the Workshop was placed before the Executive Committee at its meeting held on 24th April, 2001 which is as under:-

“India having a definitive national and institutional goal for medical education essentially an appropriate process should be set in motion to maintain the relevance and quality of medical education. The recent quantitative expansion of medical education in India makes it all the more important. Accreditation which has been increasingly utilised as a means of quality assurance for other systems of education should also be made applicable to medical institutions and new medical graduates.

Accreditation is the process of giving credit for clearly visible and demonstrable strengths of an institution. In the context of educational activities, it would mean that the academic aims and objectives laid down as institutional goal to achieve declared national goal is being honestly pursued and effectively achieved and that the institution has demonstrated the capability of ensuring continued effectiveness of the educational programme over a period of time and have built up appropriate and adequate infrastructure for the same.

Assessment and Accreditation of Institutions of medical education has come to be recognised as the “Quality Ensuring Mechanism” all over the world. It has become necessary and relevant to a developing country, like that of ours for, we have developed the second largest system of medical education in the world. The growth rate of quantitative expansion of the system in last five decades has been not only eye catching, but has also come to exist as a matter of envy amongst the contemporary developing nations of the world.

It must be admitted that a rapid expansion inevitably results in generation of “heterogeneity” in various aspects of development. It is this factor, which mandates quality assurance of the system as a whole.

Essentially accreditation is a process of giving credit, where it is due for some clearly visible and demonstrable strength of academic activities. In the context of educational scenario, it connotes quality assurance that the academic, aims and objectives of the institutions are known to be honestly pursued and effectively achieved and that the institutions have demonstrated capabilities to ensure continued effectiveness of the educational programme, in the production of appropriate manpower for protection of people’s health.”

The exercise of assessment and accreditation, therefore, is neither an inspection to ensure “minimum standards” nor an exercise of “fault finding”. In case, the value judgement continuum is required to be considered in respect of the domain of assessment and accreditation, it could be –

*Inspection Vs. Assessment
Minimum Standards Vs. Standards of Excellence
Fault finding Vs. Institutional Improvement
Sitting above Vs. Sitting Beside
Fragmentary Vs. Holistic*

*Impressionistic Vs. Data based
Subjective Vs. Objective
Informal Vs. Systematic
Looking at the past Vs. Looking into the future
Suspicion Vs. Trust
Incompetence Vs. Competence
Weaknesses Vs. Strengths*

The Continuum, therefore, is a reflective mirror into which ones’ own image could be looked into for its precise and correct observation and evaluation for the purposes of ultimate improvisation. Update and upgrade are never possible until and unless one is objective enough to appreciate and understand the “Inbuilt Strengths” and “Consequential Weaknesses”. It is the process of consolidation of the strengths and eradication of the weaknesses that turns out to be core of the “Vertical” as well as “Horizontal” development of an institution including the one which is catering to the cause of medical education”.

The report was placed before the Executive Committee and thereafter before the General Body of the Council at its meeting held on 21st-22nd June, 2001. The decision of the Council was as follows.

“51. Accreditation of medical teaching institutions (UG Level).

Read:- The matter with regard to accreditation of medical teaching institutions (UG level) along with the proceedings of the workshop held in the Council office on 3rd April, 2001 as well as comments received from Dr. B. Ray Choudhuri, Dr. T.K. Parthasarthy, Dr. S. Chandrashekar Shetty and Dr. K.R. Shetty and decision taken by the Executive Committee at its meeting held on 24/4/2001.

The Council noted that a Sub-Committee consisting of three members with Dr. B. Ray Chaudhuri as its Chairman was constituted in March, 1998 to scrutinise the feasibility of accreditation being applied to medical institutions in the country along with evolving the necessary modalities thereof. The recommendations of the Sub-Committee were considered at the workshop held in the Council office on

3.4.2001 where the participants were Council members, Vice-Chancellors of Universities of Health Sciences and Deemed Universities as well as representative of National Assessment Accreditation Council and the All India Council of Technical Education.

Council also noted that the proceedings of the Sub-Committee were placed before the Executive Committee at its meeting held on 24.04.2001. The Executive Committee had considered the recommendations of the Workshop along with the observations received from the participants.

Council also noted that while accepting the recommendations of the Workshop the Executive Committee had decided to take steps to get accreditation component included as part of the Indian Medical Council Act, 1956 to initiate action to assess certain willing institutions for accreditation with the Council.

The Council accepted the recommendations of the Workshop as accepted by the Executive Committee with the observations received from some members”.

As per the above decision, a Task Force was appointed with Late Dr. B. Ray Chaudhuri (Chairman), Dr. Ved Prakash Mishra & Dr. S. Chandrashekhhar Shetty as Members. The Task Force at its meeting held on 27/8/2001 made certain suggestions including the following:-

Necessary steps to be taken to amend the IMC Act to empower the Council to implement the proposal through appropriate rules & regulations.

The white paper as approved be circulated to all recognized undergraduate medical institutions calling for voluntary participation of medical colleges for a pilot study on accreditation.

Council to prepare a panel of evaluators with appropriate credentials.

Orientation course to be organised for the empanelled evaluators.

A programme to be operated through the Medical Education Cell of the Council for the present.

Three documents namely accreditation of medical education programme, internal quality assurance and enhancement and grading of institutions by NAAC: a Meta – evaluation placed before the Task Force by Dr. Shetty were given to the members of the task force for sending their comments to Dr. B. Ray Chaudhuri with a copy to Secretary, MCI.

As per the above decision, the Principals of all recognized medical colleges were addressed vide Council's letter dated 4/9/2001 to let us know whether they are interested to be taken up for pilot study on accreditation. 27 medical colleges had expressed their willingness for the pilot study as per list attached.

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 Task Force on Accreditation of medical degree programmes in another meeting on 17th April, 2003 observed as under:-

That the preamble included in the document on Assessment & Accreditation of Medical Colleges/Institutions in the country along with unitary document worked out by Rajiv Gandhi University of Health Sciences, Bangalore and document on weightage percentile score on the basis of compliance to the unitary requirements for the purpose of accrediting together shall be the document on Accreditation on Medical Institutions in its totality.

In the light of said documents and for validation of the same the Council had sought the consent from various colleges all over the country for experimental evaluation, in response to which about 27 medical colleges have communicated their consent. As a matter of fact consequent upon this the tasks that need to be tackled are as under:-

Processing the amendment required to be made to the Act which has been formulated as an additional entry as Section 11(A) and also a parallel amendment to Section 33 by insertion of an additional entry as (mb) to the Indian Medical Council Act, 1956.

In the meantime it is necessary that a panel of evaluators be identified. The Committee proposes the eligibility in terms of qualification and experience for such evaluators to be on par with the Whole-time Inspectors. The said identified evaluators in the form of a panel will have to be oriented in regard to the process and procedure of the accreditation and dispensation tasks thereof. It is emphasised that the said process shall be under the jurisdiction of MCI and hence for the purpose of co-ordination this Committee be christened as National Accreditation Board of the MCI. This will also necessitate creation of an independent “Accreditation Cell” in the Council which should be headed by a person not below the rank of Deputy Secretary in the Council to be assisted by a Head Clerk, a Steno/Typist, a Statistician and a Peon.

- (c) The Committee was informed by the Secretary that in view of the extensive work load with the staff of the Council, as of now for effective and smooth functioning the said Cell should be carved out separately and it is advisable if the same is created in terms of posts out of the financial resources of the Council to begin with during the pendency of approval to the amendment to the Act, that has been proposed by the Council to the Govt. of India. This shall facilitate immediate undertaking of

the task so that the process and concept of accreditation gets going across the medical institutions in the country.

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 new provisions which are to be considered for inclusion in the Act for giving effect to the proposal for accreditation as quality assurance mechanism may be on the following lines:-

*To add a new
Section 11A*

“11A. The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes on the basis of quality assurance.”

Section 33

May be amended to add a new clause, namely:-

(m,b) the establishment of Board of Accreditation procedure for conduct of its business, guidelines, norms and guidelines for amendment and accreditation of medical degree programmes, withdrawal of accreditation etc.”

It was also observed that the workshop has already prepared a list of benchmarks and weightage score to be applied for accreditation as under:-

BENCHMARKS:

What are the intended outcomes for a programme? How do they relate to the subject benchmark information? Are they appropriate to overall aim of the programme?

How does the subject provider ensures that the intended outcomes for programmes are identified and that the curricular contents are directly linked to them?

Does the assessment process enable learners to demonstrate achievement of the intended outcomes and internal and external examiners to distinguish between different levels of attainment?

How are the intended outcomes of a programme communicated to staff, students and external examiners?

What indicators are there that standards achieved by the learners meet or exceed the minimum expectation for the award as measured against the subject benchmark?

How does the subject provider review and seek to enhance standards?

The Workshop had also recommended that the five main areas included in the model formulated by AICTE (NBA) be accepted principally for the purposes of evaluation for accreditation of medical colleges by the Council. Nomenclature of the input “Industry Institution Interaction” as included in the National Board of Accreditation of All India Council of Technical Education model be re-worded as “Society Institution Interaction”. Likewise, the Workshop recommends that the questionnaire tagged with the said model for the purpose of eliciting of responses in regard to the unitised five areas be accepted by and large with suitable alterations wherever necessary. The procedure of evaluation along with the steps included therein and also the periodicity and the manner of the inspection and reporting thereon be also accepted.

The Workshop also has recommended that the various inputs which to be included for the purposes of accreditation of medical colleges/institutions to be in the perspective of institutional goal determined by MCI so that all the vital areas in terms of material, infrastructure, personnel including teaching and non-teaching staff, students, teaching and training patterns and processes, extension work, the research activities and the quality of the products are given adequate weightage. A total compliance with the said minimum requirements commensurate with the annual intake capacity at par with governing regulations only shall not entitle a college to be “accredited”. This shall mean that for a college which is expected to be entitled for an accreditation grade the pre-requisite shall be a total compliance with the minimum requirements as included in the governing regulations. The accruable accreditation grades thereon shall be 3 namely “A,B,C” based on the weightageable percentile score on the basis of compliance with the specific inputs as indicated, herein below.

WEIGHTAGEABLE PERCENTILE SCORE ON THE BASIS OF COMPLIANCE WITH THE SPECIFIC INPUTS FOR THE PURPOSE OF GRADING

I.	MISSION, GOALS AND ORGANISATION	100
	MANAGEMENT	50
a)	Mission & goals	10
b)	Commitment	10
c)	Attitude	10
d)	Planning & monitoring	10
e)	Incentives & effectiveness	10
1.2	Organisation and Governance	50
a)	Leadership & motivation	10
b)	Transparency	10
c)	Decentralization & delegation	10
d)	Involvement of faculty	10
e)	Efficiency	10
II.	AVAILABLE RESOURCES AND THEIR UTILISATION	125
	Capital resources	20
	Allocation for Operational activities	10
	Allocation for Maintenance	10
	Allocation for Development	10
	Land	20
	Buildings	10
	Hostels	10
	Support services (electricity, water, communication etc.)	10
	Office equipment	05
	Canteen	05
	Transport	05
	Medical facilities	10
III.	HUMAN RESOURCES	200
	Faculty :	
	Numbers	20
	Academic / Professional upgradation	20
	Recruitment procedures	20
	Teaching load	20
	Extension programme participation	20
	Faculty development programmes	20
	Performance appraisal	10
	Faculty involvement in management	10
	Attitudes and commitment	10
	Supporting Staff:	
	Numbers, Qualifications & Skills	20
	Recruitment procedures	10
	Attitudes and involvement	10
	Skill upgradation & Performance appraisal	10
IV.	STUDENTS	100
a.	Admission:	
	Admission process	05
	Aptitude assessment	05
	Competitive examination and/or Interview	05
	Any reservation other than Constitutional ones	05
	Academic results of last 5 years	10
	Performance in competitive exams of last 5 years	10
	Admission to PG Courses of last 5 years	10
	Co and extra- curricular Participation	10
	Percentage of employed students in a year	10

	<i>Meritorious achievements of graduates of last five years</i>	10
	<i>Existence of active Alumnus Association</i>	10
	<i>Institutional support thereof</i>	10
TEACHING LEARNING PROCESS320		
<i>Curriculum:</i>		
	<i>Compatibility of the programmes with goals and objectives</i>	10
	<i>Initiation, review and redesign of programmes</i>	10
	<i>Feed back on programmes and interaction with academic peers and employees</i>	10
	<i>Programme options</i>	10
ii.	<i>Community orientation</i>	10
	<i>Horizontal and vertical integration</i>	10
	<i>Feed back from students</i>	20
	<i>Removal of obsolete and introduction of contemporary concepts</i>	10
	<i>Bridge courses</i>	20
iii.	<i>Academic Calendar : No. of instructional days</i>	10
	<i>Evaluation procedures and feed back</i>	15
iv.	<i>Community outreach programmes</i>	25
v.	<i>Innovations in education : Library facilities: No. of Books, CD ROM/Internet, Audio Video Cassettes, Level of automation and Computerization</i>	20
	<i>Computer education and additional programmes</i>	15
	<i>Lab – facilities</i>	25
b.	<i>Internship:</i>	
	<i>Structure</i>	10
	<i>Orientation</i>	20
	<i>Method of monitoring</i>	20
c.	<i>Research and publication</i>	
	<i>Institutional support for research UG & PG</i>	10
	<i>Research projects and Support by external agencies</i>	20
	<i>Publications</i>	20
VI.	<i>Community – Institution Interaction</i>	90
i.	<i>Community orientation in Teaching</i>	20
	<i>Extension services</i>	10
	<i>Community visits</i>	10
	<i>Project work</i>	10
	<i>Placement</i>	10
	<i>Interaction of institutions with parents/ Guardians</i>	10
	<i>Ethos/Environment of college</i>	10
	<i>Grievance & Redressals</i>	10
VII.	<i>Health Practices</i>	65
	<i>Any mechanism/process of internal quality checks</i>	15
	<i>National/International linkages established for training</i>	10
	<i>Practices of the college to impart value based education</i>	20
	<i>Sensitization to latest managerial concepts such as strategic planning, team work, decision making and computerization</i>	10
	<i>Efforts of the college towards all round personality development of the learners</i>	10
<i>Total</i>		1000

The award of grading shall be as under:-

<u>Grade</u>	<u>Nomenclature</u>	<u>%Score</u>
A	Excellent	81% and above
B	Good	66 to 80%
C	Above Average	51 to 65%

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 process of accreditation of medical colleges should be carried out by the Council itself and necessary steps in this direction may be taken by the office in this regard."

It may please be noted that the above decision of the Executive Committee dated 24.08.2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present was communicated to the Director, National Assessment & Accreditation Council, Bangalore on 19.09.2007 in response to their letter dated 06.08.2007."

55. Appeal against the Order dated 13.6.2006 passed by the Punjab Medical Council on the complaint made by Mr. Harnek Singh.

Read: The matter with regard to Appeal against the order dated 13.6.2006 passed by the Punjab Medical Council on the complaint made by Mr. Harnek Singh 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 decided to approve the following recommendations of the Ethics Committee:-

"The matter was considered by the Ethics Committee at its meeting held on 15-12-2006 and it was decided as under:-

"The Ethics Committee considered the appeal against the order dated 13.6.2006 passed by the Punjab Medical Council made by Mr. Harnek Singh. The statement of Mr.Harnek Singh before the Ethics Committee is as follows:-

STATEMENT OF MR.HARNEK SINGH

I, Mr. Harnek Singh would like to state that I am not satisfied with the decision of the Punjab Medical Council in respect of the death of my wife for which Dr. Gurmit Singh and Dr.Atul Mishra are responsible PMC issued order infavour of Dr. Gurmeet Singh on the basis of Dr. Mishra reply which he gave in Hon'ble Court.

I alleged gross professional incompetence, negligence, recklessness and deficiency of service on the part of both the doctors on several grounds including inadequate investigations, pre-operatively, careless performance of surgery leading to bile duct/colon injury, casual and negligent care and conduct in the post operative period, willful misguiding of the complainant & the relatives about the nature of the problem and willful disposal of the patient by unnecessarily sending her to Dr. Mishra in another city at midnight without any help and failure to supply the patient's treatment and operation records inspite of several requests. Dr. Mishra failed to objectively analyse the CT scan report conducted at 2.30 a.m. on 31.07.2004 and linger on the patient to die. Dr. Mishra also distorted actual facts of original hospital file in Annexure - I.

Even Dr. Mis hra misguided the Hon'ble Court during cross examination that there was no peritonitis and bile duct injury where as it is also written on the death certificate. Dr. Gurmeet Singh forged the intake/ output chart of nurses himself.

The U.P. Medical Council has not taken up this case even more than 1½ year have passed. I do hereby submit a fresh list of d ocuments which includes the cross examination of Dr.Gurmit Singh and Dr.Atul Mishra in the Consumer Protection Act. The decision of the Consumer Protection Court has not yet been delivered.

I appeal to consider this case efficiently and sympathetically.

Sd/-
(Harnek Singh)
Complainant

The Ethics Committee after considering the statement of Mr. Harnek Singh decided to call Dr. Gurmit Singh and Dr. Atul Mishra at 11.00 a.m. and 3.00 p.m. in the 1st day of its next meeting respectively alongwith parawise comments on the complaint lodged by Mr. Harnek Singh as well as all relevant treatment documents including the operation note and investigation reports. “

As per above decision, Dr. Gurmeet Singh and Dr. Atul Mishra were requested to appear before Ethics Committee on 5th January, 2007 vide Council's letter dated 22-12-2006.

The matter was considered by the Ethics Committee at its meeting held on 5.01.2007 and it was decided as under:-

“The Ethics Committee considered the appeal against the order passed by the Punjab Medical Council made by Mr. Harnek Singh and noted that Dr. Gurmeet Singh & Dr. Atul Mishra were asked to appear before the Ethics Committee on 5.1.2007. Dr. Atul Mishra without information to this Council did not appear before the Ethics Committee and Dr. Gurmeet Singh have asked for time to appear for preparation of his parawise comments.

In view of above, Ethics Committee decided to call both of them at 12.30 p.m. in its next meeting.”

As per above decision, Dr. Atul Mishra and Dr. Gurmit Singh were requested to appear before the Ethics Committee on 19.02.2007 at 12.30.p.m vide Council's letter dated 29.01.2007.

The matter was considered by the Ethics Committee at its meeting held on 19.02.2007 and it was decided as under:-

“The Ethics Committee considered the appeal against the order dated 13.6.2006 passed by the Punjab Medical Council and noted that Dr. Atul Mishra & Dr. Gurmit Singh were requested to appear before the Ethics Committee on 19.2.2007 at 12.30 p.m.

STATEMENT OF DR. ATUL MISHRA

I, Dr. Atul Mishra did my MBBS from King George's Medical College, Kanpur in year 1992 and did my MS (General Surgery) in the year 1996 from the same institute. I did my FRCS in 1998. My date of birth is 14th October, 1970. My registration is 37021 of U.P. Medical Council.

I am submitting herewith before the Ethics Committee parawise reply of the complaint lodged against me alongwith all the relevant documents.

Q. Don't you feel in this particular case, if the conventional method was used the abdomen was open and this could be detected?

Ans. It would have been if suspected per operatively.

Q. Don't you think it is a high risk case from the very beginning?

Ans. I agree.

Q. Do you think It was not properly evaluated before doing the first surgery?

Ans. It may be or may not be.

Q. Do you expect to get bilateral pleural effusion and pulmonary collapse as a result of lapchole?

Ans. Not commonly. When she came to me it was there.

Q. Do you feel if the abdomen would have been opened when the patient complained of pain, distension and there was some tenderness and increase of leak?

Ans. It is very difficult to answer. If there is a doubt per operatively, I would have been done it.

Q. When did the colonie leak and what do you think is the cause of colonie rupture in this case?

Ans. Colonic leak occurred late and possibly cause was thermal injury.

Q. Can the colonie rupture be a result of the first surgery?

Ans. May or may not be.

Q. Was there signs of biliary injury and biliary peritonitis in this case.

Ans. There was sign of biliary leak but not peritonitis initially it occurred late when colonic leak occurred.

*Sd/-
(DR. ATUL MISHRA)*

STATEMENT OF DR. GURMEET SINGH

I, Dr. Gurmeet Singh did my MBBS from Govt. Medical College, Patiala in year 1978 and did my MS (General Surgery) in the year 1982 from the same institute. My date of birth is 6th August, 1957. My registration is 20789 of Punjab Medical Council.

I am submitting herewith a written reply (parawise) to the complaint alongwith all the relevant documents.

Q. Do you give drain as a routine procedure?

Ans. Yes

Q. Do you expect the injury to the Bile Ductin this case?

Ans. I was suspecting the minor leakage.

Q. Why did you refer the case to some other place?

Ans. For proper evaluation, investigations and management.

Q. Do you expect the drainage leakage to increase day by day?

Ans. In this case it was increasing day by day and was a matter of concern for me.

Q. Do you expect major billiary injury?

Ans. No Sir.

Q. Do you expect colonic injury?

Ans. No Sir

Q. You thought it was a case of acute pancreatitis?

Ans. No

Q. Do you find any symptoms of Billiary Pentonitis or Bile Duct injury causing increase of drainage?

Ans. On examination of abdomen, no abnormality was found and the patient was fine throughout.

Q. Was there pain in abdomen?

Ans. She had slight abdominal pain.

Q. The absence of the bile does pertain to Billiary Peritonitis?

Ans. I cannot say.

Q. Why did you not open the abdomen in conventional method?

Ans. It would have been blunder on my part in hurry without investigating the patient.

Q. What investigations do you need?

Ans. We need CT Scan, ERCP which were not available.

Q. Did you consult any other colleague?

Ans. Yes, I consulted one of my friends Dr. Dhall, whose opinion I sought.

Q. When there was patient complaining of pain and there was little increase of drainage, did you ask for the investigations as such Hb, LFT, USG or culture?

Ans. Yes, all these investigations were done. Those reports are submitted alongwith my submissions.

*Sd/-
(DR. GURMEET SINGH)*

The Ethics Committee decided to obtain expert opinion as to whether there is any negligence in the part of Dr. Gurmeet Singh & Dr. Atul Mishra, HOD, Surgery, AIIMS & HOD, Surgery, KGMC, Lucknow in this case."

As per above decision, Prof. & HOD , Deptt. of Surgery, AIIMS, New Delhi and Prof. & HOD , Deptt. of Surgery, King George's Medical College, Lucknow were requested to provide their expert opinion vide Council's letter dated 7.03.2007.

In response to above, Prof. & HOD , Deptt. of Surgery, AIIMS, New Delhi has sent a letter dated 15.04.2007 in which it is stated as under :-

"I have gone through the records of the case provided by you in the above-mentioned case. I submit my views as below:-

"Patient Manjit Kaur w/o Harnek Singh underwent Laparoscopic Cholecystectomy on 28th July, 2004 by Dr. Gurmeet Singh who seems to be an experienced surgeon keeping himself up- to- date by attending conferences and workshop related to Laparoscopic surgery. However as per records, the patient did not

recover from the operation and kept deteriorating in terms of increased abdominal pain, distension, tachycardia, tachypnoea, requiring investigations at the local hospital and subsequently at D.M.C. Ludhiana.

Patient was referred to D.M.C Ludhiana on 30/31st July, 2004. Re-operation (laparotomy) was performed at D.M.C Ludhiana on 3/8/2004. The findings at laparotomy confirmed it to be a case of large bowel perforation, which could be iatrogenic, related to the laparoscopic procedure. Appropriate surgical intervention was done on a by now very sick patient. Patient died on 11th August, 2004.

Comment : It appears on the basis of available records that the diagnosis and operative intervention for generalized peritonitis as a result of bowel perforation was significantly delayed first at the local hospital and subsequently at D.M.C. Ludhiana and lead to the unfavourable outcome."

The Prof. & HOD , Deptt. of Surgery, King George's Medical College, Lucknow vide has sent a dated 27.07.2007 in which it is stated as under :-

"Please refer to your letter no. MCI-211(2)(400)2006-Ethics/28402 dated 7th March, 2007 and letter no. MCI-211(2)(400)2006-Ethics/30903 dated 26th March, 2007 for expert opinion regarding the negligence on the part of Dr. Gurmeet Singh and Dr. Atul Mishra.

After minutely scrutinizing the records and literature sent by you, I feel that there is no negligence on the part of Dr. Atul Mishra.

In case of Dr. Gurmeet Singh also, as per records it appears that he is not negligent his duties towards Mrs. Manjeet Kaur during her stay in his hospital and has given care to best of his proficiency and available facilities. However, following relevant observations are made :-

1. Pre-operative clearance from Cardiologist was taken.
2. Pre-operative correction of anaemia by three unit of blood done.
3. Pre-operative consent paper has been signed which mentions the possibility of fatality and likelihood of complication.
4. Post-operative second opinion was taken by Dr. Gurmeet Singh.
5. Records of Preet Hospitals are present in document sent by you, but recorded CD of Surgery in not available.
6. In his statement of complaint, he mentions that both Dr. Gurmeet Singh and Dr. Atul Mishra are qualified medical professionals.
7. Shifting of patient was done in distant hospital where better GI & ventilatory facilities are claimed. However, availability of these facilities in local city is matter of survey, which should be sought for.
8. Minor bile leak during surgery in accepted by Dr. Gurmeet Singh, which kept on increasing in post-operative period.
9. Bowel perforation and bile duct injuries were noted in surgery done by Dr. Atul Mishra at Ludhiana."

The Ethics Committee considered the matter with regard to appeal against the order dated 13.6.2006 passed by the Punjab Medical Council and perused all the documents pertaining to this case and has called and recorded the statement of Mr. Harnek Singh, complainant at its meeting held on 15.12.2006.

It has further recorded the statement of two doctors namely Dr. Atul Mishra and Dr. Gurmit Singh against whom the complaint were lodged. The statement of Dr. Atul Mishra was recorded on 19.2.2007. The Hon'ble members of the Ethics Committee questioned and obtained answers from Dr. Atul Mishra on different aspects of statement of this case.

Dr. Gurmit Singh was also called to appear before the Ethics Committee and his statement was also recorded. He has submitted a written reply and the Ethics Committee have perused his written reply and para wise comments of this case. Moreover the Hon'ble members of the Ethics Committee put some questions to Dr. Gurmit Singh and obtained the answers and these are all matter of record.

In addition to that the Ethics Committee has decided to request Professor & HOD of Surgery, AIIMS, New Delhi and Prof. & HOD of Surgery, KGMC, Lucknow to kindly assist the Ethics Committee by going through all the records of the case and give their opinion regarding this matter. Accordingly, Prof. & HOD of Surgery, AIIMS, New Delhi has given his opinion in writing and also Prof. & HOD, KGMC, Lucknow has sent his opinion.

The Ethics Committee after perusal of all the above documents have come to the conclusion that –

1. In case of Dr. Atul Mishra, no case of medical negligence can be established against him. Therefore, the Ethics Committee decided to drop the matter against Dr. Atul Mishra and exonerate him from the charges.
2. Ethics Committee found that Dr. Gurmit Singh has failed to exercise adequate medical competence in treating the patient as is apparent from the following points:-

- a. *There was a large bowl perforation after laparoscopic operation. This complication which though not known in normal course of time, had occurred in this particular case. This complication could have been prevented if care had been exercised during the procedure by Dr.Gurmit Singh.*
- b. *More important Dr.Gurmit has failed to suspect the occurrence of complication despite following warning signs/symptom –*
 - i) *the patient not recovering after operation.*
 - ii) *the patient increasingly deteriorating.*
 - iii) *there were strong indication of complication occurring after the procedure. Thereafter his failure to detect all these conditions lead to delay in diagnosis all perforation of bowl and has lead a situation of avoidable delay which causes increased deterioration of the patient.*

Keeping the above in mind, the Ethics Committee decided to issue a strict warning to Dr.Gurmit Singh to be more careful during the procedure and to be more diligent in treating and monitoring his patients during and after operation. This warning is to be recorded against his name in the Indian Medical Register.

This decision may be communicated to Punjab Medical Council also.”

56. Grant of Provisional/Permanent registration to Dr. Naveen Sharma as per the Orders of the Hon’ble Delhi High Court in LPA No.1092 of 2006.

Read: The matter with regard to Grant of Provisional/Permanent registration to Dr. Naveen Sharma as per the Orders of the Hon’ble Delhi High Court in LPA No.1092 of 2006

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that Dr. Naveen Sharma after completing 10+2 course had undergone six years of medical education in Plevan University in Bulgaria. He had joined the said University in 1998 and on successful completion of the said course was awarded degree in Medicine in the year 2004. He had applied for provisional registration u/s 13(3) of the Indian Medical Council Act,1956 on 12th April, 2005 after passing the Screening Test conducted by National Board of Examinations but the registration was not granted as he suffered from two disabilities, viz. (1) he has not obtained 50% marks in aggregate in Physics, Chemistry and Biology in +2 examination and (2) he was not 17 years old when he had joined medical university in Bulgaria.

Being aggrieved by the decision of the Council, Dr. Naveen Sharma had filed a Writ Petition (Civil) No. 3221/2006 before the Hon’ble Delhi High Court which was dismissed by the Learned Single Judge. He had filed an L.P.A. before the Hon’ble Delhi High Court. The Learned Division Bench of the Hon’ble Delhi High Court (Coram) C.J and Mr. Justice Sanjeev Khanna vide its order dated 20th December, 2007 had allowed the Appeal and has further held that Dr. Naveen Sharma is covered by clause 6(b) of the guidelines. The operative part of the order of the Hon’ble Delhi High Court reads as under:-

“.....In view of the findings given above, we allow the present appeal and it is held that Dr. Naveen Sharma is covered by Clause 6(B) of the guidelines.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in the instant case, one of the disabilities pertains to Regulation 4 of Admission/Selection of the candidates i.e. not completing 17 years on or before the first day of July of the year and the second disability pertain to the eligibility criteria prescribed under Regulation 5 of the Graduate Medical Education Regulations, 1997 regarding not obtaining 50% marks in Physics, Chemistry and Biology taken together in 10+2 examination.

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 Hon’ble Supreme Court in its 2002 order had dealt with the disabilities pertaining to the period of study and the eligibility criteria as prescribed under Regulation 5 of the Graduate Medical Education Regulations, 1997 but the said order did not cover the disability under Regulation 4 of the Graduate Medical Education Regulations, 1997.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in the case of Dr. Naveen Sharma, so far as the qualifying criteria for the selection of students are concerned, there was only single disability – i.e. not obtaining 50% in aggregate in Physics, Chemistry & Biology in 10+2 examination.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that vide para 21, the Hon'ble Delhi High Court has passed the following order:-

“..... In view of the findings given above, we allow the present appeal and it is held that Dr. Naveen Sharma is covered by clause 6(B) of the guidelines”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to grant permanent registration to Dr. Naveen Sharma as per the directions of the Hon'ble Delhi High Court and in accordance with the guidelines issued by the Hon'ble Supreme Court vide clause 6(B) of its 2002 order and as he has single disability of not obtaining 50% in aggregate in Physics, Chemistry & Biology in 10+2 examination as per Regulation 5 of the Graduate Medical Education Regulations, 1997 pertaining to the eligibility criteria for admission of students

57. Report to Committee on Ragging for Curbing Ragging Activities – Reg.

Read: The matter in light of the Order of the Hon'ble Supreme Court of India dated 18.12.2007 with regard to Ragging for Curbing Ragging Activities.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following communication sent by the Council dated 7.12.2007 to the Director, Ministry of Human Resource Development, New Delhi:

“With reference to your letter No. 9-98/2006-U.5, dated 14/11/2007, I am to convey that in light of the decision taken at the meeting held on 14/11/2007, all the Deans/Principals of all 271 Medical Colleges vide Council letter dated 14/11/2007 were requested to send the feed back on the incidents of ragging in Medical Colleges/Institutions.

As on date, 58 Medical Colleges have submitted the feed back on the incidents of ragging in Medical Colleges/Institutions, as per the prescribed Performa. The Details are as under for your further necessary action: -

- 1) *Anti Ragging Squads were constituted in 54 Medical Colleges out of 58 Medical Colleges. (List enclosed as Annexure 'A')*
- 2) *Anti Ragging Committee were constituted in 53 Medical Colleges out of 58 Medical Colleges.*
- 3) *Prospectus mentioned for possible action against ragging by 55 Medical Colleges out of 58 Medical Colleges.*
- 4) *Name, Telephone Numbers of the authorities to be contacted have been published/made available for freshers, have been provided by all 58 Medical Colleges.*
- 5) *Students are allowed free assess of phones in Hostel for timely reporting by all 58 Medical Colleges.*
- 6) *Senior counseled in all 58 Medical Colleges.*
- 7) *Freshers counseled in all 58 Medical Colleges.*
- 8) *Orientation courses for freshers have been conducted by all 58 Medical Colleges.*

Out of the 58 Medical Colleges, four colleges have reported the cases of ragging and such students have been punished by way of suspension, but no FIR has been lodged against the students, as per the information supplied by these institutions which are as under : (Annexure – 'B')

- i) *Sri Aurobindo Institute of Medical Sciences, Indore*
- ii) *R.D. Medical College, Ujjain*
- iii) *Netaji Subhash Chander Medical College, Jabalpur*
- iv) *Mamta Medical College, Khammam”*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that after the above communication was sent to the Committee appointed by the Hon'ble Supreme Court, information has been received from 64 more medical colleges.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that out of 118 medical colleges, 14 colleges have reported the cases of ragging and such students have been punished by way of suspension as under:-

Sl.No.	Name	No. of incidents	No. of students punished
1.	Sri Aurobindo Instt. of Medical Sciences, Indore	23	23
2.	R.D. Gardi Medical College, Ujjain	--	03
3.	Netaji Subhash Chander Medical College, Jabalpur	--	--
4.	Mamta Medical College, Khammam.	--	02
5.	Maulana Azad Medical College, New Delhi.	--	02
6.	Sikkim Manipal Instt. of Medical Sciences, Gangtok.	04	04
7.	Dr. B.R. Ambedkar Medical College, Bangalore.	01	01
8.	People's College of Medical Sciences & Research Centre, Bhopal.	07	07
9.	H.M. Patel Centre for Medical Care & Education.	02	12
10.	Calicut Medical College, Calicut.	02	02
11.	GSL Medical College, Rajahmundry.	--	03
12.	JIPMER, Puducherry.	01	02
13.	Vinayaka Mission's Kirupananda Variyar Medical College & Hosptial, Salem.	--	--
14.	Rajiv Gandhi Medical College, Thane.	01	02
Total:		41	63

The Committee also noted that 3 medical colleges namely Sikkim Manipal Institute of Medical Sciences, Gangtok, Dr. B.R. Ambedkar Medical College, Bangalore, Calicut Medical College, Calicut have lodged FIR against the students as per the information supplied by these institutions.

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 directed the office of the Council to send the compiled information to the Committee appointed by the Hon'ble Supreme Court.

58. **Selection for the post of Deputy Secretary(Medical) in the office of the Medical Council of India.**

Read: The recommendation of the Selection Committee for the post of Deputy Secretary (Medical) 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 meeting held on 28.12. 2007 for the post of Deputy Secretary (Medical) in the office of the Medical Council of India that none of the candidate who appeared for interview was selected.

59. Departmental promotion to the post of Assistant Secretary in the office of Medical Council of India.

Read: The minutes of meeting with members of National Commission for Scheduled Castes, New Delhi held on 21.11.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the National Commission for Scheduled Castes, New Delhi had requested the Secretary to attend the discussion with all the relevant records pertaining to the case of promotion of Shri Babu Ram Manuwal on 21.11.2007. The Secretary along with Deputy Secretary (Admn.) Shri A.K. Harit had attended the meeting. The minutes of the proceedings are as under:-

"The Hon'ble Member heard both the parties & the relevant records were also verified. The Rosters were also checked & irregularities were noted for which the Hon'ble Member desired that the same be rectified expeditiously & the Petitioner's grievances settled.

The DPC while considering the name of Shri Babu Ram Manuwal has not taken into account the clause 3 of the note of the RRs for providing relaxation to the reserved candidates. The Hon'ble Member advised to hold Review DPC keeping into account rule of reservation to the extant rules of Recruitments. ATR may be submitted to NCSC by 15-1-2008."

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 directed the office to furnish the status report in respect of the promotions granted for the posts of Section Officers and above in the office of the Council in the last 10 years, particularly with reference to the relaxation recommended by the DPC and place the same at the next ensuing meeting of the Executive Committee. It was also decided that the National Commission for Scheduled Castes, New Delhi be requested to grant extension of time to the Council for filing its action taken report with regard to the proceedings dated 21.11.2007 for a period of 2 months.

60. Departmental promotions to the post of U.D.C. in the office of the Medical Council of India.

Read: The recommendation of the Departmental Promotion Committee to the post of U.D.C 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 Departmental Promotion Committee meeting held on 28.12.2007 for the post of U.D.C in the office of the Medical Council of India as under:-

"A list of 7 departmental candidates in the Grade of L.D.C. was put before the Departmental Promotion Committee. It has been observed that there are four posts of U.D.C. (Gen.) and one post of Store Keeper (Gen.) lying vacant in the Council. After perusal of the records/data submitted before the Committee it has been observed that all the L.D.Cs. mentioned in the list have rendered the qualifying services of 8 years. Annual Confidential Reports of the following employees do not contain any adverse remarks and no vigilance case is pending against them.

The Committee further observed that Sh. Amarjeet Singh, who is at Sl. No.2 in the seniority list has been placed under suspension w.e.f. 06/03/2007. As per procedure the findings of D.P.C. about the suspended employee will be kept in a sealed cover. Hence, the findings of the D.P.C. about Sh. Amarjeet Singh is kept under sealed cover till the disciplinary case is concluded.

Committee recommends for promotion of the following L.D.Cs. to the post of U.D.C.: -

<u>S.No.</u>	<u>Name</u>	<u>Category</u>
1.	Mrs. Seema Gupta	Gen.
2.	Mrs. Manju Gosain	Gen.
3.	Mrs. Poonam Sharma	Gen.
4.	Mrs. Rajeshwari Kukreja	SC"

61. Procurement of Power Cable & Earthing for installation and commissioning of one DG Set of 500 KVA capacity.

Read: The matter with regard to Procurement of Power Cable & Earthing for installation and commissioning of one DG Set of 500 KVA capacity.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council and decided to approve the following recommendation of the Purchase Committee:-

“

Based upon the comparative statement, the following suppliers are placed at L-I, L-II and L-III.

<i>Position</i>	<i>Power Cable</i>	<i>Earthing</i>
<i>L-I</i>	<i>Cap Cab India Ltd. (Rs.704.70)</i>	<i>Cap Cab India Ltd (Rs.1550.00)</i>
<i>L-II</i>	<i>Ajanta Electric Industries (Rs.751.00)</i>	<i>A.P. Electrical Industries (Rs.1670.00)</i>
<i>L-III</i>	<i>Sam Cables & Conductors (P) Ltd. (Rs.840.00)</i>	<i>Seth Sham Narain Gupta & Sons (Rs.5900.00)”</i>

62. Sri Lakshmi Narayan Institute of Medical Sciences, Pondicherry - Renewal of permission for admission of 3rd batch of MBBS students for the academic session 2008-2009.

Read: The Council Inspectors report (26th & 27th December, 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2008-2009 at Sri Lakshmi Narayan Institute of Medical Sciences, Pondicherry.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th December, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 150 (One hundred fifty) MBBS students at Sri Lakshmi Narayan Institute of Medical Sciences, Pondicherry for the academic session 2008-09.

63. Excess Admission of one student into Ist year of MBBS course at Govt. Medical College, Nagpur for the academic year 2007-2008.

Read: The matter with regard to excess admission of one student into Ist year of MBBS course at Govt. Medical College, Nagpur 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 issue the discharge notice u/s 10B of the Indian Medical Council Act, 1956 in respect of 01 (one) student who is lowest in merit and admitted over & above the sanctioned intake capacity of the college.

64. 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 noted that the following medical colleges/institutes have not submitted the required list :-

1. SRTR Medical College, Ambejogai.
2. Chennai Medical College & Research Institute, Chennai.

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 a communication be sent to the Chief Secretary of the State requesting him to instruct the Dean of the above said medical colleges to submit the information pertaining to the admitted students immediately.

65. Establishment of new medical colleges – Requests received from the applicant Societies/Trusts to conduct combined inspection for LOI/LOP after 31st December, 2007.

Read: The applications received from the applicant Societies/Trusts with regard to conduct the combined inspection for LOI & LOP after 31st December, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following applicant Societies/Trusts have informed that they would like to have a combined inspection for issuance of Letter of Intent/Letter of Permission together after 31st December, 2007:-

S.N.	Name of the college	Request Received
A. (i)	<u>Establishment of new medical college - Request received before arrangement of inspection.</u>	
1.	Establishment of a new medical college at Adilabad by Govt. of Andhra Pradesh	Requested to carry out the inspection LOI/LOP during the months April-May, 08 vide DME & Health Secretary, A.P. vide letters dt. 16.11.2007 & 17.11.2007
2.	Establishment of a new medical college at Srikakulam by Govt. of Andhra Pradesh	Requested to carry out the inspection LOI/LOP during the months April-May, 08 vide DME & Health Secretary, A.P. vide letters dt. 16.11.2007 & 17.11.2007
3.	Establishment of a new medical college at Ongale by Govt. of Andhra Pradesh	Requested to carry out the inspection LOI/LOP during the months April-May, 08 vide DME & Health Secretary, A.P. vide letters dt. 16.11.2007 & 17.11.2007
A (ii)	<u>Establishment of new medical college - Inspection arranged but postponed after the request received from the concerned authorities</u>	
4.	Establishment of a new medical college at Thiruvarur by Government of Tamiulnadu.	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the inspection during the 2 nd week of Feb., 08 for grant of both LOI and LOP vide institute letter dated 6.12.2007
5.	Establishment of a new medical college at Dharmapuri by Government of Tamiulnadu.	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the inspection during the 2 nd week of Feb., 08 for grant of both LOI and LOP vide institute letter dated 6.12.2007
6.	Establishment of a new medical college at Puducherry in the name of Perunthalaivar Kamaraj Medical College & Research Institute, Puducherry by Puducherry Medical College Society (Govt. of Puducherry Institute).	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the combined inspection for LOI and LOP in the month of May, 2008 vide institute letter dated 5.12.2007.

7.	Establishment of a new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra.	Requested to postpone the inspection on 13 th & 14 th Dec., 07 and conduct the inspection for LOI and LOP on 10 th March, 2008 vide institute letter dated 11.12.2007.
8.	Establishment of a new medical college at Moradabad, U.P. by Teerthanker Mahavir Institute of Management & Technology (Society), Moradabad, U.P	Requested to postpone the inspection on 13 th & 14 th Dec., 07 and conduct the combined LOI and LOP inspection any day between 26 th March, to 31 st March, 2008 vide institute letter dated 10.12.2007.
9.	Establishment of new medical college at Thandalam, Tamilnadu by Saveetha University.	Requested to postpone the inspection on 13 th & 14 th Dec., 07 and conduct the joint inspection for LOI and LOP during March, 2008 vide institute fax letter dated 10.12.2007.
10.	Establishment of a new medical college at Barabanki, Uttar Pradesh by Hind Charitable Trust, Lucknow, Uttar Pradesh.	Requested to postpone the inspection on 13 th & 14 th Dec., 07 and conduct for grant of LOI and LOP together in the first week of March, 2008 vide institute fax letter dated 10.12.2007.
11.	Establishment of a new medical college at Ammapettai, Nellikuppam, Tamilnadu by Sri Balaji Educational and Charitable Public Trust.	Requested to postpone the inspection on 19 th & 20 th Dec., 07 and conduct the inspection directly for issuing LOP in the month of April-May, 08 vide institute letter dated 15.12.2007.
B.(i)	<u>Increase of seats - Request received before arrangement of inspection.</u>	
12.	Increase of seats from 100 to 100 at Vydehi Institute of Medical Sciences, Bangalore.	Requested to carry out the inspection in the 1 st and 2 nd week of March, 2008 vide institute letter dated 15.12.2007.
13.	Increase of seats from 65 to 100 at Silchar Medical College, Silchar.	Requested to carry out the inspection on 5 th & 6 th March, 2008 vide institute letter dated 13.12.2007.
B(ii)	<u>Increase of seats - Inspection arranged but postpone after the request received from the concerned authorities.</u>	
14	Increase of seats from 100 to 100 at Patna Medical College, Patna.	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the inspection for LOI/LOP in the month of March, 08 vide institute letter dated 7.12.2007.
15.	Increase of seats from 50 to 100 at A.N. Magadh Medical College, Gaya.	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the inspection together with LOI/LOP between Feb. & March, 2008 vide institute letter dated 8.12.2007.
16.	Increase of seats from 50 to 100 at Nalanda Medical College, Patna.	Requested to postpone the inspection on 11 th & 12 th Dec., 07 and conduct the inspection in the month of Feb./March, 08 vide institute letter dated 8.12.2007.

17.	Increase of seats from 100 to 150 at Karnatka Institute of Medical Sciences, Hubli	Requested to postpone the inspection on 19 th & 20 th Dec., 07 vide institute letter dated 17.12.2007.
C(i)	<u>Pending Applications for Estt. - Request received before arrangement of inspection.</u>	
18.	Establishment of new medical college at Maduravedu, Chennai by Tmt. Kannamal Education Trust, Chennai.	Requested to carry out the combined inspection for LOI and LOP during Jan., 2008(1 st or 4 th week) vide institute letter dated 12.12.2007.
19.	Establishment of new medical college at Kesavarayanpettai by Adhiparasakthi Charitable Trust, Tamilnadu.	Requested to carry out the combined inspection for LOI and LOP during March, 2008 received on 24.12.2007.
20.	Establishment of new Medical College at Walayar, Kerala by V.N. Public Health & Educational Trust,	Requested to carry out the combined inspection in the month of May, 2007 alongwith LOP vide institute letter dated 17.12.2007.
21.	Establishment of new medical College at Azamgarh, U.P. by All India Children Care & Educational Development Society.	Requested to carry out the inspection during 2 nd week of Feb.,08 for LOI/LOP both vide insitutue letters dated 17.12.2007/20.12.2007.
C(ii)	<u>Pending Applications for Estt. – Inspection arranged but postponed after the request received from the concerned authorities</u>	
22.	Establishment of new medical college at Kanpur by Rama Educational Society, Kanpur.	Requested to postpone the inspection on 13 th & 14 th Dec., 07 and conduct the inspection for LOI and LOP preferably in the first week of March, 2008 vide institute fax letter dated 10.12.2007

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further noted that as per the schedule prescribed in the Regulations, the Council has to send its recommendation to the Central Govt. for issue of Letter of Intent by **31st December**. They also observed that vide order dated 12.01.2005 in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. (W.P. [C] No. 206 of 2004), Hon’ble Supreme Court has directed as under:-

“
35.

.....

14. Time schedule for Establishment of New Colleges or to increase intake in existing colleges 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.

..... ”

In view of above and in view of the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and, as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Intent to the Central Govt. being 31st December, 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 applications of the above-mentioned Societies/Trusts to the Central Govt. recommending disapproval of the schemes for establishment of new medical colleges u/s 10A of the I.M.C. Act, 1956.

66. Admission of Ist year MBBS students at Sri Siddhartha Medical College, Tumkur for the academic year 2007-08.

Read: The matter with regard to admission of Ist year MBBS students at Sri Siddhartha Medical College, Tumkur for the academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 05.10.2007 received from the Principal of Sri Siddhartha Medical College, Tumkur and decided that Sri Siddhartha Medical College, Tumkur could not have made more than 20 admissions in the NRI category in the next academic year and therefore 06 students have been admitted in excess of their NRI quota for the academic year 2007-08. The college should be required to ensure that it shall not make more than 13 admissions in the NRI category in the next academic year i.e. 2008-09, so as to offset the undue advantage gained by admitting 06 students in the NRI category in excess of permissible 15% intake of 130 seats.

67. Excess admissions in NRI/Foreign/PIO quota at S.S. Instt. of Medical Sciences, Davangere for the academic year 2007-08.

Read: The matter with regard to excess admissions in NRI/Foreign/PIO quota at S.S. Instt. of Medical Sciences, Davangere for the academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 30.10.2007 received from the Principal of S.S. Instt. of Medical Sciences, Davangere and decided that S.S. Instt. of Medical Sciences, Davangere could not have made more than 23 admissions in the NRI category in the next academic year and therefore 07 students have been admitted in excess of their NRI quota for the academic year 2007-08. The college should be required to ensure that it shall not make more than 15 admissions in the NRI category in the next academic year i.e. 2008-09, so as to offset the undue advantage gained by admitting 07 students in the NRI category in excess of permissible 15% intake of 150 seats.

68. Admission of Ist year MBBS students at Adichunchanagiri Instt. of Medical Sciences, Bellur in excess of its intake capacity for the academic year 2007-08.

Read: The matter with regard to admission of Ist year MBBS students at Adichunchanagiri Instt. of Medical Sciences, Bellur in excess of its intake capacity for the academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter in detail and decided to issue the discharge notice u/s 10B of the Indian Medical Council Act, 1956 in respect of 01 (one) student who is lowest in merit and admitted over & above the sanctioned intake capacity of the college.

69. Admission of Ist year MBBS students at Kempegowda Instt. of Medical Sciences, Bangalore for the academic year 2007-08.

Read: The matter with regard to admission of Ist year MBBS students at Kempegowda Instt. of Medical Sciences, Bangalore for the academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 11.10.2007 received from the Principal of Kempegowda Instt. of Medical Sciences, Bangalore and decided that Kempegowda Instt. of Medical Sciences, Bangalore could not have made more than 18 admissions in the NRI category in the next academic year and therefore 06 students have been admitted in excess of their NRI quota for the academic year 2007-08. The college should be required to ensure that it shall not make more than 12 admissions in the NRI category in the next academic year i.e. 2008-09, so as to offset the undue advantage gained by admitting 06 students in the NRI category in excess of permissible 15% intake of 120 seats.

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

New Delhi, dated the
29th December, 2007

A P P R O V E D

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