

No.MCI-5(3)/2008-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

2nd July,2008

Minutes of the meeting of the Executive Committee held on Wednesday, the 2nd July,2008 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.

** ** *

Present:

Dr.P.C. Kesavankutty Nayar	President (Acting), Former Dean, Govt. Medical College, <u>Thiruvananthapuram (Kerala)</u>
Prof. P.N.Tandon	Former Prof. & Head of Neuro- Surgery,A.I.I.M.S, <u>New Delhi</u> and Member, Adhoc Committee appointed by the Hon'ble Supreme Court
Dr. (Mrs.) S. Kantha	Former Vice-Chancellor, Rajiv Gandhi University of Health Sciences, <u>Bangalore (Karnataka)</u> and Member, Adhoc Committee appointed by the Hon'ble Supreme Court
Dr. Ketan Desai	Professor & Head, Deptt. of Urology, B.J.Medical College, <u>Ahmedabad</u>
Dr. K.P. Mathur	Former Medical Superintendent, Ram Manohar Lohia Hospital, New Delhi, 77, Chitra Vihar, <u>Delhi-110092</u>
Dr. Ved Prakash Mishra	Vice Chancellor, Datta Meghe University of Medical Sciences, <u>Nagpur (Maharashtra)</u>
Dr. Mukesh Kr. Sharma	Professor of General Surgery, S.M.S. Medical College, <u>Jaipur (Rajasthan)</u>
Dr. Bhanu Prakash Dubey	Prof. & Head of Department of Forensic Medicine, Gandhi Medical College, <u>Bhopal (Madhya Pradesh)</u>
Dr. S.D. Dalvi	Prof. & Head, Department of PSM, Govt. Medical College, <u>Nanded (Maharashtra)</u>

Dr. G.K. Thakur	Professor & Head, Department of Radiodiagnosis, S.K.Medical College, <u>Muzaffarpur</u>
Dr. P.K. Das	Professor & Head of the Deptt. of General Medicine, S.C.B. Medical College, <u>Cuttack</u>
Dr. V.N. Jindal	Dean, Goa Medical College, Bombolim-403202, <u>Goa</u>
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	Secretary, MCI

1. **Continuance of recognition of MBBS degree granted by Delhi University in respect of students being trained at Lady Hardinge Medical College, New Delhi .**

Read : The matter with regard to 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 observed that at its meeting held on 28.03.2004 the Committee considered the request for 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 the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council agreed for the postponement of compliance verification inspection till July, 2004 only and further decided that no further extension be given to the College.

As no communication was received from the said college, an inspection of the college was arranged to be carried out on 4th & 5th March, 2005, however the Principal & Medical Superintendent, LHMC, New Delhi vide its letter dt. 2nd May, 2005 had again requested the Council to postpone the inspection for a few months by giving the reason "that a discussion was held in the Ministry of Health and Family Welfare specially with reference to the shortage of faculty in the college and an assurance has been given by the Health and Family Welfare that the shortage can be resolved in about six months or more, as this shortage was fall out of certain restrictions on fresh recruitments, which can be lifted now. The Ministry is writing to the U.P.S.C. for filling up the vacant posts".

In light of the request of the college, the college authorities vide Council office letter dated 16.02.2006 were informed that the inspection will be carried out in July, 2006 and no further extension of time for carrying out the inspection will be granted.

Accordingly, an inspection of the said college was again arranged for 13th & 14th October 2006 but the Principal of the college vide its letter dated 07.10.2006 had once again requested the Council for postponement of the said inspection on the ground of Parliamentary session.

Subsequently, another inspection of the said college was once again arranged for 27th & 28th December 2006 but the same was again postponed on the request made by the Principal of the said college vide its letter dated 22.12.2006, till winter vacations is over.

Similarly, the Council office had arranged inspections of the said college many times i.e. for 5th & 6th June, 2007, 28th & 29th Sept., 2007 and on 25th & 26th Oct., 2007, however no inspection could be materialized due to the request of the college.

It was further observed that at the meeting held on 29.12.2007 the members of the Adhoc Committee and of the Executive Committee had 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 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.”

In light of the aforesaid decision of the Committee, the Principal of the said college vide Council office letter dated 21.01.2008, was communicated the decision of the Committee for its information. However, no response has been received from the institute.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided that an inspection of Lady Hardinge Medical College, New Delhi for continuance of recognition of MBBS degree granted by Delhi University be carried out within a period of 4 weeks and directed the office to intimate the institute accordingly.

2. Continuance of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh .

Read : The matter with regard to continuance of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh.

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 meeting held on 31.01.2005 the Committee considered the inspection report (26th&27th Oct., 2004) for continuance of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh and decided to send reminder to the authorities concerned by giving three months time for obtaining the observations of the University/College authorities on the remarks made by the inspectors. The Committee further decided that no further extension of time will be given to the authorities concerned.

Accordingly, the Director-Principal, Govt. Medical College, Chandigarh vide its letter dated 28.03.2005 had submitted a compliance on rectification of the deficiencies as pointed out in the aforesaid inspection report.

Accordingly, an inspection for compliance verification for continuation of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh was carried out by the Council Inspectors on 27th & 28th October, 2006. The report was sent to the University and the concerned college vide Council letter dated 20/11/2006 for observation. The college authority vide its letter dated 20/02/2007 had submitted the compliance report.

Subsequently, the above observation/compliance was verified by way of inspection on 17th & 18th January, 2008 and the said compliance verification inspection report was again considered by the Executive Committee at its meeting held on 02.02.2008 wherein various deficiencies were observed and it was decided to give 2 months time to the authorities of Govt. Medical College, Chandigarh to rectify the deficiencies and submit the compliance within the stipulated period.

The decision of the Executive Committee was communicated to the concerned authorities vide Council letter dated 20.02.2008. However, no compliance has been submitted by the college as on date, inspite of reminder dated 10.05.2008.

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 decided that an inspection of Govt. Medical College, Chandigarh for continuance of recognition of MBBS degree granted by Punjab University be carried out within a period of 4 weeks and directed the office to intimate the institute accordingly.

3. Continuance of recognition of MBBS degree in respect of students being trained in the Medical Colleges in Uttar Pradesh.

Read : The matter with regard to continuance of recognition of MBBS degree in respect of students being trained at various Govt. Medical Colleges in Uttar Pradesh.

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 02.06.2003 the Committee considered the matter with regard to continuance of recognition of MBBS degree in respect of students being trained at various Govt. Medical Colleges in Uttar Pradesh and it was decided as under:-

“The E.C. and member of the Adhoc Committee considered the compliance report received from the authorities of colleges in the State of Uttar Pradesh and decided to verify the same by way of an inspection in respect of the each of the following medical colleges : -

1. *G.S.V.M. Medical College, Kanpur*
2. *S.N. Medical College, Agra*
3. *MLB Medical College, Jhansi*
4. *LLRM Medical College, Meerut*
5. *M.L.N. Medical College, Allahabad”*

Accordingly, the Council office had made the efforts several times to arrange the inspections in respect of the above colleges but the inspections could not be materialized due to requests of the colleges as well as the Deputy Secretary, Health, Govt. of U.P. letter dated 09/09/2005 for postponement of inspections assuring that the shortage of faculty are being rectified by November/December, 2005.

It was further observed that as per information available on record/concerned files, no further communication has been received neither from the State Government nor from the concerned college, as on date.

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 inspection of above mentioned Medical Colleges of Uttar Pradesh for continuance of recognition of MBBS degree granted by respective universities be carried out within a period of 4 weeks and directed the office to intimate the institutes accordingly.

4. Digital Approach to Medical Education (DAME).

Read : The status with regard to Digital Approach to Medical Education (DAME).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the various issues pertaining to Digital Approach to Medical Education (DAME) at length. After due deliberations, it was decided as under:-

(1) Encouraging short-term courses to promote computer literacy among the staff and students in medical colleges:

With reference to the above, it was observed that the Council had proposed an amendment to Graduate Medical Education Regulations, 1997 regarding the extension of duration of medical education be increased from 4 ½ years to 5 years. With regard to the period of six months which was proposed by the Council to be added to the duration of medical education, it was further proposed

that the same should be availed for orientation of the students admitted to 1st MBBS course in the beginning itself with reference to Computer Training etc. However, vide its letter dated 20.06.2008 the Central Govt. has not agreed with the proposed amendment of the Council with regard to extension of duration of medical education from 4 ½ years to 5 years and indicated that the duration of medical education be retained at 4 ½ years existing as it is. In view of the fact that the Central Govt. has not agreed with the proposed extension of duration of medical education and as the present course of 4 ½ years is already over burdened with the current syllabus and curriculum, it is not possible to suggest or to consider any introduction of computer training or computer literacy among the students in the existing curriculum within the present framework. However, the suggestion to increase the computer literacy among the staff and students is welcome one and this can be carried out through the Medical Education Unit which is operating in each medical college and should be integral part of the faculty development programme being conducted by the Medical Education Unit.

(2) Addition of a digital library to the existing libraries in medical colleges:

It was observed that the consistent stand of the Council on the matter is that today adequate facilities in terms of broad band connectivity and high speed data transmission are not available uniformly throughout India. It was further observed that even in those institutes which have introduced such facilities, actual utilization is relatively less due to infrastructural problems of broad band connectivity, electronic transfer of data at reasonable speed and number of computer terminals available in proportion to the number of students, residents and faculty present in the institute.

Considering all the above mentioned factors, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate the stand taken by the Council that the digital library could be additional compliment to the existing physical library till adequate facilities of broad band connectivity and high speed data transmission are made available throughout the country on uniform basis.

(3). Conduct of MCI sponsored CME programmes on DAME and its utility in various medical colleges:

It was decided that this modality is welcome specially in the context of sensitizing the end users of the CME programmes sponsored by MCI about significance, relevance of the "technology enabled learning" which is need of the day. Actualization of the suggestion as proposed in the letter would definitely add to the desired technological update of the students, teaching faculty and would also result in transition of the pattern of medical education from "preaching" pattern to "coaching" pattern."

It was further decided to inform Dr. Hariprasad Chegu, Dean, MedRC Edutech, Hyderabad accordingly.

5. Proposal of new Medical School in Bangalore from Queen Mary University of London.

Read : The matter with regard to proposal of new Medical School in Bangalore from Queen Mary University of London.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the at its earlier meeting held on 14th & 15th June 2006 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 letter dated 26.5.2006 received from the Govt. of India, Ministry of Health & F.W. enclosing therewith a copy of letter dated 29.4.2006 from Queen Mary University of London for a new Medical School in Bangalore and

decided to authorize the President (Acting) to constitute a Sub-Committee to go through the matter and submit its report at the earliest.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to defer the consideration of the matter till then."

Accordingly, a Sub-Committee was constituted by the President (Acting), MCI, comprising of Dr. D.K. Sharma, Dr. Mukesh Kumar Sharma and Dr. Sneha Bhargava. The said Committee was met on 27.04.2007 and submitted its report to the Council office.

Subsequently, the report of the Sub-Committee was placed before the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee at its meeting held on 28.04.2007 for further consideration in the matter and the Committee decided as under :-

"The Sub-Committee as constituted by the Executive Committee of the Council at its meeting held on 14th and 15th June, 2006 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present, met in the Council Office on 27th April, 2007. After perusing the letter sent by Govt. of India, Ministry of Health & F.W. dated 26th May, 2006 enclosing therewith a copy of letter dated 29.4.2006 from Queen Mary University of London for a new Medical School in Bangalore, it was decided to request Dr. Devi Shetty, Chairman of Naryana Hrudayalaya to appear personally in the Council Office to sort out the following queries of the Sub-Committee:-

- 1. How will Govt. of India and the public of India gain by permitting this collaboration?*
- 2. What will be the criteria for admission and fee structure.*
- 3. Detailed project report and relationship with the MCI, if any?*
- 4. Number of students proposed to be admitted and their Nationalities, if foreign student are going to be admitted?*
- 5. Where in Bangalore the Institution be housed?*
- 6. Status of the recognition of the degrees awarded?*
- 7. Possibility of a Public Health School and Nursing School attached to be clarified?*
- 8. Whether they will have a teacher's training center in the institution?*
- 9. Financial agreements by Queen Mary University of London and the Indian Counterparts.*
- 10. Financial status of sustaining the 5 year course.*

The Sub-Committee further directed that a letter on the above lines be sent immediately to Dr. Devi Shetty, Chairman of Naryana Hrudayalaya with copy to Govt. of India, Ministry of Health & F.W., New Delhi and a separate letter may be sent asking whether Queen Mary University of London is U.K Government's own organization or a private organization.

The Sub-Committee directed the Deputy Secretary, MCI to coordinate the convenient date & time for clarifying the above queries by Dr. Devi Shetty in the Council Office."

"In view of the interim report of Sub-Committee, 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 request Dr. Devi Shetty, Chairman of Naryana Hrudayalaya to visit the Office of the Council at a mutually convenient date for resolving the queries raised by the Sub-Committee."

In light of the aforesaid decision of the Committee, the Principal of the Queen Mary, University of London vide Council letter dated 22.05.2007 was requested to

confirm whether the said University is U.K. Government Organization or Private Organization.

Dr. Devi Shetty vide Council letter dated 23.05.2007 was also requested to visit this office along with the information as desired by the Executive Committee.

In reference to above, the Principal of the Queen Mary University has informed that the said organization is funded by U.K. Government and it is not Private Institute.

In this regard, Dr. Devi Shetty along with Dr. Chandrashekhar Shetty came to the office of the Council in June 2007 and met the Secretary. The Secretary apprised about the queries of the sub-committee cited above and request them to provide clear-cut and unambiguous reply so that the matter can be decided by the Council. Dr. Devi Shetty replied that they will be formulating the detailed proposal, which would be submitted to the Council for its consideration. However, till date no proposal has been received in the office of the Council.

In view of above and in the absence of any further concrete proposal received by the Council from Queen Mary University, London for the new medical school in Bangalore, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to close the matter.

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

Read : The status with regard to medium of instructions in the Medical Education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Executive Committee at its earlier meeting held on 12.05.2004 had 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 letter dated 22nd March, 2004 from the Govt. of India, Ministry of Health & F.W. for introduction of Hindi as a medium of instruction in medical education and decided to obtain the medical books translated in Hindi and further authorize the President (Acting) to form a Sub-Committee to go into the details and make its recommendations/report for further consideration in the matter.”

Accordingly, a Sub-Committee comprising of Dr. V.P. Mishra, Dr. B.P. Dubey & Dr. V.K. Jain was constituted by the President (Acting), MCI and the said Committee met on 06.06.2007 and 02.07.2007 and submitted its report to the Council office on 06.07.2007.

As decided by the Sub-Committee, the Director, Commission of Scientific and Technical Terminology, New Delhi vide council letter dated 06.07.2007 was requested to furnish a copy of the reading material for perusal of the Committee. A Reminder was sent on 24.10.2007.

In reference to this Council office letter cited above, a letter dated 30/10/2007 was received from the Govt. of India, Commission for Scientific and Technology, Ministry of Human Resource Development, Deptt. of Higher Education, New Delhi wherein some address of the authorities were given where the related books can be available.

The matter along with the report of the Sub-Committee and the letter dated 24.10.2007 received from the Government of India, Ministry of Health & Family Welfare, New Delhi was placed before the Executive Committee at its meeting held on 03.11.2007 and the committee decided as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter

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

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

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it is not possible to provide medical education in Hindi at present as no evidence has been submitted on which the conclusion has been made that the medical education is becoming costly because it is being provided in English."

The aforesaid decision was communicated to the Deputy Secretary, Govt. of India, Ministry of Health & Family Welfare, New Delhi vide letter dated 16/01/2008.

Subsequently a meeting of the Sub-Committee was held in the Council office on 12.02.2008 and submitted its report to the Council office.

The report of the Sub-Committee was considered by the Executive Committee at its meeting held on 12.05.2008 and the Committee decided as under: -

"The Committee had submitted its interim report on 06.07.2007 upon deliberating the matter pertaining to incorporation of Hindi as a medium of instruction for medical education. In the said interim report, the Committee had brought out that the Medical Council of India had expressed difficulties in regard to this issue and had observed that as the required and desired reading material in Hindi is not available pertaining to medical education and curriculum thereto and also in view of the mobility of students, doctors and examiners from one place to another, it was difficult to adopt Hindi as a medium of instruction.

The Committee in its interim report had also brought out that the Ministry informed that they were in receipt of a communication from Rashtriya Hindi Sevi Mahasangh, wherein it has been brought out that the Commission for Scientific & Technical Terminology, New Delhi under the Ministry of Human Resource Development, have a compilation of good quality medical books in Hindi version. It was also advised that the MCI while examining the said issue may have desired consultation with this Commission in regard to availability of the reading material."

As such, the Committee in its interim report had suggested that the Council may approach Commission for Scientific & Technical Terminology, New Delhi under the Ministry of Human Resource Development for ascertaining from them the nature, the extent and the number of books pertaining to main subjects written in Hindi including their availability and procure a copy of the said reading material.

In accordance with the recommendations by the Committee, the Council sought the relevant details of required reading material from the Director, Commission for Scientific & Technical Terminology of Ministry of Human Resource Development, Govt. of India, New Delhi, in response to which the Asstt. Scientific Officer of the said Commission by his communication dated 30.10.2007 addressed to the Deputy Secretary, MCI has given a catalogue of the books pertaining to medical education incorporating names of the authors

and publishers as well. In terms of the said communication, the main publishers are as under:-

1. Madhya Pradesh Hindi Granth Academy, Bhopal - 07 books
2. Haryana Sahitya Academy, Panchkula - 08 books
3. Rajasthan Hindi Granth Academy, Jaipur - 10 books
4. Uttar Pradesh Hindi Sansthan Granth Academy, Lucknow - 04 books
5. Bihar Hindi Granth Academy, Patna - 22 books

The office has also desired to procure one copy each of these publications to be remitted to the Undergraduate Section of the Council for its critical appraisal.

The Committee on perusal of the title of the books taken together is of the opinion that still it cannot not be said to be minimally sufficient towards the requirement of the subject-wise curriculum of the undergraduate medical education in vogue as of now. The vast number of themes under the relevant subjects included in the curriculum still remain outside the ambit of the books that have been catalogued.

In view of the above, the Committee is of the considered opinion that the reading material at hand in terms of the catalogue of the books is not commensurate even with the base minimal requirements and further, the reading material in Hindi version pertaining to a vast area in the curriculum neither is available nor is handy. As such, the observation of the MCI that the situation is not ripe whereby Hindi could be availed as a medium of instruction for medical education, is not only convincing but is logical as well in view of the present situations and circumstances.

The Executive Committee of the Council may be apprised of the same, for necessary decision thereon."

The aforesaid decision of the Executive Committee has been communicated to the Under Secretary, Govt. of India, Ministry of Health & F.W., New Delhi vide letter dated 02.06.2008 for information.

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 reading material in Hindi and reference books available in terms of catalogue of books and journals is not commensurate even with the base minimal requirements of the medical education. Further the reading material in Hindi version pertaining to the vast area in the curriculum of undergraduate and postgraduate medical education neither is available nor is handy. It was further decided that rapid advances are being made in the field of medical education and health care services of which no information is available in Hindi. Considering all these factors, it was decided that the situation is not yet ripe whereby Hindi could be made available as a medium of instruction for medical education. It was further decided that Shri Rambhagat Paswan of Hindi Advisory Committee of Ministry of Health & Family Welfare be informed accordingly. It was further decided that the matter be placed before the General Body of the Council.

7. Change of Present Logo of Medical Council of India.

Read : The matter with regard to change of present Logo of 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 decided to authorize the President (Acting) to indicate the necessary modalities for new logo of Medical Council of India

expeditiously as early as possible. It was further suggested to maintain the emblem of the present logo of the Council and the words 'Platinum Jubilee' should be inserted in it.

8. Unscrupulous practices of Medical Professionals – reg.

Read : The matter with regard to Unscrupulous practices of Medical Professionals

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to unscrupulous practices of medical professionals and after due deliberations decided that the Chairman, Ethics Committee, MCI should be requested to prepare a draft background paper on unscrupulous practices of medical professionals and to submit it for consideration of the Adhoc Committee/Executive Committee at the earliest.

It was further decided that the rules framed by Ethics Committee of other countries like U.K., U.S.A. etc. should also be obtained by the Council. It was further decided that the Council should organize a national level workshop of Presidents/Secretaries of all National Associations and State Medical Councils to evolve updated Code of Medical Ethics incorporating the deliberations arising out of the recommendations of the workshop.

9. Draft Bill – Hospital treatment of terminally ill patients and end of life care support.

Read : The matter with regard to Draft Bill – Hospital treatment of terminally ill patients and end of life care support.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to Draft Bill – Hospital treatment of terminally ill patients and end of life care support and decided to approve and accept the opinion of the Retainer Advocate which reads as under:-

INTRODUCTION

It is well known fact that with rapid all round development, the life span of the people in our Country has increased considerably since independence. This has resulted in a large number of senior citizens in our Society. At the same time, advancement in medical treatment procedures and facilities have resulted in a situation where more and more patients get the facility of treatment in different types of modern Intensive Care Units (ICUs) and Coronary Care Units (CCUs). The treatment of the terminally ill patients underwent great advancement resulting in greater care of the unconscious and as well as comatosed patients also. This has resulted in a situation where newer problems have arisen. In ICUs and ICCUs, all possible means are applied for preservation of life. In any such situations, continuation of life may not be possible without the help of Life Support Systems. This has resulted in a situation where patients in Persistent of life. In any such situations, continuation of life may not be possible without the help of life support systems. This has resulted in situation where patients in Persistent Vegetative State (PVS) and also with clinically proven brainstem death are also being kept in Life Support Systems because there is no unanimity regarding withdrawal of Life Support System in all such cases. Though, in many hospitals, certain procedures are being followed regarding withdrawal of such Life Support Systems because no National Level Guidelines are available.

It has become imperative that Policy Guidelines be framed taking into consideration the different aspects of problems of hospital treatment of the Terminally ILL patients and also the need to implement Life Support Systems to sustain Life Care so that common guidelines can be framed.

PROBLEMS

If we look at the problem treatment of the Terminally ill patients in hospital sitting, we will face certain typical situations, which can be listed as under :-

a) Terminally ill patients, who are fully conscious and in possession of full faculties but are suffering from such incurable diseases like widespread Terminal Cancer and for whom continuation of life has become unbearable and meaningless.

b) Terminally ill patients, who are suffering from excruciating pain, which is not medically relieved and in whom there is neither any hope of recovery nor in whom the continuation of life has got meaning.

c) Terminally ill patients who have gone into Coma, or unconsciousness due to any disease process, who have (i) no reasonable expectation of cure or recovery (ii) has gone into a Persistent Vegetative State (PVS) (iii) who has suffered irreversible brainstem death (as signified by a flat EEG for two minutes or more).

The Hon'ble Supreme Court delivered the judgement in the year 1994 when section 309 (which penalizes an attempt to commit suicide) came to be challenged before the Supreme Court this proactive interpretation of Part III had led to the establishment of a vast and expansive human rights law and philosophy. In case titled as **P.Rathinam Vs. UOI** reported in (1994) 3 SCC 394 while interpreting **Right to life under Article 21** held that the Right to Life under Article 21 included the right not to live, i.e. it included a Right to Die. It impliedly approved of the judgement of the Bombay High Court in *Maruti Shripati Dubal Vs. State of Maharashtra* which had read in to Article 21 a Right to Die by drawing an analogy between the manner in which other rights can be exercised and the exercise of the Right to Life under Article 21. But more importantly, it did not restrict itself to justifications by analogy to recognize a Right to Die. On the said basis the Hon'ble Court struck down Section 309 IPC which provides as under:-

“Attempt to commit suicide – Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year or with fine or with both. The Constitution Bench of the Hon'ble Supreme Court in year 1996, when Section 306 IPC (which penalizes Abetment of suicide) came to be challenged in *Gian Kaur (1996) 2 SCC 648 Vs. State of Punjab*, it was contended before the Supreme Court that since in *Rathinam (supra)* the Right to Die had been held to be a fundamental right, the assistance in the enforcement of a fundamental right could not be a crime and therefore Section 306 IPC ought also to be struck down.

Reversing *Rathinam (Supra)* the Supreme Court in *Gian Kaur (supra)* held that the Right to Life under Article 21 was natural right and suicide was an unnatural extinction of life and therefore incompatible with the Right to Life, which does not include the Right to Die.

As a result, the Hon'ble Court upheld the validity of Section 306 as well as Section 309 IPC. Therefore the law does not permit euthanasia as they are today.

Though the Protagonists of Euthanasia are of the view that existence in Persistent Vegetative State is of no benefit to the patient of a terminal illness, to his family and to the Society at large and as such, such persons may be given the “Right to Die with dignity” preferably in an ICU.

In some such cases, we very often face the situation where because of the disease process itself, or the magnitude of the disease, there is no reasonable expectation of a cure or recovery and the magnitude of the disease, there is no reasonable expectation of a cure or recovery and the patient is unlikely to

come back from his Coma. Such patients may linger for a very long time, if they are to be on modern Life care Support Systems, but their prognosis is totally hopeless. Such patients go in to Persistent Vegetative State (PVS). Though there may not be organic brain death for a considerable time in such patients, the medical supporters of Euthanasia also hold that patients of terminal illness who are suffering from excruciating pain and have no reasonable hope of cure, should also be allowed to die in dignity.

They also enjoined upon the medical fraternity to help such categories of patients to end their life for peace and dignity. However, in our country the Hon'ble Supreme Court has already opined and held that the provisions of constitution as well as the settled law does not provide for either the "Right to Die" or helping any extinguishing the life by the Doctors. As of today therefore, Section 309 stays on the statute book with fresh and unique justification being offered in its favour by Courts from time to time. What began as an attempt to implement the Juman Tights regime has resulted in the production has already held the provision to be valid.

Such a situation can only change if new legislations are brought by the Parliament and Constitutional Amendment is effected, making "Right to Die" a fundamental Right along with the "Right to Life".

I think there is a very slim possibility that Section 309 will be struck down after a Constitution bench has already held the provision to be valid.

The only other option is legislation, which unfortunately must also be ruled out as a fall-out of Gian Kaur (supra). It appears that following Gian Kaur (supra), however all such attempts have been dropped to struck down Section 309 IPC from the Code as recommended way back in 1971 by the law commission. The Central Government has taken its stand in the case titled Thomas Master Vs. Union of India 2000(3) KLT25 that there is no Right to Die and Euthanasia is not provided for under the law. It is nowhere mentioned on behalf of the Central Government, of what happened to the legislative efforts that were purportedly in the offing when Rathinam (supra) was pronounced in 1994. At least the reported judgement the Government forgot all about it once Gian Kaur (supra) was pronounced.

Further more, the Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002 in Section 6.7 entitled Ethics has clearly laid down that "Practicing euthanasia shall constitute Unethical conduct".

In view of the facts and settled position of law as mentioned above, it will not be possible for us to discuss the question of Euthanasia or the problems enunciated in (a) & (b). We will have to restrict our discussions only on (c) point:

Problem of treatment of Terminally ill patients who have gone into Coma or Unconsciousness

It is possible to discuss the treatment of patients who have gone into Coma or Unconsciousness due to any disease process and are admitted to hospital experience proves that such a death is only a matter of time and is brought by the various complications the patient ultimately develops in such an intensive and supportive treatment.

In some such cases, we very often face the situation where because of the disease process itself, or the magnitude of the disease, there is no reasonable expectation of a cure or recovery and the patient is unlikely to come back from his Coma. Such patients may linger for a very very long time, if they are to be on modern Life Care Support Systems, but their prognosis is totally hopeless. Such patients go into a Persistent Vegetative State (PVS). Though there may not be organic brain death for a considerable time in such patients,

the medical experience proves that such a death is only a matter of time and is brought by the various complications the patient ultimately develops in such an intensive and supportive treatment.

In such cases Section 6.7 of the Indian Medical Council (Professional Conduct Etiquette and Unethical conduct, it says that “However on specific occasions, the question of withdrawing supporting devices to sustain cardiopulmonary function even after brain death, shall be decided only by a team of Doctors and not merely by the treating physician alone. A team of Doctor shall declare withdrawal of Support System. Such team shall consist of the Doctors in charge of the patient, Chief Medical Officer / Medical Officer in charge of the Hospital and a Doctor nominated by the incharge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organs Act, 1994.

In the above situation, already the procedure is being followed in the different States and different hospitals for discontinuation of Life Support Systems with Terminally ill patients who are brain dead. In this paper, we would like to just lay down the following procedures based on the practices actually being followed in hospitals :

- 1) Withdrawal of Life Care Support System can only be considered in a patient who have gone into Coma or Unconsciousness and has suffered irreversible brain death.

In such patients, in such cases, the provisions laid down in the Section 6.7 of the Indian Medical Council (Professional Conduct, ETIQUETTE AND ETHICS) Regulations need to be followed in letter and shift in withdrawing of Life Care Support System.

- 2) *In case of patients in Persistent Vegetative State (PVS) where there is no hope of medical recovery, the following procedure may be adopted :-*

- 1) *The treating Doctor may prepare a detailed note highlighting the reasons as to why continuation of Support System is unlikely to benefit the patient and request the authorities of the hospital to constitute a Committee.*
- 2) *On receipt of such written request, the Head/Medical Superintendent of the hospital shall constitute a Committee comprising of three senior specialists of the hospital or even from outside the hospital, who will independently go into the detailed history diagnosis and Prognosis of the patient and form their own opinion.*
- 3) *If the opinion of the Committee is in concurrence with that of treating Doctor, then the facts shall be made known to the attendance of the patient, if any, in writing. If the attendance of the patient also occur to the withdrawal of Life Care Support System of the patient, then the same may be withdrawn from the patient. But if the attendance won continuation of the system, then medical and financial implication should be explained to them and their opinion be obtained in writing.*
- 4) *All medical records of the patient should be meticulously maintained and kept along with the letter of treating Doctors, opinion of the Committee, consent of the attendant in the hospital for a period of 2 years.*

Prior Consent of the patient to end Life Care Support in case of Terminal illness leading to unconsciousness from where no reasonable medical recovery is possible.

One must take into consideration the question of a prior written request by a patient which may be in the form of a “Living Will” signed by the patient in presence of two witnesses /attorneys requesting a discontinuation of Life Support System should the patient at any time subsequent to the Execution of

this Will shall go into Coma/unconsciousness without any reasonable hope of medical recovery.

Cognizance may be taken of such a wish expressed in form of an “attested Living Will” by the patient and if such a document is made available to the treating Doctor, he /she may bring it to the notice of the Head /Superintendent of the hospital where the patient is undergoing treatment, if such a situation arises. In such case, the Head, Medical Superintendent shall constitute the Committee and if the Committee concurs that medically continuation of the Life Support System is of no use, the authorities may decide to withdraw the Life Support System without reference to the attendant, but such a decision along with the Will shall be communicated to the attendant, if any.

CONCLUSION

Treatment of Terminally ill patients who have gone into Coma and have either no reasonable medical hope or recovery or have gone brainstem death on admission or during their treatment should not be unnecessarily kept on Modern and highly expensive Life Care Support System. This will not only create an unreasonable financial burden on the family but at the same time, will also heavily tax the scarce advance facilities in our country. Moreover, such clear guidelines are necessary so that some unscrupulous private hospitals cannot keep a patient unnecessarily on Life Care Support System for financial gains alone. The future course of action then must be a regeneration of the discourse afresh.

An alternative to the present framework is also required after considering all the issues involved. This requires addressing complex moral, ethical, legal and social issues such as active and passive euthanasia & physician assisted suicide which are an inextricable part of this discourse and would be of paramount importance once Section 309 is repealed.

And most of all, pressure must be brought to bear on the State and its agencies, through legal recourse and generation of public opinion, so that it is compelled to take appropriate legislative action as is had promised way back in 1994 but has failed to fulfill.”

It was further decided that before communicating the decision of the Adhoc Committee/Executive Committee, it should be ascertained from the Ministry of Health & F.W., Govt. of India regarding the present status of Draft Bill – Hospital Treatment of Terminally Ill Patients and End of Life Care Support.

10. NHRC- Review Meeting on the recommendations of Core Group on Health & Public Hearing on Health.

Read : The matter with regard to NHRC- Review Meeting on the recommendations of Core Group on Health & Public Hearing on Health.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to NHRC – Review Meeting on the recommendations of Core Group on Health & Public Hearing on Health and decided to defer the consideration of the matter till the next meeting.

11. The Tamil Nadu Professional Educational (Regulation of Admission and Determination of Fee) Bill 2006.

Read : The matter with regard to The Tamil Nadu Professional Educational (Regulation of Admission and Determination of Fee) Bill 2006 along with the legal opinion of the Retainer Advocate.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to The Tamil Nadu Professional Educational (Regulation of Admission and Determination of

Fee) Bill 2006 and decided to approve and accept the legal opinion obtained by the Council from the Retainer Advocate which reads as under:-

“After perusing the case file, it has been observed by me that the bill has been passed by the Tamilnadu State Legislature Assembly for Regulation of Admission and Determination of Fee in Professional Educational Institution in the State of Tamilnadu. It has been further observed by me that the State Government will constitute a committee for the purpose of overseeing the admissions made by the Consortium of unaided professional educational institutions and for determination of the fee for admission to such professional educational courses in unaided professional educational institutions.

The present bill (Tamilnadu Professional Education (Regulation of Admission and Determination of Fee) Bill, 2006) was introduced by the Tamilnadu State Legislature consequent to the judgement passed by the Hon’ble Supreme Court in P.A. Inamdar and Ors. Vs State of Maharashtra reported in (2005) 6 SCC 537, there will be no seat sharing between management of professional educational institutions and the State. The Supreme Court of India in the said P.A. Inamdar’s case has held that it is for the Central Government and for the State Government, in the absence of a Central Legislation, to come out with a detailed well thought out legislation on the subject.

The Governor of Tamilnadu has reserved the aforesaid bill for the consideration of the President under Article 200 r/w Article 254(2) of the Constitution of India. The subject matter of the Bill falls under Entry 25 of the Concurrent List in the Seventh Schedule of the Constitution.

The Hon’ble Supreme Court in P.A. Inamdar and Ors. Vs State of Maharashtra reported in (2005) 6 SCC 537, while dealing with the issue of admission procedure & fee structure framed the following questions: -

1. Whether Islamic Academy, (2003) 6 SCC 697, could have issued guidelines in the matter of regulating the fee payable by students to the educational institutions?
2. Can the admission procedure and fee structure be regulated or taken over by the Committees ordered to be constituted by Islamic Academy, (2003) 6 SCC 697?

It was held by the Apex Court in para 147, 148 & 155 that *“on the basis of judgement in Pai Foundation and various previous judgments of this Court which have been taken into consideration in that case, the scheme evolved out of setting up the two Committees for regulating admissions and determining fee structure by the judgement in Islamic Academy cannot be faulted either on the ground of alleged infringement of Article 19(1)(g) in case of unaided professional educational institutions of both categories and Article 19(1)(g) read with Article 30 in case of unaided professional institutions of minorities.*

A fortiori, we do not see any impediment to the constitution of the Committees as a stopgap or ad. hoc arrangement made in exercise of the power conferred on this court by Article 142 of the Constitution until a suitable legislation or regulation framed by the State steps in. Such Committees cannot be equated with Unni Krishnan Committees which were supposed to be permanent in nature.

It is for the Central Government, or for the State Governments, in the absence of a Central legislation, to come out with a detailed well-thought-out legislation on the subject. Such legislation is long awaited. The States must act towards this direction. The judicial wing of the State is called upon to act when the other two wings, the legislature and the executive, do not act. The earlier the Union of India and the State Governments act, the better it would be. The Committees regulating admission procedure and fee structure shall continue to exist but only as a temporary measure and an inevitable passing phase until the Central Government or the state Governments are able to devise a suitable mechanism and appoint a competent authority in consonance with the observations made herein above. Needless to say, any decision taken by such Committees and by the Central or the

State Governments shall be open to judicial review in accordance with the settled parameters for the exercise of such jurisdiction.”

The Hon’ble Supreme Court while considering the issues decided by the Eleven Judge Bench of the said court in Pai Foundation’s case (2002) 8 SCC 481 has clearly held that this bench cannot express dissent or disagreement howsoever, it may be inclined to do so on any of the issues. The real task before the said bench was to cull out the ratio decidendi of Pai Foundation and to examine if the explanation or clarification given by the five-judge Bench in Islamic Academy, (2003) 6 SCC 697 runs counter to Pai Foundation and if so, to what extent. If anything said or held in Islamic Academy is found to be in conflict with Pai Foundation the same shall be overruled on the principle of binding efficacy of precedents.

The Hon’ble Supreme Court has clarified that it is for the Central Government, or for the State Governments, in the absence of a Central legislation, to come out with a detailed well-thought-out legislation on the subject. Such legislation is long awaited. The States must act towards this direction. The Committees regulating admission procedure and fee structure shall continue to exist but only as a temporary measure and an inevitable passing phase until the Central Government or the state Governments are able to devise a suitable mechanism and appoint a competent authority in consonance with the observations made herein above.

Therefore the Tamilnadu Professional Education (Regulation of Admission and Determination of Fee) Bill, 2006, passed by the State legislature is neither conflicting nor unconstitutional and would not provide any hindrance to existing national or central policy. However, the Hon’ble Court has held that any decision taken by such Committees and by the Central or the State Government shall be open to judicial review in accordance with the settled parameters for the exercise of such jurisdictions.”

12. Medical Council of India Platinum Jubilee Professorship.

Read : The matter with regard to Medical Council of India Platinum Jubilee Professorship.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to Medical Council of India Platinum Jubilee Professorship and decided to constitute a Sub-Committee comprising of Dr. Indrajit Ray, Chairman, Postgraduate Medical Education Committee; Dr. C.V. Bhirmanandham, Chairman, TEQ Sub-Committee and Dr. Ved Prakash Mishra, Member, Executive Committee to look into the matter and to submit its report at the earliest.

13. Status of Compliance for continuation of recognition of Medical Colleges /Institutions – Compliance not received.

Read : The matter with regard to status of compliances for continuation of recognition of Medical Colleges/Institutions – compliance not received.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to non-receipt of compliance pursuant to the inspections carried out by the Council Inspectors for continuance of recognition of MBBS degree granted by respective universities in respect of students being trained at following institutes and observed that the institutes have not submitted the proper compliance on rectification of all the deficiencies pointed out in the inspection reports inspite of repeated communications being sent by the Council from time to time as under:-

S.No.	Name of the College	Date of Inspection	Date of Letter/ Reminder sent for Observation
1.	Osmania Medical College, Hyderabad	22/23 Sept.,05	17.10.2006 & 06.05.2008
2.	Guwahati Medical College, Guwahati	6/7 Nov, 2001	02.04.2003
3.	Pt. JN Medical College, Raipur	12/13 January, 2007	03.02.2007 (R) 07.12.07 & 19.03.2008
4.	Govt. Medical College, Srinagar	7/8 Nov.,2006	06.02.2007 (R) 28.03.2007 & 19.03.2008
5.	Terna Medical College, Mumbai	19/20 Jan.,05	07.03.2005, (reminder on 12.09.2005)
6.	ACPM Medical College, Dhule	7/8 Jan, 2005	07.04.2005 & 02.05.2008
7.	Maharashtra Institute of Medical Education & Research, Talegaon	7/8 Jan, 2005	01.04.2005
8.	Rural Medical College, Loni	1/2 Feb, 2005	01.03.2005
9.	Dayanand Medical College, Ludhiana	12/13 Jan, 2007	03.02.2007 & (R)-07.12.2007
10.	Dr. S.N. Medical College, Jodhpur	12/13 Jan., 2007	03.02.2007 (R) 04.12.07 & 19. 03.08
11.	JLN, Medical College, Ajmer	15/16 Sep, 2005	27.10.2005 (R) 07.10.2006
12.	S.M.S. Medical College Jaipur	29/30 Nov., 2007	27.01.2008
13.	Chengalpattu Medical College, Chengalpattu	23/24 Oct., 2007	04.01.2008 & 02.05.2008
14.	Madras Medical College, Chennai	12/13 Jan., 2007	03.02.2007 (R)07.12.2007&02.05.2008
15.	Christian Medical College, Vellore	22/23 Sept.,05	27.10.2005 (R) 07.10.2006
16.	Thanjavur Medical College, Thanjavur	29/30 Nov., 2007	27.1.2008 &02.05.2008
17.	Vinayaka Mission's Medical College, Salem	8 th Aug., 2007	24.08.2007&02.05.2008

In view of above, the members of members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that inspection of above mentioned Medical Colleges for continuance of recognition of MBBS degree granted by respective universities be carried out within a period of 4 weeks and directed the office to intimate the institutes accordingly.

14. Status of Compliance for continuation of recognition of Medical Colleges /Institutions – Unsatisfactory compliance.

Read : The matter with regard to status of compliances for continuation of recognition of Medical Colleges/Institutions – Unsatisfactory.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 14.04.2008 considered the matter with regard to the consideration of the compliance received pursuant to the inspection carried out by the Council inspectors for continuance of recognition for MBBS degree granted by the university in respect of the students being trained at following institutes and observed that the institutes have not submitted the proper compliance on rectification of all the deficiencies pointed out in the inspection reports, inspite of the communication being sent by the Council from time to time as under: -

<i>S.No.</i>	<i>Name of the College</i>	<i>Date of Last Inspection</i>	<i>Date of receipt of compliance</i>	<i>Letter sent for submitting satisfactory compliance</i>
1.	<i>Bangalore Medical College, Bangalore</i>	<i>22/ 23 Dec., 2006</i>	<i>09.04.2007</i>	<i>25.04.2007</i>
2.	<i>Govt. Medical College, Mysore</i>	<i>8/ 9 Dec., 2006</i>	<i>12.04.2007</i>	<i>14.12.2006 (R) 28.3.07</i>
3.	<i>Regional Instt. Of Medical Sciences, Imphal</i>	<i>6/ 7 Oct., 2006</i>	<i>18.02.2007</i>	<i>22.12.2007</i>
4.	<i>S.P. Medical College, Bikaner</i>	<i>13/ 14 Oct., 2006</i>	<i>20.02.2007</i>	<i>29.11.2007</i>
5.	<i>K.G.'s Medical College, Lucknow</i>	<i>15/ 16 Nov., 2006</i>	<i>01.03.2007</i>	<i>-----</i>
6.	<i>Govt. Medical College, Srinagar</i>	02.05.2008	Yes	Compliance still unsatisfactory. Again letter sent to the college on 09.06.2008 requested to submit detailed point wise compliance by 3 rd July, 2008 positively.
7.	<i>J.L.N. Medical College, Ajmer</i>	06.05.2008	Yes	Compliance still unsatisfactory. Again letter sent to the college on 20.06.2008 requested to submit detailed point wise compliance by 5 th July, 2008 positively.
8.	<i>S.M.S. Medical College, Jaipur</i>	06.05.2008	Yes	Compliance still unsatisfactory. Again letter sent to the college on 04.06.2008 requested to submit detailed point wise compliance by 3 rd July, 2008 positively.

In view of above, the members of members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that inspection of above mentioned Medical Colleges for continuance of recognition of MBBS degree granted by respective universities be carried out within a period of 4 weeks and directed the office to intimate the institutes accordingly.

15. Proposal for amendment of MCI Screening Test Regulations, 2002.

Read : The letter dated 13.06.2008 received from the Central Govt. with regard to proposal for amendment of MCI Screening Test Regulations, 2002.

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.K. Sharma, Chairman, Registration & Equivalence Committee and Dr. Indrajit Ray, Chairman, PG Committee to look into the matter and to submit its report at the earliest.

16. Graduate Medical Education Regulations, 1997-Amendment to the Regulations-regarding.

Read : The letter dated 20.06.2008 received from the Central Govt. with regard to amendments to 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 considered the matter regarding amendments proposed by the Council to Graduate Medical Education Regulations, 1997 along with the letter dated 20.06.2008 received from the Ministry of Health & F.W., Govt. of India and observed as under:-

I. Graduate Medical Education Regulations, 1997

- [a] The amendments suggested by the Central Govt. which have not been proposed by the Council are annexed as [Annexure-A.](#)
- [b] The amendments proposed by the Council have been accepted by the Central Govt. as they are, are annexed as [Annexure-B.](#)
- [c] The amendments proposed by the Council have been accepted by the Central Govt. with certain modifications are enclosed as [Annexure-C.](#)
- [d] The amendments proposed by the Council have not been accepted by the Central Govt. are annexed as [Annexure-D.](#)
- [e] The amendments proposed by the Council and no action is directed by the Central Govt. are annexed as [Annexure-E.](#)

After perusing the above Annexures prepared by the Council, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Govt. vide its letter dated 20.06.2008 has conveyed the changes proposed by the Govt. to the Medical Council of India's proposal for amendments in Graduate Medical Education Regulations, 1997 in respect of item Nos. 2(2), 2(18), 2(20), 3(2), 5,6, 7, 7(4), 7(7), 8, 14, Appendix C, Chapter III-(4)-(ii)(a), Chapter V.

It was further observed that in respect of other amendments proposed by the Council and communicated vide letters dated 19.08.2004 & 25.03.2008, nothing have been conveyed by the Central Govt. regarding their approval.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Govt. to convey the decision of the Central Govt. with regard to the above mentioned amendments at the earliest for the Council to take further necessary action.

17. Amendment to “Minimum Qualifications for teachers in Medical Institutions Regulations 1998”-regarding.

Read : The letter dated 23.06.2008 received from the Central Govt. with regard to amendment in “Minimum Qualifications for teachers in Medical Institutions Regulations 1998.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter regarding amendments proposed by the Council to Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 along with the letter dated 23.06.2008 received from the Ministry of Health & F.W., Govt. of India and observed as under:-

I. Minimum Qualifications for teachers in Medical Institutions Regulations 1998:

- [a] The amendments suggested by the Central Govt. which have not been proposed by the Council are annexed as [Annexure-A](#).
- [b] The amendments proposed by the Council have been accepted by the Central Govt. as they are, are annexed as [Annexure-B](#).
- [c] The amendments proposed by the Council have been accepted by the Central Govt. with certain modifications are enclosed as [Annexure-C](#).
- [d] The amendments proposed by the Council have not been accepted by the Central Govt. are annexed as [Annexure-D](#).
- [e] The amendments proposed by the Council and no action is directed by the Central Govt. are annexed as [Annexure-E](#).

After perusing the above Annexures prepared by the Council, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that the Central Govt. vide its letter dated 23.06.2008 has conveyed the changes proposed by the Govt. to the Medical Council of India’s proposal for amendments in Minimum Qualification for teachers in Medical Institutions Regulation 1998 in respect of item Nos. 2 Schedule I, 3 Schedule I, 6 Schedule I, In General Specialities – Appointment Criteria, in Super Specialities – Appointment Criteria.

It was further observed that in respect of other amendments proposed by the Council and communicated vide letters dated 19.08.2004, 25.03.2008 & 31.03.2008, nothing have been conveyed by the Central Govt. regarding their approval.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to request the Central Govt. to convey the decision of the Central Govt. with regard to the above mentioned amendments at the earliest for the Council to take further necessary action.

18. Regulations on Minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999-Amendment regarding.

Read : The letter dated 20.06.2008 received from the Central Govt. with regard to amendment in the Regulations on Minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter regarding amendments proposed by the Council to Minimum Standard Requirements for Medical Colleges for 50,100, 150 Admissions Annually, 1999 along with the letter dated 20.06.2008 received from the Ministry of Health & F.W., Govt. of India and observed as under:-

I. Minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999:

- [a] The amendments suggested by the Central Govt. which have not been proposed by the Council are annexed as [Annexure-A](#).
- [b] The amendments proposed by the Council have been accepted by the Central Govt. as they are, are annexed as [Annexure-B](#).
- [c] The amendments proposed by the Council have been accepted by the Central Govt. with certain modifications are enclosed as [Annexure-C](#).
- [d] The amendments proposed by the Council have not been accepted by the Central Govt. are annexed as [Annexure-D](#).
- [e] The amendments proposed by the Council and no action is directed by the Central Govt. are annexed as [Annexure-E](#).

After perusing the above Annexures prepared by the Council, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Govt. vide its letter dated 20.06.2008 has conveyed the changes proposed by the Govt. to the Medical Council of India's proposal for amendments in Minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999 in respect of Land Requirement for Campus, Bed Strength, Average Indoor Bed Occupancy for teaching hospital, Teaching Hospital, Lecture Theatre, Central Research Laboratory, Training of teachers, Rural Health Training Centre, Number of beds in critical care units, Operation Theatre Block, Department-wise staff component.

It was further observed that in respect of other amendments proposed by the Council and communicated vide letters dated 19.08.2004, nothing have been conveyed by the Central Govt. regarding their approval.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Govt. to convey the decision of the Central Govt. with regard to the above mentioned amendments at the earliest for the Council to take further necessary action.

19. Establishment of Medical College at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayaga Educational Trust, Kachipuram, Tamil Nadu.

Read : The Council Inspectors report (1st & 2nd July, 2008) for grant of Letter of Permission for establishment of new medical college at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayaga Educational Trust, Kanchipuram, Tamil Nadu u/s. 10(A) 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 (1st & 2nd July, 2008) and observed as under:-

1. (a) The following faculty were not counted while computing faculty deficiency for reasons given as under:-

Sr. No.	Name	Designation	Department	Remarks
1.	Dr. Jaya Chandra	Professor	General Medicine	Does not have the requisite 4 years teaching experience as Assoc. Prof. Counted as Assoc. Prof.
2.	Dr. R. Parthasarathy	Assoc. Prof.	General Surgery	His dental college teaching experience was not counted. Does not have the requisite 5 years experience as Asst. Prof. Counted as Asstt. Prof.
3.	Dr. K. Ravi	Assoc. Prof.	Anaesthesia	Does not have the requisite 5 years teaching experience as Asst. Prof. Counted as Asstt. Prof.
4.	Dr. Afroz Basha	Assoc. Prof.	Anatomy	M.Sc. (Neuroscience) not counted.
5.	Dr. Rajalakshmi	Assoc. Prof.	Biochemistry	She is M.Sc. from Science faculty and Ph.D. from medical faculty. Not counted.
6.	Mr. Bala Murugang	Asst. Prof.	Anatomy	M.Sc. (Neuroscience) not counted.
7.	Ms. Razia	Asstt. Prof.	Anatomy	She is M.Sc. (Anatomy). She does not have the requisite 3 years Tutor experience. Counted as Tutor.
8.	Mr. Annadurai	Asst. Prof.	Physiology	He is M.Sc. (Physiology). He does not have the requisite 3 years Tutor experience. Counted as Tutor.
9.	Mr. Saravanan	Asstt. Prof.	Biochemistry	He is M.Sc. from Science faculty. Not counted.
10.	Ms. Narmadha	Asstt. Prof.	Microbiology	She is M.Sc. (Microbiology). She does not have the requisite 3 years Tutor experience. Counted as Tutor.
11.	Ms. Nisha	Asstt. Prof.	Microbiology	She is M.Sc. (Microbiology). She does not have the requisite 3 years Tutor experience. Counted as Tutor.
12.	Dr. Kalaiselvan	Sr. Resident	Ophthalmology	Does not have the requisite 3 years experience as Jr. Resident. Counted as Jr. Resident.
13.	Dr. G. Loka Latha	Sr. Resident	Obst. & Gynae.	Does not have the requisite 3 years experience as Jr. Resident. Counted as Jr. Resident.

14.	Dr. Indra	Sr. Resident	Obst. & Gynae.	Does not have the prescribed academic qualifications. Counted as Jr. Resident.
15.	Dr. M. Raja Ram	Sr. Resident	Anaesthesia	Does not have the requisite 3 years experience as Jr. Resident. Counted as Jr. Resident.

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

(a) The shortage of teaching faculty is 29% (i.e., 16 out of 55) as under:-

- (i) Professor 1 (General Medicine-1)
- (ii) Associate Professor 4 (Anatomy-1, Physiology-1, Biochemistry-1, Microbiology-1)
- (iii) Assistant Professor 6 (Anatomy-1, Physiology-2, Community Medicine-1, ENT-1, Radiodiagnosis-1)
- (iv) Tutor 5 (Anatomy-2, Physiology-2, Community Medicine-1)

(b) The shortage of Residents is 57.1 % (i.e., 24 out of 42) as under:-

- (i) Senior Resident 12 (General Medicine-2, General Surgery-3, Orthopedics-1, ENT-1, Ophthalmology-1, Obs-Gyne-2, Radiodiagnosis-2)
- (ii) Junior Resident 12 (General Medicine-4, Pediatrics-2, General Surgery-4, Orthopedics-2)

2. The Tamil Nadu Dr. MGR Medical University has consented to affiliate the college vide its letter dated 04.04.2008 which is after the last date prescribed for submitting the applications complete in all respects to the Central Govt. being 31st August, 2007 and sending such applications to the Council being 30th September, 2007 for the academic year 2008-09, subject to grant of permission by Government of India, Ministry of Health & Family Welfare, New Delhi, under Section 10A of the Medical Council Act, 1956.

3. The Government of Tamil Nadu has issued the essentiality certificate for 100 seats vide No. 18344/MCA 2007-4 dated 29/02/2008 which is after the last date prescribed for submitting the applications complete in all respects to the Central Govt. being 31st August, 2007 and sending such applications to the Council being 30th September, 2007 for the academic year 2008-09.

4. Available clinical material is as under:

	Daily Average	Day of Inspection
O.P.D. attendance	642	305
Casualty attendance	15	5
Bed occupancy%	50%	20%
<u>Operative work</u>		
Number of major surgical operations	11	-
Number of minor surgical operations	13	5
Number of normal deliveries	-	-
Number of caesarian Sections	-	-
<u>Radiological Investigations</u>	O.P. + I.P.	O.P. + I.P.
X-ray	152	42
Ultrasonography	25	5
Special Investigations	2	-
C.T. Scan	-	-
<u>Laboratory Investigations</u>		
Biochemistry	274	75
Microbiology	52	12

Hematology	410	152
Histopathology	4	-
Cytopathology	2	-
Others	-	-

- The clinical material was low in terms of OPD attendance (305) and bed occupancy (20%) on the day of the inspection.
 - Most of the wards were empty and there were no patients. Female surgical ward and pediatric ward had 30 and 5 patients respectively. However, no case sheets and no OPD cards showing admission were available for these patients showing that they were only visitors who were made to lie down in the wards. This was conceded by the Dean who was accompanying the inspection team.
 - The CSSD and laundry were found to be nonfunctional.
 - There was no OT list in the OT complex and there was no surgery being conducted on the day of the inspection.
 - There is no provision for biomedical waste disposal.
 - On scrutiny of the case sheets in the medical record section, the case sheets of patients were incomplete and most of the patients did not warrant admission. No relevant investigation records were enclosed in the case sheets.
5. Dr. Prem Chandran designated as Medical Superintendent is not eligible to hold the post as he possesses only 7 years of administrative experience against the requirement of 10 years as per Regulations.
 6. Hostel accommodation is available for 72 boys and girls only against the requirement of 100 at this stage as per Regulations which is inadequate for the present stage. There is no messing facilities available in any of the hostels. The Residents' Hostel has 44 double-seater rooms. It is also partially furnished. No cupboards are provided. Only 1 writing table is provided in a double-seater room. The front verandah flooring remains to be completed.
 7. In O.P.D. each speciality is provided with only 2 rooms for examination of patients and accommodation for the doctors. A total of only 2 teaching areas are provided for all the subjects. There is no immunization room, family welfare clinic, plaster-cutting room and ECG room in the OPD.
 8. In Wards there is no doctors' duty room, pantry, examination / procedure room and side laboratory. There is no seminar hall in the major departments. No audiovisual aids are provided in the teaching areas.
 9. CSSD is non-functional. There are no bowl sterilizer, no Glove inspection machine and no instrument washing machine in CSSD. Sterilization facilities are not available in operation block.
 10. All the wards, O.T., O.P.D., offices and departments are not connected with intercom facilities.
 11. The central laundry did not appear to be functional on the day of inspection.
 12. There is no incinerator.
 13. Nursing Staff is grossly inadequate as under:-

Nursing Superintendent	:	02
Deputy Nursing Superintendent	:	01
Matron	:	01
Asstt. Nursing Superintendent	:	02
Nursing Sisters	:	15
Staff nurses	:	38
 14. In the Anatomy department the capacity of 2 demonstration rooms is only 32 each against the requirement of 50-60 as per Regulations.

15. In the Biochemistry Department the gas cylinders need to be kept away in a separate enclosure.
16. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayaga Education Trust, Kanchipuram received u/s 10A of the I.M.C. Act, 1956 for the academic year 2008-09.

20. Approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. 60 to 100.

Read : The matter with regard to approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 60 to 100.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 60 to 100 and observed as under:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that Indira Gandhi Medical College, Nagpur is recognized for 60 seats only. The application for increase in admission capacity from 60 to 100 u/s 10A of the IMC Act, 1956 was received in the office of the Council vide Central Govt. letter dated 10.06.1996. Based upon the recommendations of the Council, the Central Govt. had issued the Letter of Permission for increase of seats from 60 to 100 for the academic year 1997-98 vide its letter dated 09.06.1997.

As per the Scheme enshrined in Section 10A of the IMC Act, 1956, the cases of establishment of new medical college or increase in admission capacity have to be inspected every year for renewal of permission till the first batch appears for the final university examination at which point of time the institute has to seek recognition for the increased intake u/s 11(2) of the I.M.C. Act, 1956. In accordance with the Scheme prescribed under the Act, the institute had applied for recognition u/s 11(2) of the IMC Act, 1956 for the first time on 05.12.2001. As the deficiencies of teaching faculty and infrastructure particularly hostels, the space for various departments, lecture halls, library etc. were observed, it was not recommended for recognition for increased intake by the Council. However, due to the assurance and undertaking given by the Govt. of Maharashtra from time to time, the renewal of permission from 6th batch onwards was recommended by the Council till academic year 2006-07.

In this connection, it was further observed that in the communication dated 08.06.2006 of the Council sent to the Central Govt. for academic year 2006-07, it was specifically stated that "although the deficiencies of infrastructure existing and were persisting for several years without any rectification leading to a situation whereby repetitively renewal of permissions are being recommended by the Council and the recommendation for approval of increase of seats cannot be made due to persistence of infrastructural deficiencies, it is decided to recommend to the Central Govt. to renew the permission for the last time for admission of fresh batch of MBBS students against the increased intake from 60 to 100". It was specifically reiterated that the matter with regard to approval of the college for the award of MBBS degree against the increased intake can be considered only if deficiencies of infrastructure and other observations made by the Inspectors in the inspection report were complied with.

Subsequently, an inspection to verify the compliance submitted by the institute was carried out on 8th & 9th June, 2007 for the academic year 2007-08. However, as the deficiencies of infrastructure and clinical material were still persisting, the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 13th & 14th June, 2007 decided to reiterate its earlier decision to disapprove the scheme and to return the application to the Central Govt. as the institution failed to provide adequate infrastructural facilities required as per Regulations for increase of seats from 60 to 100 inspite of numerous attempts over a period of 9(nine) years and no definite time frame was committed by the institute for rectification of deficiencies. However, the Central Govt. vide its letter dated 30.08.2007, in view of admission by the State Government of Maharashtra of deficiencies and also assurance given by the Hon'ble Chief Minister of Maharashtra to rectify the deficiencies pointed out by MCI in its inspection report had approved the renewal of permission for admission of MBBS students against the increased intake from 60 to 100 for the academic year 2007-08 only.

In this connection, the following directions issued by the Hon'ble Supreme Court in case of Mridul Dhar Vs. Union of India & Ors (2005) 2 SCC 65 dated 12.01.2005 were also observed:-

“1-13.

14. Time schedule for establishment of new college or to increase intake in existing college, shall be adhered to strictly by all concerned.

15. Time schedule provided in Regulations shall be strictly adhered to by all concerned failing which defaulting party would be liable to be personally proceeded with.”

After the above-mentioned judgement, the Medical Council of India had received a letter dated 15.03.2005 from the Ministry of Health & F.W., Govt. of India. In this letter dated 15.03.2005, after referring to the directions of the Hon'ble Supreme Court dated 12.01.2005 in Mridul Dhar's case, the Govt. of India had requested the Council in the following terms:-

"..... You are requested to kindly bring the above directions of the Hon'ble Court to the notice of all the medical colleges/institutions and the authorities concerned in the country for strict adherence to the Time schedule prescribed in the Regulations of the Council for admission of students for the Undergraduate courses, and also the Time schedule prescribed for admission in the Postgraduate/Super Specialty courses indicated in this Ministry's letter No.V-11025/1/2003-ME(P.I) dated 14th May, 2003.

The Hon'ble Court has also directed that the Time schedule prescribed in the Regulations for Establishment of new Medical colleges, increase of intake capacity and for Opening of new or higher courses of study has also to be strictly adhered to. Similarly, the process of annual renewal of permissions have also to be completed in accordance with the Time schedule so that the Time schedule prescribed for admission of students is not disrupted. Therefore, as the Council is required to forward its recommendation in this regard to the Ministry and thereafter the Government is required to issue necessary permission/renewal of permission within the time prescribed for the same, the Council is requested to advise all the concerned colleges/institutions to get the inspections done well in time....."

This position was communicated to Indira Gandhi Medical College, Nagpur vide Council letter No.MCI-23(1)/2004-Med./498, dated 08.04.2005 along with the copy of letter from the Central Govt.

As per the Time Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date prescribed for the Council to send its recommendations to the Central Govt. is 15th June. Accordingly, the recommendations of the Council for the academic year 2008-09 have to be sent to the Central Govt. latest by 15th June, 2008. As the recommendations can only follow the decision of the Executive Committee at which the members of the Adhoc Committee appointed by the Hon'ble Supreme Court are also present, it is a natural corollary that the meeting of the Adhoc Committee and of the Executive Committee has to precede and has to be held at a date prior to 15th June. Accordingly, the meeting of the Adhoc Committee and of the Executive Committee was scheduled on 13th & 14th June, 2008.

However, as the compliance was received in the office of the Council only on 12.06.2008, there was no time left for the Council to appoint the inspectors and to conduct the inspection to verify the compliance, to prepare the report, to analyse the report and place it before the Executive Committee for its consideration.

In view of above, the members of the Adhoc Committee and of the Executive Committee of the Council further decided that the institute may be advised to submit the compliance for the academic year 2009-2010 well in time as prescribed under the Regulations for the Council to take further necessary action.

21. Nomination of Selection Committee members for the post of Additional Inspector.

Read: The matter with regard to nomination of the Selection Committee members for the post of Additional Inspector in the Council office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Dr. C.V. Bhirmanandham, Former Vice-Chancellor, Dr. M.G.R. Medical University, Chennai; Dr. P.K. Sur, Professor, Department of Radio-Therapy, Medical College, Kolkata and Dr. V.N. Jindal, Dean, Goa Medical College, Bambolim on the Selection Committee for the post of Additional Inspector, MCI.

22. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar.

Read : The compliance received from the institute dated 28.06.2008 along with Council Inspectors report (10th June, 2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar along with the undertaking dated 28.06.2008 furnished by the Secretary, Medical Education, Govt. of Punjab.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance received from the institute dated 28.06.2008 along with Council Inspectors' report (10th June, 2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar and observed that the State Govt. has taken active steps to rectify major deficiencies, particularly of teaching faculty and infrastructure. It was also observed that a sum of Rs. 140 Cr. has been provided by the State Govt. of Punjab for upgradation of equipment and creation of new posts. The Secretary, Medical Education has also furnished an undertaking to rectify the deficiencies pointed out in the Council Inspectors' report within a period of 8 months.

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 time of 1 month be given to the institute to rectify the deficiencies and submit the compliance. It was further decided to revoke the notice directing the institute to stop admissions for the Academic Year 2008-09.

23. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Patiala.

Read : The Compliance received from the institute dated 28.06.2008 along with Council Inspectors report (10th June,2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Patiala along with the undertaking dated 28.06.2008 furnished by the Secretary, Medical Education, Govt. of Punjab.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance received from the institute dated 28.06.2008 along with Council Inspectors' report (10th June,2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Patiala and observed that the State Govt. has taken active steps to rectify major deficiencies, particularly of teaching faculty and infrastructure. It was also observed that a sum of Rs. 4,42,31,600/- Cr. has been provided by the State Govt. of Punjab for upgradation of equipment and creation of new posts. The Secretary, Medical Education, Govt. of Punjab has also furnished an undertaking to rectify the deficiencies pointed out in the Council Inspectors' report within a period of 8 months.

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 time of 1 month be given to the institute to rectify the deficiencies and submit the compliance. It was further decided to revoke the notice directing the institute to stop admissions for the Academic Year 2008-09.

24. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at G.G.S. Medical College, Faridkot.

Read : The Compliance received from the institute dated 28.06.2008 along with Council Inspectors report (10th June,2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at G.G.S. Medical College, Faridkot along with the undertaking dated 28.06.2008 furnished by the Vice Chancellor, Baba Farid University of Health Sciences, Faridkot.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance received from the institute dated 28.06.2008 along with Council Inspectors' report (10th June,2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at G.G.S. Medical College, Faridkot and observed that the University has taken active steps to rectify major deficiencies, particularly of teaching faculty and infrastructure. It was also observed that a sum of Rs.45 Cr. has been provided by the University for upgradation of equipment and creation of new posts. The Vice Chancellor, Baba Farid University of Health Sciences has also furnished an undertaking to rectify the deficiencies pointed out in the Council Inspectors' report within a period of 18-24 months.

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 time of 1 month be given to the institute to rectify the deficiencies and submit the compliance. It was further decided to revoke the notice directing the institute to stop admissions for the Academic Year 2008-09.

25. Complaints regarding delay in holding of convocation by the Universities and granting of degrees to the medical students.

Read : Letter No.V.11025/17/2008-ME-P-I, dated 30.05.2008 received from the Central Govt. regarding complaints for delay in holding of convocation by the Universities and granting of degrees to the medical students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter No.V.11025/17/2008-ME-P-I, dated 30.05.2008 received from the Central Govt. regarding complaints for delay in holding of convocation by the Universities and granting of degrees to the medical students and decided to constitute a Sub-Committee comprising of Dr. D.K. Sharma, Chairman, Registration & Equivalence Committee and Dr. Indrajit Ray, Chairman, PG Committee to look into the matter and to submit its report at the earliest.

26. Adjustment of seats in Govt. quota in respect of colleges those have admitted students in excess of Management Quota in Academic year 2004-05, 2005-06 and 2006-07 – Reg.

Read : Letter dated 13.03.2008 from the Chief Secretary, Govt. of U.P., with regard to adjustment of seats in Govt. quota in respect of colleges those have admitted students in excess of Management Quota in Academic year 2004-05, 2005-06 and 2006-2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the reply received from the Special Secretary to the Government of Uttar Pradesh, Lucknow dated 13.03.2008 along with its earlier letter No. 148/71-3-07-43/06, dated 04.12.2007 with regard to adjustment of seats in Govt. quota in respect of colleges/institutions those have admitted students in excess of its management quota in the State of Uttar Pradesh for the academic years 2004-05, 2005-06 and 2006-07.

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

New Delhi, dated
the 2nd July, 2008

A P P R O V E D

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