

NO.MCI-6(2)/2008-Med./**MEDICAL COUNCIL OF INDIA****GENERAL BODY****132nd SESSION****Minutes of the General Body meeting held on 15th March, 2008.**

The Council met in the Council Office, Pocket – 14, Sector-8, Dwarka, New Delhi-110077 on 15th March, 2008 at 11.00 a.m. with Dr. P.C. Kesavankutty Nayar, President (Acting) Medical Council of India in the Chair.

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Present:-

1.	Dr. P. C. Kesavankutty Nayar	President (Acting) & Former Dean, Medical College, <u>Trivandrum.</u>
2.	Prof. P.N. Tandon	Former Prof. & Head of Neuro-Surgery, AIIMS, <u>New Delhi</u> & Member, Adhoc Committee appointed by the Hon'ble Supreme Court
3.	Dr.(Mrs.) S. Kantha	Former Vice-Chancellor, Rajiv Gandhi University of Health Sciences, <u>Karnataka</u> & Member, Adhoc Committee appointed by the Hon'ble Supreme Court.
4.	Dr. Ajit Kumar Chaudhary	Associate Professor, Darbhanga Medical College, Laheriasarai, <u>Darbhangha, Bihar.</u>
5.	Dr.A.Y. Kharangute	142, Kashinath Kunj, 2 nd Floor, Aquem, Margao, <u>Goa-403 601.</u>
6.	Dr. A N Verma	Professor & Head, Department of Orthopaedics, M. L. N. Medical College, <u>Allahabad</u>
7.	Dr. Ashwani Kumar Sood	Asst. Prof, Indira Gandhi Medical College, <u>Shimla (H.P.)</u>
8.	Dr. A. Pangariya	Principal, SMS Medical College, <u>Jaipur (Rajasthan)</u>
9.	Dr. A.K. Patel	Ex. Union Health Minister, P.O. Vijapur (N.G.), Dist. Mehsana, <u>Gujarat</u>
10.	Prof. B.C. Das	Director, State Institute of Health & Family Welfare, Govt. of Orissa, Nayapalli, <u>Bhubaneshwar.</u>
11.	Dr. Bhanu Prakash Dubey	Prof. & Head of Forensic Medicine, Gandhi Medical College, <u>Bhopal.</u>
12.	Dr. B.S. Kothari	Consultant Surgeon, Kothari Hospital, Mill Para Main Road, <u>Rajkot.</u>
13.	Dr. Bhaidas Patil	Chairman, BOS Surgery, Annasaheb Chudaman Patil Memorial Medical College, <u>Dhule-425 405.</u>

14.	Dr. Baldev Singh Aulakh	Professor of Urology & Head of Transplant Unit, Dayanand Medical College and Hospital, <u>Ludhiana (Punjab)</u>
15.	Dr. C.B. Shukla	Professor, S. S. Medical College, <u>Rewa (M.P.)</u>
16.	Dr. D.K. Sharma	Principal-cum-Dean, Muzaffar Nagar Medical College, <u>Muzaffar Nagar(U.P.)</u>
17.	Dr. D.K. Ray	Professor of Surgery, Instt. of Medical Sciences, Bhubneshwar.
18.	Dr. D.J. Borah	Principal, Jorhat Medical College, <u>Guwahati-781007.</u>
19.	Dr. Deelip G. Mhaisekar	Prof. & Head of TB & Respiratory Medicine, Govt. Medical College, <u>Nanded, Maharashtra.</u>
20.	Dr. D.S. Jane	Dean, Punjab Rao Deshmukh Memorial Medical College, <u>Amaravati, Maharastra</u>
21.	Dr. D.K. Sakalley	Govt. Netaji Subhash Ch. Bose Medical College, <u>Jabalpur. (MP)</u>
22.	Dr. D.S. Rana	Sr. Consultant, Sir Ganga Ram Hospital, <u>Delhi</u>
23.	Dr. D. Baruah	Addl. Director, Hospital and Medical Education, Dinthar, <u>Aizawl, Mizoram</u>
24.	Dr. G.B. Gupta	Professor & Head, Department of Medicine, Pt.J.N.M. Medical College, <u>Raipur (Chhattisgarh)</u>
25.	Dr. H.P. Bhalodiya	Professor, B J Medical College, <u>Ahmedabad (Gujarat)</u>
26.	Dr. Indrajit Ray	Principal, Medical College, <u>Kolkata.</u>
27.	Dr. I.S. Pal	Advisor, Secretariat, Govt. of Uttarakhand, Subhash Marg, <u>Dehradun.</u>
28.	Dr. J.N. Soni	Professor of Forensic Medicine, G.R.Medical College, <u>Gwalior</u>
29.	Dr. Joba Helen Soren	C/o Sri S.S. Choudhary, Near Firing Range, Booth Road, Baraitu, <u>Ranchi (Jharkhand.)</u>
30.	Dr. John S Sailo	Director, Bethany Hospital, Non Grim Hills, <u>Shillong.</u>
31.	Dr. J.L. Sahni	Prof. & Director LPS Hridayarog Sansthan, <u>Kanpur.</u>
32.	Dr. Ketan Desai	Prof. & Head, Deptt. of Urology, BJ Medical College, <u>Ahmedabad.</u>
33.	Dr. K.P. Mathur	Medical Superintendent (Retd.), RML Hospital, <u>New Delhi.</u>

34.	Dr. K.H. Kenchappa	Consultant Orthopaedic Surgeon, 14. Shanti Nilaya, Basappa Layout, Nagashetty Hall, <u>Bangalore-560 094.</u>
35.	Dr. K Meer Mustafa Hussain	Vice-Chancellor, TheTamilnadu Dr. M.G.R. Medical University, <u>Chennai-32.</u>
36.	Dr. Kamleshwar Agarwal	B-18, Ravi Nagar, Raipur, <u>Chhattisgarh</u>
37.	Dr. Kasu Prasad Reddy	Medical Director, Maxivision Eye Hospital Alladin Mansion 1-11-252/1A, Street No.3, Begumpet, <u>Hyderabad-500016</u>
38.	Dr. L Fimate	Director, Regional Institute of Medical Sciences, <u>Imphal.</u>
39.	Dr. Muzaffar Ahmad	Director, Dte. of Health Services, <u>Srinagar, Kashmir</u>
40.	Dr. Mukesh Kumar Sharma	Professor of Surgery, S.M.S. Medical College, <u>Jaipur</u>
41.	Dr. M.M. Deka	Principal, Gauhati Medical College, <u>Guwahati.</u>
42.	Dr. M. Ramanathan	Dean, Annamalai University Annamalai Nagar, <u>Tamilnadu.</u>
43.	Dr. Mahendra D. Chauhan	Keshivi Eye Hospital Davar Chamber, Near J K Tower Ring Road, Surat. <u>(Gujarat)</u>
44.	Dr. Muruganathan Armugam	33, K P N Colony, 3 rd Street, <u>Tirupur – 641601.</u>
45.	Dr. Ng.Bijoy Singh	Former Vice-Chancellor, Manipur University, Leiren Mansion, Opp: Super Market, Lamphel, <u>Imphal-795 004.</u>
46.	Dr. Naveen Nahar	Consulting Surgeon, Nahar Hospital, <u>Indore.</u>
47.	Dr. Narendra Prasad	6,Doctor's Colony, Kankerbagh, <u>Patna.</u>
48.	Dr. Nirbhay Shrivastava	Prof & Head, Gandhi Medical College, <u>Bhopal (M.P.)</u>
49.	Dr. P.K. Das	Head of the department of General Medicine, SCB Medical College, <u>Cuttack.</u>
50.	Dr. P.K.Sur	Director, Institute of Postgraduate Medical Education & Research, <u>Kolkatta</u>

51.	Dr. P. Rajan	Asso. Professor, Dept of Radiodiagnosis, Medical College, <u>Calicut-8.</u>
52.	Dr. P. Sukumaran	Professor, Govt. Medical College, <u>Kottayam (Kerala)</u>
53.	Dr. P.K. Jain	Prof & Head of Deptt. of Medicine M L B Medical College, <u>Jhansi-284128, UP</u>
54.	Dr. Pawar Vasantao N.	Shushrut Hospital, New Pandit Colony, Sharanpur Road, <u>Nasik – 422002.</u>
55.	Dr. P.S. Prabhakaran	Vice Chancellor, Rajiv Gandhi University of Health Sciences, 4th 'T' Block, Jayanagar, <u>Bangalore -560041.</u>
56.	Dr.(Mrs.) Rani Bhaskaran	Professor & Head, Department of Neurology, Dr.Somervel Memorial CSI Hospital, <u>Trivandrum.</u>
57.	Dr. S.D. Dalvi	Prof. & Head, Department of PSM, Govt. Medical College, <u>Nanded (Maharashtra)</u>
58.	Dr. Sahaja Nand Pd. Singh	Deptt. of Surgery, Patna Medical College, <u>Patna.</u>
59.	Dr. Shirish Srivastava	Prof. & Head, Deptt. of Surgery, Pramukhswami Medical College, <u>Karamsad, Guj.</u>
60.	Dr. S Imkong Tushi Ao	Secretary, Indian Red Cross Society, Nagaland Branch, Kohima-797001
61.	Dr. Shivanand S Bhimalli	Asst. Professor, Dept. of Pediatrics, Basaveshwar Hospital, M. R. Medical College, Gulbarga Sedam Road, <u>Gulbarga – 585105</u>
62.	Dr. Surender Kashyap	Principal/Dean, Indira Gandhi Medical College, <u>Shimla – 171001 (H.P.)</u>
63.	Dr. Samar Deb	Dean & HOD of Anatomy, North Bengal Medical College, P.O. Sushrutanagar Pin-734432, <u>Distt.- Darjeeling, West Bengal</u>
64.	Dr. Sihag Kamalveer Singh	H. No. 944, Sector – 8, <u>Panchkula, Haryana</u>
65.	Dr. S.R. Maralihalli	Retd. Prof. of General Medicine, No.1990,MCC 'A' Block, <u>Davangere, Karnataka</u>
66.	Dr. Umesh Chandra Sharma	Directorate of Medical Education, Assam, Housefed Complex, Dispur, <u>Guwahati-6, Assam.</u>
67.	Dr. Ved Prakash Mishra	Vice-Chancellor, Datta Meghe Institute of Medical Sciences (Deemed University), <u>Nagpur.</u>
68.	Dr. V. Kanagaraj	Former Professor & HOD, No.3, V Cross Street, Indira Nagar, Adyar, <u>Chennai.</u>

69.	Dr. V.K. Jain	Professor & HOD of Skin & VD Deptt., Pt. B.D. Sharma Postgraduate Instt. of Medical Sciences, Rohtak, Haryana.
70.	Dr. V.N. Jindal	Dean, Goa Medical College, Bombolim-403202, Goa.
71.	Dr. Vijay Prakash Singh	Prof. & Head, Department of Medicine, Patna Medical College, Patna
72.	Dr. Vijay Kumar Singh	38/60, Officers Flat Hartali More, Beiley Road, Patna.

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

Apologies for absence were received from the following members of the Council:-

1. Prof. A. Rajasekaran
2. Dr. Dilip Kumar Baliga
3. Dr. P.M. Jadav
4. Prof. (Dr.) Silvano C.A.Dias Sapeco
5. Dr. Benoy Bhusan Bhowmik.
6. Dr. Suresh Patani

1. **Notification of New Members**

The Secretary read the notification of the following new members elected/nominated as member of the Council since the last meeting of the Council held on 16.11.2007:-

S.No.	Name	U/s	Constituency
1.	Dr. Hage Lador	3(1)(a)	Govt. of Arunachal Pradesh
2.	Dr. Pawar Vasant Nivruti	3(1)(c)	RMG Maharashtra

2. **Minutes of the last meeting of the Council – confirmation of.**

The minutes of the last meeting of the Council held on 16.11.2007 were confirmed.

3. **Minutes of the last meeting of the Council – Action taken thereon.**

The Council noted the action taken by the office on various items included in the minutes of the meeting of the Council held on 16.11.2007.

4. **Pending items arising out of the decision of the General Body.**

The Council noted the list of pending items arising out of the decisions of the General Body.

5. **Address by the Acting President.**

Dr. P.C. Kesavankutty Nayar, President (Acting) delivered the Presidential address and copy of the same was circulated to the August Body. Salient features of the Presidential address are as under:-

- The Acting President in his speech informed the members of the Council that incidentally 'year 2008' happens to be the Platinum Jubilee Year of the Council, which makes it historical in a real sense. He recalled that Medical Council of India came to existence on 15.02.1934 in terms of the Indian Medical Council Act, 1933, passed by the then Parliament. Ever since then, it has traversed the time frame of 75 years, which are testimony to several creative happenings.

- The Council in its endeavour has definitely proved true to the “Objectives and Requirements”, which were and are expected out of it. He said that we need to be really obliged to the destiny, that in this Platinum Jubilee Year we are an integral part of this illustrious Council which has a ‘glorious past’ and by a ‘living present’ we should be able to extend a deserving ‘phenomenal future’ to it.
- In order to celebrate the Platinum Jubilee Year in a befitting manner, a Platinum Jubilee Celebrations Committee has been constituted under the Chairmanship of Dr. Ketan Desai, Former President of the Council and presently a member of the Executive Committee with Dr. Ved Prakash Mishra, member of the Executive Committee; Dr. Indrajit Ray, Chairman, Postgraduate Committee; Dr.(Mrs.) Sneh Bhargava & Dr. D.S. Rana, members of the Council; Dr. T.K. Parthasarthy, Former Vice-Chancellor of Sri Ramachandra University, Chennai, and Dr. Sanjay Bijwe, OSD to Govt. of Maharashtra as members.
- The Platinum Jubilee Celebrations Committee in terms of the mandate entrusted to it, to ensure that the celebrations in the Platinum Jubilee Year are of such a befitting nature that “Intellectual and Informational Inputs” are generated, which could be of ‘cause and consequence’ to the MCI in shaping the ‘fate and future’ of medical education of this country.
- He said that a series of Regional Workshops will be held each month beginning from February,2008 and would culminate in a National Workshop at New Delhi to be held in February, 2009, which would be the concluding month of Platinum Jubilee Celebrations. The themes that have been chosen for the workshop are ‘apt and timely’ which also take into consideration the ‘concerns and challenges’ which are before the Medical Council of India as of now and even in the coming times.
- To begin with, the first Regional Workshop for the (western region) was conducted at Nagpur on the theme “Role, Relevance and Effective Utilization of Medical Education Unit for Faculty Development” organized by the Datta Meghe Instt. of Medical Sciences University, Nagpur and co-ordinated by its Vice-Chancellor, Dr. Ved Prakash Mishra. This workshop held on 03.02.2008 also marked the inauguration of the Platinum Jubilee Year Celebrations at the hands of Dr. Ketan Desai.
- The 2nd Regional Workshop for the (southern region) was held at Amrita Instt. of Medical Sciences, Kochi on the theme “Scope of Telemedicine” on 8th & 9th March,2008. At both these workshops vide detailed deliberations, recommendations have been crystallized which are of ‘relevance and concern’ alike. The next workshop has been scheduled on 13th April,2008 at Kolkatta and is being co-ordinated by Dr. Indrajit Ray, Chairman of the Postgraduate Committee of MCI.
- The Council has also issued a circular to all the medical institutions in the country to organize at least one workshop/symposium/seminar/group meeting on any of the 27 themes that have been formulated and circulated by the Council as a part of the Platinum Jubilee Celebrations.
- He informed the members that many colleges have indicated their willingness and few of them have already acted in accordance with the same. The Platinum Jubilee Celebrations Committee has decided that at each of the Institutional Workshop, Council will depute a representative as an “Observer”, who would give an ‘analytical report’ to the Council, which would help the Council in picking up institutional inputs to be drawn there-from appropriately.
- He shared with the members that also been ventured by the Council to have “across the table meetings” under “MCI at your doorsteps” programme with

the officers of the concerned States including Secretary, Medical Education; Director, Medical Education; Vice-Chancellors of the State Health Universities, if any, for the purposes of interaction and sharing of views on the 'concerns and issues' that pertain to the concerned State and the Council and working out possible and probable solutions towards the same. As sequel to this, first "interactive meeting" that has been planned with the State Govt. of Andhra Pradesh on 26.03.2008 at Hyderabad the State capital.

- He further shared with the members that the 2nd interactive meeting is scheduled with the Govt. officials of West Bengal at Kolkatta in the 2nd week of April, 2008 and other such meetings shall follow in due course of time in the Platinum Jubilee Year.
- He said that it has been our endeavour to ensure that the Council does not fall short in any manner in the 'academic tasks', which it is required to dispense in order to cater to the interests of medical education and the health care delivery system as a whole. In order to strengthen the mechanism for this dispensation, an "Academic Cell" has been constituted and a full time Director has also been appointed by the Council for the same. The Committee for the Academic Cell is headed by Dr. Ketan Desai with Dr. Ved Prakash Mishra, Dr. Indrajit Ray and Dr. (Mrs.) Sneh Bhargava as its members.
- The President (Acting) apprised the Council that a comprehensive scheme in regard to the "National Faculty Development Programme", wherein an "Apical Faculty Training Center" has been conceived to be in the premises of the Council as its Head Quarter at New Delhi. This Apical center would be co-ordinating with Regional/State centers and would be working out the faculty development programmes in a comprehensive manner. The budgetary provision to the extent of Rs. 25 lakhs has also been marked for the same as decided by the August Body last year.
- He further stated that curriculum update instead of being a contingent exercise, has been periodically reviewed by the Council. In order to review the curriculum, a standing mechanism has been put into place by the Academic Cell, wherein Boards of Specialities have been constituted and a time schedule for their meetings has also been crystallized, whereby the curriculum update in the concerned specialities would be made available for further consideration of the competent authorities of the Council by the end of June, 2008. Through such novel and thoughtful mechanisms formulated and conceived by the Academic Cell, he was sure that the academic fields that the Council needs to cater would be genuinely nurtured.
- He trusted and believed that history has really brought the Council on to a situation wherefrom we are a party to the celebrations of Platinum Jubilee of MCI and therefore it ought to be our endeavour to ensure that we are able to render our best to make it really memorable. He has no hesitation in bringing out that we need to take stock of the 'Glorious Past' of the Council and look forward to a 'worthy future' which is possible only through a 'Realistically Creative Present'.
- It is in this context, he reiterated that it has been his consistent approach with the counsel and support that the "objectives" entrusted to the Council are fulfilled in a "transparent" manner with a committed sense of "accountability".
- He further stated that the fair name and credibility of the Council is and has been paramount to all. It's growth has been our endeavor jointly and severally.
- The President (Acting) further stated that it is by virtue of the committed support and the learned advice and counsel from the Adhoc Committee members that he has been able to make "positive stride" in the "desired direction", and so is the case in this Platinum Jubilee Year of the Council.

- He wished and hoped that the Council shall be able to carry the mantle further in the larger interests of the medical education and public health care delivery system in this country. He also takes the pleasure of recording his sense of gratitude to all the respected members of the Council and his thankfulness to the members of the Adhoc Committee for steering him through, but for which his task would have remained unaccomplished.

Motion of thanks to the Presidential address was moved by Dr. Pawar Vasant Rao N., Dr. D.J. Borah and seconded by the whole House.

6. Representation of the Council on other bodies – Election of –

(i) Indian Nursing Council – Election of

To elect one member on Indian Nursing Council for full term of five years in place of Dr. (Mrs.) Rani Bhasakaran whose term will be expiring as representative on Indian Nursing Council on 23.03.2008.

Proposed by Dr. Indrajit Ray and Seconded by Dr D.K. Sharma, Dr. Muruganathan Armugam was declared elected unopposed as representative of the Council on Indian Nursing Council.

(ii) Hari Om Ashram Alembic Research Award Fund – Election of

To elect four members on Hari Om Ashram Alembic Research Award Fund for full term of five years in place of Dr. S.N.P. Singh, Dr. G.K. Thakur, Dr. Bhavin S. Kothari and Dr. K.H. Kenchappa whose terms will be expiring as representative on Hari Om Ashram Alembic Research Award Fund on 23.03.2008.

The following names were duly proposed & seconded as representative of the Council on Hari Om Ashram Alembic Research Award Fund:-

1. Dr.Samar Deb - *Proposed by Dr.P.K. Sur
Seconded by Dr. G.B. Gupta*
2. Dr.A.K. Sood - *Proposed by Dr. Mukesh Kr. Sharma
Seconded by Dr. N.C. Chauhan.*
3. Dr. Nirbhay Shrivastava- *Proposed by Dr. B.P. Dubey
Seconded by Dr.Naveen Nahar*
4. Dr.Mahendra D. Chauhan- *Proposed by Dr. D.K. Sharma
Seconded by Dr. H.P. Bhalodiya*

(iii) Silver Jubilee Research Award Fund – Election of

To elect two members on Silver Jubilee Research Award Fund for full term of five years in place of Dr. D.J. Borah and Dr. Naveen Nahar whose terms will be expiring as representative on Silver Jubilee Research Award Fund on 23.03.2008.

The following names were duly proposed & seconded as representative of the Council on Silver Jubilee Research Award Fund:-

1. Dr.P.S. Prabhakaran - *Proposed by Dr.S.S. Bhimalli
Seconded by Dr.M. Ramanathan.*
2. Dr.Naveen Nahar - *Proposed by Dr. Ved Prakash Mishra
Seconded by Dr. S.D. Dalvi*

(iv) **Hari Om Ashram Alembic Research Award Fund (Expert Committee) – Election of**

To elect one member on Hari Om Ashram Alembic Research Award Fund (Expert Committee) for full term of five years in place of Dr. N.B. Singh whose term will be expiring as representative on Hari Om Ashram Alembic Research Award Fund (Expert Committee) on 23.03.2008.

Proposed by Dr. Rani Bhaskaran and Seconded by Dr Vijay Prakash Singh, Dr K Meer Mustafa Hussain was declared elected unopposed as representative of the Council on Hari Om Ashram Alembic Research Award Fund (Expert Committee).

7. **Patna University – Recognition of MD (Psychiatry) qualification in respect of students being trained at Patna Medical College, Patna.**

Read: The Council Inspector's report (September, 2007) on the standard of examination and other teaching facilities available at Patna Medical College, Patna for purpose of recognition of MD (Psychiatry) qualification granted by Patna University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector's report (September, 2007) and decided to recommend that MD (Psychiatry) qualification granted by Patna University in respect of students being trained at Patna Medical College, Patna be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2(two) students per year prospectively i.e. from the academic year 2008-09.”

8. i) **Sri Venkateswara University – Recognition of MD(T.B. & Chest Dise./T.B. & Resp. Dise.) & DTCD qualifications in respect of students being trained at Kurnool Medical College, Kurnool.**
- ii) **Andhra Pradesh University of Health Sciences, Vijayawada and N.T.R. University of Health Sciences, Vijayawada - Recognition of MD (T.B. & Chest Dise./T.B. & Resp. Dise.) in respect of student being trained at Kurnool Medical College, Kurnool and also approval of the college for the award of DTCD qualification.**

Read: The Council Inspector's report (August, 2007) togetherwith inspection report (May, 2001) on the standard of examination and other teaching facilities available at Kurnool Medical College, Kurnool for i) recognition of MD(T.B. & Chest Dise./T.B. & Resp. Dise.) & DTCD qualifications granted by Sri Venkateswara University and also ii) recognition of M.D.(T.B. & Chest Dise./T.B. & Resp. Dise.) qualifications granted by Andhra Pradesh University of Health Sciences, Vijayawada & NTR University of Health Sciences, Vijayawada.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector's report (August, 2007) togetherwith inspection report (May, 2001) and noted that MD(T.B. & Chest Dise./T.B. & Resp. Dise.) & DTCD qualifications granted by Sri Venkateswara University in respect of students being trained at Kurnool Medical College, Kurnool are already recognized with annual intake of 1(one) student each for degree and diploma courses and now the matter is for recognition of these qualifications under Andhra Pradesh University of Health Sciences, Vijayawada & NTR University of Health Sciences, Vijayawada.

The Postgraduate Committee decided that MD(T.B. & Chest Dise./T.B. & Resp. Dise.) & DTCD qualifications granted by Andhra Pradesh University of Health Sciences, Vijayawada & NTR University of Health Sciences, Vijayawada be

recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1(one) student each for degree and diploma course per year.”

9. Punjab University & Baba Farid University of Health Sciences, Faridkot– Approval of Christian Medical College, Ludhiana for the award of M.D. (Pharmacology) qualification.

Read: The Council's Inspector report (September, 07) togetherwith the Council Inspector's report (December, 2006) on standard of examination and other teaching facilities available at Christian Medical College, Ludhiana for purpose of approval of the college for the award of M.D.(Pharmacology) qualification earlier granted by Punjab University and now by Baba Farid University of Health Sciences, Faridkot.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector's report (September, 2007) togetherwith the Council Inspector's report (December, 2006) and noted that M.D.(Pharmacology) qualification earlier granted by Punjab University in respect of students being trained at Christian Medical College, Ludhiana is recognized with annual intake of 3 (three) students per year and now the matter is for recognition of M.D.(Pharmacology) qualification under Baba Farid University of Health Sciences, Faridkot.

The Committee decided to recommend that M.D.(Pharmacology) qualification granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Christian Medical College, Ludhiana be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 3 (three) students per year.”

10. HNB Garhwal University – Approval of Himalayan Instt. of Medical Sciences, Dehradun for the award of DA qualification in respect of increased intake.

Read: The Council Inspector's report (May, 07) on the standard of examination and other teaching facilities available at Himalayan Instt. of Medical Sciences, Dehradun for purpose of approval of the college for the award of DA qualification granted by HNB Garhwal in respect of increased intake.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector's report (May, 07) and noted that Himalayan Instt. of Medical Sciences, Dehradun already stands recognized/approved for 2 (two) students per year for D.A. qualification and now the matter is for consideration for approval of the college for the award of D.A. qualification granted by HNB Garhwal University against the increased intake i.e. 2 (two) to 3 (three) students per year and decided to recommend that Himalayan Instt. of Medical Sciences, Dehradun be approved for D.A qualification restricting the number of admissions to 3(three) students per year.”

11. West Bengal University of Health Sciences, Kolkata – Recognition of M.D (Pathology) qualification in respect of students being trained at North Bengal Medical College, Darjeeling.

Read: The Council Inspector's report (April, 2007) togetherwith compliance on the standard examination and other teaching facilities for recognition of M.D (Pathology) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at North Bengal Medical College, Darjeeling.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (April,2007) together with compliance and decided to recommend that M.D (Pathology) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at North Bengal Medical College, Darjeeling be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 4 (four) students per year.”

12. Rajiv Gandhi University of Health Sciences, Bangalore – Recognition of MD(Radio-diagnosis) qualification in respect of students being trained at Command Hospital, Air Force, Bangalore.

Read: The compliance together with Council Inspector’s report (May, 2007) on the standard of examination and other teaching facilities for recognition of MD (Radio-diagnosis) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Command Hospital, Air Force, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with Council’s Inspector’s report (May, 2007) and decided to recommend that MD (Radio-diagnosis) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Command Hospital, Air Force, Bangalore be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (two) students per year.”

13. Dr. D.Y. Patil University, Pimpri, Pune – Recognition of MS (ENT) qualification in respect of students being trained at Padmashree Dr. DY Patil Medical College, Pimpri, Pune.

Read: The Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune for purpose of recognition of MS (ENT) qualification granted by Dr. D.Y. Patil University, Pimpri, Pune.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (June, 2007) and decided that MS (ENT) qualification granted by Dr. D.Y. Patil University, Pimpri, Pune in respect of students being trained at Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1 (one) student per year.”

14. Tamilnadu Dr. M.G.R. Medical University, Chennai – Recognition of M.Ch.(Genito-Urinary-Surgery/Urology) qualification in respect of students being trained at Stanley Medical College, Chennai.

Read: The compliance together with the Council’s Inspector’s report (August, 2006) on the standard of examination and other teaching facilities available at Stanley Medical College, Chennai for purpose of recognition of M.Ch.(Genito-Urinary-Surgery/Urology) qualification granted by the Tamilnadu Dr. M.G.R. Medical University, Chennai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with Council Inspector’s report (August,2006) and decided that M.Ch.(Genito-Urinary-Surgery/Urology) qualification granted by the Tamilnadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Stanley Medical College, Chennai be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 1 (one) student per year.”

15. Kashmir University – Recognition of M.S.(Orthopaedics) qualification in respect of students being trained at Govt. Medical College, Srinagar.

Read: The Council's Inspector report (March, 2004) together with compliance on the standard of examination and other teaching facilities available at Govt. Medical College, Srinagar for purpose of recognition of M.S.(Orthopaedics) qualification granted by Kashmir University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (March, 2004) together with compliance and decided that M.S.(Orthopaedics) qualification granted by Kashmir University in respect of students being trained at Govt. Medical College, Srinagar be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 4 (four) students per year.”

16. Dr. D.Y. Patil University, Pimpri, Pune – Recognition of M.D.(Pathology)qualification in respect of students being trained at Padmshree Dr. DY Patil Medical College, Pimpri, Pune.

Read: The Council's Inspector report (November, 2007) togetherwith the Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Padmshree Dr. DY Patil Medical College, Pimpri, Pune for purpose of recognition of M.D.(Pathology) qualification granted by Dr. D.Y. Patil University, Pimpri, Pune.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (November, 2007) together with the Council Inspector’s report (June, 2007) and decided that M.D.(Pathology) qualification granted by Dr. D.Y. Patil University, Pimpri, Pune in respect of students being trained at Padmshree Dr. DY Patil Medical College, Pimpri, Pune be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 2 (two) students per year.”

17. Punjabi University – Recognition of M.Ch.(Plastic Surgery) qualification in respect of student trained at Govt. Medical College, Patiala – amendment in notification regarding date.

Read: The Central Govt. letter dt. 28.08.07 along with Principal, Govt. Medical College, Patiala letter regarding amendments in the notification in respect of dates.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee perused the records supplied by the institute with relation to the starting of M.Ch.(Plastic Surgery) course at Govt. Medical College, Patiala and observed that M.Ch.(Plastic Surgery) course has commenced at Govt. Medical College, Patiala from 1975 and not from 1985 as mentioned by the institute earlier at the time of inspection for recognition.

In view of above, the Postgraduate Committee decided that M.Ch.(Plastic Surgery) qualification granted by Punjabi University in respect of students being trained at Govt. Medical College, Patiala be recognized from 1975 and the notification may be suitably amended.”

18. West Bengal University of Health Sciences, Kolkata – Recognition of MD (Radio-therapy) qualification in respect of students being trained at Medical College, Kolkata.

Read: The compliance verification report (November, 2007) together with the Council Inspector’s report (April, 2007) on the standard of examination and other teaching facilities for recognition of MD (Radio-therapy) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at Medical College, Kolkata.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (November, 2007) togetherwith the Council Inspector’s report (April, 2007) and decided that MD (Radio-therapy) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at Medical College, Calcutta be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 4 (four) students per year.”

19. Recognition of various PG courses under Madras University in respect of JIPMER Pondicherry.

Read: The matter with regard to recognition of various Postgraduate courses under Madras University in respect of JIPMER, Pondicherry.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the request dated 01.11.2007 received from the Director, JIPMER, Pondicherry and noted that the institute was started in 1956 and was affiliated to Madras University until 1986. The affiliation was changed to Pondicherry University from the year 1986 all the MBBS seats have been affiliated to Pondicherry University and PG degree & diploma and Post Doctoral course in different disciplines of Medical Sciences from the year 2004.

The Committee further noted that earlier the qualifications were granted by Madras University and included in the Schedule & decided to include the said qualifications under Pondicherry University in the governing schedule as recognized postgraduate qualifications.”

20. Quantification of clinical material required for the different clinical subjects in the summary report.

Read: The report of the Sub-Committee with regard to quantification of clinical material required for the different clinical subjects in the summary report.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee decided to approve the report of the Sub-Committee with regard to quantification of the clinical material for the purpose of starting/increase/recognition prescribed for the postgraduate studies in the subjects of Medicine, General Surgery, ENT, Orthopaedics, OBG, Dermatology, Venerology & Leprosy, Psychiatry, Ophthalmology, TB & Chest & Pediatrics and further decided that the same may be included in the syllabus prescribed for the postgraduate studies and the standard inspection forms.”

21. Madras University/The Tamilnadu Dr. MGR Medical University, Chennai – Approval of Chennai Medical College, Chennai for the award of M.D(Physiology) qualification.

Read: The compliance verification report (November, 2007) togetherwith Council Inspector's report (March, 2007) on the standard examination and other teaching facilities available for approval of Chennai Medical College, Chennai for the award of MD (Physiology) qualification granted by Madras University/The Tamilnadu Dr. MGR Medical University, Chennai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (November, 2007) togetherwith Council Inspector's report (March, 2007) and decided to recommend that Chennai Medical College, Chennai be approved for the award of MD (Physiology) qualification granted by Madras University/The Tamilnadu Dr. MGR Medical University, Chennai restricting the number of admission to 4 (four) students per year.”

22. N.T.R. University of Health Sciences, Vijayawada – Recognition of MD(Pharmacology) course at Mamta Medical College, Khammam.

Read: The compliance verification inspection report (November, 2007) together with the Council Inspector's report (Dec., 2006) on the physical and other teaching facilities available at Mamta Medical college, Khammam alongwith the standard of examination held under NTR University of Health sciences, Vijayawada for its recognition for the award of M.D.(Pharmacology) course.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (November, 2007) togetherwith the Council Inspector's report (Dec., 2007) and decided to recommend that MD (Pharmacology) qualification granted by NTR University of Health sciences, Vijayawada in respect of students being trained at Mamta Medical college, Khammam be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (two) students per year.”

23. Dr. N.T.R University of Health Sciences – Approval of Mamta Medical College, Khammam for the award of DTCD qualification.

Read: The compliance verification report (November, 2007) togetherwith Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Mamta Medical College, Khammam for purpose of approval of the college for the award of DTCD qualification granted by Dr. NTR University of Health Sciences, Vijayawada.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (November, 2007) togetherwith Council Inspector's report (June, 2007) and decided to recommend that Mamta Medical College, Khammam be approved for the award of DTCD qualification granted by Dr. NTR University of Health Sciences, Vijayawada restricting the number of admission to 1 (one) student per year.”

24. Madurai University, Madurai Kamraj University, Madras University and The Tamilnadu Dr. M.G.R. Medical University, Chennai – Approval of Tirunelveli Medical College, Tirunelveli for the award of M.S.(General Surgery) qualification.

Read: The compliance verification report (November, 2007) togetherwith Council Inspector's report (September, 2002) on the standard of examination and other teaching facilities available at Tirunelveli Medical College, Tirunelveli for purpose of approval of the college for the award of M.S.(General Surgery) qualification earlier granted by Madurai University, Madurai Kamraj University, Madras University and now The Tamilnadu Dr. M.G.R. Medical University, Chennai.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification report (November, 2007) togetherwith Council Inspector's report (September, 2002) and decided to recommend that Tirunelveli Medical College, Tirunelveli be approved for the award of M.S.(General Surgery) qualification earlier granted by Madurai University, Madurai Kamraj University, Madras University and now The Tamilnadu Dr. M.G.R. Medical University, Chennai restricting the number of admission to 4 (four) students per year."

25. Sanjay Gandhi Postgraduate Instt. of Medical Sciences (Deemed University), Lucknow - Recognition of DM (Medical Genetics) qualification in respect of students being trained at Sanjay Gandhi Postgraduate Instt. of Medical Sciences, Lucknow.

Read: The Council Inspector's report (December, 2007) on the standard of examination and other teaching facilities available at Sanjay Gandhi Postgraduate Instt. of Medical Sciences, Lucknow for purpose of recognition of DM (Medical Genetics) qualification granted by Sanjay Gandhi Postgraduate Instt. of Medical Sciences (Deemed University), Lucknow.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council Inspector's report (December, 2007) and decided to recommend that DM (Medical Genetics) qualification granted by Sanjay Gandhi Postgraduate Instt. of Medical Sciences (Deemed University), Lucknow in respect of students being trained at Sanjay Gandhi Postgraduate Instt. of Medical Sciences, Lucknow be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 2 (two) students per year."

26. Rajiv Gandhi University of Health Sciences, Bangalore – Approval of JSS Medical College, Mysore for the award of M.D.(Anaesthesia) qualification in respect of increased intake.

Read: The compliance verification report (December, 2007) togetherwith Council Inspector's report (May, 2007) on the standard of examination and other teaching facilities available at JSS Medical College, Mysore for purpose of approval of the college for the award of M.D.(Anaesthesia) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of increased intake.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification report (December, 2007) togetherwith Council Inspector's report (May, 2007) and noted that JSS Medical College, Mysore already stands approved for the award of M.D. (Anaesthesia) qualification with 3(three) seats and now the matter is under

consideration for approval of the college against the increased intake from 3 (three) to 5 (five); decided to recommend that JSS Medical College, Mysore be approved for the award of M.D. (Anaesthesia) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore restricting the number of admission to 5(five) students per year.

The Committee further decided to direct the institution authorities to restrict the number of admissions from 6(six) to 4 (four) students for D.A. course per year prospectively.”

27. Datta Meghe instt. of Medical Sciences (Deemed University)/RTM Nagpur University – Recognition of MD (Physiology) qualification in respect of students being trained at JLN Medical College, Swangi, Wardha.

Read: The compliance verification report (October, 2007) togetherwith Council Inspector’s report (May, 2007) on the standard of examination and other teaching facilities available at JLN Medical College, Swangi, Wardha for purpose of recognition of MD (Physiology) qualification granted by Datta Meghe instt. of Medical Sciences (Deemed University)/RTM Nagpur University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (October, 2007) togetherwith Council Inspector’s report (May, 2007) and decided to recommend that MD (Physiology) qualification granted by Datta Meghe instt. of Medical Sciences (Deemed University)/RTM Nagpur University in respect of students being trained at JLN Medical College, Swangi, Wardha be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 4 (four) students per year.”

28. Nagpur University & Rashtra Sant Tukdoji Maharaj Nagpur University – Recognition of DOMS/DO qualification in respect of students being trained at Mahatma Gandhi Instt. of Medical Sciences, Sewagram, Wardha.

Read: The Council Inspector’s report (December, 2007) on the standard of examination and other teaching facilities available at Mahatma Gandhi Instt. of Medical Sciences, Sewagram, Wardha for purpose of recognition of DOMS/DO qualification earlier granted by Nagpur University and now by Rashtra Sant Tukdoji Maharaj Nagpur University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (December, 2007) and decided to recommend that DOMS/DO qualification earlier granted by Nagpur University and now by Rashtra Sant Tukdoji Maharaj Nagpur University in respect of students being trained at Mahatma Gandhi Instt. of Medical Sciences, Sewagram, Wardha be recognized and included in the 1st Schedule to the I.M.C. Act, 1956.

The Committee further decided to direct the institution authorities prospectively to restrict the number of admission to 1 (one) student per year.”

29. Kashmir University– Recognition of MD (Psychiatry) qualification in respect of students trained at Govt. Medical College, Srinagar

Read: The Council Inspector’s report (August, 07) together with compliance for purpose of recognition of MD.(Psychiatry) qualification granted by Kashmir University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (August, 2007) together with compliance and decided to recommend that MD (Psychiatry) qualification granted by Kashmir University in respect of students being trained at Govt. Medical College, Srinagar be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (two) students per year.”

30. Parvara Rural University – Recognition of DO qualification in respect of students being trained at Rural Medical College, Loni.

Read: The compliance verification report (December, 2007) togetherwith Council Inspector’s report (July, 2007) on the standard of examination and other teaching facilities available at Rural Medical College, Loni for purpose of recognition of DO qualification granted by Parvara Rural University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (December, 2007) togetherwith Council Inspector’s report (July, 2007) and decided to recommend that DO qualification granted by Parvara Rural University in respect of students being trained at Rural Medical College, Loni be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1 (one) student per year.”

31. Parvara Rural University – Recognition of DCP qualification in respect of students being trained at Rural Medical College, Loni.

Read: The compliance verification report (December, 2007) togetherwith Council Inspector’s report (July, 2007) on the standard of examination and other teaching facilities available at Rural Medical College, Loni for purpose of recognition of DCP qualification granted by Parvara Rural University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (December, 2007) togetherwith Council Inspector’s report (July, 2007) and decided to recommend that DCP qualification granted by Parvara Rural University in respect of students being trained at Rural Medical College, Loni be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 3 (three) students per year prospectively from the ensuing academic session 2008-09.”

32. Maharashtra University of Health Sciences and MGM University of Health Sciences (Deemed University) – Recognition of MS (General Surgery) qualification in respect of students being trained at MGM Medical College, Navi Mumbai.

Read: The Council inspector report (May, 2007) on the standard of examination and other teaching facilities available at MGM Medical College, Navi Mumbai for purpose of recognition of MS (General Surgery) qualification granted by Maharashtra University of Health Sciences and MGM University of Health Sciences (Deemed University).

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (May, 2007) and decided to recommend that MS (General Surgery) qualification granted by Maharashtra University of Health Sciences and MGM University of

Health Sciences (Deemed University) in respect of students being trained at MGM Medical College, Navi Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 4 (four) students per year prospectively i.e. from the academic year 2008-09.”

33. Mumbai University - Approval of M.G.M Medical College, Navi Mumbai for the award of M.S.(Orthopaedics) qualification.

Read: The compliance verification report (December, 07) togetherwith compliance and Council Inspector’s report (Jan., 2006) of standard of examination and other teaching facilities available at M.G.M. Medical College, Navi Mumbai for purpose of approval of the College for the award of M.S.(Orthopaedics) qualification granted by Mumbai University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (December, 07) togetherwith compliance and Council Inspector’s report (Jan., 2006) and decided to recommend that M.G.M. Medical College, Navi Mumbai be approved for the award of MS (Orthopaedics) qualification granted by Mumbai University restricting the number of admission to 2 (two) students per year.

The Committee further decided to direct the institution authorities to restrict the number of admissions from 2(two) to 1 (one) student for D. Ortho. course per year prospectively commensurate with number of available PG teachers.”

34. West Bengal University of Health Sciences, Kolkata – Recognition of M.D/MS(Anatomy) qualification in respect of students being trained at R.G. Kar Medical College, Calcutta.

Read: The compliance togetherwith Council inspector report (April, 2007) on the standard examination and other teaching facilities for recognition of M.D/MS(Anatomy) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at R.G. Kar Medical College, Calcutta

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance togetherwith Council inspector report (April, 2007) and decided to recommend that M.D/MS(Anatomy) qualification granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at R.G. Kar Medical College, Calcutta be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 4 (four) students per year prospectively i.e. from the academic year 2008-09.”

35. Rajiv Gandhi University of Health Sciences, Bangalore – Recognition of MS (Ophthalmology) qualification in respect of students being trained at Father Muller Medical College, Mangalore.

Read: The Council inspector report (December, 07) on the standard of examination and other teaching facilities available at Father Muller Medical College, Mangalore for purpose of recognition of MS (Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (December, 2007) and decided to recommend that MS (Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in

respect of students being trained at Father Muller Medical College, Mangalore be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1 (one) student per year prospectively i.e. from the academic year 2008-09.”

36. Madras University and The Tamilnadu Dr. M.G.R. Medical Univerisity, Chennai- Approval of Kilpauk Medical College, Chennai for the award of M.S.(Orthopaedics) & D.Ortho. qualifications .

Read: The compliance verification report (December, 07) togetherwith compliance Council Inspector report (April, 2004) on the standard of examination and other teaching facilities available at Kilpauk Medical College, Chennai for purpose of approval of the college for the award of M.S.(Orthopaedics) & D.Ortho. qualifications earlier granted by Madras University and now by The Tamilnadu Dr. M.G.R. Medical University, Chennai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (December, 07) togetherwith compliance Council Inspector report (April, 2004) and decided to recommend that Kilpauk Medical College, Chennai be approved for the award of M.S.(Orthopaedics) & D.Ortho. qualifications earlier granted by Madras University and now by The Tamilnadu Dr. M.G.R. Medical University, Chennai restricting the number of admissions to 5 (five) students per year.

The Committee further decided to direct the institution authorities to restrict the number of admissions from 8(eight) to 1 (one) student for D. Ortho. course per year commensurate with number of available PG teachers prospectively i.e. from the academic year 2008-2009.”

37. Bombay University and Mumbai University – Recognition of MD (SPM/Community medicine) qualification in respect of students being trained at T.N. Medical College, Mumbai.

Read: The Council inspector report (November, 07) on the standard of examination and other teaching facilities available at T.N. Medical College, Mumbai for purpose of recognition of MD (SPM/Community Medicine) qualification after 30.04.81 earlier granted by Bombay University and now by Mumbai University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (November, 2007) and decided to recommend that MD (SPM/Community Medicine) qualification after 30.04.81 earlier granted by Bombay University and now by Mumbai University in respect of students being trained at T.N. Medical College, Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 7(seven) students for degree per year.

The Committee further decided to direct the institution authorities to restrict the number of admissions from 8(eight) to 1 (one) student for Diploma in Community Medicine course per year commensurate with number of available PG teachers prospectively i.e. from the academic year 2008-2009.”

38. Rajasthan University- Recognition of MD (Anesthesia) qualification in respect of students being trained at Govt. Medical College, Kota.

Read: The Council Inspector’s report (Nov. 2007) on the standard of examination and other teaching facilities available at Govt. medical College, Kota for purpose of recognition of MD (Anesthesia) qualification granted by Rajasthan University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the Council Inspector’s report (Nov. 2007) and decided to recommend that MD (Anesthesia) qualification granted by Rajasthan University in respect of students being trained at Govt. medical College, Kota be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 3 (three) students per year prospectively i.e. from the academic year 2008-09.”

39. Mahatma Gandhi University - Recognition of DM (Cardiology) qualification in respect of students being trained at Medical College, Kottayam.

Read: The compliance together with the Council inspector’s report (November, 2007) on the standard of examination and other teaching facilities available at Medical College, Kottayam for purpose of recognition of DM (Cardiology) qualification granted by Mahatma Gandhi University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with the Council inspector’s report (November, 2007) and decided to recommend that DM (Cardiology) qualification granted by Mahatma Gandhi University in respect of students being trained at Medical College, Kottayam be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 2 (two) students per year prospectively i.e. from the academic year 2008-09.”

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

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

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (6th & 7th December, 2007) and decided that Padmashree Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune be recognized for the award of MBBS degree granted by Dr. D.Y. Patil University, Pune against the increased intake i.e. from 100 to 150.”

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

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

The Council approved the following recommendations of the Executive Committee:-

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

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

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

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (6th & 7th December, 2007) and decided that recognition of MBBS degree granted by Calcutta University, Calcutta in respect of students being trained at R.G. Kar Medical College, Calcutta be continued restricting the number of admissions to 150 (One hundred fifty) students per year.”

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

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

The Council approved the following recommendations of the Executive Committee:-

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

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

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that recognition/approval of medical qualifications be granted in respect of Rajasthan University of Health Sciences, Jaipur, Rajasthan in respect of those qualifications which were recognized/approved when granted by University of Rajasthan, Jaipur.

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

Read: The letter dt. 14.12.2007 received from the Registrar, West Bengal Medical Council, Kolkata with regard to removal of name of Dr. Binaybhushan De from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the letter dated 14.12.2007 received from the Registrar, West Bengal Medical Council, Kolkata intimating that the name of Dr. Binaybhushan De bearing Regn. No. 29799 dated 18.10.1965 has been removed from the Register of Registered Medical Practitioners for a period of six months w.e.f. 4.12.2007 (afternoon). The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.”

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

Read: The letter dt. 26.11.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Anil Kumar Gupta from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the letter dated 26.11.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Anil Kumar Gupta bearing Regn. No. 8253 dated 23.4.1981 has expired on 23.11.2007 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.”

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

Read: The letter dt. 5.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Shiv Sunder Sharma from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the letter dated 5.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Shiv Sunder Sharma bearing Regn. No. 2135 dated 14.11.1968 has expired on 3.12.2007 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.”

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

Read: The matter with regard to Vision document for Establishment of a Centre for Medical Ethics and health Policy Research by Medical Council of India.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that idea of creating Centre for Medical Ethics and Health Policy Research is laudable and is the need of the hour. However, as the Medical Council of India is an autonomous body created by an Act of Parliament, it would not be prudent to have another autonomous body within its ambit.

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

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

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

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

AIMS

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

OBJECTIVES

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

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

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

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

48. Fee for complaints and appeal cases.

Read: The matter with regard to fee for complaints and appeal cases.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following recommendation of the Ethics Committee:-

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

(B) Each appeal under section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 must be accompanied by a Demand Draft of Rs.5000/- (Rupee Five Thousand only) drawn in favour of the Secretary, Medical Council of India and payable at New Delhi. Without this fee the appeal shall not be taken up by MCI. In cases, the

appellant being a person Below Poverty Line (BPL), this amount may be waived. But proof of the appellant being BPL person must be submitted as per rules.

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

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

ANNEXURE – I

INSTRUCTIONS

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

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

1. Name of the complainant _____
(In Block letters)

2. Full Postal address of the complainant

City District State

Pin Code

Telephone No. (0)

® Mobile

E-mail

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

4. Does the complainant belong to BPL category
Yes/No
If Yes, proof may be submitted and listed below.

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

Name of the doctor: _____

Registration number

Registration number: _____
(Name of the State Medical Council)

Address: Residential

Clinic/Hospital:

_____ Pin code: _____

Tel. No. _____

Mobile No. _____

Office: _____

_____ Pin code: _____

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

6. Nature of the complaint/allegations in brief (in case complaint is against doctor)
1.

2.

3.

4.

5.
7. List of material being provided along with the appeal.
1.

2.

3.

4.

5.

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

Date: _____

Signature _____

Name in full: _____

ANNEXURE – II

INSTRUCTIONS

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

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

1. Name of the appellant _____

(In Block letters)

2. Full Postal address of the appellant _____

City _____ District _____ State _____
Pin Code _____
Telephone No. _____ (O) _____
® _____ Mobile _____
E-mail _____

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

4. Does the appellant belong to BPL category
Yes/No
If Yes, proof may be submitted and listed below.

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

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

Name of the doctor: _____

Registration number _____
(Name of the State Medical Council) _____

Address: Residential _____

Clinic/Hospital: _____

Pin code: _____

Office: _____

Telephone No. _____ Pin code: _____

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

7. Nature of the appeal in brief -

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

8. Name of the State Medical Council against whose decision the appeal is lodged
(enclose a copy of the decision of the State Medical Council with all the relevant papers).

Reasons for not being satisfied of ruling of State Medical Council

- 1.
- 2.

- 3.
- 4.
- 5.

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

Date:

Signature_____

Name in full:_____

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

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

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

Read: The matter with regard to Appeal against order dated 7.3.2007 of Gujarat Medical Council on the complaint made by Mr. Bhimji Vador, Ahemdabad.

The Council approved the following recommendations of the Executive Committee:-

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

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

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

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

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

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

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

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

Statement of Mr.Bhimji Jethabhai Vador

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

Sd/-
(Mr.Bhimji Jethabhai Vador)

"Statement of Dr.Jitendra Amlani

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

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

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

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

Sd/-
(Dr.Jitendra Amlani)

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

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

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

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

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

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

Read: The matter with regard to appeal against order dated 25.10.2006 of Delhi Medical Council on the compliant made by Mr. Rakesh Sharma.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its earlier meeting dated 24.08.2007, had decided to refer the matter back to the Ethics Committee for re-consideration.

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

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

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

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

Read: The matter with regard to complaint against Dr. Vipul Jain as alleged by Mr. Pradeep Ajwani and Ms. Pushpa Ajwani, Delhi.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the recommendation of the Ethics Committee as under:-

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

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

In view of above, the Ethics Committee unanimously decided that Dr. Vipul Jain be issued strict warning to be more careful in obtaining history and in treatment of his patient in future. The facts of warning should be recorded in the IMR against his name..”

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

Read: The matter with regard to clarification about the Laboratory Report signatory sought by Dr. J. Ghosh, Medical Officer, North Bengal University.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the recommendation of the Ethics Committee as under:-

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

“.....

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

As regard the query of ownership to the level of which an MBBS doctor can do and give report of pathological test” it is pertinent to note that in Medical Council of India Regulations on Graduate

Medical Education, 1997 the matter is stated and an MBBS doctor by virtue of the training received can perform and report Pathological, Microbiological and Biochemical tests as under:-

“10(1) PATHOLOGY

SKILLS

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

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

MICROBIOLOGY

SKILLS

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

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

BIOCHEMISTRY

SKILLS:

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

- (1) *make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening and diagnosis;*
- (2) *analyze and interpret investigative data;*
- (3) *demonstrate the skills of solving scientific and clinical problems and decision making”;*

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

Read: The matter with regard to Appeal against the order dated 13.6.2006 passed by the Punjab Medical Council on the complaint made by Mr. Harnek Singh.

The Council approved the following recommendations of the Executive Committee:-

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

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

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

STATEMENT OF MR.HARNEK SINGH

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

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

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

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

I appeal to consider this case efficiently and sympathetically.

Sd/-
(Harnek Singh)
Complainant

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

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

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

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

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

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

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

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

STATEMENT OF DR. ATUL MISHRA

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

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

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

Ans. *It would have been if suspected per operatively.*

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

Ans. *I agree.*

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

Ans. *It may be or may not be.*

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

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

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

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

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

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

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

Ans. May or may not be.

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

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

Sd/-
(DR. ATUL MISHRA)

STATEMENT OF DR. GURMEET SINGH

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

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

Q. Do you give drain as a routine procedure?

Ans. Yes

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

Ans. I was suspecting the minor leakage.

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

Ans. For proper evaluation, investigations and management.

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

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

Q. Do you expect major billiary injury?

Ans. No Sir.

Q. Do you expect colonic injury?

Ans. No Sir

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

Ans. No

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

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

Q. Was there pain in abdomen?

Ans. She had slight abdominal pain.

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

Ans. I cannot say.

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

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

Q. What investigations do you need?

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

Q. Did you consult any other colleague?

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

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

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

Sd/-
(DR. GURMEET SINGH)

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

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

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

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

"Patient Manjit Kaur w/o Harnek Singh underwent Laparoscopic Cholecystectomy on 28th July, 2004 by Dr. Gurmeet Singh who seems to be an experienced surgeon keeping himself up-to-date by attending conferences and workshop related to Laparoscopic surgery. However as per records, the patient did not recover from the operation and kept deteriorating in terms of increased abdominal pain, distension, tachycardia, tachypnoea, requiring investigations at the local hospital and subsequently at D.M.C. Ludhiana.

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

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

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

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

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

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

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

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

It has further recorded the statement of two doctors namely Dr.Atul Mishra and Dr.Gurmit Singh against whom the complaint were lodged. The statement of Dr.Atul Mishra was recorded on

19.2.2007. The Hon'ble members of the Ethics Committee questioned and obtained answers from Dr.Atul Mishra on different aspects of statement of this case.

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

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

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

1. In case of Dr.Atul Mishra, no case of medical negligence can be established against him. Therefore, the Ethics Committee decided to drop the matter against Dr.Atul Mishra and exonerate him from the charges.
2. Ethics Committee found that Dr.Gurmit Singh has failed to exercise adequate medical competence in treating the patient as is apparent from the following points:-
 - a. There was a large bowl perforation after laparoscopic operation. This complication which though not known in normal course of time, had occurred in this particular case. This complication could have been prevented if care had been exercised during the procedure by Dr.Gurmit Singh.
 - b. More important Dr.Gurmit has failed to suspect the occurrence of complication despite following warning signs/symptom –
 - i) the patient not recovering after operation.
 - ii) the patient increasingly deteriorating.
 - iii) there were strong indication of complication occurring after the procedure. Thereafter his failure to detect all these conditions lead to delay in diagnosis all perforation of bowl and has lead a situation of avoidable delay which causes increased deterioration of the patient.

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

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

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

Read: The matter with regard to extension of services of Dr. Kamlesh Kohli as Whole- Time Inspector.

The Council approved the following recommendations of the Executive Committee:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. Kamlesh Kohli, Whole-Time Inspector of the Council for a further period of one year w.e.f. 31.12.2007.

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

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

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council was of the opinion that the

celebrations of Platinum Jubilee Year of the Council should be carried out with full gusto and decided to authorize the President (Acting) to constitute a Sub-Committee for finalizing the modalities of the celebrations.

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

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

Read: The recommendation of the Departmental Promotion Committee to the post of U.D.C in the office of the Medical Council of India.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 28.12.2007 for the post of U.D.C in the office of the Medical Council of India as under:-

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

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

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

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

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

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

The Council approved the following recommendations of the Executive Committee:-

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

“

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

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

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

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

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the minutes of the Finance Committee meeting held on 13th December, 2007.”

59. Approval of Minutes of the Postgraduate Medical Education Committee held on 06.09.2007, 16.12.2007 and 09.01.2008.

The Council approved the minutes of the Postgraduate Medical Education Committee meetings held on 06.09.2007, 16.12.2007 and 09.01.2008.

60. Members who did not attend three consecutive General Body meeting of the Council – Regarding.

Read: The matter with regard to members who did not attend three consecutive General Body meeting of the Council.

The General Body of the Council noted that Section 7(3) of the Indian Medical Council Act, 1956 reproduced as under, provides for vacation of seat by a member:

“As elected or nominated member shall be deemed to have vacated his seat if he is absent without excuse, sufficient in the opinion of the Council from three consecutive ordinary meetings of the Council, or in the case of a member elected under clause (b) of sub-section (1) of section 3, if he ceases to be a member of the medical faculty of the University concerned or in the case of a member elected under clause (c) or clause (d) of that sub-section, if he ceases to be a person enrolled on the State Medical Register concerned.”

The Council further noted that at its last three General Body meetings which were held on 18th February 2006, 10th March, 2007 and 16th November, 2007. Dr. L.S. Pal, representing H.P. Govt. u/s 3(1)(a) and Dr. Prasanta Kumar Mukherjee representing B.N. Mandal University u/s 3(1)(b) have not participated in the said three consecutive meetings and there has been no communication in writing/orally to that effect from any of these members.

61. Recognition of M.M. Institute of Medical Sciences & Research, Mullana, Ambala for the award of MBBS degree granted by Kurushetra University, Kurushetra.

Read: The Council Inspectors report (4th & 5th January,2008) for recognition of M.M. Institute of Medical Sciences & Research, Mullana, Ambala for the award of MBBS degree granted by Kurushetra University.

The Council approved the following recommendations of the Executive Committee:-

“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 (4th & 5th January, 2008) and decided to recommend that M.M. Institute of Medical Sciences & Research, Mullana, Ambala be recognised for the award of MBBS degree granted by Kurushetra University with an annual intake of 150 (One Hundred Fifty) students.”

62. Approval of Govt. Medical College, Akola for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik.

Read: The Council Inspectors report (30th & 31st December, 2007) for recognition of Govt. Medical College, Akola for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30th & 31st December, 2007) alongwith letter dated 1.2.2008 from the Dean, Govt. Medical College, Akola and the letter dated 15.7.2004 from the Joint Secretary, Government of India, Ministry of Health & F.W. and decided to recommend that Govt. Medical College, Akola be approved for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik with an annual intake of 100 (One hundred) students”.

63. Approval of Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla, Kerala for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

Read: The Council Inspectors report (21st & 22nd January, 2008) for approval of Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla, Kerala for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

The Council approved the following recommendations of the Executive Committee:-

“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 (21st & 22nd January, 2008) and decided to recommend that Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla, Kerala be approved for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam with an annual intake of 100 (One Hundred) students”.

64. Approval of Malankara Orthodox Syrian Church Medical College, Kolenchery for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

Read: The Council Inspectors report (17th & 18th January, 2008 and 12th March, 2008) for approval of Malankara Orthodox Syrian Church Medical College, Kolencherry for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

The Council perused the Council Inspectors reports (17th & 18th January, 2008 and 12th March, 2008) to assess the undergraduate teaching and training facilities, clinical material, teaching faculty and other infrastructure facilities along with standard of examination for approval of Malankara Orthodox Syrian Church Medical College,

Kolenchery for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam and observed as under:-

1. Shortage of teaching faculty is 34.71% (shortage of 42 out of 121) as under:-

(a) Teaching Faculty

(i) Professor – 5 (1 Forensic Medicine, 1 PSM, 1 Medicine, 1 ENT, 1 Ophthalmology)
(ii) Assoc. Prof. – 11 (2 Anatomy, 1 Physiology, 1 Pharmacology, 2 Pathology, 1 Microbiology, 1 Forensic, 1 Medicine, 1 TB & Chest, 1 Radiology)
(iii) Assistant Prof. – 9 (1 Lect.(Bio), 1 Pharmaceutical Chemist, 1 Pathology, 1 Epidem.cum-Lecturer, 1 Statistician, 1 RHTC, 1 UHC, 1 Medicine, 1 TB & Chest)
(iv) Tutor – 17 (1 Anatomy, 4 Physiology, 2 Pharmacology, 5 Pathology, 1 Microbiology, 1 Forensic, 3 PSM)

(b) The shortage of Residents is 78.82% as under (Shortage of 67 out of 85)

(i) Sr. Resident – 15 (1 Medicine, 1 TB & Chest, 1 Dermatology, 3 Surgery, 1 OBG, 5 Anaesthesia, 3 Radiology)
(ii) Jr. Resident – 52 (11 Medicine, 5 Paediatrics, 3 TB & Chest, 3 Dermatology, 3 Psychiatry, 11 Surgery, 5 Orthopaedics, 3 ENT, 2 Ophthalmology, 6 OBG)

2. Clinical material is inadequate in terms of bed occupancy, Radiological and laboratory investigations as under:-
- | | 11 th March,2008 | | 12 th March,2008 | |
|------------------------------------|-----------------------------|------|-----------------------------|------|
| Bed Occupancy% | 52.66 | | 51.9 | |
| <u>Radiological Investigations</u> | O.P. | I.P. | O.P. | I.P. |
| X-ray | 56 | 45 | 48 | 23 |
| Ultrasonography | 23 | 11 | 20 | 04 |
| Special Investigations | NIL | NIL | NIL | NIL |
| <u>Laboratory Investigations</u> | | | | |
| Biochemistry | | | 149 | 129 |
| Microbiology] | | | | |
| Serology] | | | 27 | 35 |
| Parasitology | | | 2 | 3 |
| Haematology | | | 68 | 48 |
| Histopathology | | | 6* | |
| Cytopathology | | | 0 | 0 |
| Others | | | - | - |
- In view of above and in view of the gross deficiencies of teaching faculty and clinical material observed during the inspection (12th March,2008), the Council decided not to approve Malankara Orthodox Syrian Church Medical College, Kolenchery for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.
- The Council further decided to direct the institution authorities to henceforth stop admissions in MBBS course from the ensuing academic session.
65. Continuation of recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad.
- Read: The compliance verification inspection report (23rd & 24th January, 2008) for continuance of recognition of MBBS degree granted by Dr. N.T.R. University of

Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (23rd & 24th January, 2008) and decided that recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad be continued restricting the number of admissions to 150 (One hundred fifty) students per year”.

66. Change of name of Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur.

Read: The letter dated 5th June, 2007 received from the Managing Trustee, India Education Trust, Jaipur with regard to change of name of Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur.

The Council approved the following recommendations of the Executive Committee:-

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

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the change of name from Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur.”

67. Change of name of Bangalore Medical College to Bangalore Medical College & Research Institute(An autonomous Institute of Govt. of Karnataka) – req.

Read: The letter dated 14th May, 2007 received from the Director Cum-Dean, Bangalore Medical College & Research Institute, Bangalore with regard to change of name of Bangalore Medical College to Bangalore Medical College & Research Institute(An autonomous Institute of Govt. of Karnataka).

The Council approved the following recommendations of the Executive Committee:-

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

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the change of name from Bangalore Medical College to Bangalore Medical College & Research Institute (An autonomous Institute of Govt. of Karnataka)”.

68. Inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to the IMC Act, 1956.

Read: The letter dated 31.10.2007 alongiwith the copy of letter dated 29.09.2007 received from the Registrar, Padmashree Dr. D.Y. Patil University, Navi Mumbai with regard to inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to the IMC Act, 1956.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 31.10.2007 along with the copy of letter dated 29.09.2007 received from the Registrar, Padmashree Dr. D.Y. Patil University, Navi Mumbai with regard to inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to the IMC Act, 1956 and observed that the Executive Committee at its meeting held in June, 1988 had decided as under:-

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

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that recognition/approval of medical qualifications be granted in respect of Padmashree Dr. D.Y. Patil University, Navi Mumbai in respect of those qualifications which were recognized/approved".

69. Removal of name of Dr. G.T. Bhatt from the Indian Medical Register.

Read: The letter dt. 26.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. G.T. Bhatt from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 26.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. G.T. Bhatt bearing Regn. No. 2495, dated 10.04.1970 has expired on 20.12.2007 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country".

70. Removal of name of Dr. P.K. Sethi from the Indian Medical Register.

Read: The letter dt. 7.1.2008 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. P.K. Sethi from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 07.01.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. P.K. Sethi bearing Regn. No. 481, dated 17.06.1961 has expired on 06.01.2008 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country".

71. Complaint against Dr. T.K. Lahiri as alleged by Mr. S.K. Ganguly.

Read: The matter with regard to complaint against Dr. T.K. Lahiri as alleged by Mr. S.K. Ganguly.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

"The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly and decided to refer this case to the Director, Institute of Medical Sciences and S.S.Hospital, B.H.U. as well as Prof. T.K. Lahiri for their comments and observation point-wise on the queries raised by Mr. S.K. Ganguly.

Particulars of qualification and registration & residential address of Prof. T.K. Lahiri may be sought from the Director, Institute of Medical Sciences and S.S. Hospital, B.H.U."

As per above decision, the Director, Institute of Medical Sciences, Varanasi and Dr. T.K. Lahiri were requested to forward the comments in the matter and particulars of qualification and registration vide Council's letter dated 14-9-2004.

In response to above, Dr. T.K. Lahiri vide his letter dated 18-9-2004 (copy enclosed) has forward the comments and particulars of registration. On perusal of the particulars, it is noted that Dr. T.K.Lahiri is registered with West Bengal Medical Council bearing Regn. No. 28515 dated 17-5-1963. The reply of the Director, Institute of Medical Sciences and S.S. Hospital, Banaras Hindu University, Varanasi is still awaited."

The above matter was considered by the Ethics Committee at its meeting held on 27th & 28th September, 2006 and the Committee decided as under:-

"The Ethics Committee noted that Dr. T.K. Lahiri is registered with West Bengal Medical Council bearing Regn. No. 28515 dated 17-5-1963.

In view of above, the Ethics Committee decided to refer this matter to West Bengal Medical Council to take necessary action in this regard 6 months from receipt of this communication under intimation to this Council."

As per above decision, the matter was referred to the Registrar, West Bengal Medical Council to investigate and take necessary action within a period of 6 months under intimation to this Council as well as to the complainant vide Council's letter dated 11-10-2004. The same letter was also marked to the complainant. The reply was still awaited from the Registrar, West Bengal Medical Council.

Mr. S.K. Ganguly sent a letter dated 12-6-2006 and has requested the Council to take necessary action .

The matter was re-considered by the Ethics Committee at its meeting held on 15.12.2006 and the was decided as under:-

"The Ethics Committee considered the queries raised by Mr. S.K. Ganguly in respect of his complaint against Dr. T.K. Lahiri and noted that the matter was referred to the West Bengal Medical Council vide Council office letter dated 11.10.2004 and till date no response has been received from them".

"The Ethics Committee decided to write to the Registrar, West Bengal Medical Council to provide the latest status/information immediately about this case to this Council or this Council will deal/constraint this matter as per Section 8.7 & 8.8 of the "Professional Conduct, Etiquette and Ethics Regulations, 2002" as amended from time to time. A copy of the same be marked to the complainant".

As per above decision, the Registrar, West Bengal Medical Council, was requested to provide the latest status/ information vide Council's letter dated 29.12.2006 with the copy to Mr. S.K. Ganguly. The reply is still awaited from the West Bengal Medical Council.

Mr. S.K.Ganguly has sent another letter dated 03.08.2007 alongwith a letter dated 24.07.2007 of West Bengal Medical Council in which mentioned that the penal & Ethics Committee decided 'not to proceed further' in this regard.

The matter was re-considered by the Ethics Committee at its meeting held on 10th & 11th September and the was decided as under:-

"The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K.Ganguly and noted that the Ethics Committee already went into all the letters and documents pertaining to this case and decided the following:-

(i) Notice may be issued to Dr. T.K. Lahiri to be present before the Ethics Committee at its next meeting at 1.00 p.m. (ii) A letter may also be issued to the complainant to be present before the Ethics Committee in its next meeting at 11.30 a.m. (iii) The Registrar, West Bengal Medical Council may be requested to send all the papers pertaining to this case alongwith the proceedings to the Medical Council of India within 15 days from receipt of this communication. "

As per above decision, Dr. T.K. Lahiri and Mr. S.K.Ganguly were requested to appear before the Ethics Committee on 15.10.2007 vide Council's letters dated 04.10.2007.

The Registrar, West Bengal Medical Council was also to provide all the papers pertaining to this case alongwith the proceedings to the Medical Council of India within 15 days from receipt of this communication.

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

"The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly. Mr. S.K. Ganguly who has made a complaint to the Medical Council of India against Dr. T.K. Lahiri was asked to appear before the Ethics Committee on 15.10.2007 and he has appeared. Mr. S.K. Ganguly apprised the members of the Ethics Committee regarding the facts of the case. He has given a written submission before the Ethics Committee which is as follows:-

"15.10.2007

Statement of Mr. S.K. Ganguly

I, Mr. S.K. Ganguly s/o Late Smt. Usha Rani Ganguly residence of B1/32, Sheesh Mahal Colony, Kamachha, Varanasi- 221010 (U.P.) would like to make the following statement before the Ethics Committee for record and submitting 21 pages containing blood reports correspondences for issue of death certificate and 4 photocopy of death certificate (phase wise).

I have made already written submission alongwith all the documents pertaining to this case. My oral submission would be in addition to what have been already submitted.

After a heavy dinner my mother complaint a moderate pain below left rib on 10.12.2000 being Sunday we took her a nearby hospital i.e. R.K. Mission Hospital where after all investigations, she was diagnosed left sided Diaphragmatic Hernia.

They advised to give her food in installments (not to load the stomach) to avoid any pain in future. They also advised to take the opinion of Dr. T.K. Lahiri attached to local medical college. By taking food in installments she never complaint any abdominal pain and was doing her routine works very actively. But the second advice of the doctor to show her Dr.

T.K. Lahiri proved fetal and its costed her life. Dr. T.K. Lahiri a Cardiothoracic Surgeon of Medical College, Varanasi, who was not allowed any surgery for approx. 20 years because of his extreme behaviour, examined my mother pm 18.01.2001 and advised through his junior for a small operation of 6 to 8 inches below left rib to separate the attached portion of stomach and intestine from the Diaphragm & put a proline mesh for her better life of another 10 to 12 years. We agreed for it but once she is taken inside the OT her 32 inches abdominal area is opened and a major surgery of abdomen is conducted.

Sir, we feel it was a simple case of care and cure, which was unnecessarily conducted into a major abdominal surgery (without taking any abdominal specialist) with just two junior doctors were basically for academic purpose of his junior doctors.

Post operatively she was loaded with lethal doses of antibiotic (Gentamicin 120 mg per day + cefuroxime 2250 mg per day + pain killer injection KETANOV 90 MG PER DAY FOR 12 DAYS). This resulted A.R.F. due to drug accumulations.

On 6th day when first time her blood test was done the serum creatinine and blood urea was found critically high. Dr. Lahiri never bothered to control these rapidly rising blood urea and Sr.Cr. He also ignored written instructions of Nephro doctor advices for USG of her full abdomen and Hemodialysis. It seems that during operation some major incidents happened for which he was afraid of sending her to Nephro Department for actual line of treatment of reversible A.R.F.

As a result of it my mother developed Uremia. At the later stage (two days before her death, Dr. Lahiri asked the Nurse to open her Oxygen Mask and remove all I.V. fluids and handover the death certificate booked to him, when my mother was unconscious and struggling for survival. On our complaint to the Deputy Medical Superintendent Dr. (Capt.) V.K. Hardutt, she could be shifted to I.C.U. The incharge of the ICU said that if Nephro Department takes her admission under them and then refer the case to ICU we can operate the machine and save your mother life. But Dr. Lahiri kept all the doors closed for it. The comments of ICU incharge on 7th & 8th March, 2001 regarding my mother's admissions to ICU and regarding non-availability of H.D. machines are the vital proofs. On 8th of March at 7.15 p.m. Dr. T.K. Lahiri intered into the ICU and vigorously pressed mother's abdomens up and down (to destroy the evidences for post mortem) and at 7.40 p.m. she expired. All post operative X-ray plats which can reveals the facts are still in custody of Dr. T.K. Lahiri.

We were harassed for 9 months by Dr. T.K. Lahiri to issue her Death Certificate as we refused to give him in writing on stamp paper not to take any action against him.

Sir, I feel by going through the entire reports (treatment as well as investigations). The whole matter will be cleared that he has willfully killed her to hide his mistakes. I am fully assured that your esteemed faculty will definitely consider this serious case after my personal visit with my younger brother to your Delhi office on 15.10.2007. I am sure JUSTICE will be done in this case.

Thanking you,

Sd/-
(Mr.S.K. Ganguly)"

The Ethics Committee has observed that Dr. T.K. Lahiri was called on 15.10.2007 but he has failed to appear before the Ethics Committee and the Ethics Committee decided that Dr. T.K. Lahiri should be given a last and final chance to appear before the Ethics Committee in its next meeting at 2.00 p.m. In the meantime, the statement submitted by Sh. S.K. Ganguly may be sent to Dr. T.K. Lahiri with the request to send his parawise comments on it and also on the complaint lodged against him by Sh. S.K. Ganguly.

The Ethics Committee further decided to request the Head of the Department of Nephrology, All India Institute of Medical Sciences (AIIMS), New Delhi & HOD of Nephrology, PGI, Chandigarh to assist the Ethics Committee by giving their opinion in this case specially the diagnosed and management of the case and failure of the part of the treating doctor. The complete detail of the case be sent to them alongwith all other relevant documents requesting them to send their opinion at the earliest."

As per above decision Dr. Tapan Kumar Lahiri has been requested to appear before Ethics Committee on 6th December 2007 at 2.00 p.m. with his parawise commets vide Council's letter dated 26/11/2007.

The Professor & HOD, Department of Nephrolory, AIIMS, New Delhi & PGIMER, Chandigarh has also been requested to provide their expert opinion in this case specially the diagnosed and management of the case and failure on the part of the treating doctor vide Council's letter dated 26.11.2007.

The matter was re-considered by the Ethics Committee at its meeting held on 17th December, 2007 and the was decided as under:-

"The Ethics Committee discussed in detail the case of complaint by Mr. S.K. Ganguly against Dr. T.K. Lahiri. After going through all the documents available in this case it has also called Mr. S.K. Ganguly and the complainant and record their statements. Further, these documents have also been submitted by Mr. S.K. Ganguly which was acknowledged by the Ethics Committee.

The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly. Mr. S.K. Ganguly who has made a complaint to the Medical Council of India against Dr. T.K. Lahiri was asked to appear before the Ethics Committee on 15.10.2007 and he has appeared. Mr. S.K. Ganguly apprised the members of the Ethics Committee regarding the facts of the case. He has given a written submission before the Ethics Committee which is as follows:-

"15.10.2007

Statement of Mr. S.K. Ganguly

I, Mr. S.K. Ganguly s/o Late Smt. Usha Rani Ganguly residence of B1/32, Sheesh Mahal Colony, Kamachha, Varanasi- 221010 (U.P.) would like to make the following statement before the Ethics Committee for record and submitting 21 pages containing blood reports correspondences for issue of death certificate and 4 photocopy of death certificate (phase wise).

I have made already written submission alongwith all the documents pertaining to this case. My oral submission would be in addition to what have been already submitted.

After a heavy dinner my mother complaint a moderate pain below left rib on 10.12.2000 being Sunday we took her a nearby hospital i.e. R.K. Mission Hospital where after all investigations, she was diagnosed left sided Diaphragmatic Hernia.

They advised to give her food in installments (not to load the stomach) to avoid any pain in future. They also advised to take the opinion of Dr. T.K. Lahiri attached to local medical college. By taking food in installments she never complaint any abdominal pain and was doing her routine works very actively. But the second advice of the doctor to show her Dr. T.K. Lahiri proved fetal and its costed her life. Dr. T.K. Lahiri a Cardiothoracic Surgeon of Medical College, Varanasi, who was not allowed any surgery for approx. 20 years because of his extreme behaviour, examined my mother pm 18.01.2001 and advised through his junior for a small operation of 6 to 8 inches below left rib to separate the attached portion of stomach and intestine from the Diaphragm & put a proline mesh for her better life of another 10 to 12 years. We agreed for it but once she is taken inside the OT her 32 inches abdominal area is opened and a major surgery of abdomen is conducted.

Sir, we feel it was a simple case of care and cure, which was unnecessarily conducted into a major abdominal surgery (without taking any abdominal specialist) with just two junior doctors were basically for academic purpose of his junior doctors.

Post operatively she was loaded with lethal doses of antibiotic (Gentamicin 120 mg per day + cefuroxime 2250 mg per day + pain killer injection KETANOV 90 MG PER DAY FOR 12 DAYS). This resulted A.R.F. due to drug accumulations.

On 6th day when first time her blood test was done the serum creatinine and blood urea was found critically high. Dr. Lahiri never bothered to control these rapidly rising blood urea and Sr.Cr. He

also ignored written instructions of Nephro doctor advices for USG of her full abdomen and Hemodialysis. It seems that during operation some major incidents happened for which he was afraid of sending her to Nephro Department for actual line of treatment of reversible A.R.F.

As a result of it my mother developed Uremia. At the later stage (two days before her death, Dr. Lahiri asked the Nurse to open her Oxygen Mask and remove all I.V. fluids and handover the death certificate booked to him, when my mother was unconscious and struggling for survival. On our complaint to the Deputy Medical Superintendent Dr. (Capt.) V.K. Hardutt, she could be shifted to I.C.U. The incharge of the ICU said that if Nephro Department takes her admission under them and then refer the case to ICU we can operate the machine and save your mother life. But Dr. Lahiri kept all the doors closed for it. The comments of ICU incharge on 7th & 8th March, 2001 regarding my mother's admissions to ICU and regarding non-availability of H.D. machines are the vital proofs. On 8th of March at 7.15 p.m. Dr. T.K. Lahiri intered into the ICU and vigorously pressed mother's abdomens up and down (to destroy the evidences for post mortem) and at 7.40 p.m. she expired. All post operative X-ray plats which can reveals the facts are still in custody of Dr. T.K. Lahiri.

We were harassed for 9 months by Dr. T.K. Lahiri to issue her Death Certificate as we refused to give him in writing on stamp paper not to take any action against him.

Sir, I feel by going through the entire reports (treatment as well as investigations). The whole matter will be cleared that he has willfully killed her to hide his mistakes. I am fully assured that your esteemed faculty will definitely consider this serious case after my personal visit with my younger brother to your Delhi office on 15.10.2007. I am sure JUSTICE will be done in this case.

Thanking you,
Sd/-
(Mr.S.K. Ganguly)

The Ethics Committee also called Dr. Tapan Kumar Lahiri in its meeting on 06/12/2007 and obtains his statement which is as follows:-

Statement of Dr. T.K.Lahiri

- "1. This is my written statement regarding the complaints made by Mr. S.K.Ganguly on 15.10.2007.
2. Paragraph No. 3 has nothing to do with complaints with which the said patient Mrs. Usha Rani Ganguli has been admitted.
3. As I was the Head of the Department in 2001, I had been asked to evaluate the patient. This patient was an old lady of 74 years who was suffering large left sided diaphragmatic hernia along with chronic respiratory distress. The investigations performed outside revealed a large diaphragmatic hernia which was confirmed by CT SCAN study of the thoraco abdominal region. The all original records of patient are with Mr. S.K. Ganguly. We advised repair for the same with high risk we discussed the difficulties of operation in this poor risk patient.

4. The patient was subsequently referred to Department of Anaesthesiology for pre operative assessment. They examined the risk of operation and induction of anaesthesia for which informed written consent was taken and signed by Mr. S.K. Ganguly.
5. The patient was operated on 17th February 2001. The patient was operated by left posterolateral thoracotomy along with midline abdominal incision because of large diaphragmatic hernia.
6. the patient was followed intensively in the post operative ward and treated with I.V. Fluid, RT aspiration, antibiotics (Cefuroxime. Gentamycin. Metronidazole) and analgesics in this case Ketorlec in safe doses). Nursing records can be verified. On 22nd February the patient developed renal failure on the 5th postoperative day and Inj. Gentamycin was withdrawn promptly other medicines are safe medicine which can be used in cases of renal failure.
7. Regular Nephrology service along with others consultation performed in this dialysis from our center.
8. The wording of the last paragraph is under estimation and distortion of the true fact because a knowledgeable doctor can not ask for removal of oxygen mask and IV. Fluid line in a serious patient.
9. Medical certification including death certificates was issued by the Superintendent of SS Hospital, I.M.S., B.H.U. Only provisional death certificates are issued for disposal of admitted patient.
10. Please note that patient expired on 8th March, 2001 inspite of our whole hearted approach to save her because of sepsis along with renal failure and terminal pulmonary oedema.
11. All the medical records are submitted to you for your kind perusal (Date 08.10.2007 ref. No. C.Tho. Surg/07-06/180).
12. Mr.S.K.Ganguly has raised the question of efficiency. Please note I am F.R.C.S. (C) General surgery in 1969 and M.Ch. in Thoracic Surgery in 1972 from All India Institute of Medical Sciences, New Delhi. I was the Lecture, Reader and Professor including Head of the Department in this department. As per MCI rule no body can even apply for Cardiothoracic Surgery until MS (General Surgery)/FRCS in General Surgery.
13. All the original certificates have been verified by West Bengal Medical Council of India."

After thorough discussion of the case and examination of the various documents the Ethics Committee is of the view that there was certain amount of carelessness and casual approach in handling this case by Prof. T.K. Lahiri. Moreover communication from his side with the patient and her attendants was seriously lacking. On review of the treatment given by Dr. Lahiri, it has been observed that the lack of such communication has led to such complaints as of using inappropriate drugs in inappropriate situations and in inappropriate doses. In view of the above, the Ethics Committee unanimously decided to issue a warning to Dr. T.K.Lahiri to be more careful and caring to patient in future and to maintain higher standards of Professional medical Treatment which includes proper doctor patient's communication and relationship."

72. Appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha Reddy.

Read: The matter with regard to appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha Reddy.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

The Ethics Committee received a letter dated 31.3.2004 alongwith its enclosures from Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to appeal against the Order passed by the Andhra Pradesh Medical Council in the matter of death of Mrs. Srilatha Reddy".

The matter was considered by the Ethics Committee at its meeting held on 19th & 20th April, 2004 and it was decided as under:-

"The Ethics Committee considered the matter and decided to request Andhra Pradesh Medical Council to provide the particulars of registration and qualification as well as addresses of the concerned doctors alongwith enquiry report and all other relevant documents to this Council at the earliest. A copy of the same may be marked to the complainant."

The above decision was communicated to the Registrar, A.P.Medical Council vide Council's letter dated 6.05.2004 with a request to provide the information as desired by the Ethics Committee.

In reference to above, the Registrar, A.P.Medical Council has sent a letter dated 20.05.2004 alongwith the particulars of registration and qualification and other relevant documents.

The Registrar, A.P. Medical Council vide his letter dated 22.05.2004 has also forwarded a copy of the report of the Ethical and Malpractices Committee.

The matter was considered by the Ethics Committee at its meeting held on 2nd & 3rd September, 2004 and it was decided as under:-

“The Ethics Committee considered the matter with regard to appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin regarding death of Mrs. Srilatha Reddy and decided that an appeal was made against the order passed by Andhra Pradesh Medical Council. This appeal was received at the MCI office on 05.04.2004 before the Section 8.7 and 8.8 of Professional Conduct (Etiquette and Ethics) Regulations 2004 came into force. Subsequently, the Registrar of Andhra Pradesh Medical Council was requested to provide information and the Registrar, AP Medical Council had submitted all the documents pertaining to this case.

The Ethics Committee considered the documents and felt that an expert opinion from Gynecologist need to be obtained before a final decision could be arrived at. Therefore, it was decided to refer this case to Professor Neera Aggarwal, Professor and HOD, Deptt. of Gynae. & Obst., GTB Hospital, Shahdara, Delhi for her opinion in this particular case whether there was any negligence in the part of the Doctors. This case may also be referred to Dr. Rakesh Kumar, Professor of Anaesthesiology, Maulana Azad Medical College, New Delhi, for his opinion in this particular case whether there was any negligence in the part of the doctors.”

The above decision was communicated to Prof. Neera Agarwal, GTB Hospital and Dr. Rakesh Kumar, MAMC, New Delhi vide Council's letter dated 20.09.2004.

The matter was considered by the Ethics Committee at its meeting held on 29th & 30th November, 2004 and it was decided as under:-

“The Ethics Committee unanimously decided that another reminder may be sent to Professor Neera Aggarwal, GTB Hospital, New Delhi and Dr. Rakesh Kumar, Professor of Anesthesiology, MAMC, New Delhi to submit their views latest by 15th December, 2004. The office may contact them personally over the telephone and make the request to submit this report at the earliest.”

The above decision was communicated to Dr. Neera Agarwal and Dr. Rakesh Kumar, MAMC, New Delhi vide Council's letter dated 29.12.2004.

In response to above, Dr. Rakesh Kumar, MAMC, New Delhi has sent a letter dated 19.01.2005 .

The matter was again considered by the Ethics Committee at its meeting held on 1st & 2nd April, 2005 and it was decided to call Dr. P. Malathi to appear before the Ethics Committee on 10.05.2005 at 3.00.p.m. as well as to the complainant Dr. K. Srikar Reddy to appear before the Ethics Committee on 11.05.2005 at 11.00.a.m.

The above decisions were communicated to Dr. P. Malathi as well as Dr. K. Srikar Reddy vide Council's letter dated 29.04.2005. Another letters dated 4.05.2005 were also been sent to them wherein requested to appear before the Ethics Committee on 19.05.2005 & 20.05.2005.

The matter was considered by the Ethics Committee at its meeting held on 19th & 20th May, 2005 and it was decided as under:-

“The Ethics Committee noted that complainant Dr K. Srikar Reddy was asked to appear before the Ethics Committee on 20.05.2005 but he failed to do so without any prior intimation. However, Dr. P. Malathi appeared before the Ethics Committee and submitted her statement which is as follows:-

Statement of Dr.P.Malathi

I, Dr.P.Malathi, did my MBBS from Kakatiya Medical College, Warangal in the year 1987 and did my MD (Obst. & Gynae.) in the year 1991 from Gandhi Medical College, Hyderabad. My date of birth is 3.12.1963. My registration Number is 12096 of A.P. Medical Council. I attended on Mrs.Sreelatha Reddy w/o Dr. K.Srikar Reddy on humanitarian grounds because of the repeated requests made by Dr. Rajesh Khanna and Dr. Srikar Reddy to attend on Mrs.Sreelatha who was in labour. I never examined Mrs.Sreelatha Reddy before. I examined her for the first time only after she seeked admission to Shalini Maternity Hospital. Labour analgesia was demanded.

Epidural Analgesia was given by the Anesthetist Dr. Sudhakar only after counselling the patient, verifying the consent and after pre-anesthetic check up. Dr. Sudhakar was monitoring her continuously for all the likely complications of anaesthesia. I was monitoring the progress of labour and foetal heart with CTG monitor as well as with stethoscope.

For foetal indication caesarean section was decided and accordingly I explained it to Dr.Srikar Reddy. Mrs.Sreelatha and after convincing the need we shifted her to the theatre. She was haemodynamically stable with fetal heart 120-110 per minute before shifting to theatre. Suddenly she became breathless developed cyanosis and hypotension sudden foetal collapse occurred and foetal heart disappeared after shifting to theatre. All the team

members resuscitated her to their best but unfortunately could not save her. To the best of my knowledge the clinical picture suggests Amniotic fluid Embolism.

After given the statement, the Ethics Committee put some questions to Dr.P.Malathi, which is as under:-

Q.1 Whether patient received any pre-loading of IV fluids before giving the labour analgesia.

Ans. Yes, she received 2 bottles of RL. It is also documented in the case sheet.(pg.24).

Q.2. The monitors used during labour analgesia.

Ans. I have used CTG monitor to assess the foetal heart. Other monitors were used by Anaesthetist.

Q.3. The labor pain status of the sensory level w.r.t. the top-up of epidural drug.

Ans. The patient was complaining of pain and discomfort in between. The anaesthetist was taking care of it. Regarding the sensory level w.r.t the top up of epidural drug I am not competent to comment on it.

Q.4. Position of the patient during the period of of labor analgesia.

Ans. She was lying on the lateral position with head end propped up.

Q.5. The hemodynamic status of the patient from 2.30 a.m. to 4.00 a.m.

Ans. She was haemodynamically stable conversing well.

Q.6. Whether resuscitative equipment and drugs were available or not in the area where labor analgesia was given?

Ans. I am sure that Boyles apparatus oxygen cylinders facilities for intubations defibrillator was available. But I do not know if any other further equipment is needed for resuscitation and regarding the drugs for resuscitation. Anesthetist will be in a better position to answer as they are often used by them.

Q.7. Whether precautions were taken to ascertain the position of the epidural catheter at the time of the initial injection and then subsequent top-ups of the epidural drug?

Ans. I know that he was checking for the levels above that I am not efficient to make any comments.

Q.8. What lead to the sudden deterioration in the patient's condition at 4.00 a.m.?

Ans. To the best of my knowledge and experience the sudden onset of breathlessness followed by cyanosis, hypotension sudden foetal collapse leading to foetal death, in the peripartum period resistant to the resuscitative measures make me diagnose the antecedant cause as amniotic fluid embolism.

Q.9. If any continuous monitoring was available and used anytime during resuscitation?

Ans. Yes.

Q.10. Whether defibrillator was available or not in the OT, although the rhythm mentioned during resuscitation is highly unlikely to respond to DC shock?

Ans. Defibrillator was available.

(Dr.P.Malathi)
Dated: 19th May, 2005.

The Ethics Committee also felt that it will be necessary to call Dr. Shyam Sunder, Consultant of Anesthesiology. Therefore, the Committee decided to ask Dr. Shyam Sunder to appear before the Ethics Committee on the first day of its next meeting at 3.00 p.m. Dr. K. Srikar Reddy may be asked to appear before the Ethics Committee on the second day of its next meeting at 11.00 a.m. failing which it will be presumed that he is no more interested to peruse in this matter."

Dr. Shyam Sunder, Consultant of Anesthesiology has been requested to make it convenient to appear before the Ethics Committee on 24.06.2005 at 11.30 a.m.

The Council has also received a letter dated 22.05.2005 from Dr. K. Srikar Reddy in which it is stated as under :-

"I could not appear before the Ethics Committee meeting on May 20,2005 as the above mentioned letters reached me on May 21,2005.

It is requested that my appearance before the Ethics Committee may be kindly scheduled in the month of August when I would be in India on Home leave. I cannot take leave and visit India in the months of June and July due to proposed visits of Hon'ble Foreign Minister and Hon'ble Finance Minister to Germany in June and Hon'ble Prime Minister in July.

Further it is requested that the information to me may kindly also be sent through e-mail and Fax to avoid unnecessary postal delay and to give me reasonable time to make travel arrangement to reach India. My e-mail address is srikarkoppula@yahoo.com and Fax No. is 0049-30-25795102."

The above matter was considered by the Ethics Committee at its meeting held on 23rd & 24th June, 2005 and it was decided as under:-

"The Ethics Committee noted that the letter addressed to Dr. Shyam Sundar consultant Anesthesiologist of Shalini Medical Centre was returned back undelivered

The Ethics Committee decided the following:-

1. To obtain an expert opinion from Prof. & Head, Deptt. of Anaesthesia, UCMS, New Delhi and Prof. & Head, O & G, MAMC, New Delhi – whether there was any negligence on the part of the Gynecologist or the Anesthesiologist in this particular case with the request to send their expert opinion preferably within 21 days on receipt of this communication.
2. Dr. Neera Agarwal & Dr. Rakesh Kumar may be requested to send their expert opinion at the earliest.
3. A.P. Medical Council may be requested to provide the present address of Dr. Shyam Sundar and in that address, he may be asked to appear before the Ethics Committee at 11.30 a.m. on the 2nd day at its August meeting.
4. Dr. K. Srikar Reddy may be requested to appear before the Ethics Committee at 4.30 p.m. on the first day of August meeting."

The above decisions were communicated to Prof. & Head, Deptt. of Anesthesia, University College of Medical Sciences, Delhi & Prof. & Head, Deptt. Obst. & Gynae. MAMC, New Delhi, Dr. Neera Agarwal and Registrar, A.P. Medical Council as well as Dr. K. Srikar Reddy and vide Council letters dated 8.07.2005.

On perusal of the documents it is noted that the reply of Dr. Rakesh Kumar has already been sent vide his letter dated 19.01.2005.

In response to above, the Registrar, A.P. Medical Council has been sent the present address of Dr. T. Shyamsunder vide letter dated 19.07.2005.

Dr. Shyamsunder has been requested to appear before the Ethics Committee on 12.08.2005 at 11.30 a.m. vide Council's letter dated 28.07.2005.

The reply of Prof. & HOD, Anesthesia, UCMS, Prof. & HOD, Gynae., MAMC and Dr. Neera Agarwal are still awaited.

The above matter was considered by the Ethics Committee at its meeting held on 11th & 12th August, 2005 and it was decided as under: -

"The Ethics Committee decided to call Dr. Shyam Sunder, Consultant of Anesthesiology at 3.30 p.m. on the first day of its next meeting on 5th September, 2005 and further decided to request two Gynecologist & two Anesthesiologist of UCMS, Delhi & LHMC, New Delhi to be present as experts at 2.30 p.m. on 5th September, 2005.

Statement of Dr. K. Srikar Reddy

I Dr. K. Srikar Reddy did my MBBS from Kakatiya Medical College, Warangal in 1996. I joined Indian Foreign Service in 2001 and at present posted as Second Secretary in Indian Embassy, Berlin.

I was not satisfied with the procedural aspects followed by the A.P. Medical Council. The APMC did not follow principles of natural justice and the Judgement was given in my absence. So I filed an appeal with the Hon'ble Medical Council of India to review the decision of APMC.

I strongly feel that doctors should be regulated by the Medical Councils rather than Courts. At the same time I feel people go to the Courts because they feel that their grievances are not properly heard by the Medical Councils. I also state that if I get satisfactory outcome from the Hon'ble MCI, I would take back the criminal proceedings against the doctors namely Dr. P. Malathi and Dr. Sudhakar.

I feel that the complications were because of High Spinal due to epidural analgesia as the patient was not properly monitored and not Amniotic fluid embolism. When the complications arose, the attending anesthetist did not attend the deceased properly and 100% oxygen by way of endotracheal intubation was not given. The deceased was put in trolley in supine position and proper dosages of resuscitation drugs were not given according to the standard protocol. In spite of repeated appeals by myself, Dr. Rajesh Khanna and Dr. Shyam Sunder, the consultant Obstetrician Dr. Malathi did not perform perimortem cesarean delivery to take out the baby which would have saved both. I would also add that excess dosages of drugs were given for inducing delivery and epidural analgesia was given without ascertaining the need by the patient.

I appeal to the Hon'ble Ethics Committee that proper decision based on the facts may be taken. The decision shall send a clear message to our colleagues in the medical profession, so that practicing doctors shall feel that there is a impartial regulator watching them and if they do not act prudently, they have to face the punishment. I feel that when India is being promoted as a destination for health tourism, the MCI should send proper and clear message that the patient's rights in India are protected."

Sd/-

(Dr. K. Srikar Reddy)
11.08.2005

The above decision has been communicated to Dr. T. Shyamsunder as well as four consultants of Anesthesia and Gynae. , UCMS & LHMC vide Council's letter dated 29.08.2005.

It is further stated that Council has received a letter dated 8.8.2005 from Prof. A.K. Sethi, UCMS, Shahdra.

The matter was considered by the Ethics Committee at its meeting held on 5th & 6th September, 2005 and it was decided as under:-

"The Ethics Committee considered the appeal against the order passed by the A.P. Medical Council on the complaint made by Dr. K. Srikar Reddy, Second Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha

Reddy. The Ethics Committee invited Prof. & HOD, Obst.& Gynae., & Anaesthesiast of UCMS & LHMC.

The Ethics Committee discuss the matter in detail alongwith the three Prof. & HOD of UCMS & LHMC. They analyzed parawise complaints lodged by Dr. Srikar Reddy as well as the replies received and deposition submitted by the alleged doctors. After detailed deliberation, the following points emerged:-

1. The consent form was a generalized form taken during the time of admission but not taken later on prior to epidural analgesia.
2. No record for pre-anaesthetic check up was found in the case sheet.
3. No record of pre Loading was done or not could be substantiated in the records.
4. Record of Motor / Sensory level block – whether adequate or inadequate- not mention in the case sheet.
5. There is no mention whether standard doze was given before the Epidural Analgesia.
6. Fatal heart rate could not be checked regularly/monitored properly.
7. It was not understood why dopamine was given and not Nor-Epinephrine.
8. It is not found from the record whether calcium Gluconate was given or not.
9. Three obstetric drugs were administered in combination reason for which could not be explained by the experts. These drugs were also given at frequent intervals and in the higher doze.
10. Atropin was administered in a lower doze and should have been about one milligram. An effort could not be taken by administering high doze of Cortico-Steroids about 500 to 1000mm. Perhaps there was a scope of repeat epidural for effective and good spere perimotam could have been done.
11. No record was found of Pulse oximeter and oxygen Saturation and whether it was monitored or not.
12. No record was found whether two bottles of Ringer-Lactate were given.
13. Possibility of high spinal / high epidural was ruled out by the experts.
14. The cause of death in this case was very difficult to state. At this point of time however, a rare probability of Amniotic Fluid Emisolism.

After detailed deliberation, the Ethics Committee decided to direct the following doctors namely Dr. P. Malathi, Dr. B.Thejeswari, Dr. L. Sudhakar, Dr. M. Padmanabh Reddy to appear before the Ethics Committee at 2.30 p.m. on 6th October, 2005.

Ethics Committee further decided to request Dr. Neelam Bala Vid, Prof. & HOD, Obst. & Gynae. of UCMS to be present in the Ethics Committee meeting at the same time as an expert to help in this case."

As per above decisions Dr. P. Malathi, Dr. B.Thejeswari, Dr. L. Sudhakar, Dr. M. Padmanabh Reddy have been requested to appear before the Ethics Committee at 2.30 p.m. on 6th October, 2005 vide Council's letter dated 23.09.2005.. Another letter dated 23.09.2005 has been sent to Dr. Neelam Bala Vaid consultant of Obst.& Gynae of UCMS to make it convenient to attend the Ethics Committee meeting on 6th October, 2005 at 2.30.p.m. as an expert.

The following 5 doctors appeared before the Ethics Committee on 6th October, 2005 and their statements are as follows:-

Dr. M. Padmanabh Reddy

I, Dr. M. Padmanabh Reddy did my MBBS from Osmania Medical College in the year 1983 and did my D.Ch. from Kasturba Medical College, Manipal in 1987 and MD (Paed.) in 1989 from the same institute. My registration no. is 11166 of A.P Medical Council. My date of birth is 02.01.1962.

I am a practicing Neonatology's and also the owner of Shalini Maternity Hospital. This Hospital is a well-equipped maternity hospital with all the equipment needed to tackle complications arising out of labour and delivery.

The whole team of doctors namely anesthetists and obstetricians did their best to save the patient. Inspite of their best efforts they could not save the patient and there was no negligence on the part of the anesthetists, obstetricians and the hospital in this case.

Sd/
(Dr. M. Padmanabh Reddy)
06.10.2005

Statement of Dr. L. Sudhakar

I, Dr. L. Sudhakar did my MBBS from Kakatiya Medical College, Warangal in 1997 and did my Diploma in Anaesthesia from Osmania Medical College in May, 2001. My registration no. is 40224 of A.P. Medical Council. My date of Birth is 25.07.1973.

- Q.1 Whether patient received any pre-loading of IV fluids before giving the labour analgesia.
Ans. Yes, she received 2 bottles of RL i.e. 1000 ml.
- Q.2 The monitors used during labor analgesia.
Ans.: Yes, I have connected the patient to Multi Channel monitor. It is critic are 8100 monitor which has SPO2, ECG, NIBP, Temp. and respiratory rate probes. I have used SPO2, ECG & NIBP for this patient.
- Q.3 The labor pain status of the sensory level w.r.t. top-up of epidural drug.
Ans. Sensation to pinprick was monitored after giving the test dose. 10 minutes after the loading dose, and 10 minutes after each top-up dose.
- Q.4 Position of the patient during the period of labor analgesia.
Ans. She was lying on the lateral position with headend propped up.
- Q.5 The hemodynamic status of the patient from 2.30 a.m. to 4.00 a.m.
Ans. She was haemodynamically stable and was conversing well.
- Q.6 Whether resuscitative equipment and drugs were available or not in the area where labor analgesia was given.
Ans. All the emergency drugs and resuscitation equipments were present in the labor room where labor analgesia was given.
- Q.7 Whether precaution were taken to ascertain the position of the epidural catheter all the time of the initial dose and then subsequent top-ups of the epidural drug?
Ans. Before giving the loading dose a test dose of 3 ml of 1.5% lignocaine with adrenaline was given. I waited for 5 minutes and observed that there were no hemodynamic or sensory changes then only I administered the loading dose. Before giving each top-up, I aspirated and confirmed that there was no CSF or Blood in the epidural catheter.
- Q.8 What lead to the sudden deterioration in the patient's condition at 4.00 a.m?
Ans. To the best of my knowledge the sudden events which occurred in the O.T. leading to foetal collapse followed by maternal collapse and which was refractory to the aggressive treatment given make me diagnose the antecedant cause as amniotic fluid embolism.
- Q.8 Why so many top-ups were given?
Ans. I followed the technique of low volume intermittent on demand boluses. It is usual practice to give 10 ml. of loading dose followed by 10 to 15 ml. per hour in intermittent technique. In this case I have given lignocaine total dose 100 mg. which was far less than the total amount i.e. 200 mgs. I have given bupivacaine 32.5 mgs. in this case. But the total amount that can be given is 2 mg. Per kg. Bodyweight, which amounts to 120 mgs. in this patient.
- Q.9 No record of Pulse oxymeter and oxygen saturation was found from the case sheet whether it was monitored or not.
Ans. Oxygen saturation was monitored with pulse oxymeter continuously and it is a usual practice or our team that while patient is on automated monitors, as a safeguard vital stastics are checked manually intermittently and those measures are only documented.
- Q.10 Why Atropine was given in such lower dose.
Ans. Maximum dose of atropine is 0.03 to 0.04 mgs. per kg bodyweight. In this case I have given 2.4 mgs. which is sufficient for her bodyweight.
- Q.11 Why Corticosteroid was not administerd.
Ans. Its role is controversial in AFE. After 4.25 a.m. my chief Dr. Shyam Sunder, who was present in the O.T. has taken over the resuscitation and I was helping him
- Q.12 Why you will not take this case as a High Spinal or High epidural.

- Ans. Symptoms and signs of high spinal or high epidural or high block occur immediately or they would appear not later than 10 minutes after administering the analgesia drugs. Above mentioned events appeared well after last dose (2.30 am.) of drug administered for epidural analgesia. These events appeared at about 3.55 am. Whereas the concentration and quantity of the drugs given to the deceased during epidural analgesia is very small that the effect would last at the most for 45 minutes from 2.30 to 3.55 a.m. patient was conversing with her husband. At 3.30 a.m. she was put in lithotomy position and was asked to bear down which she has done 3 or 4 times. Which shows that motor power was intact. Hence, the possibility of above mentioned events due to local anesthetic drugs that were used on the deceased is absolutely ruled out.
- Q.14 Why Lignocaine was administered.
- Ans. Lignocaine is a drug which acts faster than Bupivacaine. As the patient was already in labor with 3 to 4 cms. dilatation I administered Lignocaine so that she could have immediate relief from labor pains which was observed in this case.
- Q.15 Why not post-mortem was done.
- Ans. Post-mortem was suggested to them by my chief Dr. Shyam Sunder, consultant Dr. Malthi and Dr. M. :Padmanabh Reddy but they refused.
- Q.16 Whether you have ACLS certificate or not.
- Ans. Though formally I don't have a ACLS certificate I was trained in ACLS protocols as a postgraduate and later I was working under Dr. Shyam Sunder who is an ACLS instructor and who trains not only resident doctors but even para-medical staff and he is a visiting faculty to Gulf Medical College, Ajman UAE as ACLS instructor.

As a responsible prudent anesthesiologist and as a friend of Dr. K. Srikar Reddy and Dr. Rajesh Khama I alongwith Dr. Shyam Sunder, Dr. Malthi, Dr. Tejeshwari have done every thing that was possible to save life of the deceased and we have professionally behaved as prudent doctors.

Sd/-
(Dr. L. Sudhakar)
06.10.2005

Statement of Dr. Shyam Sunder

I, Dr. Shyam Sunder did my MBBS from Gandhi Medical College, Hyderabad in the year 1993 and did my MD (Anaesthesia) from Aurangabad Medical College, Aurangabad in the year 1997. My date of birth is 9.9.1958. My Registration number is 10618 of A.P. Medical Council.

I am working as a consultant (Anaesthesia) Critical Care. In this particular case, I received a phone call on 6th March, 2003 at 4.05 a.m. from Shalini Hospital, Hyderabad saying one patient who came for Epidural Anaesthesia for labour had Cardiac arrest come for help. I reached at 4.30 a.m. and found the patient in the operation theatre of Shalini Hospital on the stretcher. She was in comatose condition and being ventilated with ET tube and Cardiac massage is being done by two Anesthetists and two Obst. & Gynaecologist who were present in the O.T. The ECG showed a straight line. I have resuscitated the patient with defibrillator and drugs like Atropine and Adrenaline. There was no change in the ECG rhythm. The patient's pupils were fixed and dilated and pulse

and BP never improved. Resuscitation was continued for one hour and the patient was declared dead at 5.30 a.m.

- Q. What is the probable cause of death in this particular case.
- A. The first probable cause is amniotic fluid embolism and probably high epidural anaesthesia.

- Q. Why Anesthetist was given in the labour room.
- A. Because it is the routine practice.

Sd/
(Dr. Shyam Sunder)

Statement of Dr. Thejeswari. B

I, Dr. Thejeswari.B did my MBBS from Kasturba Medical College, Manipal in the year 1991 and did my MD (Obst. & Gynae.) from Jawaharlal Nehru Medical College, Belgaum in the year 1996. My date of birth is 9.8.1967. My registration number is 20501 of A.P. Medical Council.

I am a Resident doctor working at Shalini Hospital, Hyderabad since 2001. My role is to take care of inpatients and out patients of Shalini Hospital and also assist the consultants who admit their patients from time to time at Shalini Hospital.

Mrs. Srilata Reddy (patient) was admitted at Shalini Hospital under care of Dr. Malathi on 5.3.2003 at 11.45 p.m. with complaints of draining P.V since morning. Patient was admitted at another hospital at 8.00 a.m. and was administered syntocinon drip. Syntocinon drip was stopped in the evening. As the husband of the patient was not happy with the facilities he met Dr. Malathi through a common friend and shifted the patient. Patient was given epidural analgesia on demand by Anesthetist, Dr. Sudhakar. All through Dr. Malathi, Dr. Sudhakar and myself were present with the patient. At 3.40 a.m. as there was fetal distress patient was decided for emergency LSCS. In the theatre just before patient could be

shifted to the OT table, patient became restless, hypotension and cynosis. At this juncture, fetal heart was absent and the same was confirmed with CTG. Cynosis improved transiently with IV Fluid and Oxygen. Immediately patient threw convulsion and had cardiac arrest.

Despite of all efforts 5.30 a.m. patient could not be revived. Looking at the events and their rapid progress and not recovered with treatment, amniotic fluid embolism diagnosis was made.

Sd/
(Dr. Thejeswari B)

Statement of Dr. P. Malathi

I, Dr. P. Malathi, did my MBBS from Kakatiya Medical College, Warangal in the year 1987 and I did my Postgraduation in MD (Obst. & Gynae.) in the year 1991 from Gandhi Medical College, Hyderabad. My registration No. is 12096 of Andhra Medical Council. My Date of Birth 03.12.1963.

I am working as Assistant Professor/CAS in the Government Maternity Hospital attached with the Osmamia Medical College, Hyderabad as an Obstetrician joined the service in January, 1992.

As per the previous rule of the Government any doctor who has joined after 1987 is not permitted to practice in private capacity. I took up the responsibility of this particular case on the request of a doctor's friend on humanitarian grounds without any monitory consideration.

So far as my knowledge goes Shalini Maternity Hospital, got most of the equipment to tackle emergency situation. I am not sure where ventilator or ABG is available or not.

In so far as the administration of a combination of 3 drugs namely Drotin/Epidosin/Buscopan this combination was given in labour as the labour was more than 12 hours h/o draining since 8 a.m. with partially effaced cervix. There were no side effects and optimal cervical response was observed during their usage. These drugs are routinely used at my working place at Govt. Maternity Hospital. A protocol of combination of drugs is practiced in our hospital.

Though, I have hardly attended 10 to 12 labour cases in the Shalini Maternity Hospital during the period 2001-03 and all these cases were relatives and friends of mine from whom I have not taken any monitory consideration.

However to my knowledge I am not aware of any rules and regulations prohibiting a government doctor in service from attending upon a patient who either is a relative or friend when it does not involve any monitory consideration of fees or consultancy.

On a question from the members of the Ethic Committee about whether a very experienced Anesthetist in this course of the condition of the patient could have been different or not or the treatment part is different or not I am to say that generally the approach of any anesthetist with experience always depends on the given situation exigency with minor variations as per their own individual protocols.

The foetal monitoring by me was done continuously. Two bottles of ringer lactate was given which has been recorded in the case sheet.

On the question from the Ethic Committee about the working with this particular Anesthetist earlier I am to state that I exactly do not remember if I have worked with this particular Anesthetist.

I have suggested alongwith other attending doctors regarding conduction of Post mortem but they have refused.

A question was put forwarded by the Ethics Committee regarding the probable cause of death in this particular case. I am to state that apart from AFE(Amniotic Fleud Embolism) a possibility of total spinal cannot be surely ruled out.

Sd.
(Dr. P. Malathi)
06.10.2005

The Ethics Committee decided to take action in this regard at its next meeting.

The Ethics Committee considered the appeal against the Order passed by Andhra Pradesh Medical Council in the complaint made by Dr. K. Srikar Reddy, Third Secretary in Emabassy of India, Berlin, and after perusal of the records available and deposition of specialists mentioned in the complaints and also the experts (Gynaecologists and Anaesthesiasists) whose opinion was sought by the Ethics Committee of MCI along with all other relevant papers, documents, files, including the documents provided by Andhra Pradesh Medical Council as well as the explanations submitted by the respective parties, which were placed before the Ethics Committee, the Ethics Committee deliberated and discussed all these in detail and came to the unanimous opinion that –

- (a) Dr. L. Sudhakar, Anaesthesiasist is found to be guilty so far as the professional negligence is concerned in the instant case. Therefore, taking this into account, the Ethics Committee of MCI recommends that his name be stuck off from the Indian Medical Register for a period of 3 months.

- (b) Negligence could not be substantiated against Dr. P. Malthi, Gynaecologist, however, she may be cautioned to be very careful in the future in treating serious patients.
- (c) With regard to the deficiencies of the equipment and monitoring of the critically ill patients in the Nursing Home, the matter may be brought to the notice of DHS, Andhra Pradesh for taking necessary action under the Clinical Establishment Act.

The above decision of the Ethics Committee was duly approved by the Executive Committee at its meeting held on 24th April, 2006.

In view of above, the matter was considered by the General Body of the Council at its meeting held on 10.03.2007 and it was approved the above recommendation of Ethics Committee/Executive Committee.

The decision was communicated to Dr. K. Srikar Reddy, Dr. L. Sudhakar, Dr. P. Malathi, the Medical Director, Directorate of Health Services, Andhra Pradesh & the Registrar, Andhra Pradesh Medical Council vide Council's letter dated 16.07.2007.

It may further be stated that the Council has received an application dated 10.09.2007 & 16.10.2007 of Dr. L. Sudhakar in which is stated as under :-

- "1. Dr. K. Srikar Reddy's (Third Secretary in Embassy of India, Berlin) appeal dated 31.03.2004 and received in your office on 5.04.2004 against the order passed by A.P. Medical Council.
- 2. Dr. Rakesh Kumar, Professor, MAMC , N. Delhi's letter copy Dt. 19.01.2005.
- 3. Deliberations copy of Ethics Committee along with the three professors & HOD of UCMS & LHMC on 5th & 6th September, 2005.

In this context, Dr. L. Sudhakar was requested to submit a bank draft for Rs. 400/- in favour of Secretary, Medical Council of India, payable at New Delhi @ of Rs. 2/- each page for 200/- pages as per rules of RTI Act, 2005.

In response to above, Dr. L. Sudhakar has submitted a bank draft for Rs. 400/-.

The Council sent a reply to Dr. L. Sudhakar vide letter dated 14.11.2007.

It may further be stated that the Council received a fax letter dated 27.09.2007 from Dr. K. Srikar Reddy in which it is stated as under :-

- "Kindly refer to your letter No.MCI-211(2) (133)/2004-Ethics./12794 dated 20.09.2007 on above mentioned subject. I thank you for providing me with copies of 190 pages of the documents in the file. But the 190 pages correspond only to application I filed with MCI and the documents submitted by the opposite parties with the Andhra Pradesh Medical Council.
- 2. The other papers relating to proceeding of the MCI Ethics Committee are missing. Upon my request, Secretary, MCI has assured me that the copies of all the documents of the file will be provided to me. I think the copies of other relevant papers in the file are mistakenly not give.
- 3. I would be grateful if you kindly provide me copies of all other documents in the file, which are not already given to me.
- 4. I state that the information sought does not fall within the restrictions contained in Section 8 and 9 of the RTI Act.
- 5. I authorize my friend Thogaru Srinivas, Deputy Director in Railway board (tel : 011-23304848 (O) 9911364456 (m) to deposit the fee and receive the above copies personally on my behalf or the copies may be sent to my local postal address as mentioned below :

In this context, the Council sent the copies of the documents/papers vide Council's letter dated 20.09.2007. The Council has sent another letter dated 10.10.2007 to Dr. K. Srikar Reddy to provide the complete proceeding of Ethics Committee/Executive Committee as well as General Body of the Council vide Council's letter dated 10.10.2007.

It may further be stated that the Council received a fax letter dated 22.10.2007 from Dr. K. Srikar Reddy in which it is stated as under :-

"Kindly refer to your letter with No. 211(2)(133)/2004-Ethics/14588 dated 10/10/2007 on above mentioned subject. I thank you for providing me the complete proceedings of the Ethics Committee/Executive Committee as well as General body of the Council.

- 2. The final decision as found in the proceeding is as follows"....the Ethics Committee deliberated and discussed all these in detail and came to the unanimous opinion that –

- (a) Dr. L. Sudhakar, Anaesthesiasist is found to be guilty so far as the professional negligence is concerned in the instant case. Therefore, taking this into account, the Ethics Committee of MCI recommends that his name be struck off from the Indian Medical Register for a period of 3 months.
- (b) Negligence could not be substantiated against Dr. P. Malathi, Gynaecologist, however, she may be cautioned to be very careful in the future in treating serious patients.
- (c) With regard to the deficiencies of the equipment and monitoring of the critically ill patients in the Nursing Home, the matter may be brought to the notice of DHS, Andhra Pradesh for taking necessary action under the Clinical Establishment Act."

This may be placed before the Executive Committee & General Body of the Council for their approval. The above decision of the Ethics Committee was duly approved by the Executive Committee at its meeting held on 24th April, 2006.

In view of above, the matter was considered by the General Body of the Council at its meeting held on 10.03.2007 and it was approved the above recommendations of Ethics Committee/Executive Committee.

- 3. But in the MCI order with No. MCI-211(2)(133)/2004-Ethics./8224-8225 dated 16.07.2007 with regard to decision on Dr. Malathi, Gynecologist, the sentence, "however, she may be cautioned to be very careful in the future in treating serious patients" is missing.
- 4. I would be grateful if you could kindly reissue the above order with the correct decision as approved by General body of the Council."

In this context, the sentence as she may be cautioned to be very careful in the future in treating serious patients was deleted as per decision of General Body. The final part of this decision are as under :-

"The Council while approving the above recommendations of the Executive Committee/Adhoc Committee observed that as negligence could not be substantiated against Dr. P. Malathi, Gynaecologist and decided that the line in point no. (b) above "...however, she may be cautioned to be very careful in the future in treating serious patients." may be deleted from the decision of the Executive Committee /Adhoc Committee."

The Council has received a letter dated 27.12.2007 from the Central Govt., Ministry of Health & F.W., New Delhi in which it is stated as under :-

"I am directed to enclosed herewith an appeal filed by above mentioned by Dr. K. Srikar Reddy of Germany. The appeal is against the inadequate punishment awarded by the MCI to the defaulter doctors who handled the case of his wife.

2. Dr. K. Srikar Reddy has mentioned in the appeal that 'MCI's Ethics Committee heard the matter and found the doctors guilty of gross negligence, but was lenient in recommending punishment ('3months suspensions' of anesthetist's medical registration and a 'warning'to the Gynecologist). In the final orders, even the warning issued to the Gynecologist does not figure". The language used by the above appellant Dr. Srikar Reddy casts an aspersion on the impartiality of the MCI.

3. In view of above, it would be appreciated if the case of Smt. Srilatha Reddy w/o Dr. K. Srikar Reddy is reviewed/ re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to strengthen the impartial working image of MCI to send out a strong message to the doctors, the profession and the public about the unacceptable behaviour of doctors involved in such cases.

4. A detailed report on the above may be sent to this Ministry at the earliest possible."

The matter was considered by the Ethics Scrutiny Sub-Committee at its meeting held on 14.01.2008 and the recommendation of the Committee was as under :-

"The Ethics Scrutiny Committee has taken note of letter No.U-14011/1/2007-ME.P.1, dated 27th December, 2007 from the Under Secretary to the Govt. of India, Ministry of Health & F.W., ME.P.1 Unit, New Delhi addressed to the Secretary, Medical Council of India. The letter is on the subject of Appeal of Dr. K. Srikar Reddy, Consul, Consulate General of India, Munich, Germany with regard to death of his wife Smt. Srilatha Reddy due to negligence of Doctors/hospital.

It appears that an appeal has been filed by Dr. K. Srikar Reddy to the Secretary, Deptt. of Health & F.W., Ministry of Health & F.W., New Delhi and appeal is against the orders of Medical Council of India in the case with regard to death of Dr. K. Srikar Reddy's wife due to gross negligence of doctors/hospital.

It appears that Dr. K. Srikar Reddy after the death of his wife alongwith the unborn baby died on 6.3.2003 in Shalini Maternity Hospital, Hyderabad had filed the complaint in the Hon'ble A.P. Medical Council. The A.P. Medical Council had investigated the case and has acquitted the doctors. After that Dr. K. Srikar Reddy filed an appeal with MCI, MCI took up as an appeal case under section 8.7/8.8.

The Ethics Committee of the MCI investigated the case and recommended punishment of three months medical suspension against the anesthetist's in this case. The Ethics Committee could not substantiate any negligence in the part of the Gynaecologist in this case. "However, she was advised to be cautioned in future while treating serious cases." The recommendations of the MCI went before the Executive Committee & thereafter before the General Body of the Council wherein the General Body of the Council retained the punishment recommended against the anesthetist which was 3 months suspension. But the General Body of the Council recorded as there is no negligence in the part of the Gynaecologist, hence the recommendation of Ethics Committee was withdrawn.

However, Dr. K. Srikar Reddy is not satisfied with the quantum of punishment and has written to the Ministry that "the MCI sanctions are inappropriate, insufficient and do not amount to punishment at all, when compared to the amount of gross negligence resulting in loss of 2 lives. I firmly believe that permanent eraser of the names of the negligent doctors from Indian Medical Register is the only sufficient and proportionate sanction.

Therefore, I request the Ministry, GOI consider my case against MCI's decision and take appropriate action to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors. This appeal was dated 19th November, 2007."

In the affidavit that have submitted by Dr. Srikar Reddy before the Ministry of Health has disputed MCI's decision on the anesthetist's, the Gynaecologist's and also on the hospital and has stated that the accused hospital/doctors have neither demonstrated a degree of insight into their misconduct nor have demonstrated remorse.

In view of above, the decision of the MCI is not sufficient to protect the public interest. He has also requested the Ministry to consider his appeal against MCI's decision in the above case and take appropriate action to send out a strong signal to the doctors, the profession and the public about what is regarded as unacceptable behaviour of doctors.

After receipt of this appeal made before the Ministry of Health u/s 24 of the Indian Medical Council Act, 1956, the Ministry has send it to the MCI with the request that the case of Smt. Srilatha w/o Dr. K.Srikar Reddy is reviewed/re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to strengthen the impartial working image of MCI to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors involved in such cases.

It was further asked that a detailed report of the above may be sent to the Ministry at the earliest possible.

After going through the above cited letter as well as the appeal of Dr.K. Srikar Reddy, the Ethics Scrutiny Committee observed that: -

1. There is no provision of appeal against the decision taken by MCI in General Body of the Council by the appellant under the above cited letter. Section 24 of the I.M.C. Act, 1956 which reads as follows:-

"REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

24.

1. If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
2. Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.
2. The Ethics Committee in the instant case acted as an appellate body against the decision of A.P. Medical Council.
3. The recommendations of the Ethics Committee in this case which contained recommendations of sanctioned against both the Anesthetist & Gynaecologist was examined in detail both by the Executive Committee & General Body of the Council of MCI.

The General Body of the Council had in its wisdom collectively decided to sustain the recommendations against the Anesthetist but has not agreed to the recommendations against the

treating Gynaecologist. Therefore, the notification made by the office in this case reflects the decision of the General Body of the Council.

4. The language used by the Under Secretary in his above cited letter is unfortunate because it has failed to take note of the procedure of awarding punishment/sanctioned against doctors through a very detailed and exhaustive procedure and has given the impression as if apprehension/doubts exist in the public mind on the action of the MCI and the working image of MCI is weak and needs strengthening.

The Ethics Scrutiny Committee would like to state that under the Existing Act, Rules & Regulations, there is no provision of appeal by the complainant and there is no provision of Government ordering/requesting either a review or re-examination de novo of a case where a decision is already taken after following the due procedure. It has therefore decided to recommend to the Ethics Committee that this case alongwith the above observations may be sent to the Executive Committee of MCI for taking such action as it necessary at their end."

All the relevant paper are kept on the file.

The matter was considered by the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the decision was as under :-

"The Ethics Committee has taken note of letter No.U-14011/1/2007-ME.P.1, dated 27th December, 2007 from the Under Secretary to the Govt. of India, Ministry of Health & F.W., ME.P.1 Unit, New Delhi addressed to the Secretary, Medical Council of India. The letter is on the subject of Appeal of Dr. K. Srikar Reddy, Consul, Consulate General of India, Munich, Germany with regard to his wife Smt. Srilatha Reddy due to negligence of Doctors/hospital.

It appears that an appeal has been filed by Dr. K. Srikar Reddy to the Secretary, Deptt. of Health & F.W., Ministry of Health & F.W., New Delhi and appeal is against the orders of Medical Council of India in the case with regard to death of Dr. K. Srikar Reddy wife's due to gross negligence of doctors/hospital.

It appears that Dr. K. Srikar Reddy after the death of his wife alongwith the unborn baby died on 6.3.2003 in Shalini Maternity Hospital, Hyderabad had filed the complaint in the Hon'ble A.P. Medical Council. The A.P. Medical Council had investigated the case and has acquitted the doctors. After that Dr. K. Srikar Reddy filed an appeal with MCI, MCI took up as an appeal case under section 8.7/8.8.

The Ethics Committee of the MCI investigated the case and recommended punishment of three months medical suspension against the anesthetist's in this case. The Ethics Committee could not substantiate any negligence in the part of the Gynaecologist in this case. "However, she was advised to be cautioned in future while treating serious cases." The recommendations of the MCI went before the Executive Committee & thereafter before the General Body of the Council wherein the General Body of the Council retained the punishment recommended against the anesthetist which was 3 months suspension. But the General Body of the Council recorded as there is no negligence in the part of the Gynaecologist, hence the recommendation of Ethics Committee was withdrawn.

However, Dr. K. Srikar Reddy is not satisfied with the quantum of punishment and has written to the Ministry that "the MCI sanctions are inappropriate, insufficient and do not amount to punishment at all, when compared to the amount of gross negligence resulting in loss of 2 lives. I firmly believe that permanent eraser of the names of the negligent doctors from Indian Medical Register is the only sufficient and proportionate sanction.

Therefore, I request the Ministry, GOI consider my case against MCI's decision and take appropriate action to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors. This appeal was dated 19th November, 2007."

In the affidavit that have submitted by Dr. Srikar Reddy before the Ministry of Health has disputed MCI's decision on the anesthetist's, the Gynaecologist's and also on the hospital and has stated that the accused hospital/doctors have neither demonstrated a degree of insight into their misconduct nor have demonstrated remorse.

In view of above, the decision of the MCI is not sufficient to protect the public interest.

He has also requested the Ministry to consider his appeal against MCI's decision in the above case and take appropriate action to send out a strong signal to the doctors, the profession and the public about what is regarded as unacceptable behaviour of doctors.

This appeal was made before the Ministry of Health u/s 24 of the Indian Medical Council Act, 1956.

After receipt of this appeal, the Ministry has send it to the MCI with the request "that the case of Smt. Srilatha w/o Dr. K.Srikar Reddy is reviewed/re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to

strengthen the impartial working image of MCI to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors involved in such cases”.

It was further asked that a detailed report of the above may be sent to the Ministry at the earliest possible.

After going through the above cited letter as well as the appeal of Dr.K. Srikar Reddy, the Ethics Scrutiny Committee observed that :-

1. There is no provision of appeal against the decision taken by MCI in General Body of the Council by the appellant under the above cited letter. Section 24 of the I.M.C. Act, 1956 which reads as follows:-

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- (1) If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
 - (2) Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.
2. The Ethics Committee in the instant case acted as an appellate body against the decision of A.P. Medical Council.
 1. The recommendations of the Ethics Committee in this case which contained recommendations of sanction against both the Anesthetist & Gynaecologist was examined in detail both by the Executive Committee & General Body of the Council of MCI.

The General Body of the Council had in its wisdom collectively decided to sustain the recommendations against the Anesthetist but has not agreed to the recommendations against the treating Gynaecologist. Therefore, the notification made by the office in this case reflects the decision of the General Body of the Council.

3. The language used by the Under Secretary in his above cited letter is unfortunate because it has failed to take note of the procedure of awarding punishment/ sanction against doctors through a very detailed and exhaustive procedure and has given the impression as if apprehension/doubts exist in the public mind on the action of the MCI and the working image of MCI is weak and needs strengthening.

The Ethics Committee would like to state that under the Existing Act, Rules & Regulations, there is no provision of appeal by the complainant and there is no provision of Government ordering/requesting either a review or re-examination de nova of a case where a decision is already taken after following due procedure.”

73. Undertaking given by Dr. Ajay Kumar Srivastava for working in more than one medical college simultaneously.

Read: The matter with regard to Undertaking given by Dr. Ajay Kumar Srivastava for working in more than one medical college simultaneously.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“The Ethics Committee heard Dr. Ajay Kumar Srivastava who appeared before the Ethics Committee at its meeting held on 17.12. 2007. Written statements was also taken from him which are as under: -

STATEMENT OF DR. AJAY KUMAR SRIVASTAVA

I, Dr. Ajay Kumar Srivastava, did my MBBS from M.L.N. Medical College, Allahabad in the year 1982. I did my M.D. (Radio Diagnosis) from the same institute in the year 1991. I am registered with the Uttar Pradesh Medical Council, bearing Registration No.27879. My Date of Birth is 06.12.1959.

I appeared in the Medical Council of India inspection at Karuna Medical College, Pallakkad on 29.05.2007 while I was working at Sri Manakula Vinayagar Medical College & Hospital, Pondicherry. I am working at Sri Manakula Vinayagar Medical College & Hospital, Pondicherry. I am really sorry what have happened. I request the Hon'ble Members of the Ethics Committee of Medical Council of India to excuse me for this thing will not be undertaken by myself in future.

Sd/-

(Dr. Ajay Kumar Srivastava)

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

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

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

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

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

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

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

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

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

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

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as

medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

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

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

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

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

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

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

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

Section 1.1.1.

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

Section 1.1.2.

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

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

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

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

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

74. Complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal.

Read: The matter with regard to Complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“The matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal and noted that the letter dt. 30.05.2007 has been received from Mr. Fateh Singh, Deputy Commissioner of Police, Head Quarter, Delhi. The Ethics Committee further noted on perusal of the IMR data, there has been several entries have been made in the name of Dr. Saroj Jain. The Ethics Committee decided to write to the Deputy Commissioner of Police, Head Quarters, Delhi from where the complaint came, to provide the registration particulars and full address alongwith the telephone number of Dr. Saroj Jain.”

Dr. Saroj Jain whose address has been given i.e. C-1/41, Sector-15, Rohini, Delhi may also send the complaint letter and ask her to send her parawise comments alongwith the registration particulars.

The Medical Superintendent of Santom Hospital, D-5, Prashant Vihar, Outer Ring Road, Rohini, Delhi-85 as well as the complainant may also be asked to submit the registration particulars of Dr. Saroj Jain. “

As per above decision, the Dy. Commissioner of Police, Head Quarters, Delhi and complainant was requested to provide the registration particulars and full address alongwith the telephone number of Dr. Saroj Jain vide Council's letter dated 20.08. 2007. The reply is still awaited.

Dr. Saroj Jain was also requested to provide her parawise comments as well as registration particulars vide Council's letter dated 20.08.2007.

In response to above, Dr. Saroj Jain has sent a letter dated 30.08.2007. On perusal of the documents, it is noted that Dr. Saroj Jain is registered with Medical Council of India bearing Regn. No.6357 dated 9.04.1987.

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

The Ethics Committee considered the matter with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal and decided to call Dr. Saroj Jain, Jain's Clinic Delhi to be present before the Ethics Committee at its next second meeting at 11.30 a.m.”

As per above decision, Dr. Saroj Jain was requested to appear before the Ethics Committee on 6.12.2007 at 11.30.a.m vide Council's letter dated 26.11.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December, 2007 and the decision was as under:-

"The Ethics Committee considered the letter dt. 30.05.07 of ACP/C&T,HQRS, Delhi alongwith a complaint dated 10.04.07 of Mr. Sanjeev Kumar Aggarwal against Dr. Saroj Jain, Jain's Clinic, Delhi.

Dr. Saroj Jain was asked to appear before the Ethics Committee at its meeting held on 6.12.07. She has appeared and submit her deposition. The statement of Dr. Saroj Jain along with questions put to her by Hon'ble members of the Ethics Committee and her replies are as under:-

Statement of Dr. Saroj Jain alnogwith questions and answers

"I, Dr. Saroj Jain did my MBBS from Medical College & Hospital, Rohtak in the year 1986 and did my MD (Obst. & Gynae.) from the same institute in 1991. My registration number is MCI- 6357 of 1987. I am also registered with Delhi Medical Council bearing registration number is 3009 of 2001.

I have already submitted written explanation against the complaint of the deceased husband to the Medical Council of India. In addition to that, I would like to say that the complaint is totally false. I did my best to save my patient and have never been negligent at any stage but unfortunately I could not save the patient.

Q. What was the Hb when the patient admitted?

Ans. It was 8.4 gm.

Q. Before admission?

Ans. It was normal.

Q. Despite the pre-operative diagnosis of central placenta praevia (type-IV) was made with ultrasound, why you have not admitted the patient. Is it not negligence on your part?

Ans. The attendants were not willing for admission for observation and I could not force them for admission.

Q. After admission how you tackle this case. How did you arrange the blood and how much blood you arranged?

Ans. Sir, we collect blood from the nearby hospital. It was not a planned surgery so it was not arranged before hand. It was an emergency. In total, 8 units of whole blood and 2 units of FFP were arranged. Out of which, 4 units of whole blood and 2 units of FFP were transfused.

Q. Do you have pulse oximeter?

Ans. Yes Sir.

Q. Did you consult any Surgeon?

Ans. Yes Surgeon was with me (Dr. D.K. Jain)

Q. On 2.4.2007, you have advised admission but refused due to house hold problem. When she refused, I believe this patient has little seriousness and she needs to be admitted definitely. Whether you explain the seriousness of the condition?

Ans. Sir, I explained them everything. I knew this patient for 5-6 years. The lady was intelligent and educated. As far as the husband is concerned he rarely came with the patient, her mother usually used to accompany the patient. Both were well aware of her condition and seriousness. She was made aware of need of hospitalization in this condition. She alongwith her mother opted for domiciliary expectant treatment which included strict bed rest and medicines with advise to immediately report the hospital in case of any bleeding or labour pains. There was no delay at any level and within ½ hour, baby was out.

Q. Did you find that the uterus was totally atonic?

Ans. Yes Sir but it responded with usual treatment plus injection Prostidin. It was well contracted after that.

Q. When bleeding continued, why not hysterectomy contemplated at that time?

Ans. Finally there was no bleeding from the uterus after injection Prostidin and uterus was well contracted. There was no need of hysterectomy. I could have gone for it if I had failed to control the bleeding.

Q. How many units of total blood were given?

Ans. 4 units of fresh blood and 2 units of fresh frozen plazma (FFP). 4 units reached after the death of the patient and went waste.

Q. As a whole, the team was neglecting the patient?

Ans. It was not so Sir. Every member of the treating team was fully observant and competent to treat each and every type of complication.

Since the patient developed a rare and serious complication of DIC which itself carries high mortality inspite of all efforts from the treating team, the patient could not be saved. I would like

to stress that it is not always possible to anticipate or prevent DIC. Mortality from DIC is very high even in best of hospitals.

Professionally speaking, there was no error of any omission or commission or any deficiency of service or negligence on the part of any of the experts in the team. The whole team felt sorry about the outcome and expressed sympathy with the bereaved family. This loss has occurred because of will of God and not due to any negligence or deficiency of services on my part or on the part of treating team."

Sd/-
(DR. SAROJ JAIN)
6/12/2007

The Ethics Committee considered the case with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal.

The Ethics Committee examined all the documents including the case records, Hospitalization records, operation note of the case. It has further called the doctor in question Dr. Saroj Jain and recorded her oral deposition. The members of the Ethics Committee discussed all the aspects of the case in detail and members of the Ethics Committee also put some questions to Dr. Saroj Jain. After detailed deliberations the members of the Ethics Committee were of the unanimous opinion that Dr. Saroj Jain has failed to exercise sufficient care in management of the case and was found to be negligent for the following reasons:-

- (i) During the period of antenatal care, she has failed to admit the patient in hospital even when the patient had a bad obstetrical history and in this pregnancy she had placenta previa (central) making her a high risk case and further despite having an episode of bleeding.
- (ii) Records of prenatal examination and advice were not properly maintained.
- (iii) Reasonable care was not taken to correct the anemia of the patient in the prenatal period and the patient had low Hb level of 8.8 gm%.
- (iv) When the patient had severe bleeding and had to be hospitalized the gravity of the situation was not explained to the patient or her attendants.
- (v) When LSCS was performed it was observed that the uterus was atonic and greatly dilated and despite drugs given the bleeding did not stop. Under the circumstances, Dr. Saroj Jain further failed to anticipate the need to perform hysterectomy as a life saving procedure. In this aspect she has failed to show reasonable judgment and skill that was expected of her.
- (vi) The patient bled profusely and Hb% went down as low as 4.4gm%. Dr. Saroj Jain failed to anticipate such a situation in a case of placenta praevia-percreta, in this case, and took no steps to start transfusion before. However, transfusion was given later.
- (vii) It is apparent that had proper antenatal care, correction of anemia, timely hospitalization etc. were done the sad outcome in this case could possible have been avoided.

In view of the above reasons, the Ethics Committee is of the firm opinion that Dr. Saroj Jain had failed to show reasonable judgment and exercise of reasonable care, caution and skills in management of the case and therefore is negligent in her management of the patient. Therefore, the Ethics Committee decided to recommend that the name of Dr. Saroj Jain be removed from the Indian Medical Register for a period of two months from the date of confirmation of the decision by the Executive Committee and General Body of the Council. "

75. Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh.

Read: The Central Govt. letter dated 11.7.2006 with regard to Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

"The Ethics Committee considered the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh and decided to take few more days for come to a final decision as some of the points needs further clarification before come to conclusion and the Committee requested to the Hon'ble Member of the Ethics Committee Dr. D.J. Borah, to put up before the final recommendation by its meeting. The Ethics Committee further decided to refer the matter to the Legal Section of the Council for obtaining their views because this matter includes some legal points under different Acts. The Legal Section may be requested to submit their reply preferably within 15 days to the Secretary of the Council under intimation to the Ethics Section."

Dr. D.J. Borah has submitted the final recommendation on 27.10.2006 and it was considered by the Ethics Committee 27.10.2006 and it was reads as under :-

“The Ethics Committee went through the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The Ethics Committee is of the opinion that manual is prepared with a good intention of helping patients and consumer of the health services. However, after going through it, the Committee feels that this manual is not really complete in nature, neither it has been prepared in consultation with the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as amended on 26th May, 2004. Further in the long list of deficiency of medical services is given wherein 28 items has been included, some of them are not entirely medically, scientifically correct. For example, the deficiency under the head of the Medical Services, Item No. 5, which states “due to administering an injection negligently if patient lost any part of his/her body, that amounts to deficiency of service”. There are many such inaccuracy which may not stand serious scientifically scrutiny.

The Ethics Committee feels that the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as amended on 26th May, 2004, exhaustively covered duties and responsibilities of physician in general (1B), 1.3, 1.4, 1.5, 1.6, 1.7, 1.9 and also duty to the physician to their patients in chapter 2, duty of the physician in consultation in chapter 3, duty of the physician to the public to the para medical professional in chapter 5, in chapter 6 it has put a list up unethical acts and in chapter 7 it has laid down the subject of misconduct of the physician. All these adequately cover the entire gamut on medical negligence. Moreover, there is already laid down procedure finding out whether the physician has been negligent towards its patient not only in a Court of Law but also in all the State Medical Councils as well as in Medical Council of India. In such a procedure, there is a thorough inquiry by the Ethics Committee in Medical Council of India and similar such committees in case of the State Medical Councils, wherein reputed doctors of good professional standing enquire regarding the complaint against the doctors. Moreover, there is a provision of calling of expert, where services of such expert to comment whether an act of negligence is committed or not is necessary. It is necessary to say that the question of medical negligence requires in depth inquiry and such should be done in pure medical and scientific basis. The Ethics Committee also observed that the Ethics Committee of Medical Council of India as well at the State Medical Councils have the power of punishment and the disciplinary action in case of such an errant and negligence medical professional. The Ethics Committee is of the opinion that the existing regulations, coupled with the established procedure of finding of negligence is not only adequate but is the actual correct scientific method to be followed. In view of the above, it feels that merely list of some procedure of negligence in a booked designed to help only consumer may create confusion as well as lead to situation, which may be un-intended. In view of the above, the Ethics Committee does not think that it can recommend the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh.

The matter was placed before the retainer advocate for his opinion and he has given the following opinion which is as under:-

“The present case file has been referred to me by the legal section for giving the legal opinion on the aforesaid issue after the Ethics Committee decided to obtain the views on legal points under different acts.

After perusing the case file alongwith manual on medical negligence and consumer protection prepared by Secretary Consumer Affairs, Govt. of Andhra Pradesh, it has been observed by me that by the virtue of section 33 (m) and section 20 (A) of IMC Act, the IMC has incorporated (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2003 which comprehensively regulates the professional conduct, Etiquette and Ethics for registered medical practitioner. This regulations contains 8 chapter which mentions in details about the required modus operandi for medical practitioners as well as it prescribes the punishment and disciplinary action in the event of any negligence or culpable mistake on the part of any registered medical practitioner.

Apart from it, the Consumer Protection Act 1986 also covers all type of negligence in medical services u/s 2(g) which covers deficiency in services and all type of negligence or carelessness in rendering medical services, which is also the present subject matter of the manual prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The said manual is nothing but an attempt to make the objective judgement regarding cases of medical negligence or deficiency in medical services which is also completely covered by the (Professional Conduct, Etiquette & Ethics) (Amendment) Regulations, 2003. The prime facie defect of the manual prepared by the Secretary, Consumer Affairs, Govt. of Andhra Pradesh is that there cannot be cut and drive formula for what is the negligence or deficiency in medical services. It depends upon the facts and circumstances of each case and the objective judgment of medical negligence or deficiency in medical service is best given by the different forums or the courts. The courts while deciding the cases of medical negligence or deficiency in medical services considers the different precedent and judgments/orders/settled principle of law already settled/decided by different courts and forums.

Therefore, in my opinion, keeping in view comprehensive regulations of MCI on Professional Conduct, Etiquette & Ethics brought in the year 2002 with prior approval of Central Govt. and the efficacious remedy available under the Consumer Protection Act, 1986 there is no requirement of

the proposed manual prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh and moreover, the said manual will create insurmountable difficulties and contradictions amongst the MCI Regulations and Consumer Protection Act on the one hand and the proposed manual on the other.

The said manual prepared by the Secretary, Consumer Affairs, Govt. of Andhra Pradesh will also be hit by Article 251 of the Constitution of India which reads as under :-

"If provision of law made by the legislature of the State is repugnant to any provisions of law made by Parliament, the State Law shall, to the extent of repugnancy, be inoperative."

Therefore, the Consumer Protection Act, 1986 being the law legislated by the Parliament will always have primacy over the said manual prepared by the Secretary, Consumer Affairs, Govt. of Andhra Pradesh if the same takes the shape of Act/law in the future."

The Ethics Committee considered the matter with regard to Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The Ethics Committee has taken note of the final recommendation prepared by the Ethics Committee and also the clear opinion of the retainer advocate of the Council on the legality as well as desirability of the Act. The Ethics Committee unanimously endorses the views expressed already and also endorsed the views of retainer advocate of the Council.."

76. To Provide Medical Facilities to the Pensioners and their family members under CGH Scheme and CS(MA) Rules – 1944.

Read: The matter with regard to Provide Medical Facilities to the Pensioners and their family members under CGH Scheme and CS(MA) Rules – 1944.

The Council approved the following recommendations of the Executive Committee:-

"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 provision of medical facilities to the Pensioners and their family members and observed that the Council at present providing the medical facilities to its serving employees in terms of clause 56 of the Standing Orders of MCI as under:-

"(1) Medical Facilities for Employees:

Employees of the Council and members of their families shall be entitled to such medical aid as is admissible to Central Government Servants of similar categories in Delhi and New Delhi and out of Delhi during leave. All employees of the Council shall be members of the Contributory Health Service Scheme of the Central Government and shall pay such contribution as is required under the scheme.

Provided that employees not residing in the area covered by the Scheme, shall not be required to contribute to the Scheme, and shall be eligible for reimbursement of Medical Expenses to self and family as applicable to Central Government employees."

Further, Clause No. 3 and 4 of Standing Orders of MCI reads as under:-

- "3. The power of interpreting, changing and amending these Standing Orders is vested in the Medical Council of India.
- 4. In case where these Standing Orders do not make any provision, the Govt. of India Rules shall apply."

It was also noted that the CGHS facilities to the Pensioners and their family members is also available to the following Autonomous/Semi-Govt. Organizations:

1. Central Scientific Industrial Research (CSIR)
2. National Physical Laboratory (NPL)
3. National Instt. of Science Communication & Informatics Research (NISCAIR)
4. Central Road Research Institute (CRRI)
5. Indian Council of Medical Research (ICMR)
6. National Council of Education Research and Training (NCERT)
7. Indian Council of Agricultural Research (ICAR)
8. Indian Agricultural Research Institute (IARI)
9. Indian Agricultural Statistical Research Institute (IASRI)
10. National Institute of Health & Family Welfare (NIHFW)

After due deliberations on the matter, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that as the medical facilities are more frequently required after retirement due to old age and the burden of costly medicine in old age is very high causing undue hardships and as a measure obligation towards the welfare of its employees decided to extend the medical facilities to the employees and their family members after retirement also as is extended to the pensioners of their organizations mentioned above. It was further

decided to amend the clause 56 of the Standing Order of the Council by inserting the following proviso after the 2nd para of clause 51 as under:-

“The medical facilities will also be extended to its retired officials and their family members subject to such contribution/payment as required under the CGHS Scheme.”

77. Conversion of the post of D.G. Set Operator to Electrician

Read: The matter with regard to conversion of the post of D.G. Set Operator to Electrician.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that at its meeting held on 28.3.2004 alongwith the other posts, one post of Electrician and one post of DG Set Operator were created.

The Office has made attempts to fill the post of DG Set Operator. However, the Selection Committee for the post of DG Set Operator at its meeting held on 30.10.2007 found that none of the candidates was fulfilling the eligibility criteria required for the post of DG Set Operator as per Recruitment Rules and thus the post has remained vacant since its inception. It was also observed that with the commissioning of the new office of the Council alongwith residential quarters at Dwarka, an Electrician is required to remain present round the clock. Hence, it is desirable to have one more post of Electrician in the office of the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that as the DG Set is automatic and a very little action is required on the part of DG Set Operator whenever there is failure of electricity. Hence, considering all the factors, the post of DG Set Operator is not required.

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 convert the existing vacant post of DG Set Operator into the post of Electrician and further decided to appoint the following candidate from the waiting list as per the recommendations of the Selection Committee meeting held on 30.10.2007:-

<u>Sl.No.</u>	<u>Name of the Candidate</u>
1.	Shri Rajesh R.G.

78. Appointment of Director, Academic Cell.

Read: The matter with regard to appointment of Director, Academic Cell.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to appoint Dr. M. Rajalakshmi, Ph.D., FAMS, Former Professor & Head, Department of Reproductive Biology, All India Institute of Medical Sciences, (AIIMS), New Delhi as the Director of Academic & Standing Cell in the Council office in the consolidated pay of Rs. 60,000/- p.m”.

79. i) **Sri Venkateshwara University, Tirupati – Recognition of M.D. (S.P.M. and D.P.H. qualifications in respect of students being trained at S.V.Medical College, Tirupati.**
- ii) **Andhra Pradesh University of Health Sciences, Vijayawada and N.T.R. University of Health Sciences, Vijayawada - Approval of S.V. Medical College, Tirupati for the award of M.D.(S.P.M.) & D.P.H. qualifications.**

Read: The compliance verification report (January, 2008) together with the Council Inspector's report (March, 2002) on the standard of examination and other teaching facilities available at S.V. Medical College, Tirupati for i) recognition of M.D.(S.P.M.) & D.P.H. qualifications granted by Sri Venkateshwara University and ii) approval of the college for the award of M.D.(S.P.M.) & D.P.H. qualifications granted by Andhra Pradesh University of Health Sciences, Vijayawada & NTR University of Health Sciences, Vijayawada.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Compliance verification report (January, 2008) together with the Council Inspector's report (March, 2002) and decided to recommend that :-

1. M.D.(S.P.M.) & D.P.H. qualifications granted by Sri Venkateshwara University in respect of students being trained at S.V. Medical College, Tirupati be recognized and included in the 1st Schedule to the I.M.C. Act, 1956.
2. S.V. Medical College, Tirupati be approved for the award of M.D.(S.P.M.) & D.P.H. qualifications granted by Andhra Pradesh University of Health Sciences, Vijayawada and N.T.R. University of Health Sciences, Vijayawada restricting the number of admission to 1(one) student per year in each course."

80. **Dr. N.T.R University of Health Sciences – Approval of Kamineni Instt. of Medical Sciences, Narkatpally for the award of DCH qualification.**

Read: The compliance verification report (Feb, 2008) together with the Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Kamineni Instt. of Medical Sciences, Narkatpally for purpose of approval of the college for the award of DCH qualification granted by Dr. NTR University of Health Sciences.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification inspection report (Feb.,2008) and decided to recommend that Kamineni Instt. of Medical Sciences, Narkatpally be approved for the award of D.C.H. qualification granted by Dr. NTR University of Health Sciences restricting the number of admission to 1 (one) student per year prospectively."

81. **Dr. N.T.R University of Health Sciences – Approval of Kamineni Instt. of Medical Sciences, Narkatpally for the award of DO qualification.**

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Kamineni Instt. of Medical Sciences, Narkatpally for purpose of approval of the college for the award of DO qualification granted by Dr. NTR University of Health Sciences.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) together with the Council Inspector’s report (June, 2007) and decided to recommend that Kamineni Instt. of Medical Sciences, Narkatpally be approved for the award of DO qualification granted by Dr. NTR University of Health Sciences restricting the number of admission to 1(one) student per year.”

82. A.P./NTR University of Health Sciences, Vijayawada – Recognition of M.S. (General Surgery) qualification in respect of students being trained at Gandhi Medical College, Secunderabad in respect of increased intake.

Read: The compliance together with undergraduate inspection report (Jan, 2008) and the Council Inspector’s report (June 2006) carried out to assess the standard of examination and other teaching facilities available at Gandhi Medical College, Secunderabad for purpose of recognition of M.S.(General Surgery) qualification granted by A.P./NTR University of Health Sciences, Vijayawada.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with undergraduate inspection report (Jan.,2008) and the Council Inspector’s report (June,2006) and decided to recommend that M.S.(General Surgery) qualification granted by A.P./NTR University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 8 (eight) students per year.”

83. Osmania University, Andhra Pradesh University of Health Sciences, Vijayawada and N.T.R. University of Health Sciences, Vijayawada - Approval of Gandhi Medical College, Hyderabad for the award of M.D.(General Medicine) qualification.

Read: The compliance together with compliance verification inspection report (Dec, 2007) and the Council Inspector's report (October, 2002) on the standard of examination and other teaching facilities available at Gandhi Medical College, Hyderabad for approval of the college for the award of M.D.(General Medicine) qualification earlier granted by Osmania University, Andhra Pradesh University of Health Sciences, Vijayawada & now by NTR University of Health Sciences, Vijayawada.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance togetherwith the compliance verification inspection report (Dec, 2007) and the Council Inspector's report (October, 2002) and decided to recommend that Gandhi Medical College, Hyderabad be approved for the award of M.D.(General Medicine) qualification earlier granted by Osmania University, Andhra Pradesh University of Health Sciences, Vijayawada & now by NTR University of Health Sciences, Vijayawada restricting the number of admission to 6 (Six) students per year.”

84. Rajiv Gandhi University of Health Sciences, Bangalore – Approval of JSS Medical College, Mysore for the award of M.S.(Ophthalmology) qualification.

Read: The compliance verification report (January, 2008) togetherwith the Council Inspector’s report (May, 2007) on the standard of examination and other teaching facilities available at JSS Medical College, Mysore for purpose of its approval for the award of M.S.(Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification report (January, 2008) togetherwith Council Inspector’s report (May, 2007) and decided to recommend that JSS Medical College, Mysore be approved for the award of M.S.(Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore restricting the number of admission to 1 (one) student per year.”

85. Rajiv Gandhi University of Health Sciences, Bangalore – Approval of J.J.M. Medical College, Davangere for the award of M.S. (Ophthalmology) qualification in respect of increased intake.

Read: The compliance verification report (Feb, 2008) togetherwith Council Inspector report (May, 2006) on the standard of examination and other teaching facilities available at J.J.M. Medical College, Davangere for purpose of approval of the college for the award of M.S. (Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore against the increased intake.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith Council Inspector report (May, 2006) and noted that J.J.M. Medical College, Davangere already stands approved for the award of M.S.(Ophthalmology) qualification with 3 (three) seats and now the matter is under consideration for approval of the college against the increased intake; decided to recommend that J.J.M. Medical College, Davangere be approved for the award of M.S.(Ophthalmology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore against the increased intake restricting the number of admissions to 4 (four) students per year.

The Postgraduate Committee further decided that the decision taken at its meeting held on 20.11.2006 directing the college authorities to stop admissions is revoked and all the concerned authorities may be informed accordingly.”

86. Rajiv Gandhi University of Health Sciences, Bangalore-Approval of Al-Ameen Medical College, Bijapur for the award of M.D. (Pathology) qualification in respect of increased intake.

Read: The compliance verification inspection report (Feb, 2008) togetherwith Council Inspector report (June, 2007) on the standard of examination and other teaching facilities available at Al-Ameen Medical College, Bijapur for purpose of approval of the college for the award of M.D. (Pathology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of increased intake.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith Council Inspector report (June, 2007) and noted that Al-Ameen Medical College, Bijapur already stands approved for the award of M.D.(Pathology) qualification with 1 (One) seat and now the matter is under consideration for approval of the college against the increased intake; decided to recommend that Al-Ameen Medical College, Bijapur be approved for the award of M.D.(Pathology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore against the increased intake restricting the number of admissions to 2 (Two) students per year.”

87. Mysore University-Recognition of M.D. (Pharmacology) qualification in respect of students being trained at Govt. Medical College, Mysore.

Read: The compliance verification inspection report (December 2007) and Council Inspector's report (September, 1998) on the standard of examination and other teaching facilities available at Govt. Medical College, Mysore for purpose of recognition of M.D. (Pharmacology) qualification granted by Mysore University.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification inspection report (December 2007) and Council Inspector's report (September, 1998) and decided to recommend that M.D. (Pharmacology) qualification granted by Mysore University in respect of students being trained at Govt. Medical College, Mysore be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 3 (Three) students per year."

88. Gulbarga University and Rajiv Gandhi University of Health Sciences, Bangalore- Approval of Vijayanagar Institute of Medical Sciences, Bellary for the award of M.D.(Pharmacology) qualification – Consideration of compliance regarding.

Read: The compliance verification report (Dec, 2007) togetherwith the Council Inspector's report (Oct., 2003) on the standard of examination and other teaching facilities available at Vijayanagar Institute of Medical Sciences, Bellary togetherwith compliance for purpose of approval of the college for the award of M.D. (Pharmacology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification report (Dec, 2007) togetherwith the Council Inspector's report (Oct., 2003) and decided to recommend that Vijayanagar Institute of Medical Sciences, Bellary be approved for the award of M.D.(Pharmacology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore restricting the number of admission to 1(One) student per year."

89. Rajiv Gandhi University of Health Sciences, Bangalore – Permitting intake in M.D.(Anatomy) course in respect of students being trained at M.R.Medical College, Gulbarga.

Read: The compliance verification inspection report (Feb, 2008) togetherwith previous Council Inspector's report (February, 2005) on physical and other teaching facilities available at M.R.Medical College, Gulbarga for purpose of permitting of intake in MD(Anatomy) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith previous Council Inspector's report (February, 2005) and decided to permit the authorities of M.R.Medical College, Gulbarga prospectively with an annual intake capacity of 1(one) student for M.D.(Anatomy) course under Rajiv Gandhi University of Health Sciences, Bangalore."

90. Rajiv Gandhi University of Health Sciences, Bangalore – Permitting intake in M.S.(Orthopaedics) & D.Ortho. courses in respect of students being trained at Kempegowda Institute of Medical Sciences, Bangalore.

Read: The Council Inspector's report (Feb, 2008) on the physical and other teaching facilities available at Kempagowda Institute of Medical Sciences, Bangalore for purpose of restoration of seats in MS (Ortho.) & D.Ortho courses Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council Inspector's report (Feb, 2008) and decided to permit the authorities of Kempagowda Institute of Medical Sciences, Bangalore prospectively with an annual intake capacity of 2 (two) students each for MS (Ortho.) & D.Ortho courses under Rajiv Gandhi University of Health Sciences, Bangalore."

91. Rajiv Gandhi University of Health Sciences, Bangalore –Permitting intake in M.D.(Anaesthesia) & D.A. courses for restarting the course in respect of students being trained at Kempegowda Institute of Medical Sciences, Bangalore.

Read: The Council Inspector's report (Feb, 2008) on the physical and other teaching facilities available at Kempagowda Institute of Medical Sciences, Bangalore for purpose of restoration of seats in MD (Anaesthesia) & DA courses granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council Inspector's report (Feb, 2008) and decided to permit the authorities of Kempagowda Institute of Medical Sciences, Bangalore prospectively with an annual intake capacity of 1 (one) student for M.D.(Anaesthesia) & 2 (two) students for D.A. courses under Rajiv Gandhi University of Health Sciences, Bangalore."

92. Rajiv Gandhi University of Health Sciences, Bangalore –Permitting intake in D.GO. course in respect of students being trained at Kempagowda Institute of Medical Sciences, Bangalore.

Read: The Council Inspector's report (Feb, 2008) on the physical and other teaching facilities available at Kempagowda Institute of Medical Sciences, Bangalore for purpose of restoration of seats in DGO course Rajiv Gandhi University of Health Sciences, Bangalore.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council Inspector's report (Feb, 2008) and decided to permit the authorities of Kempagowda Institute of Medical Sciences, Bangalore prospectively with an annual intake capacity of 3 (Three) students for D.G.O. course under Rajiv Gandhi University of Health Sciences, Bangalore."

93. Jammu University – Approval of Acharya Shri Chander College of Medical Sciences, Jammu for the award of MD (Radio-diagnosis) qualification.

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector's report (May, 2007) on the standard of examination and other teaching facilities available at Acharya Shri Chander college of Medical Sciences, Jammu for

purpose of approval of the college for the award of MD (Radio-diagnosis) qualification granted by Jammu University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (May, 2007) and decided to recommend that Acharya Shri Chander College of Medical Sciences, Jammu be approved for the award of M.D.(Radio-Diagnosis) qualification granted by Jammu University restricting the number of admission to 2 (Two) students per year.”

94. Parvara Rural University – Recognition of D. Ortho qualification in respect of students being trained at Rural Medical College, Loni.

Read: The compliance together with compliance verification inspection report (Nov, 2007) and Council Inspector’s report (July, 2007) on the standard of examination and other teaching facilities available at Rural Medical College, Loni for purpose of recognition of D. Otho. qualification granted by Parvara Rural University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with compliance verification inspection report (Nov, 2007) and Council Inspector’s report (July, 2007) and decided to recommend that D. Ortho. qualification granted by Parvara Rural University in respect of students being trained at Rural Medical College, Loni be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 2 (two) students per year.”

95. Parvara Rural University – Recognition of DGO qualification in respect of students being trained at Rural Medical College, Loni.

Read: The compliance together with compliance verification inspection report (July, 2007) on the standard of examination and other teaching facilities available at Rural Medical College, Loni for purpose of recognition of DGO qualification granted by Parvara Rural University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance togetherwith the Council Inspector’s report (July, 2007) and decided to recommend that DGO qualification granted by Parvara Rural University in respect of students being trained at Rural Medical College, Loni be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 3 (Three) students per year prospectively.”

96. Guwahati University – Recognition of MD (Pathology) in respect of students being trained at Guwahati Medical College, Guwahati.

Read: The compliance together with compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2003) on the standard of examination and other teaching facilities available at Guwahati Medical College, Guwahati for purpose of recognition of M.D.(Pathology) qualification granted by Guwahati University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2003) and decided to recommend that M.D. (Pathology) qualification granted by Guwahati University in respect of students being trained at Guwahati Medical College, Guwahati be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 4 (four) students per year.”

97. Goa University – Recognition of MS (ENT) qualification in respect of students being trained at Goa Medical College, Panaji.

Read: The compliance together with compliance verification inspection report (Dec, 2007) and Council Inspector’s (April, 2007) on the standard of of examination and other teaching facilities available at Goa Medical College, Panaji for purpose of recognition of MS (ENT) qualification granted by Goa University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance togetherwith compliance verification inspection report (Dec, 2007) and Council Inspector’s (April, 2007) and decided to recommend that M.S. (ENT) qualification granted by Goa University in respect of students being trained at Goa Medical College, Panaji be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 2 (two) students per year.”

98. Dr. D.Y. Patil University, Navi Mumbai – Recognition of D.O qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance together with compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of D.O qualification granted by Dr. D.Y. Patil University, Navi Mumbai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2007) and decided to recommend that DO qualification granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 1 (One) student per year.”

99. Dr. D.Y. Patil University, Navi Mumbai – Recognition of D.Ortho qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of D.Ortho qualification granted by Dr. D.Y. Patil University, Navi Mumbai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb.,2008) together with the Council Inspector’s report (June,2007) and decided to recommend that D.Ortho. qualification granted by Dr. D.Y. Patil

University, Navi Mumbai in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (Two) students per year.”

100. Dr. D.Y. Patil University, Navi Mumbai – Recognition of MD (Paediatrics) & DCH qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of MD (Paediatrics) & DCH qualification granted by Dr. D.Y. Patil University, Navi Mumbai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector’s report (June, 2007) and decided to recommend that MD (Paediatrics) & DCH qualifications granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 2 (two) students per year in each course.”

101. Jiwaji University – permitting intake in M.S. (Ophthalmology) & DO qualifications at G.R. Medical College, Gwalior.

Read: The compliance verification report (February, 2007) for purpose of continuance of recognition u/s 19 of the IMC Act of M.S.(Ophthalmology) & D.O. qualifications at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (Feb., 2007) and observed the following:-

1. No faculty has been added. Only statement is made that DPC is in progress. Deficiency of teaching faculty remains as it is.
2. Instrumentation like Fluorescein angiography, contact lens set, etc. are not available. Institute has asked for 6 months’ time.
3. Special clinics like retina clinic, Ophthalmoplasty clinic, facilities for retinal repairs, etc. are not available. Institute has asked for 6 months’ time.
4. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.S. (Ophthalmology) & D.O. qualifications granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admissions in the said courses from the ensuing academic session.”

102. Jiwaji University – Permitting intake in M.S. (ENT) & DLO courses at G.R Medical College, Gwalior.

Read: The compliance verification report (February, 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.S. (ENT) & DLO qualifications at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (Feb., 2007) and observed the following:-

1. No faculty has been added. Only statement is made that action is to be taken at Govt. level. Professor is not available. Deficiency remains as it is.
2. Speech therapist post is yet to be sanctioned by Govt.
3. Instrumentation continues to remain inadequate. Only proposals have been submitted to Govt. Institute has asked for 3 months' time.
4. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.S. (ENT) & D.L.O. qualifications granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admissions in the said courses from the ensuing academic session.”

103. Jiwaji University – Permitting intake in M.D. (Pharmacology) course at G.R Medical College, Gwalior.

Read: The compliance verification report (January, 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.D. (Pharmacology) qualification at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (January, 2007) and observed the following:-

1. Teaching faculty is still deficient by 2 Assoc. Prof., 2 Asstt. Prof. & 1 Tutor. The post of Tutor is yet to be sanctioned by Govt.
2. Demonstration room is under construction. Institute has asked for 3 months' time.
3. Clinical Pharmacology lab. is not adequately equipped. Only proposal has been submitted to Govt.
4. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.D. (Pharmacology) qualification granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admission in the said course from the ensuing academic session..”

104. Jiwaji University – Permitting intake in M.S. (General Surgery) course at G.R Medical College, Gwalior.

Read: The compliance together with the inspection report (January, 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.S.(General Surgery) qualification at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (January, 2007) and observed the following:-

1. There are only 3 Units against requirement of 6 Units. There are only 3 PG teachers while annual intake is 10. Compliance only shows that "Staff to be sanctioned at Govt. level". Deficiency of teaching faculty remains as it is.
2. MRD does not follow ICD X guidelines. Deficiency remains as it is.
3. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.S. (General Surgery) qualification granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admission in the said course from the ensuing academic session."

105. Jiwaji University – permitting intake in M.D. (Pathology) & DCP qualifications at G.R. Medical College, Gwalior.

Read: The compliance together with the inspection report (February, 2007) for purpose of continuance of recognition u/s 19 of the IMC Act, 1956 of M.D.(Pathology) & DCP qualifications at G.R. Medical College, Gwalior under Jiwaji University.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance together with inspection report (February, 2007) and observed the following:-

1. Teaching faculty is deficient by 3 Assoc. Prof., 2 Asstt. Prof. & 3 Tutors even for UG. Compliance only shows that the interviews will be conducted by DME. There are only 2 postgraduate teachers while annual intake is 3 degree & 4 diploma. Deficiency of teaching faculty remains as it is.
2. Histopathology investigations (7/day) & FNAC (3/day) are inadequate. Compliance only shows that "instruction to all clinical departments has been given". There is no compliance as such.
3. Instrumentation is inadequate. Compliance only shows that "Purchase is in progress".
4. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.D. (Pathology) & D.C.P. qualifications granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admissions in the said courses from the ensuing academic session."

106. Jiwaji University – permitting intake in M.D. (Radio-diagnosis) qualification at G.R. Medical College, Gwalior.

Read: The compliance together with the inspection report (February, 2007) for purpose of continuance of recognition u/s 19 of the IMC Act of M.D (Radio-Diag.) qualification at G.R. Medical College, Gwalior under Jiwaji University.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance together with inspection report (February, 2007) and observed the following:-

1. Mammography, DSA, Lymphangiography are yet not available. Resultantly, instrumentation is inadequate.
2. Teaching faculty is deficient by 1 Asstt. Prof. & 4 Tutors even for UG. Additional component for PG is not available. Deficiency remains as it is.
3. Although there are only 4 PG teachers, annual intake is 4 degree & 2 diploma which is violative of 1:1 ratio as per Regulations. The contention of the Dean that as the diploma course is not recognized, these students should not be counted while computing excess intake is not acceptable.
4. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.D. (Radio-Diagnosis) qualification granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admission in the said course from the ensuing academic session.”

107. Jiwaji University – Permitting intake in M.D. (SPM) course at G.R Medical College, Gwalior.

Read: The compliance together with the inspection report (January, 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.D. (SPM) qualification at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (January, 2007) and observed the following:-

1. Deficiency of teaching faculty remains as it is.
2. RHTC & UHC are still under the control of Public Health Deptt. which is not as per norms.
3. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.D. (SPM) qualification granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admissions in the said course from the ensuing academic session.”

108. Jiwaji University – Permitting intake in M.D. (Pediatrics) & DCH course at GR Medical College, Gwalior.

Read: The compliance together with the Council Inspector’s report (Feb., 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.D. (Pediatrics) & DCH qualifications at GR Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with Council Inspector’s report (February, 2007) and observed the following:-

1. Deficiency of teaching faculty remains as it is. No new faculty is added. There is no Assoc. Prof. in Unit-I, Unit-II & III also do not have any Professor/Assoc.Prof.
2. There are only 2 postgraduate teachers while annual intake is 5 degree & 8 diploma.

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

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.D. (Paediatrics) & D.C.H. qualifications granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admissions in the said courses from the ensuing academic session.”

109. Jiwaji University – Permitting intake in M.S. (Anatomy) course at G.R Medical College, Gwalior.

Read: The compliance togetherwith the inspection report (February, 2007) for purpose of continuance of recognition u/s 19 of the I.M.C. Act, 1956 of M.S. (Anatomy) qualification at G.R. Medical College, Gwalior.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with inspection report (January, 2007) and observed the following:-

1. Deficiency of teaching faculty remains as it is. No new faculty is added. Teaching faculty is deficient by 2 Assoc. Prof. & 2 Asstt. Prof.
2. Paramedical staff is inadequate. No new staff is added.
3. There is no cooling cabinet.
4. Journals are inadequate.
5. Other deficiencies as pointed out in the inspection report.

In view of above, the Postgraduate Committee decided that the compliance is unsatisfactory and as the General Body of the Council at its meeting held on 10.03.2007 had approved the decision of the Postgraduate Committee to recommend withdrawal of recognition u/s 19 of the IMC Act, 1956 of M.S. (Anatomy) qualification granted by Jiwaji University in respect of students being trained at G.R. Medical College, Gwalior and stoppage of admission in the said course from the ensuing academic session.”

110. Mahatma Gandhi University–Recognition of M.Ch. (Neurosurgery) qualification in respect of students being trained at Medical College, Kottayam.

Read: The compliance together with the Council Inspector’s report (October, 2007) on the standard of examination and other teaching facilities available at Medical College, Kottayam for purpose of recognition of M.Ch. (Neurosurgery) qualification granted by Mahatma Gandhi University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with the Council Inspector’s report (October, 2007) and decided to recommend that M.Ch. (Neurosurgery) qualification granted by Mahatma Gandhi University in respect of students being trained at Medical College, Kottayam be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (two) students per year.”

111. University of Delhi- Approval of Lady Hardinge Medical College, New Delhi for the award of DMRD qualification.

Read: The Central Govt. letter dated 15.01.2008 together with the compliance verification report (Feb. 2006) and Council Inspectors report (April, 2004) on the

standard of examination and other teaching facilities available at Lady Hardinge Medical College, New Delhi for approval of the college for the award of DMRD qualification granted by University of Delhi.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee observed that the General Body of the Council at its meeting held on 10th March, 2007 had approved the following recommendations of the Postgraduate Committee:

“The Postgraduate Committee considered the compliance verification report (February, 2006) together with the compliance and Council Inspectors report (April, 2004) and decided to recommend that Lady Hardinge Medical College, New Delhi be approved for the award of DMRD qualification granted by University of Delhi restricting the number of admission to 1 (one) student per year.

The Committee further noted that the Postgraduate Committee at its meeting held on 1st & 2nd July, 2003 had stopped admission in MD (Radio-Diagnosis) course and decided to release one seat for MD (Radio-Diagnosis) course prospectively.”

It was further observed that as per Postgraduate Medical Education Regulations, 2000, Regulation 12(1) pertaining to the number of postgraduate students to be admitted specifically provides as under:-

“12(1) The ratio of recognized postgraduate teacher to number of students to be admitted for the degree and diploma courses shall be 1:1 each for degree and diploma courses in each unit per year, to the extent that in no circumstances more than two students for degree and one for diploma shall be registered in a unit in one academic year.”

The Committee further observed that the letter of the Central Government dated 15.1.2008 addressed to the Principal, Lady Hardinge Medical College, New Delhi allowing the institute to admit students as per the approved intake capacity for the academic year 2008-09 is in violation of Regulation 12(1) of the Postgraduate Medical Education Regulations, 2000 which being statutory Regulations are mandatory and binding in character and are required to be adhered to by all concerned.

112. Sri Ramachandra University – Recognition of MCh. (Genito-Urinary Surgery/Urology) qualification in respect of students being trained at Sri Ramachandra Medical College & Research Instt., Chennai in respect of increased intake.

Read: The compliance together with the Council Inspector’s report (June, 2007) on the standard of examination and other teaching facilities available at Sri Ramachandra Medical College & Research Instt., Chennai for purpose of recognition of MCh. (Genito-Urinary Surgery/Urology) qualification granted by Sri Ramachandra University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance together with the Council Inspector’s report (June, 2007) and decided to recommend that M.Ch. (Genito-Urinary Surgery/Urology) qualification granted by Sri Ramachandra University in respect of students being trained at Sri Ramachandra Medical College & Research Instt., Chennai be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 2 (two) students per year.”

113. Madurai University, Madurai Kamraj University & The Tamilnadu Dr. M.G.R. Medical University, Chennai – Recognition of M.D.(Psychiatry) qualification in respect of students being trained at Madurai Medical College, Madurai.

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector's report (October, 2006) on the standard of examination and other teaching facilities available at Madurai Medical College, Madurai for purpose of recognition of M.D.(Psychiatry) qualification earlier granted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. M.G.R. Medical University, Chennai.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb, 2008) togetherwith the Council Inspector's report (October, 2006) and decided to recommend that M.D.(Psychiatry) qualification earlier granted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 2 (Two) students per year.”

114. Rajasthan University, – Recognition of M.D(Psychiatry) qualification in respect of students being trained at S.P. Medical College, Bikaner.

Read: The compliance verification report (Jan, 2008) togetherwith Council Inspector's report (February, 2006) on the standard of examination and other teaching facilities available at S.P. Medical College, Bikaner for purpose of recognition of M.D (Psychiatry) qualification granted by Rajasthan University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Jan, 2008) togetherwith Council Inspector's report (February, 2006) and decided to recommend that MD (Psychiatry) qualification granted by Rajasthan University in respect of students being trained at S.P. Medical College, Bikaner be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1 (One) student per year.”

115. Rajasthan University and Rajasthan University of Health Sciences – Recognition of MS (ENT) qualification in respect of students being trained at Govt. Medical College, Kota.

Read: The compliance verification inspection report (February, 2008) together with the Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Govt. Medical College, Kota for purpose of recognition of MS (ENT) qualification granted by Rajasthan University and Rajasthan University of Health Sciences.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (February, 2008) together with the Council Inspector's report (June, 2007) and decided to recommend that M.S. (ENT) qualification granted by Rajasthan University and Rajasthan University of Health Sciences in respect of students being trained at Govt. Medical College, Kota be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admission to 1 (one) student per year.”

116. Recognition of MD (Pathology & Microbiology) course under Rajasthan University in respect of RNT Medical College, Udaipur.

Read: The letter dated 20.08.2007 from the Principal & Controller, RNT Medical College, Udaipur regarding recognition of MD (Pathology & Microbiology) qualification granted by Rajasthan University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee observed that M.D.(Pathology & Bacteriology) of this college was recognized by MCI but University of Rajasthan changed the nomenclature of M.D.(Pathology & Bacteriology) to M.D.(Pathology & Microbiology) since 1976 onwards. The department of Pathology & Microbiology bifurcated into separate departments of Pathology & Microbiology in 1983. Thus a MCI inspection of M.D.(Pathology & Microbiology) could not take place.

The Principal, RNT Medical College, Udaipur vide his another letter dated 14.12.2007 has informed that the first degree by nomenclature of M.D.(Pathology & Microbiology) was awarded in September,1974 and the last degree was awarded in June,1985.

In view of above, the Postgraduate Committee decided that as the qualification by nomenclature of M.D.(Pathology & Bacteriology) of this college was already recognized by the Council, the qualification by the nomenclature of M.D.(Pathology & Microbiology) be also considered to be deemed recognized for the students who acquired the qualification from 1974 to 1985.”

117. Calicut University – Approval of Govt. Medical College, Thrissur for the award of MD(General Medicine) qualification.

Read: The compliance verification report (Feb, 2008) togetherwith the Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Govt. Medical College, Thrissur for purpose of approval of the college for the award of MD(General Medicine) qualification granted by Calicut University.

The Council approved the following recommendations of the Postgraduate Committee:-

“The Postgraduate Committee considered the compliance verification inspection report (Feb.,2008) together with the Council Inspector's report (June,2007) and decided to recommend that Govt. Medical College, Thrissur be approved for the award of M.D.(General Medicine) qualification granted by Calicut University restricting the number of admissions to 4 (four) students per year.”

118. Proposal of National Aids Control Society (NACO) to regulate the prescription of ARV drugs by private practitioners – req.

Read: The matter with regard to Proposal of National Aids Control Society (NACO) to regulate the prescription of ARV drugs by private practitioners.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“The Ethics Committee discussed the letters 22.11.2007 and 15.01.2008 as well as the proposal from NACO as contained therein.

The Ethics Committee agreed that ART prescribed by the medical practitioners needs to be regulated by Law.

It therefore endorses and supports the 6 proposals of NACO which are as under:-

- (i) The Central Govt. shall notify in the Gazette the list of drugs proposed to be regulated.
- (ii) Within 30 days of such notification, MCI will frame regulations which will be followed by the medical practitioners.
- (iii) For prescribing these drugs, the registered medical practitioners shall have to undergo compulsory training about these drugs.
- (iv) Before prescribing these drugs, the medical practitioners shall counsel the patient about the proposed treatment and also take informed consent from him.
- (v) The registered medical practitioners shall assess the capacity of the patients to afford the treatment and to adhere to it.
- (vi) Non-compliance with the Regulations of MCI would constitute professional misconduct under the provision of the IMC, Act."

119. The opening of New or Higher Course of Study or Training(including Postgraduate Course of Study or Training) and Increase of Admission Capacity in any Course of Study or Training(including a Postgraduate Course of Study or Training) Regulations, 2000 – Amendment in the Regulations.

Read: The Central Govt. letter dated 11.1.2008 with regard to amendment in the Regulations for opening of New or Higher Course of Study or Training(including Postgraduate Course of Study or Training) and Increase of Admission Capacity in any Course of Study or Training(including a Postgraduate Course of Study or Training) Regulations, 2000.

The Council approved the following recommendations of the Executive Committee:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the General Body of the Council at its meeting held on 10.3.2007 in the matter of inspection to be carried out by the Council for starting of postgraduate course in any of the college had decided as under:-

".....After due deliberations, it was decided unanimously that the Council should carry out inspection to ascertain and assess the facilities of teaching faculty, residents, clinical material, hostels and other infrastructure facilities etc. vis-v-vis the minimum standard requirements for the requirement of such facilities as per the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 for the number of students admitted for the undergraduate course. The Council should process the applications for increase or starting of postgraduate courses only in case if the college meets with the facilities for teaching faculty, residents, clinical material, hostels, infrastructure facilities etc. as required under the Regulations for the respective number of students admitted in undergraduate course and accordingly amendment in this regard in Postgraduate Medical Education Regulations, 2000 be sent to the Central Government for its approval....."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that it is highly essential for an institute setting up postgraduate courses to have a complete infrastructure as required for the conduct of undergraduate courses and in the absence of which adequate instructions for postgraduate courses cannot be imparted and postgraduate students coming out of such institute would be having only half baked education which is not desirable in the over all development of the postgraduate medical education in the country. It was further observed that the

deficiencies of the teaching faculty particularly in pre clinical and para clinical departments continue in such institute who tend to neglect such departments after they have acquired the recognition of MBBS degree and the institute applies for starting of the postgraduate courses in clinical departments only. The postgraduate medical education has to be led upon a strong foundation of the entire undergraduate course. If the foundation is weak particularly in pre clinical and para clinical departments, there would always be an element of doubt in the quality of postgraduate education imparted in such an institute as even training in clinical subjects is basically integrated teaching involving pre-clinical and para clinical departments as well.

It was further observed that the most crucial and significant aspect which cannot be ignored by anyone is that the major function of a postgraduate medical institution is to teach medical students and in the absence of minimum prescribed teaching faculty, residents, clinical material, library, hostel and other infrastructural facilities which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant to have all the aspects of clinical medicine. This scenario is not desirable in a postgraduate teaching institution. Exposing the population at large for treatment by such students who have not been adequately trained because of absence of minimum statutorily prescribed teaching facilities is not conducive for good quality postgraduate medical education.

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 were firmly of the view that it is not only unjustifiable, undesirable but also unethical to permit any institution in any part of the country with the compromised teaching faculty, clinical material and infrastructural attainment, which are the three most important component of medical education to start postgraduate course. Hence, considering all the factors in totality, it was further decided to reiterate the earlier decision of the General Body of the Council held on 10th March, 2007 to process the applications for starting of postgraduate courses or for increase in intake capacity of postgraduate courses only in case if the college meets with the facilities for teaching faculty, residents, clinical material, hostels, infrastructure facilities etc. as required under the Regulations for the respective number of students admitted in undergraduate course and to carry out inspection for assessment of available teaching facilities before the applications of such postgraduate courses are processed further."

120. Dr. N.T.R University of Health Sciences – Approval of Deccan College of Medical Sciences for the award of MD(Anaesthesia) qualification.

Read: The compliance verification report (January, 2008) together with the Council Inspector's report (June, 2007) on the standard of examination and other teaching facilities available at Deccan College of Medical Sciences for purpose of its approval for the award of MD(Anaesthesia) qualification granted by Dr. NTR University of Health Sciences.

The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the compliance verification report (January, 2008) togetherwith Council Inspector's report (June, 2007) and decided to recommend that Deccan College of Medical Sciences be approved for the award of MD(Anaesthesia) qualification granted by Dr. NTR University of Health Sciences restricting the number of admissions to 3 (three) students per year."

121. Approval of S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara for the award of MBBS degree granted by Gujarat University

Read: The Council Inspectors report (8th & 9th Feb.,2008) for approval of S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara for the award of MBBS degree granted by Gujarat University.

The Council approved the following recommendations of the Executive Committee:-

“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 (8th & 9th Feb., 2008) and decided to recommend that S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara be approved for the award of MBBS degree granted by Gujarat University with an annual intake of 150(one hundred fifty) students”.

122. Approval of Meenakshi Medical College Hospital & Research Institute, Enathur, Kanchipuram for the award of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai.

Read: The Council Inspectors report (21st & 22nd Feb.,2008) for approval of Meenakshi Medical College Hospital & Research Institute, Enathur, Kanchipuram for the award of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Cheenai.

The Council approved the following recommendations of the Executive Committee:-

“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 (21st & 22nd Feb., 2008) and decided to recommend that Meenakshi Medical College Hospital & Research Institute, Enathur, Kanchipuram be approved for the award of MBBS degree granted by The Tamilnadu Dr. M.G.R Medical University, Chennai with an annual intake of 100 (One hundred) students”.

123. Continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Siddhartha Medical College, Vijayawada – Compliance Verification Inspection thereof.

Read: The compliance verification inspection report (5th & 6th Feb., 2008) for continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Siddhartha Medical College, Vijayawada.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (05th & 06th February, 2008) alongwith letter dated 15.07.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided that recognition of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Siddhartha Medical college, Vijayawada be continued restricting the number of admissions to 100 (One Hundred) students annually”.

124. Approval of Tirunelveli Medical College, Tirunelveli for the award of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai against the increased intake i.e. from 100 to 150.

Read: The Council Inspectors report (22nd & 23rd Feb., 2008) for approval of Tirunelveli Medical College, Tirunelveli for the award of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai against the increased intake i.e from 100 to 150.

The Council approved the following recommendations of the Executive Committee:-

“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 (22nd & 23rd Feb., 2008) and decided to recommend that Tirunelveli Medical College, Tirunelveli be approved for the award of MBBS degree against the increased number of seats i.e. from 100 to 150 granted by The Tamilnadu Dr. M.G.R Medical University, Chennai.”

125. Continuation of recognition of MBBS degree granted by Hemwati Nandan Bahuguna Garhwal University, Srinagar in respect of students being trained at Himalayan Institute of Medical Sciences, Uttranchal.

Read: The Council Inspectors report (11th & 12th Jan., 2008) for continuance of recognition of MBBS degree granted by Hemwati Nandan Bahuguna Garhwal University, Srinagar in respect of students being trained at Himalayan Institute of Medical Sciences, Uttaranchal.

The Council approved the following recommendations of the Executive Committee:-

“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 (11th & 12th Jan., 2008) and decided that recognition of MBBS degree granted by Hemwati Nandan Bahuguna Garhwal University, Srinagar in respect of students being trained at Himalayan Institute of medical Sciences, Dehradun, Uttaranchal be continued restricting the number of admissions to 100 (One Hundred) annually.”

126. Minutes of the Finance Committee held on 5th March, 2008- approval regarding.

The Council approved the recommendations of the Executive Committee together with the recommendations of the Finance Committee as under:-

“Minutes of the meeting of the Finance Committee held on 5th March, 2008 at 2 p.m. in the Council Office at Dwarka, New Delhi.

** ** *

Present:

Dr. Ved Prakash Mishra
Dr. Kharangute Anant Y

Chairman
Member

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

- Secretary

Dr. B.C. Das, Chairman of the Finance Committee communicated his inability to attend the meeting. Accordingly, Dr. Ved Prakash Mishra was proposed as the Chairman for the meeting.

1. **Minutes of the last meeting: Confirmation of.**

The Finance Committee confirmed the minutes of the last meeting held on 13th December, 2007.

2. **Minutes of last meeting of Finance Committee – Action Taken thereon.**

The Finance Committee noted and approved the action taken by the Office on the various items included in the minutes of the meeting on 13th December, 2007.

3. **TA Rules for Inspectors/Members/Others attending the meetings of the Council.**

The Finance Committee considered the TA Rules for the Council Inspectors who carry out the inspections on behalf of the Medical Council of India and for the members who attend the meetings on behalf of the Medical Council of India, which are as under:-

TA on Tour/Inspection

TA on Tour/Inspection is from duty point/residence at headquarters to the distant station/airport & vice-versa. It comprises -

- 1) Fare for journey performed by Air/Rail/Sea/Bus as per entitled class by the direct & shortest route.
- 2) Taxi Fare for road journey if not travelled by Air/Bus/ Rail/ Sea by the direct & shortest route.
- 3) Taxi Fare for local journey from duty point/residence at head quarter to the nearest Railway Station/Bus Station/Airport and vice-versa.

Journey by Air

- (a) All those inspectors/Members/Others attending the meetings of the Council, who are in receipt of Pay of Rs. 16400 & above (Basic + NPA + S.I.) are entitled to travel by Air of economy class.
- (b) Those are drawing pay of Rs.12300 and above (Basic+NPA+SI) but below Rs.16400 may also travel by air of economy class on tour if the distance involved is more than 500 km. and the journey cannot be performed overnight by a direct train.

Journey by Private Airlines

The air travel, both domestic and overseas on official account is permissible on private airlines based on better and more competitive ticket fare.

Journey by Rail

- (a) All those inspectors/Members/Others attending the meetings of the Council, who are in receipt of Rs. 16400 & above (Basic + NPA + S.I.), will be entitled for journey on fare of AC First Class in Rajdhani & other train & Executive Class in Shatabdi Express.
- (b) Those are drawing pay of Rs.16399 and below (Basic+NPA+SI) will be entitled for journey on fare of AC 2 tier Class in Rajdhani & other train & AC Chair Car Class in Shatabdi Express.

Journey by Taxi/Bus

- (i) All those inspectors/Members/Others attending the meetings of the Council, who are in receipt of pay of Rs. 16400 (Basic+NPA+SI) and above will be entitled for reimbursement of actual charges of A.C. Taxi/Car/Bus.
- (ii) Those are drawing pay of Rs. 16399 & below (Basic + NPA + S.I.), will be entitled for reimbursement of actual charges of non A/c Taxi/Car/Bus

Local Journey

Actual Taxi/Car fare will be reimbursed for the local journey performed from residence to Airport/Railway Station/Bus Station & vice versa.

Boarding & Lodging

Rates for boarding & lodging charges at various stations/localities shall be applicable as per details given below:-

- (i) Stay in Govt./Public Sector Guesthouse/ Rest Rooms of IAAI/ YMCA/YWCA hostels. Actual Charges subject to maximum ceiling limit of
- (ii) Stay in hotel and other establishments including Rs. 4000/- per day for

private lodges/guest houses/rest house etc	A 1 Class (Metro) Cities Rs. 3000/- for A Class cities Rs. 2000/- for other cities.
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The stay charges will be reimbursed on production of bill & payment receipt etc. along with the TA Claim.

Professional/Inspection Fee

The inspectors, who are not employee of the Council on consolidated or regular salary, and giving their services on honorary basis, will be entitled to get an amount of Rs. 1,000/- per day, inclusive of the days of journey for conducting the inspection of UG & PG courses.

Those who are invited to attend the meetings on behalf of the Council and are giving their services on honorary basis and who are neither the members nor the employees of the Council, will also be entitled to get an amount of Rs. 1,000/- per day, inclusive of the days of journey for attending such meetings on behalf of the Council.

The Committee recommended that the same may be placed before the Executive Committee for its necessary approval.

4. **Audit Inspection Report (DGACR) alongwith Office Comments.**

The Finance Committee considered the Audit Inspection Report (DGACR) alongwith office comments and decided as under:-

1. **Over payment of Rs. 6.63 lakhs on account of wrong calculation of NPA.**

The Committee noted that as per the audit para in terms of F.R. 9 (21) Non-Practicing Allowance (NPA) is admissible to Central Health Service Officers @ 25% of Basic Pay subject to the condition that Pay + NPA does not exceed as 29,500/- per month. Ministry of Finance has clarified vide O.M. No. 7(51)/E-III/95 dated 7/9/1995 that though NPA counts as Pay for all service benefits, it is not part of Basic Pay. Ministry in June, 2004 decided that Dearness Pay (DP) should be excluded for the purpose of determining the limit of Rs. 29,500/-. It was further clarified that Dearness Pay for doctors was to be computed @ 50% of existing Basic Pay excluding NPA and then NPA was to be computed and paid on basic pay + Dearness Pay so calculated. Subsequently in Oct., 2004, the ministry issued further revised instruction for regulating NPA vide O.M. F.No. 105/1/2004-1 C dt. 6th Oct., 2004 vide which the limit of basic pay + NPA + DP was raised from Rs. 29,500/- to Rs. 44,250/-

Again, the manner of calculating DP + NPA was revised. As per new illustration/guidelines the DP was to be calculated on Basic Pay + NPA. However, inclusion of NPA in Basic Pay for calculating DP was in violation of the aforesaid M/o Finance order dated 7/9/1995 which clearly specified that NPA was not part of the basic pay. Further, the wrong computation of DP has resulted in excess calculation payment of NPA, DP and HRA to the doctors.

Total overpayment of Pay & Allowances worked out, in respect of the Doctors whose Pay & Allowances are drawn by MCI works out to Rs. 6.63 lakhs during the year 2004-05 to 2006-07.

The Committee noted that the Ministry of Finance vide its O.M. No. 7(25)E-III(A)/97 dated 15/4/1998 has already notified that the NPA will be treated as Pay for all service matters. Further, it is also emphasized here that the above referred OM dated 15/4/1998 was issued after the expiry of about three years of the earlier OM dated 7/9/1995 and in supersession of all the earlier such orders. Further, the Ministry of Health & Family Welfare has also confirmed vide its OM No. A.45012/11/97-CHS-V dated 7/4/1998 that the NPA shall count as "Pay" for all service benefits including retirement benefits as hitherto and this OM was issued with the approval of Ministry of Finance (Deptt. of Expenditure) U.O. No. 7(25) E-III(A)/97 dated 7/4/1998.

In view of the above, the payment of NPA to Doctors on the method of calculation as prescribed by the Central Govt., Ministry of Finance vide its OM F.No. 105/1/2004 dated 8/10/2004 is not in violation of the guidelines issued time to time by the Ministry of Finance. As such, the present computation of DP and NPA is in order. Hence, para may please be settled.

As such, the Committee recommends to the Executive Committee for approving the same.

2. **Non-Utilization of Medical Education Development Fund Rs.10-43 Lakhs.**

The Finance Committee noted that the audit para has brought out that the Sub Committee of Medical Council of India in its meeting held on 8th Oct., 1992 recommended creation of a fund for furtherance of Medical Education named "Medical Education Fund". The MCI created earmarked endowment fund from the donation received from the donors. From the records/account for the year 2006-07 it has been observed that the fund amounting to Rs. 10.43 lakh has not been utilized for the purpose for which the fund was created. This was also pointed out in previous Audit Report. Thus, the very purpose/objectives of the fund has been defeated.

The Committee therefore proposes that the available money in the bank account of this fund may be utilized for payment of consolidated salary to the newly appointed Director, Academic Cell, till the money is available in the Fund A/c, so that the audit para could be settled.

As such, the Committee recommends to the Executive Committee for approving the same.

3. Irregular Payment of Professional Fee/Honorarium of Rs. 2.07 lakhs to Inspectors.

The Committee noted that the audit para has brought out that in terms of GOI decision No. (1) under SR 51, of Swamy's FR & SR, Part II, rates of DA for halt at various stations/localities during tour, also includes hotel rent as well, wherein due consideration, of expensive localities, have been taken care of. The Inspectors are thus entitled, to claim DA, as per classification of cities during their tour but contrary to this provision they are being paid Rs. 1500/- per day as professional fee/honorarium for making their own arrangement of stay at respective station plus DA & actual expenses of Air/Rail fare. A test check of records revealed that during March, 2007 an amount of Rs. 2.07 lakhs was paid to inspectors in addition to their expenses on actual Air/rail journey and ordinary DA.

The Committee further noted that that the Council has reimbursed the TA Claim of Inspectors as per the guidelines issued by Govt. of India under FR & SR Part II. The inspectors are being paid Rs. 1500/- per day instead of hotel stay charges, when they are on tour for inspection on behalf of MCI. Since MCI is an autonomous organization therefore the payment of Rs. 1500/- per day has been approved by the governing body of MCI at its meeting held on 24th March, 2003. However, all the payments towards inspection charges have been made from the MCI-Own Resources A/c.

As such, the Committee recommends to the Executive Committee for approving the same.

4. Non-Utilization of Guest House, wastage/blockage of fund.

The Committee noted that the audit para has brought out that the MCI constructed its own Guest House at the cost of Rs. 2.92 crore. The building was handed over to MCI by the contractor in March, 2006. After that MCI incurred an expenditure of Rs. Lakh on purchase of TV, Double Bed, Bed sheet, Room A.C. etc for the furnishing of various rooms of Guest House during the period 2005-06 and 2006-07. But during scrutiny of records and information provided by the Council in respect of occupancy of the Guest House was NIL till Nov., 2007.

Non-utilization of Guest House resulted in non-utilization of furnishing items and building worth Rs. -----

The Committee further noted that the utilization of the Guest House has been started from December, 2007 by the members of various sub-committees when they come to Delhi for attending the meetings.

The details of the visitors/members of Council, who occupied the rooms in MCI Guest House during the month of Dec., 2007 are hereunder for reference:

S.No.	Room No.	Name of the Member	Date of Stay
1.	102	Dr. D.K. Roy	13 th to 15 th Dec., 2007
2.	501	Dr. Shri Narayana Chaudhary	13 th to 16 th Dec., 2007
3.	502	Dr. J.N. Joshi	13 th to 17 th Dec., 2007
4.	105	Dr. A. Y. Kharangate	14 th to 15 th Dec., 2007
5.	202	Dr. Uma Pradhan	14 th to 18 th Dec., 2007
6.	205	Dr. B.P. Dubey	15 th to 16 th Dec., 2007
7.	301-A	Dr. P.C. Kesavanakutty Nair	15 th to 16 th Dec., 2007
8.	301-B	Dr. Rani Bhaskaran	15 th to 16 th Dec., 2007
9.	204	Dr. Mukesh Sharma	15 th to 15 th Dec., 2007
10.	103	Dr. D.G. Borah	16 th to 19 th Dec., 2007

The above facts have shown that the rooms of guesthouse are being used, therefore the para may please be settled. As such, the Committee recommends to the Executive Committee for approving the same.

5. Inadmissible payment of conveyance hire for local journey.

The Committee noted that the audit para has brought out that a scrutiny of paid vouchers for the month of March, 2007 revealed that reimbursement of conveyance charges was being made to the employees for attending the office on holidays every month. It was, further noticed that no such orders for attending the office on holidays were issued by head of the department. Actual conveyance charges hire charges were being paid to the employees each month irrespective of the ceiling of Rs. 150/- and in some cases taxi charges were paid to the official irrespective of their entitlement. This was also pointed out in previous IR.

The Committee further noted that the reimbursement of transportation/ conveyance charges for attending office on holidays has made according to the orders issued by Govt. of India vide O.M. No. 1(7) EII (A)/98 dated 31/7/1998 which has reproduced hereunder for ready reference:

“The undersigned is directed to refer to the instructions regarding reimbursement of conveyance charges contained in Sl. No. 3 of Annexure to Schedule V of DFPRs and to state that in the context of this Ministry's OM No. 21(1)-E, II(B)/97, dated 3/10/1997 (vide Sl. No. 199 of Swamy's Annual, 1997) relating to grant of transport allowance to Central Govt. employees, clarifications have been sought by some Department/Offices as to whether the above provisions of the DFPRs would undergo any change/become redundant.

The matter has been considered in this Department and it is clarified that transport allowance has been given to Government employees for meeting expenses incurred on commuting between the place of residence and the place of duty, whereas conveyance charges are reimbursed, subject to the conditions specified in Column (4) Item 3 of Annexure to Schedule V of DFPRs mainly for the following reasons:-

- a) When a non-gazetted employee is deputed on duty to a place at some distance from his office within the municipal limits of the city in which his office is situated or when a gazetted employee performs a journey in the public interest, within the municipal limits of the city in which his headquarters is situated, in a conveyances when a staff car is not available.
- b) For attending office on Saturday, Sundays and closed holidays.
- c) When an employee is summoned to office outside the ordinary hours of duty or is detained in office beyond 8.00 p.m. and has to return home between 8.00 p.m. and 6.00 p.m.

3. With the issue of orders for transport allowance, while (a) and (b) would continue to hold good, (c) above would require to be deleted since the commutation of the employee to and from office is taken care of by the payment of transport allowance. Accordingly, an amendment deleting Paragraph 6 (vi) in Column (4) against Item 3 of Annexure to Schedule V in DFPRs is being issued.”

In view of the above the payment of conveyance charges to the employees of Council for attending office on holidays is according to the rules framed by Govt. of India for its employees. So para may be settled. As such, the Committee recommends to the Executive Committee for approving the same.

6. Creation of Reserve Fund of Rs. 11.80 Crore without the approval of the Govt.

The Committee noted that the audit para has brought out that a Reserve Fund had been created by the Medical Council of India in the year 2004 for the purpose of mitigating the financial liability towards the payment of unforeseen contingent expenditure etc. and transferred Rs.11.80 crore in the fund during the year 2005-06 and 2006-07 without the approval of the Govt. and also no monetary limit of fund has been fixed so far.

The Committee further noted that the MCI has transferred some surplus fund from the account of its Own Resources to the Reserve Account for mitigating the unforeseen expenditures in future due to increase in staff strength and their pay structure on implementation of sixth Pay Commission Report and other contingent expenditures.

The income from other sources of MCI can decrease as had happened during earlier years. It is further stated that at any stage of time when opening of new medical college, starting of new PG courses and/or increase in intake capacity at existing medical colleges would be saturated, the registration fee and annual inspection fee in addition to this accumulation in Reserve Fund will be the source of income of Council to meet day to day expenses.

The Grant-in-aid from Central Govt. is limited upto 60 lakhs under Non-Plan Scheme which is only 5% of the total expenses incurred on salaries, TA/DA for meetings and other contingencies for day to day activities of Council.

Therefore, it has felt necessary to accumulate the surplus fund out of MCI-Own Resources A/c for future obligations.

Further, Medical Council of India is an autonomous body and there is no such provision in the IMC Act to obtain permission from Ministry of Finance on the matter of funds utilization and presentation of funds in the Statement of Accounts.

It is emphasized here that the whole fund is available into the accounts of Council and investment in Fixed Deposits with nationalized bank, which has been shown in the Statements of Accounts of Council every year.

In view of the above, the para may be settled. As such, the Committee recommends to the Executive Committee for approving the same.

7. Excess payment of Electricity Charges due to non-improvement of power factor Rs. 4.27 lakhs

The Committee noted that the audit para has brought out that as per agreement with BSES Rajdhani Power Ltd. the consumer shall install at his own expenses suitable apparatus of standard design approved by the COMPANY at the point of commencement of supply as will maintain the average power factor of the load at not less than 0.85 during the period of maximum demand in kilowatt shall be adjusted for the power factor, where the demand is charged for in kilowatts by multiplying by 0.85 and dividing by the power factor actually established and such adjusted value shall be used in determining the billing demand. However, if the consumer fails to take necessary steps to improve the power factor to the aforesaid value of 0.85 within a reasonable time, the COMPANY shall have the right to install the necessary apparatus for improving the power factor and recover the cost thereof from the consumer.

During the scrutiny of records, it was revealed that due to non-improvement in power factor by MCI as per agreement, Council had to pay excess electricity charges amounting to Rs. 4.27 lakh for the year 2006-07 which can be avoided.

The Committee further noted that the process to improve the power factor is in progress by installing the necessary apparatus. The result of new apparatus will be informed to the audit in due course. As such, the Committee recommends to the Executive Committee for approving the same.

8. Excess expenditure amounting to Rs. 11.45 Lakh Incurred due to higher rate on advertisement.

The Committee noted that the audit para has brought out that during the scrutiny of record relating to advertisement, it was noticed that Council engaged M/s Pamm Advertising & Marketing for an advertisement size 16x8 sq. cm. in the following newspaper dt. 15/8/2006:-

1.	The Times of India	-	All Editions
2.	Hindustan Times	-	All Editions
3.	Indian Express	-	All Editions
4.	The Hindu	-	All Editions

The Council wanted to publish the ad on particular page on (Page 3rd or 5th) of all the above newspapers and placed an order to M/s Pamm Adv. & Marketing to publish the advertisement at commercial rates without considering the DAVP rates and without verifying the commercial rates charged by M/s Pamm Adv. & Marketing. An excess expenditure of Rs. _____ for this merely considering the particular page of a newspaper is irregular.

Publication & Edition	Size in Cm.	DAVP Rates per Sq.Cm.	Commercial Rates	DAVP	Total Comm.
The Hindu	8x16	256.19	1465		187520
The Hindustan Times	8x16	--	2630		336640
The Times of India	8x16	579.95	4480		573440
The Indian Express	8x16	75.03	1588		203264

The Committee further noted that it was brought to the notice of the Council office and the Ministry of Health & Family Welfare, Govt. of India that certain entities were issuing misleading advertisements for luring innocent Indian students for admission in MBBS in the foreign universities. The Ministry of Health & Family Welfare repeatedly directed the Council office to issue the advertisements inviting utmost attention of the aspirant candidates wishing to go abroad for obtaining medical qualification. As per Section 13(4A) & (4B), such qualifications are not approved by the MCI and any candidate who acquired basic medical course in abroad cannot be entered in the Indian Medical Register unless he qualifies the Screening Test in India prescribed for such purpose.

Hence, it was decided by the Council on its part to issue an advertisement in all the leading newspapers across the country to warn the aspirants for taking admission in such unapproved institutions. Council further requested to all the Health Secretaries/DME's and State Medical Councils to issue an advertisement in a vernacular language of the respective State/Region for wider publicity and to take immediate measures to stop such institutes/entities/agents from offering such unapproved course so that innocent Indian students are not trapped into the false hope and dream of becoming a doctor by such misleading and deceptive advertisement.

In view of above, the Council office published the said advertisement in the public interest inviting attention of the public at third or fifth pages of the various newspapers. As per the policy of the newspapers the advertisement on DAVP rate can not be published at these particular pages of the newspapers. As such, the expenditure incurred on the said advertisements was in the public interest, hence is not irregular.

In view of above, the audit para may be dropped. As such, the Committee recommends to the Executive Committee for approving the same.

9(a) Periodical Inspection of Recognised Colleges

The Committee noted that the audit para has brought out that the maintenance of standard of medical education is one of the major statutory requirement of the Council. For this purpose Council carried out inspection of medical colleges both Undergraduate & Postgraduate level. These inspection are carried out under section 10A of the IMC Act for starting medical college, Postgraduate courses in an already existing colleges, recognition of MBBS or post graduation qualification and increase of seat in a particular course.

The details of periodical inspection of infrastructural, teaching and other facilities of recognized medical colleges/institution carried out by the Council during the last three years is given below:

Year	No. of Recognised College		No. of College Inspected		No. of Colleges where deficiencies noticed	
	UG	PG	UG	PG	UG	PG
2003-04	161	131	13	NA	8	NA
2004-05	167	145	11	NA	10	NA
2005-06	174	152	12	NA	03	NA
2006-07	181	156	60	NA	11	NA

The Council stated that no time frame has been prescribed in the regulation, however, Periodical inspection of recognized medical college falls due after every five years from its recognition. The percentage of periodical inspection of total UG recognized college during 2003-04 to 2006-07 was between 3.9 to 30% only. During 2005-06 no inspection of UG colleges was carried out and in 2006-07 only 61 colleges were inspected. As regards, inspection of colleges where PG courses are being run, no inspection was carried out during the above period. However, the Council didn't have any details in r/o colleges due for periodical inspection, during the above years. It is evident that periodical inspection even after five years gap were also not being carried out by the Council in no. of cases. Further, the deficiencies in parameters fixed for continuance of MBBS qualification, noticed in the colleges inspected during 2003-04 to 2006-07 was 42 percent. Keeping in view high percentage of deficiencies, it is suggested that emphasis may be laid on periodical inspection so that the standard of medical education could be maintained

The Committee further noted that due to the increase in the number of inspections u/s 10(A) for LOI/LOP/Increase of seats, the periodical inspections were carried out less than the number of inspections which were to be carried out. However, during the current financial year 2007-08, the Council office has carried out 95 periodical inspections including inspections for compliance verification till Feb, 2008 which is more than 50% of the inspections of the recognized medical colleges. The more efforts are also being made to carry out all the inspections due for continuation of recognition u/s 19 of the IMC Act, 1956.

9(b) Admission in Excess of Intake Capacity

The Committee noted that the audit para has brought out that as per Section 10 B(3) of Indian Medical Council Act, 1956, where any medical college increases its admission capacity in any course of study or training except with the previous permission of the Central Govt. in accordance with the provision of section 10A, no medical qualification granted to any student of such medical college on the basis of the increase in its admission capacity shall be a recognized medical qualification for the purpose of this Act. Despite the fact the student admitted in excess of intake capacity of colleges, are not eligible for registration in Medical Council of India and State Medical Councils, there were cases of admission in excess of intake capacity in various medical colleges as detailed below:

Information of students admitted in excess of Intake Capacity during the year 2006-07 (PG & UG both).

Sl. No	Name of the College	No. of Sanctioned Intake	No. of Student Admitted	No. of Student admitted in excess of Intake Capacity during 06-07
1.	S.V. Medical College, Tirupati	05	18	13
2.	S.V. Medical College, Tirupati	2	3	1
3.	Darbhang Med. College, Laheriasarai	4	8	4
4.	Med. College, Thiruvananthapuram	17	21	4
5.	T.N. Medical College, Bombay	6	10	4
6.	Govt. Med. College, Nanded	2	4	2
7.	Grant Med. College, Bombay	5	15	5

8.	Christian Med. College, Vellore	3	5	5
9.	Instt. of Med. Sc., BHU, Varanasi	2	3	1
10.	K. G's Med. College, Lucknow	18	30	8
11.	Medical College, Calcutta	6	22	8
12.	AFMC, Pune	2	3	1
13.	MGM Med. College, Jamshedpur	50	52	2
14.	Patliputra Med. College, Dhanbad	50	53	3
15.	Chengalpattu Med. College, Chengalpattu	50	54	4
16.	Coimbatore Med. College, Coimbatore	150	154	4
17.	KAP Viswanathan Govt. Med. College, Trichy	100	102	2
18.	Madurai Med. College, Madurai	155	160	5
19.	Mohan Kumaramangalam Med. College, Salem	75	79	4
20.	Thanjavur Med. College, Thanjavur	150	156	6
21.	Tirunelveli Med. College, Tirunelveli	150	151	1

Though, the excess no. of students admitted are not eligible, for registration under IMC Act, 1956, the medical colleges continue to admit the student in excess of approved seating capacity fulfilling their own self-interest, at the cost of the career of these student

The Committee also noted the following:-

a. Admission in Excess of Intake Capacity (PG):

As per the Medical Council of India (Criteria for identification of students admitted in excess of admission capacity of medical colleges) Regulations 1997, the Council prior to the start of undergraduate/postgraduate academic medical course, intimate the medical colleges and State/Union Territory Governments, the sanctioned intake capacity of the students for undergraduate/postgraduate courses in medical colleges.

All the medical colleges are requested to furnish list of students admitted during each academic year for MBBS & postgraduate courses to the Council within one month of the closure of the admission.

All matters relating to excess admission of students is decided by the Council taking into account, the list furnished to the Council by a competent authority and the admission capacity fixed for students lower down in the list shall be treated to be admitted against the increase in admission capacity to the extent of excess admissions. The students admitted through All India Entrance Examination/Central Pool Quota/Mandatory Reservation for Scheduled Castes/Scheduled Tribes, etc. are included within the fixed admission capacity.

No Medical Qualification granted to any identified students of the Medical College which comes under the excess admission shall be recognised medical qualification for the purpose of Indian Medical Council Act 1956 (102 of 1956). The names and other particulars of students so identified are intimated by the Council to all concerned authorities i.e. Medical Colleges, Universities, State Government and the State Medical Council's for taking action under the provisions of the Act.

b. Admission in Excess of Intake Capacity (UG):

Regarding excess admissions made by various medical colleges/institutions for the academic year 2006-07, it may be stated that the matter in respect of MGM Medical College, Jamshedpur and Patliputra Medical College, Dhanbad was placed before the Executive Committee of this Council at its meeting held on 02.12.06 and as per the decision of the Executive Committee, notice have been issued to the concerned medical colleges with the directions to discharge the excess students who were lowest in merit and admitted over and above the sanctioned intake of their college.

Regarding the excess admissions made by the Government Medical Colleges of Tamil Nadu whose names are appeared from Sl. No. 15 to 21, it may be stated that the matter was also placed before the Executive Committee at its meeting held on 02.12.06 for consideration and the Executive Committee of the Council decided to take legal opinion from the Council Advocate, as such medical colleges had admitted excess students under 50% rule of Reservation Quota in compliance to the orders of the Hon'ble Supreme Court of India in IA 34/2006 for SLP No. 13526/1993 dated 01.05.06.

10. **Irregularities in TA Bills**

The Committee noted that audit para has brought out that the Medical Council of India incurred heavy expenditure on TA (Rs.) during 2006-07. In most of the cases journey was performed by Air by the claimer as members of General Body, Executive Committee, Sub-Committee and various inspectors engaged for inspection of various Medical Colleges. During the scrutiny of TA bills, it was noticed that Council Reimbursed the air fare for return journey to the members of various committees, who visited MCI to attend the various meetings.

The Committee further noted that the the payment of TA/DA claims submitted by the members of various committees are being made on the guidelines prescribed by the Central Govt. for “Travelling Allowance” and the documents like - copy of Air Ticket for to & fro journey, bill of stay, if any, are also attached with all the TA claims before payment as advised by the audit. Hence, the para may please be dropped. As such, the Committee recommends to the Executive Committee for approving the same.

11. **Litigation Cases – Enormous Expenditure of Rs. 468.09 Lakhs.**

The Committee noted that the audit para has brought out that during scrutiny of records it was observed that the Council had been defending lot of court cases through their Counsels for accomplishment of these objectives. The table below indicates, the considerable increase in the litigation cases despite, incurring huge spending on litigation charges by the Council.

Year	Opening	Additions	No. of Pending	Cases	Expenditure
Balance	during the	Court Cases	Cases	Settled incurred.	(Rs. In lakh)
2003-04	430	104	534	- NA -	150.17
2004-05	534	312	846	- do -	184.55
2005-06	846	120	966	- do -	133.37
2006-07	966	--	943	23	--
(as on 1/7/06)					

The Committee noted that the Council had not reviewed the litigation process to find out reasons for increase in number of cases thereby reducing the expenditure. Effective steps may please be taken to get the long outstanding cases.

The Committee further noted that the Medical Council of India has a penal of Sr. Advocates/Advocates and also a retainer advocate for legal cases. The Council has to defend litigation cases at all level at a very short notice from Central Govt. & respective courts where it is imperative to safe guard the interest of the Council. Council is also maintaining a register where all the details of Court cases, new or settled, as the case may be, are recorded on the basis of informations received from respective courts. The provision of sufficient amount for expenditure in r/o legal cases has been made every year in the Council's Budget & Revised Budget Estimates. The rates of Fee payable to Legal Counsels have also approved by the Finance Committee & Executive Committee of the Council.

However, such expenditures are being met from MCI-Own Receipts as Govt. Grant-in-aid is hardly sufficient for expenditure on salary TA/DA, Stationery, telephone etc. It is also mentioned here that more than 80% cases have been decided in favour of MCI because these cases have pleaded by the learned Advocates & Sr. Advocates. MCI has also engaged standing Counsels in the Hon'ble courts of other state wherever necessary

In view of the above, para may please be settled. As such, the Committee recommends to the Executive Committee for approving the same.

5. **Facilities of Internet connection to all the members of Executive Committee and Postgraduate Medical Education Committee.**

The Finance Committee noted that the members of the Executive Committee & PG Medical Education Committee of the Council have to remain in contact with the functionaries & the executives of the Council and Govt. Agencies for smooth running and conduct of business of the Council. They also have to remain in touch with other members of Committees. As this scheduling and planning has to be done when they are on the move, communication by mobile internet is essential to dispose of their duties in the interest of Council.

The Committee further noted that with reduction in the tariff of mobile telephone & the cost of Internet connection has also come down considerably than what was prevailing before. With the result that the mobile internet connection has become very cheap mode of communication, which is very effective and very convenient also. In this regards, Govt. of India, Ministry of Finance has also issued an O.M. No. 7 (14)/C&V/2006 dated 14th November, 2006 which is reproduced hereunder:

“there have been many changes in the field of telecommunications and major technological advancements have taken place. This has brought internet, mobile facilities to the domain of the common people. Many service providers with various schemes have also entered into the market. Further, usage of telecommunications services has proliferated. Therefore, it is imperative that Government officers adopt to the changing trends in communication....

Keeping this in view and the technology available in the field of communication, the existing instructions on the subject have been reviewed. The existing entitlement regarding reimbursement of telephone charges of residential telephones provided to the officers as also on the mobile phones to the entitled officers to the Government of India, and broadband facility at home has been converged into a single package....

The Committee further noted that since the laptop computer is also being provided to each member of Council during the ensuing meeting of General Body of MCI in the month of March, 2008, therefore the Committee recommends that one time cost of Internet connection card to all the members of Executive Committee and PG Medical Education Committee be reimbursed. The recommendation be placed before the Executive Committee for approval.

6. Medical Education Development Fund.

The Finance Committee noted that the Sub-Committee of MCI at its meeting held on 8th Oct., 1992 recommended for creation of a Fund for furtherance of Medical Education. This Fund Account was created in the name & Style as “Medical Education Development Fund” with donations received from the donors only and no Council money was involved & utilized for the activities of this fund.

Further, it is observed that an amount of Rs. 55,774/- was spent during the year 2002-03 towards payment of salary to the consultant, and now Rs. 10.43 lakh (Fixed Deposit) is lying idle in this fund account which has also been objected by the Govt. Audit (DGACR).

In view of the above facts, the Finance Committee proposed that the “Medical Education Development Fund A/c” may be kept separate from the statement of Accounts of the Council or the available money in the bank account of this fund may be utilized for payment of consolidated salary to the newly appointed Director, Academic Cell till the money is available in the Fund A/c, so that the audit para could be settled. The recommendation be placed before the Executive Committee for approval.

7. Settlement of Final bill payment of M/s. L&T Ltd.

The Finance Committee noted that the payment of final running bill of M/s. L&T for Rs. 27,94,714/- was placed before the Building Committee at its meeting held on 3.3.2005 and the Committee decided as under:-

“The Building Committee considered the request of M/s. L&T and also the suggestions given by the Management Consultants regarding payment of final bill of Rs.27,94,714/- of M/s. L&T for the civil work. As per the suggestions of the Management Consultants, the Committee decided to make payment of final bill withholding Rs.10.00 lakhs”.

As per the decision of the Building Committee, Rs.10.00 lakhs had been withheld before making payment and Rs.18,55,714/- was paid to M/s. L&T Ltd. towards final bill. However, in the audit objection para 1(a)& (b) and 5 regarding “avoidable expenditure of Rs.68.07 lakh on cost escalation” and “Non-recovery of compensation for delay” and “recovery of Rs. 1.44 lac from M/s. L&T Ltd.”, it is objected that no payment for delay of 171 days after 12.10.2003 to 31.3.2004 has not been deducted from the contractor’s payment.

In this connection, it is stated that as per provision contained in clause 2 of the agreement, Contractor was liable to pay compensation @ Rs.50,000/- per day subject to maximum of Rs. 10.00 lakh for delay in completion of the work. It is also stated that Rs. 1.44 lakhs had to be recovered from M/s. L&T for rectification of defaults claimed by M/s. Sacred Constructions.

In view of total recoverable amount is Rs. 1.44 lakhs for rectification defaults and Rs. 10 lakhs towards escalation as per the terms & conditions of the agreement, total comes to Rs. 11.44 lakhs. However, the Council had withheld only Rs. 10 lakhs from the final bill.

As such, the Committee recommends that an amount of Rs. 10.00 lakhs of M/s. L&T which is pending for the Council towards penalty for the delay and rectification of defaults be forfeited, whereby the audit objection in para 1(a)&(b) and 5 of the previous year may be settled. The recommendation be placed before the Executive Committee for approval.

8. Rent Charges for Guest House

The Finance Committee proposes that the rent charges for Guest House be levied as per details below:-

1. President of the Council Rent Free
 2. Members of the Council
 - (a) On Council's Duty Rent Free
 - (b) On Personal Visit Rs. 500/- per day
 3. Any other outside relevant party
 - (a) On Council's Duty Rent Free
 - (b) On Personal Visit Rs. 1,000/- per day
- As such, the Committee recommends to the Executive Committee for approving the same.

9. Purchase of 125 Nos. Laptops in the Council office.

The Finance Committee considered the matter with regard to purchase of 125 Nos. Laptops for distribution to the Council Members as the agenda along with the inspection reports is being sent by the Council through electronic medium and noted that the General Body of the Council at its meeting held on 16.11.2007 resolved as under:-

- (i) Computers/Laptops may be made available to the members to assist them in discharging their functions/duties.
- (ii) The computer/laptop will be supplied on receipt of a request signed by the member on form given.
- (iii) A member shall be given a desktop/laptop computer as soon as possible after commencement of his term as Member, Medical Council of India.
- (iv) The period for which a computer/laptop can be made available to a member shall be limited to his/her term of the MCI member.
- (v) The computer(s)/Laptop(s) shall be returned by the member on ceasing to be a member of the Medical Council of India.
- (vi) All computer/laptop stationery and other consumable shall be procured and paid for by the user.
- (vii) The user shall be responsible for loss or damage other than those indemnifiable under insurance policy.
- (viii) The MCI shall get the computers insured.

Further, the Finance Committee considered the minutes of the Purchase Committee dated 22.02.2008, which are reproduced as under:-

The Purchase Committee met in the Council office on 22.02.2008. The office invited quotations from the suppliers through advertisement in the newspapers on 10-11/02/2008 for procurement of 125 Nos. Laptops. The office received nineteen quotations and the Comparative Statement of rates quoted by the various agencies is enclosed.

It may be observed from the comparative statement that following suppliers are at L-I, L-II, L-III, L-IV and L-V respectively:-

- | | | | |
|----|---------------------------------|---|-------|
| 1. | M/s. SES Technologies Ltd. | - | L-I |
| 2. | M/s. GCN Infotech Pvt. Ltd. | - | L-II |
| 3. | M/s. Jain Peripherals Pvt. Ltd. | - | L-III |
| 4. | M/s. Wipro Limited | - | L-IV |
| 5. | M/s HCL Inforystems Limited | - | L-V |

In view of above, the Committee recommends to award the work for procurement of 125 Nos. Laptops to M/s. SES Technologies Ltd. being L-I, whose specifications are as under:-

Inten Celeron M 440 1.86 GHz/ 1 MB L2 Cache / 533 MHz FSB / ATI RC410ME + SB450 chipset / ATI RC410ME Integrated Graphics / Integrated Wireless LAN Support dual band antenna / 512 MB DDR II expandable upto 1 GB Memory / 39.1 cms (15.4) TFT LCD WXGA, 1280x800, Glare type support / 80 GB SATA HDD / Integrated DVD Writer / Windows XP (Home) preloaded / 10/100 MB LAN / 1x8 in 1 Card Reader (External) / 4xUSB2.0 / 1xLine in / 1xMIC / 1xRJ11 Modem / 1xRJ45 LAN / 1xExternal VGA / 1xDC In / 1 Built in MIC / Universal AC Adapter / Integrated 86-key with Windows function keys keyboard / Built-in touch pad with 2-way scroll function, 2 click buttons / 8 Cell Li Ion Battery / 1 year Multi City ONSITE warranty and Carry Bag.

"Agreed subject to the certification on the better configuration of Sahara Brand as per annexure attached herewith as prepared by computer programmer of MCI."

127. Complaint against Dr. Anil Sabhani as alleged by Distt. Appropriate Authority – cum – Civil Sugeon, Faridabad.

Read: The complaint against Dr. Anil Sabhani as alleged by Distt. Appropriate Authority – cum – Civil Sugeon, Faridabad along with the judgement dated 08.11.2007.

The Council observed that it at its meeting held on 10th March, 2007 had approved the following decision taken by the Executive Committee at its meeting held on 14-15th June, 2006 :-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter and decided to approve the following decision of the Ethics Committee dated 24th & 25th April, 2006:-

“The Ethics Committee considered the complaint against Dr. Anil Sabhani as alleged by Distt. Appropriate Authority-cum-Civil Surgeon, Faridabad and noted that this Council has received a copy of Judgement letter from the Chairman State Appropriate Authority (PNDT)-cum-Director General Health Services, Haryana wherein it has been stated that the Hon’ble Court of Mr.Jagjit Singh, HCS, Sub Divisional Judicial Magistrate, Palwal has ordered against the case No.RET-298/2 of 2001 both the convicts i.e. Dr. Anil Sabhani and Mr.Kartarr Singh to undergo simple imprisonment for a period of two years and to pay a fine of Rs.5,000/- each for the offences mentioned in section 6(a), 6(b), section 5(1), 5(2), section 4(1), 4(2), 4(3) and section 29 read with Rule 9 of the Act and all the offences are punishable under section 23 of the Act. In default of payment of fine, the convicts shall further undergo simple imprisonment for a period of three months.

The Ethics Committee after detailed deliberation considering the complaint as well as the above mentioned judgement and deposition submitted by Dr.Anil Sabhani on 7.10.2005 before the Ethics Committee unanimously decided to recommend eraser of his name from the Indian Medical Register permanently.”

The Council further observed that the Addl. Sessions Judge, Faridabad in Crl. Appeal No. 17 vide Order dated 8th November, 2007 has directed as under:-

“....33. Thus, in view of above discussion, there are material defects in the prosecution case besides discrepancies in the statements of the official witnesses which is never corroborated by independent witnesses as they were never joined as per requirement of the Law nor it is corroborated by the three decoy patients (pregnant women) who even appeared as DW 1 and DW2 besides the husband of one of them as DW3. Under such circumstances, the statements of the official PWs do not inspire any confidence in the prosecution case as they are interested in success of their case.

34. Consequently, the prosecution fails to prove its case beyond reasonable shadow of doubt against the accused persons.

35. Hence, the judgement and order dated 25.3.2006 of the Learned Trial Court is set aside and the accused/appellants are acquitted of the charge against them.

Fine be returned after period of appeal by the Learned Trial Court”.

In view of above, the Council decided to revoke its earlier decision of approving the decision of the Executive Committee taken at its meeting held on 14th and 15th June, 2006 of recommending the eraser the name of Dr. Anil Sabhani from the Indian Medical Register permanently and further decided that in view of the order of the Learned Additional Sessions Judge, Faridabad dated 8th November, 2007, no further action is required by the Council at this stage. The Council further decided that the same be communicated to all the concerned authorities.

128. Removal of name of Dr. Y.S. Mathur from the Indian Medical Register.

Read: The letter dated 17.01.08 from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Y.S. Mathur from Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the letter dated 17.01.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Y.S. Mathur bearing Regn. No. 989, dated 26.06.1963 has expired on 11.01.2008 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country”.

129. Removal of name of Dr. M.P. Kamboj from the Indian Medical Register.

Read: The letter dated 29.01.08 from the Registrar, Haryana Medical Council, Chandigarh with regard to removal of name of Dr. M.P. Kamboj from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 29.01.2008 received from the Registrar, Haryana Medical Council, Chandigarh intimating that Dr. M.P. Kamboj bearing Regn. No. HN-2740, dated 17.4.2007 has been removed from the Register of Registered Medical Practitioners due to being convicted by the Hon'ble CJM, Hisar pronounced on 10.1.2008 committing offence u/s 4(3) and 5(1)(b) read with Rule 9 of PNDT Act. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country”.

130. Removal of name of Dr. Suresh Chand Gupta from the Indian Medical Register.

Read: The letter dated 04.02.08 from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Suresh Chand Gupta from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 04.02.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Suresh Chand Gupta bearing Regn. No. 12407, dated 25.02.1989 found guilty due to stealing of human organs and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country”.

131. Removal of name of Dr. M.P Dixit from the Indian Medical Register.

Read: The letter dated 26.02.2008 received from the Registrar, Rajasthan Medical Council with regard to removal of name of Dr. M.P Dixit from the Indian Medical Register.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 26.02.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. M.P. Dixit bearing Regn. No. 514, dated 19.06.1961 has expired on 24.02.2008 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country”.

132. Purchase of 125 Nos. Laptops in the Council Office.

Read: The matter with regard to purchase of 125 Nos. Laptops for the Council members.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendations of the Finance Committee meeting held on 5.3.2008 which reads as under:-

“The Finance Committee considered the matter with regard to purchase of 125 Nos. Laptops for distribution to the Council Members as the agenda along with the inspection reports is being sent by the Council through electronic medium and noted that the General Body of the Council at its meeting held on 16.11.2007 resolved as under:-

- (i) Computers/Laptops may be made available to the members to assist them in discharging their functions/duties.
- (ii) The computer/laptop will be supplied on receipt of a request signed by the member on form given.
- (iii) A member shall be given a desktop/laptop computer as soon as possible after commencement of his term as Member, Medical Council of India.
- (iv) The period for which a computer/laptop can be made available to a member shall be limited to his/her term of the MCI member.
- (v) The computer(s)/Laptop(s) shall be returned by the member on ceasing to be a member of the Medical Council of India.
- (vi) All computer/laptop stationery and other consumable shall be procured and paid for by the user.
- (vii) The user shall be responsible for loss or damage other than those indemnifiable under insurance policy.
- (viii) The MCI shall get the computers insured.

Further, the Finance Committee considered the minutes of the Purchase Committee dated 22.02.2008, which are reproduced as under:-

The Purchase Committee met in the Council office on 22.02.2008. The office invited quotations from the suppliers through advertisement in the newspapers on 10-11/02/2008 for procurement of 125 Nos. Laptops. The office received nineteen quotations and the Comparative Statement of rates quoted by the various agencies is enclosed.

It may be observed from the comparative statement that following suppliers are at L-I, L-II, L-III, L-IV and L-V respectively:-

- | | | | |
|----|---------------------------------|---|-------|
| 1. | M/s. SES Technologies Ltd. | - | L-I |
| 2. | M/s. GCN Infotech Pvt. Ltd. | - | L-II |
| 3. | M/s. Jain Peripherals Pvt. Ltd. | - | L-III |
| 4. | M/s. Wipro Limited | - | L-IV |
| 5. | M/s HCL Inforystems Limited | - | L-V |

In view of above, the Committee recommends to award the work for procurement of 125 Nos. Laptops to M/s. SES Technologies Ltd. being L-I, whose specifications are as under:-

Inten Celeron M 440 1.86 GHz/ 1 MB L2 Cache / 533 MHz FSB / ATI RC410ME + SB450 chipset / ATI RC410ME Integrated Graphics / Integrated Wireless LAN Support dual band antenna / 512 MB DDR II expandable upto 1 GB Memory / 39.1 cms (15.4) TFT LCD WXGA, 1280x800, Glare type support / 80 GB SATA HDD / Integrated DVD Writer

/ Windows XP (Home) preloaded / 10/100 MB LAN / 1x8 in 1 Card Reader (External) / 4xUSB2.0 / 1xLine in / 1xMIC / 1xRJ11 Modem / 1xRJ45 LAN / 1xExternal VGA / 1xDC In / 1 Built in MIC / Universal AC Adapter / Integrated 86-key with Windows function keys keyboard / Built-in touch pad with 2-way scroll function, 2 click buttons / 8 Cell Li Ion Battery / 1 year Multi City ONSITE warranty and Carry Bag.

“Agreed subject to the certification on the better configuration of Sahara Brand as per annexure attached herewith as prepared by computer programmer of MCI.”

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 award the contract to M/s. SES Technologies Ltd. being the L-1. However, in the first phase, the purchase be limited to 100 numbers of laptops only to provide to the existing members on date.”

133. Extension of services of Dr. M.C.R. Vyas as Whole Time Inspector.

Read: The matter with regard to extension of services of Dr. M.C.R. Vyas as Whole Time Inspector.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr.M.C.R. Vyas, Whole Time Inspector of the Council for a further period of one year w.e.f. 10.04.2008.”

134. Electronic transfer of Certificate of Good Standing (CGS) information-reg.

Read: The email letter dated 19.02.2008 from (Ms) Eadaoin Flynn, Intelligence and Internation Liasion Manager with regard to Electronic transfer of Certificate of Good Standing (CGS) information.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the email letter dated 19.02.2008 from (Ms) Eadaoin Flynn, Intelligence and Internation Liasion Manager with regard to transfer of Certificate of Good Standing (CGS) information and decided to approve the same”.

135. Appeal against Order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kammod.

Read: The appeal against an order dated 30.12.2006 passed by Delhi Medical Council made by Mr. M.K. Kammod.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“”The matter was considered by the Ethics Committee at its meeting held on 19.03.2007 and the decision was as under:-

“The Ethics Committee considered the appeal against order of Delhi Medical Council dated 30.12.06 made by Mr. M.K. Kamood and accept this case as an appeal case and decided that Mr. M.K. Kammod complainant may be asked to appear before the Ethics Committee in its second next meeting at 11.00 a.m.”

As per above decision, Mr. M.K. Kammod had requested to appear before the Ethics Committee on 15th May, 2007 at 11.00a.m vide Council's letter dated 26.04.2007.

The matter was considered by the Ethics Committee at its meeting held on 14th & 15th May, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to appeal against orders of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kammod and noted that Mr. M.K. Kammod, complainant has been asked to appear before the Ethics Committee on 15.05.2007 at 11.a.m. Mr. M.K. Kammod appeared before the Ethics Committee himself. He has submitted his oral deposition before the Ethics Committee and he has said that he has already submitted all in details in his original complaint dated 30.12.2006 and now nothing he want to say.

The Ethics Committee has gone through the oral deposition of Mr. M.K. Kammod alongwith the case file and decided that Dr. Praveen Garg to be present before the Ethics Committee in its next meeting at 12.30 p.m.”

As per above decision, Dr. Praveen Garg had requested to appear before the Ethics Committee on 18.06.2007 at 12.30 p.m vide Council's letter dated 9.06.2007.

The matter was considered by the Ethics Committee at its meeting held on 18.06. 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to appeal against Order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kamood and noted that Dr. Praveen Garg has appeared before the Ethics Committee and his statement is as under:-

Statement of Dr. Praveen Garg

I, Dr. Praveen Garg did my MBBS from Medical College, Rohtak in the year 1982 and MS (General Surgery) from the same institute in the year 1987. My registration number bearing DMC 2148. My date of birth is 31.12.1959.

Regarding this case and a complaint against me by the complainant Mr. M.K. Kamood, I would like to make the following statement:-

I had examined the patient Mrs. Madhu Kamood in the OPD of Jain Charitable Hospital and found her to be suffering from a breast lump. On examination, I found a small lymph node in the left axilla. I advised her FNAC test and the report suggested to be a Benign Proliferative Breast Lesion. After doing required investigations, I advised her Excision of the breast lump. The breast lesion was excised and specimen was sent for histopathological examination. A mini suction drain was placed in the wound and it was removed after 48 hours. The histopathology report suggested it to be Fibrocystic Disease of the Breast with Focal Atypical Hyperplasia. As the patient had a lymph node in left axilla and the histopathology report showed Focal Atypical Hyperplasia, for the benefit of the patient so as not to miss any evidence of malignancy, I advised her a second opinion. The slides were handed over to the attendants and the second opinion was taken from a Senior Pathologist of the area Dr. T.K. Mathur. The report of Dr. T.K. Mathur suggested it to be Fibrocystic Disease of the Breast with FOCI of Duct Carcinoma in SITU. The patient was advised that no further treatment is necessary but looking at the word, Duct Carcinoma in SITU, the patient got worried and tense. Her husband came to me and said that the patient is very tensed so what should we do. I advised to take the opinion of the cancer specialist. I gave them three options – A.I.I.M.S. , Dharamshila Cancer Hospital or Rajiv Gandhi Cancer Hospital. He said that I will get full reimbursement as I am in the Bank. You please refer to me private center and then he was advised to go to the Rajiv Gandhi Cancer Hospital. In between, the patient was having a wound infection and dressing were done for the same. After the opinion of Dr. T.K. Mathur, the patient never came back to me. Then I got summon from Consumer Forum in which the patient had complained that because of the opinion of Dr. T.K. Mathur, the patient had undergone a lot of mental harassment for which he had put up a compensation case in the Consumer Forum. Nowhere it was mentioned about a foreign body in the complaint in Consumer Forum. The case was decided in our favour in the very first hearing. Then a fresh rejoinder was added about a foreign body in the wound by the complainant. My point of view is that whether a diagnosis Focal Atypical Hyperplasia or Duct Carcinoma in SITU, the treatment of excision of lump had already been done. When the patient was so tensed about the diagnosis of suspected malignancy, they should have gone to a hospital with cancer department and cancer specialist but instead they had gone to a hospital in the vicinity of the working place of her husband with a malafide intention of making out a legal case. As the first complaint by the patient did not have any solid ground either against me or hospital or Dr. T.K. Mathur. A fresh complaint in the form of foreign body was added. The foreign body could only have been a piece of drain which is also a very very rare because the tube drain which we use is

hanging out of the wound and when we pull it out, it does not break leaving a piece inside the wound. Such a thing is unheard of. When we were shown a piece of foreign body in the Delhi Medical Council hearing, it was not a piece of the drain. It was a simple plastic tube, a thing never found in the operation theatre and not being used in the O.T. The doctor who allegedly removed this foreign body when asked about the foreign body replied that it was a corrugated drain which he removed. The plastic piece nowhere resembles a corrugated drain. As the patient had disappeared from our follow up and went to N.C. Joshi Hospital, it is very difficult to say whether this plastic tube was implanted in the wound which was open or got accidentally into wound during subsequent dressing done outside. It seems as if the mammography test was also done just to document the foreign body, the films of the mammography show that the foreign body was lying in a superficial plain just beneath the skin which should not have been missed in the dressing. So I appeal to the Forum that after knowing that the first complaint by the patient does not have any solid reason, the complainant added the second complaint intentionally to make the case stronger and I am being harassed unnecessarily since then. The OPD record of N.C. Joshi Hospital suggests that the OPD record has been prepared on the same day putting different dates and showing that the patient has been managed there for few days. As the patient has neither been advised surgery for malignancy nor any surgery has been done for malignancy and patient is absolutely fine even today and the alleged foreign body is not something used in the operation theatre so the case be rejected.

I appeal, a proper investigation should be done if there has been any intention on the part of the patient to intentionally implant a foreign body and unnecessarily harass me.

Sd/-
(DR. PRAVEEN GARG)
Dated: 18/6/2007

The final decision in this case will be taken up in its next meeting. “

The matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to appeal against order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K.Kamood and decided that Prof. & Head of Surgery, UCMS be requested to assist the Council in this case to take further action in the matter. The complete detail of the case be sent to HOD of Surgery with all other relevant documents requesting him to send his expert opinion within a period of 15 days on receipt of this letter to assist the Council.”

As per above decision, the Professor & HOD, Department of Surgery, UCMS, Delhi was requested to kindly assist by providing his expert opinion within 15 days vide Council's letter dated 20.08.2007 and subsequent reminder dated 30.10.2007.

In response to above, Dr. B.K. Jain, Professor & Head, Department of Surgery, UCMS, Delhi has sent a letter dated nil received in this Council on 28.11.2007 in which it is stated as under :-

“Based on document provided to me, my opinion in the matter mentioned above is as follows :

The order of Delhi Medical Council dated 9.12.2006 has been sent enclosed with the MCI letter dated 30.10.2007. No. order of Delhi Medical Council dated 30.12.2006 (as mentioned under 'subject' in your letter) has been sent to me. Mr. M.K. Kamood has also referred to DMC letter dated 9.12.2006 in his letter.

Therefore my opinion, mentioned below, pertains to appeal made by Mr. M.K.Kamood against order of Delhi Medical Council dated 9.12.2006.

“In my opinion there is no merit in the appeal against order of Delhi Medical Council dated 9.12.2006 made by Mr. M.K. Kamood.”

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December, 2007 and the decision was as under:-

“The Ethics Committee has taken note of the letter of Dr. B.K. Jain, Prof. & HOD of Surgery, UCMS regarding opinion in this particular case and noted that Dr. Jain opined that there is no merit in the appeal against order of Delhi Medical Council.

The Ethics Committee, therefore, decided that the final decision in this case will be taken in its second next meeting. “

The matter was considered by the Ethics Scrutiny Sub-Committee at its meeting held on 14.01.2008 and the recommendation of the Committee was as under :-

“The Ethics Scrutiny Committee went through all the documents pertaining to this case and has observed that after thorough investigation regarding the circumstances of this case the Delhi

Medical Council has arrived at a reason order dated 09.12.2006 where warning was issued to Dr. Praveen Garg and caution was issued to Dr. S. Chourdary of Dr. N.C. Joshi Memorial Hospital.

After examination of all the aspects of this case the Ethics Scrutiny Committee decided to recommend to the Ethics Committee that the decision of Delhi Medical Council be upheld and the order of warning and caution to Dr. Praveen Garg and Dr. S. Choudhary may also be recorded in the IMR against their name."

The matter was considered by the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the decision was as under :-

"The Ethics Committee considered the matter with regard to appeal against Order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kamood and noted that the Ethics Scrutiny Committee considered this case at its meeting held on 14.01.2008.

It may be stated that the Council received an appeal against an Order dated 30.12.2006 passed by Delhi Medical Council made by Mr. M.K. Kamood.

The matter was considered by the Ethics Committee at its meeting held on 19.03.2007 and the decision was as under:-

"The Ethics Committee considered the appeal against order of Delhi Medical Council dated 30.12.06 made by Mr. M.K. Kamood and accept this case as an appeal case and decided that Mr. M.K. Kammod complainant may be asked to appear before the Ethics Committee in its second next meeting at 11.00 a.m."

As per above decision, Mr. M.K. Kammod had requested to appear before the Ethics Committee on 15th May, 2007 at 11.00a.m vide Council's letter dated 26.04.2007.

The matter was considered by the Ethics Committee at its meeting held on 14th & 15th May, 2007 and the decision was as under:-

"The Ethics Committee considered the matter with regard to appeal against orders of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kammod and noted that Mr. M.K. Kammod, complainant has been asked to appear before the Ethics Committee on 15.05.2007 at 11.a.m. Mr. M.K. Kammod appeared before the Ethics Committee himself. He has submitted his oral deposition before the Ethics Committee and he has said that he has already submitted all in details in his original complaint dated 30.12.2006 and now nothing he want to say.

The Ethics Committee has gone through the oral deposition of Mr. M.K. Kammod alongwith the case file and decided that Dr. Praveen Garg to be present before the Ethics Committee in its next meeting at 12.30 p.m."

As per above decision, Dr. Praveen Garg had requested to appear before the Ethics Committee on 18.06.2007 at 12.30 p.m vide Council's letter dated 9.06.2007.

The matter was considered by the Ethics Committee at its meeting held on 18.06. 2007 and the decision was as under:-

"The Ethics Committee considered the matter with regard to appeal against Order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K. Kamood and noted that Dr. Praveen Garg has appeared before the Ethics Committee and his statement is as under:-

Statement of Dr. Praveen Garg

I, Dr. Praveen Garg did my MBBS from Medical College, Rohtak in the year 1982 and MS (General Surgery) from the same institute in the year 1987. My registration number bearing DMC 2148. My date of birth is 31.12.1959.

Regarding this case and a complaint against me by the complainant Mr. M.K. Kamood, I would like to make the following statement:-

I had examined the patient Mrs. Madhu Kamood in the OPD of Jain Charitable Hospital and found her to be suffering from a breast lump. On examination, I found a small lymph node in the left axilla. I advised her FNAC test and the report suggested to be a Benign Proliferative Breast Lesion. After doing required investigations, I advised her Excision of the breast lump. The breast lesion was excised and specimen was sent for histopathological examination. A mini suction drain was placed in the wound and it was removed after 48 hours. The histopathology report suggested it to be Fibrocystic Disease of the Breast with Focal Atypical Hyperplasia. As the patient had a lymph node in left axilla and the histopathology report showed Focal Atypical Hyperplasia, for the benefit of the patient so as not to miss any evidence of malignancy, I advised her a second opinion. The slides were handed over to the attendants and the second opinion was taken from a Senior Pathologist of the area Dr. T.K. Mathur. The report of Dr. T.K. Mathur suggested it to be Fibrocystic Disease of the Breast with FOCl of Duct Carcinoma in SITU. The

patient was advised that no further treatment is necessary but looking at the word, Duct Carcinoma in SITU, the patient got worried and tense. Her husband came to me and said that the patient is very tensed so what should we do. I advised to take the opinion of the cancer specialist. I gave them three options – A.I.I.M.S. , Dharamshila Cancer Hospital or Rajiv Gandhi Cancer Hospital. He said that I will get full reimbursement as I am in the Bank. You please refer to me private center and then he was advised to go to the Rajiv Gandhi Cancer Hospital. In between, the patient was having a wound infection and dressing were done for the same. After the opinion of Dr. T.K. Mathur, the patient never came back to me. Then I got summon from Consumer Forum in which the patient had complained that because of the opinion of Dr. T.K. Mathur, the patient had undergone a lot of mental harassment for which he had put up a compensation case in the Consumer Forum. Nowhere it was mentioned about a foreign body in the complaint in Consumer Forum. The case was decided in our favour in the very first hearing. Then a fresh rejoinder was added about a foreign body in the wound by the complainant. My point of view is that whether a diagnosis Focal Atypical Hyperplasia or Duct Carcinoma in SITU, the treatment of excision of lump had already been done. When the patient was so tensed about the diagnosis of suspected malignancy, they should have gone to a hospital with cancer department and cancer specialist but instead they had gone to a hospital in the vicinity of the working place of her husband with a mala fide intention of making out a legal case. As the first complaint by the patient did not have any solid ground either against me or hospital or Dr. T.K. Mathur. A fresh complaint in the form of foreign body was added. The foreign body could only have been a piece of drain which is also a very very rare because the tube drain which we use is hanging out of the wound and when we pull it out, it does not break leaving a piece inside the wound. Such a thing is unheard of. When we were shown a piece of foreign body in the Delhi Medical Council hearing, it was not a piece of the drain. It was a simple plastic tube, a thing never found in the operation theatre and not being used in the O.T. The doctor who allegedly removed this foreign body when asked about the foreign body replied that it was a corrugated drain which he removed. The plastic piece nowhere resembles a corrugated drain. As the patient had disappeared from our follow up and went to N.C. Joshi Hospital, it is very difficult to say whether this plastic tube was implanted in the wound which was open or got accidentally into wound during subsequent dressing done outside. It seems as if the mammography test was also done just to document the foreign body, the films of the mammography show that the foreign body was lying in a superficial plain just beneath the skin which should not have been missed in the dressing. So I appeal to the Forum that after knowing that the first complaint by the patient does not have any solid reason, the complainant added the second complaint intentionally to make the case stronger and I am being harassed unnecessarily since then. The OPD record of N.C. Joshi Hospital suggests that the OPD record has been prepared on the same day putting different dates and showing that the patient has been managed there for few days. As the patient has neither been advised surgery for malignancy nor any surgery has been done for malignancy and patient is absolutely fine even today and the alleged foreign body is not something used in the operation theatre so the case be rejected.

I appeal, a proper investigation should be done if there has been any intention on the part of the patient to intentionally implant a foreign body and unnecessarily harass me.

Sd/-
(DR. PRAVEEN GARG)
Dated: 18/6/2007

The final decision in this case will be taken up in its next meeting. “

The matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to appeal against order of Delhi Medical Council dated 30.12.2006 made by Mr. M.K.Kamood and decided that Prof. & Head of Surgery, UCMS be requested to assist the Council in this case to take further action in the matter. The complete detail of the case be sent to HOD of Surgery with all other relevant documents requesting him to send his expert opinion within a period of 15 days on receipt of this letter to assist the Council.”

As per above decision, the Professor & HOD, Department of Surgery, UCMS, Delhi was requested to kindly assist by providing his expert opinion within 15 days vide Council's letter dated 20.08.2007 and subsequent reminder dated 30.10.2007.

In response to above, Dr. B.K. Jain, Professor & Head, Department of Surgery, UCMS, Delhi has sent a letter dated nil received in this Council on 28.11.2007 in which it is stated as under :-

“Based on document provided to me, my opinion in the matter mentioned above is as follows : The order of Delhi Medical Council dated 9.12.2006 has been sent enclosed with the MCI letter dated 30.10.2007. No. order of Delhi Medical Council dated 30.12.2006 (as mentioned under 'subject' in your letter) has been sent to me. Mr. M.K. Kamood has also referred to DMC letter dated 9.12.2006 in his letter.

Therefore my opinion, mentioned below, pertains to appeal made by Mr. M.K.Kamood against order of Delhi Medical Council dated 9.12.2006.

“In my opinion there is no merit in the appeal against order of Delhi Medical Council dated 9.12.2006 made by Mr. M.K. Kamood.”

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December, 2007 and the decision was as under:-

“The Ethics Committee has taken note of the letter of Dr. B.K. Jain, Prof. & HOD of Surgery, UCMS regarding opinion in this particular case and noted that Dr. Jain opined that there is no merit in the appeal against order of Delhi Medical Council.

The Ethics Committee, therefore, decided that the final decision in this case will be taken in its second next meeting. “

The matter was considered by the Ethics Scrutiny Sub-Committee at its meeting held on 14.01.2008 and the recommendation of the Committee was as under :-

“The Ethics Scrutiny Committee went through all the documents pertaining to this case and has observed that after thorough investigation regarding the circumstances of this case the Delhi Medical Council has arrived at a reason order dated 09.12.2006 where warning was issued to Dr. Praveen Garg and caution was issued to Dr. S. Chourdary of Dr. N.C. Joshi Memorial Hospital.

After examination of all the aspects of this case the Ethics Scrutiny Committee decided to recommend to the Ethics Committee that the decision of Delhi Medical Council be upheld and the order of warning and caution to Dr. Praveen Garg and Dr. S. Choudhary may also be recorded in the IMR against their name.”

The Ethics Scrutiny Committee went through all the documents pertaining to this case and has observed that after thorough investigation regarding the circumstances of this case the Delhi Medical Council has arrived at a reasoned order dated 09.12.2006 where warning was issued to Dr. Praveen Garg and caution was issued to Dr. S. Chourdary of Dr. N.C. Joshi Memorial Hospital.

After examination of all the aspects of this case the Ethics Scrutiny Committee decided to recommend to the Ethics Committee that the decision of Delhi Medical Council be upheld and the order of issuing warning and caution to Dr. Praveen Garg and Dr. S. Choudhary respectively may also be recorded in the IMR against their name.

The Ethics Committee endorsed the above recommendations of the Ethics Scrutiny Committee.”

136. Complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi.

Read: The letter dated dated 9/10.08.2007 from Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi with regard to complaint against Dr. K.N. Aggarwal.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“The Ethics Committee considered the matter with regard to complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi. The Ethics Committee after discussing of the matter is of the opinion that Dr. K.N. Aggarwal be asked to be present before the Ethics Committee at 11.00 a.m. at its second day of next meeting of the Medical Council of India with all the records of its studies including the design of the study, protocol of study and any necessary permission he has taken from the competent authority etc. The letter received from the Chairperson, National Commission for Protection of Child Rights, Govt. of India may also be sent to Dr. K.N. Aggarwal asking him to give his parawise comments to the issues raised in the letter.”

Dr. K.N. Aggarwal was called on 11.09.2007 at 11.00.a.m vide Council's letter dated 10.09.2007.

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

“The Ethics Committee considered the matter with regard to complaint against Dr.K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar

Patel School in Delhi and decided to call Dr.K.N. Aggarwal to appear before the Ethics Committee on 11.9.2007. The statement of Dr.K.N. Aggarwal is as under:-

STATEMENT OF DR. K.N. AGARWAL

I, Dr. K.N. Aggarwal did my MBBS from K.G. Medical College, Lucknow in 1959 and D.C.H. in 1961 from Delhi University and M.D. (Paed.) in 1969 and MD (Paed. Haematology) from University Uppsala in 1965. My Date of Birth is 05.07.1937. My registration number is U.P. Medical Council 8861 of 1959.

I have received the letter from the Medical Council of India requesting me to be present on 11.9.2007. I have attended the Ethics Committee meeting on the same date. I am submitting my written statement and submitting the copies of proformas filled up during the medical examination of the children and also copy of one email and a list containing my communication with the school alongwith the names of the members of the team who conducted the medical examination of the children. In addition to my written submissions, I would like to state the following:

It is regretted that the National Commission for Protection of Child Rights on the basis of media reports instituted an enquiry against me rather than asking the Medical Council of India whether such a medical examination is in any way non-ethical.

Q. What is this Health Care & Research Association for adolescent?

Ans. Health Care & Research Association is a voluntary organization which only helps in conduct examination of school children.

Q. Is it Delhi based?

Ans. Yes.

Q. Is it registered?

Ans. Yes, with Delhi Government.

Q. Under which Act it is registered?

Ans. Its an N.G.O.

Q. What type of research you conduct?

Ans. We were only doing to see whether the children growth is normal and development is normal.

Q. Do you have some papers on this?

Ans. I have published on rural children mental development in relation to their nutrition.

Q. Do you have any branch?

Ans. No

Q. Was it a part of research on behalf of health care?

Ans. This is a voluntary work. This was not related to any research. I was operated for cancer prostate and have chronic renal failure since 2005. My wife Prof. Mrs. Agarwal had very poor vision due to chronic Uveitis which got corrected in April, 2007. Thus, both of us wanted to do some voluntary work and decided to start helping school children.

Q. Whether the data generated out of the school medical examination is the property of school or yours.

Ans. Schools.

Q. Who are the other members of the team?

Ans. 1.Prof.Dr.(Mrs.) D.K. Agarwal, MBBS, DCH, MD (Retd. Prof. Head of Paediatrics), Instt. of Medical Sciences, Varanasi (2) Dr. P.C. Khanduja, MD, DCH, worked in this school for 10 years as Medical School Officer and was also Head of the department. (3) Dr.Mrs. Mamta Raj, MBBS with 2 years training in U.K. (4) Dr. Manish Srivastav, MD (5) Mrs. Vinay Goyal, Social Worker (6) Mr. Sanjay Chauhan, Driver who measures weight & height.

Q. Was this survey carried out on behalf of the research care association for adolescent?

Ans. This was a voluntary work planned and done by us.

Q. Any study protocol was submitted to the school?

Ans. The form for the children examination was prepared in the school with the help of the school nurse. The school filled all the details of the child.

Q. Can you give the registration documents/constitution of the health care research association?

Ans. At this moment, I have not brought it. I will send you by courier.

Q. Did the school constituted any Ethics Committee before taking this children examination?

Ans. Yes, the Principal told me that she will discuss in school-teachers council and then inform me.

Q. Have they informed you?

Ans. They informed me through email by the Principal and mobile phone by the school nurse requesting to complete the health examination within July.

Q. What is the name of the Principal?

Ans. Mrs. Vijaya Subramanyam (Offtg. Principal)

Q. Do you have Principal's phone number etc.?

Ans. I don't have now.

I appeal to the Committee to issue clear instructions for conducting school health examination to detect "disability" in time. This will go a long way to create a healthy generation.

Sd/-

(Dr. K.N. Agarwal)

11.9.2007

The Ethics Committee after detailed discussion unanimously decided to call the Principal, Sardar Patel School, New Delhi in the first day of its next meeting at 3.00 p.m. with all the documents pertaining to the case including copies of communication received from Dr. K.N. Aggarwal and other doctors and permission etc. granted by the school for conducted the said study. Also copies of the protocol submitted to the school may also be submitted. The Principal, Sardar Patel School, New Delhi may be informed that Medical Council of India have taken up this investigation, pursuant to written complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi. Therefore she is requested to attend without fail.

The Ethics Committee further decided to call the other doctors who have taken part in the said study along with Dr. K.N. Aggarwal viz. Prof. Dr.(Mrs.) D.K. Agarwal (2) Dr. P.C. Khanduja, which also Medical Officer of the school (3) Dr. (Mrs.) Mamta Raj (4) Dr. Manish Srivastav (5) Mrs. Vinay Goyal, Social Worker. The addresses of all the concerned persons may be obtained from Dr. K.N. Aggarwal. They may be requested to present before the Ethics Committee on second day at 12.00 noon in its next meeting."

As per above decision, the Principal, Sardar Petal School, New Delhi was requested to appear before the Ethics Committee on 15.10.2007 at 3.00 p.m. with all the documents pertaining to the case including copies of communication received from Dr. K.N. Aggarwal and other doctors, permission etc. granted by the school for conducting the said study and copies of the protocol submitted to the school vide Council's letter dated 28.09.2007.

Dr. K.N. Aggarwal had requested to intimate Dr. (Mrs.) D.K. Agarwal, Dr. P.C. Khanduja, Dr. (Mrs.) Mamta Raj, Dr. Manish Srivastav, & Mrs. Vinay Goyal, Social Worker to present before the Ethics Committee on 16.10.2007 at 12:00 Noon and also requested to send the addresses of the above mentioned doctors/persons vide Council's letter dated 28.09.2007.

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

"The Ethics Committee considered the matter with regard to complaint against Dr. K.N. Aggarwal sent by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi and noted that Mrs. Vijaya Subramaniam, Vice-Principal, Sardar Patel School has been appeared before the Ethics Committee and given a statement which is as follow:-

"Statement of Mrs. Vijaya Subramaniam

The Vice-Principal Mrs. Vijaya Subramaniam, who was the officiating Principal at the time of incident appeared before the Ethics Committee on 15.10.2007 alongwith the parent member Mr. Vijay Mehta. The Ethics Committee records its appreciation for the Vice-Principal, Sardar Patel Vidyalaya, New Delhi as well as the parent member for their co-operation in this case. From the oral disposition of the Principal it appears that on 25.5.2007, Dr. K.N. Agarwal had written a letter to the Principal, Sardar Patel Vidyalaya, Lodi Road, New Delhi, a copy of which has been submitted. Based on this letter and verbal request, the Principal, Sardar Patel Vidyalaya, New Delhi has fixed a date for the physical examination.

The Ethics Committee put certain questions to the Principal and the answers are as follows:-

Q. Do you have a system of regular annual medical examination in your school?

A. Yes, each year we have certain focus, one year it was eye check up and another year was dental check up and ENT examination also and for the past few years we did not have this kind of check up so when the request came from Dr. K.N. Agarwal, we allowed him to conduct the check-up.

Q. In the letter of Dr.Agarwal, it has been mentioned that the medical examination will include simple medical examination and height/weight measurements. The examination will detect children who have growth failure and obesity. Any other illness will also be screened. Have the team under Dr.K.N. Agarwal submitted to you any study protocol in writing before the study was approved and undertaken.?

A. No

Q. Did they at any time tell the school that study/medical examination would involve examination of external genitalia in case of male students and breast size in the case of female students?

A. No

Q. The school authorities did not know before the health check up that such kind of examination would be carried out?

A. No

Q. Was the subject of medical examination informed to the students as well as the parents by the school authorities?

A. The general practice is that we informed the parents of the primary school children and not the senior school and based on the letter we assumed that it is a simple medical examination and we did not inform.

Q. On the day of examination, was it announced that the examination will be voluntary basis or all students were asked to go for medical examination?

A. Medical examination is always voluntary in the school and the students were informed much before hand about the medical examination check-up.

Q. Before the medical check-up/examination were conducted, were the children informed that the medical check up would involve examination of external genitalia in case of male students and breast size in the case of female students and does the school authority know about this point?

A. No

Q. Does the school have a medical officer in its employment?

A. We have a female nurse which is in accordance with the Delhi School Education Act and Rules which states that either a doctor or a female nurse, in the case of co-educational schools, not less than one lady doctor or female nurse shall be appointed.

Q. According to the same Act & Rules, recognized schools are to appoint a medical officer, part time or full time and also a compounder part time and full time basis and it is in addition to this in the case of co-educational school not less than one lady doctor or female nurse should be appointed. What did you say about this?

A. Doctor parents and alumni students who are doctors visit the school when needed. The dental and eye check ups in the previous years were conducted by doctor parents.

Q. Why did the school go ahead with the proposal received from Dr.K.N.Agarwal regarding this medical check up?

A. In his letter Dr.K.N. Agarwal stated an old association with the school and one of the members of his team Dr.Khanduja, was a parent of the school and was also associated with the school clinic on a part time basis. So therefore in total good faith and trust we allowed this team to conduct the medical check-up.

The Ethics Committee would like to thank the Vice-Principal who was the officiating Principal at the time of medical check up.

(Mrs.Vijaya Subramaniam)
Vice-Principal,
Sardar Patel Vidyalaya,
New Delhi".

The Ethics Committee further noted that Dr.(Mrs.) D.K. Agarwal was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

"16.10.2007

Statement of Dr. (Mrs.) D.K. Agarwal)

I, Dr. (Mrs. D.K. Agarwal), did my MBBS from Patiala Medical College, Punjab in the year 1963. I did my DCH Paediatrics from Delhi University in the year 1965 and also did M.D. (Community Medicine) from BHU, Varanasi in the year 1973. I am registered with the Punjab Medical Council, bearing Registration No.6609. My Date of Birth is 01.09.1939. I am submitting my written statement to the Ethics Committee.

This was a simple medical examination which was done on voluntary basis. During our examination children were willing, very happy and no child ever objected. None of the girl child

felt embarrassed. Rather they were asking questions whether they will gain some more height or not. There was no prepared proforma rather the school nurse was given a hand written note containing name, age, Date of Birth and examination to be done for each children prepared a list of children of each class with heading for clinical examination, weight & height and other examination. The school only printed the list and handed over at the start of work, on both the days. On the first day, the children of class 6 and perhaps some for the class 7 were examined. On second day before starting the session the school children of other classes were collected in the school assembly hall for briefing for the health examination. The boys and girls were addressed separately in the presence of the school teachers and the school Principal. The children were requested to ask questions or any other detailed information they wanted to know. But none of the children asked any question or resented for medical examination. The examination was conducted on 2 days. The examination of boys and girls were examined separately by the female and male doctors. The children were feeling happy and comfortable and none of them ever objected for examination. On 3rd day when we reached the school gate we found the Star News people waiting and surrounding our vehicles, we thought that since we were doing this voluntary health examination they wanted to air into the media for our good work. One lady Ms. Ratna Sukhla of Star News wanted to know the details of the examination which we told her as we were doing in the school. Then one of us went inside the school to talk the Principal about why media persons have come. She told us that there might be some problem in the medical examination then we told her we will not work today and we will work only after the problem is solved. So we left the school and all the details of examination were left with the school only. But we requested the school to provide us with a photocopy of all the papers.

Question – Was any protocol submitted to the school for the examination?

Ans.- No, since there was no set protocol. Simple one line detailed containing all the information were given in the hand written paper to be typed by the school. So that class wise list with name, date of birth and clinical examination could be prepared for the examination.

Question – Were the school children informed before hand that the medical examination would also include of external breast size in the girls?

Ans.- I don't think any breast examination was done for any child. Only auscultation with the stethoscope was done for heart and lungs examination for which no information needs to be given as it is a simple routine examination.

Question- Whether the examination could tell about the age of the girls?

Ans.- No sir, only the examination could tell whether the girls can gain some more height during the coming years, which could be answered approximately.

Thanking you,

Sd/-
(Dr.(Mrs.) D.K. Agarwal)"

The Ethics Committee further noted that Dr. P.C. Khanduja, which also Medical Officer of the school was asked to appear before the Ethics Committee on 16.10.2007 and he has appeared. He has given a statement before the Ethics Committee which is as follows:-

“16.10.2007

Statement of Dr. P.C. Khanduja

I, Dr. P.C. Khanduja did my MBBS from Jabalpur in the year 1962. I did my DCH from the Maulana Azad Medical College, Delhi in the year 1965 and did my M.D. in the year 1968 from the same institute. I am registered with the Delhi Medical Council, bearing Registration No.13188. My Date of Birth is 30.09.1937.

I am submitting a written to the Hon'ble Ethics Committee today i.e. 16.10.2007

Thanking you,

Sd/-
(Dr. P.C. Khanduja)

The Ethics Committee further noted that Dr. (Mrs.) Mamta Raj was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

“16.10.2007

Statement of Dr. (Mrs.) Mamta Raj

I, Dr.(Mrs.) Mamta Raj, did my MBBS from Gajra Raja Medical College, Gwalior in the year 1993 My registration No. is 12655 from Madhya Pradesh Medical Council. My Date of Birth is 20.12.1965.

Regarding this case I was invited by Dr. K.N. Agarwal to participate in this voluntary medical health check up on the second day in Sardar Patel School, Delhi. As I was not working after I came back from U.K. in April, 2006. When I went to the school with the medical team, the room had all necessary equipment for measuring height and weight and there was a list of the children (class wise) given by the school. There was a staff nurse who was there all the time. Girls were being examined by the lady doctors (Dr. (Mrs.) D.K. Agarwal and myself), I was mostly involved in writing the examination and the boys were examined by the male doctors(Dr. K.N. Agarwal & Dr.

P.C.Khanduja). The boys were briefed by Dr. K.N. Agarwal and the girls were briefed Dr.(Mrs.) D.K. Agarwal prior to the medical check up in the auditorium. During the examination the girls were not hesitant and were willingly coming for the examination, they were being asked about the refractive errors and any other medical problems if they had. The medical examination was being done for each girl separately in a cubicle. The girls were not undressed and we did not touch any part of their body, simple auscultation for Cardiac and respiratory system was done.

Sd/- (Dr. (Mrs.) Mamta Raj)"

The Ethics Committee further noted that Mrs. Vinay Goyal, Social Worker. was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

"16.10.2007

Statement of Mrs.Vinay Goyal

I am Mrs. Vinay Goyal. I am a house wife. My husband is a business man. I just work voluntarily in my spare time in our community centre. I was involved in this matter just help to the examination team as an assistant at Sardar Patel School. Dr. K.N. Aggarwal known to me for the last 6 years.

Sd/-
(Mrs. Vinay Goyal)"

The Ethics Committee also noted that Dr. Manish Srivastav was asked to appear before the Ethics Committee on 16.10.2007, but he did fail to do so.

The Ethics Committee after discussing this case and decided to call Dr. Manish Srivastava to be present at 11.00 a.m. on its next meeting. The final decision in this case shall be taken on that day."

As per above decision, Dr. K. N. Aggarwal was requested to intimate Dr. Manish Srivastav to be present before the Ethics Committee on 18.12.2007 at 11:00 a.m and also requested to send the address of Dr. Srivastava vide Council's letter dated 5.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 17th December, 2007 and the decision was as under:-

"The Ethics Committee considered matter with regard to complaint against Dr. K.N.Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi and decided this case should be taken for final hearing in its next meeting. The Ethics Committee further noted that Dr. Manish Srivastav who was called on 18.12.2007 should be called on the first day of its next meeting."

As per decision, Dr. Manish Srivastava was requested to appear before the Ethics Committee on 21.01.2008 at 3:00 p.m. vide Council's letter dated 17.01.2008.

The matter was considered by the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the decision was as under:-

"The Ethics Committee considered the matter with regard to complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi.

It may be stated that the Council received a letter dated 9/10.08.2007 from Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi with regard to complaint against Dr. K.N. Aggarwal, in which it is stated as under :-

"Pursuant to media reports regarding mis-conduct during medical examination of students in Sardar Patel School in Delhi, the Commission appointed a two member Committee to inquire into the matter :

The Committee during the inquiry found the following :

1. That Dr. K. N. Aggarwal vide letter dated 25.05.2007 to the Principal of SPV proposed medical check up for students. He wrote that " The examination will include simple medical examination and height/weight measurements. These will include detect children who have growth failure and obesity. Any other illness will also be screened."

During medical exam, in addition to growth patterns, obesity and nutrition status, throat, lungs, heart and abdomen examination, the presence of hernia and hydrocele was also examined.

2. The Medical Council of India is requested to let the Commission know the following :

- I) Whether MCI has any prescribed ethical guidelines for conducting such health surveys ? If so, a copy of same may be provided.
- II) Whether Dr. K.N. Aggarwal's study (on behalf of the 'Health Care and Research Association for Adolescents) followed any ethical guidelines for conducting such a survey?
- III) Whether an ethics committee was constituted and if so, who were the members in the committee and what were the procedures recommended by them before the survey was actually carried out?
- IV) The propriety of conducting Genital/SMR tests without clarifying purpose, manner and procedure and without taking specific consent of the guardians of the minors.

The information on the above may be submitted to the Committee within one month."

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

"The Ethics Committee considered the matter with regard to complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi. The Ethics Committee after discussing of the matter is of the opinion that Dr. K.N. Aggarwal be asked to be present before the Ethics Committee at 11.00 a.m. at its second day of next meeting of the Medical Council of India with all the records of its studies including the design of the study, protocol of study and any necessary permission he has taken from the competent authority etc. The letter received from the Chairperson, National Commission for Protection of Child Rights, Govt. of India may also be sent to Dr. K.N. Aggarwal asking him to give his parawise comments to the issues raised in the letter."

Dr. K.N. Aggarwal was called on 11.09.2007 at 11.00.a.m vide Council's letter dated 10.09.2007.

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

"The Ethics Committee considered the matter with regard to complaint against Dr.K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi and decided to call Dr.K.N. Aggarwal to appear before the Ethics Committee on 11.9.2007. The statement of Dr.K.N. Aggarwal is as under:-

STATEMENT OF DR. K.N. AGARWAL

I, Dr. K.N. Agarwal did my MBBS from K.G. Medical College, Lucknow in 1959 and D.C.H. in 1961 from Delhi University and M.D. (Paed.) in 1969 and MD (Paed. Haematology) from University Uppsala in 1965. My Date of Birth is 05.07.1937. My registration number is U.P. Medical Council 8861 of 1959.

I have received the letter from the Medical Council of India requesting me to be present on 11.9.2007. I have attended the Ethics Committee meeting on the same date. I am submitting my written statement and submitting the copies of proformas filled up during the medical examination of the children and also copy of one email and a list containing my communication with the school alongwith the names of the members of the team who conducted the medical examination of the children. In addition to my written submissions, I would like to state the following:

It is regretted that the National Commission for Protection of Child Rights on the basis of media reports instituted an enquiry against me rather than asking the Medical Council of India whether such a medical examination is in any way non-ethical.

Q. What is this Health Care & Research Association for adolescent?

Ans. Health Care & Research Association is a voluntary organization which only helps in conduct examination of school children.

Q. Is it Delhi based?

Ans. Yes.

Q. Is it registered?

Ans. Yes, with Delhi Government.

Q. Under which Act it is registered?

Ans. Its an N.G.O.

Q. What type of research you conduct?

Ans. We were only doing to see whether the children growth is normal and development is normal.

Q. Do you have some papers on this?

Ans. I have published on rural children mental development in relation to their nutrition.

Q. Do you have any branch?

Ans. No

Q. Was it a part of research on behalf of health care?

Ans. This is a voluntary work. This was not related to any research. I was operated for cancer prostate and have chronic renal failure since 2005. My wife Prof. Mrs. Agarwal had very poor vision due to chronic Uveitis which got corrected in April, 2007. Thus, both of us wanted to do some voluntary work and decided to start helping school children.

Q. Whether the data generated out of the school medical examination is the property of school or yours.

Ans. Schools.

Q. Who are the other members of the team?

Ans. 1.Prof.Dr.(Mrs.) D.K. Agarwal, MBBS, DCH, MD (Retd. Prof. Head of Paediatrics), Instt. of Medical Sciences, Varanasi (2) Dr. P.C. Khanduja, MD, DCH, worked in this school for 10 years as Medical School Officer and was also Head of the department. (3) Dr.Mrs. Mamta Raj, MBBS with 2 years training in U.K. (4) Dr. Manish Srivastav, MD (5) Mrs. Vinay Goyal, Social Worker (6) Mr. Sanjay Chauhan, Driver who measures weight & height.

Q. Was this survey carried out on behalf of the research care association for adolescent?

Ans. This was a voluntary work planned and done by us.

Q. Any study protocol was submitted to the school?

Ans. The form for the children examination was prepared in the school with the help of the school nurse. The school filled all the details of the child.

Q. Can you give the registration documents/constitution of the health care research association?

Ans. At this moment, I have not brought it. I will send you by courier.

Q. Did the school constituted any Ethics Committee before taking this children examination?

Ans. Yes, the Principal told me that she will discuss in school-teachers council and then inform me.

Q. Have they informed you?

Ans. They informed me through email by the Principal and mobile phone by the school nurse requesting to complete the health examination within July.

Q. What is the name of the Principal?

Ans. Mrs. Vijaya Subramanyam (Offtg. Principal)

Q. Do you have Principal's phone number etc.?

Ans. I don't have now.

I appeal to the Committee to issue clear instructions for conducting school health examination to detect "disability" in time. This will go a long way to create a healthy generation.

Sd/-
(Dr. K.N. Agarwal)
11.9.2007

The Ethics Committee after detailed discussion unanimously decided to call the Principal, Sardar Patel School, New Delhi in the first day of its next meeting at 3.00 p.m. with all the documents pertaining to the case including copies of communication received from Dr. K.N. Aggarwal and other doctors and permission etc. granted by the school for conducted the said study. Also copies of the protocol submitted to the school may also be submitted. The Principal, Sardar Patel School, New Delhi may be informed that Medical Council of India have taken up this investigation, pursuant to written complaint against Dr. K.N. Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi. Therefore she is requested to attend without fail.

The Ethics Committee further decided to call the other doctors who have taken part in the said study along with Dr. K.N. Aggarwal viz. Prof. Dr.(Mrs.) D.K. Agarwal (2) Dr. P.C. Khanduja, which also Medical Officer of the school (3) Dr. (Mrs.) Mamta Raj (4) Dr. Manish Srivastav (5) Mrs. Vinay Goyal, Social Worker. The addresses of all the concerned persons may be obtained

from Dr. K.N. Aggarwal. They may be requested to present before the Ethics Committee on second day at 12.00 noon in its next meeting.”

As per above decision, the Principal, Sardar Petal School, New Delhi was requested to appear before the Ethics Committee on 15.10.2007 at 3.00 p.m. with all the documents pertaining to the case including copies of communication received from Dr. K.N. Aggarwal and other doctors, permission etc. granted by the school for conducting the said study and copies of the protocol submitted to the school vide Council's letter dated 28.09.2007.

Dr. K.N. Aggarwal had requested to intimate Dr. (Mrs.) D.K. Agarwal, Dr. P.C. Khanduja, Dr. (Mrs.) Mamta Raj, Dr. Manish Srivastav, & Mrs. Vinay Goyal, Social Worker to present before the Ethics Committee on 16.10.2007 at 12:00 Noon and also requested to send the addresses of the above mentioned doctors/persons vide Council's letter dated 28.09.2007.

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

“The Ethics Committee considered the matter with regard to complaint against Dr. K.N. Aggarwal sent by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights, Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi and noted that Mrs. Vijaya Subramaniam, Vice-Principal, Sardar Patel School has been appeared before the Ethics Committee and given a statement which is as follow:-

“Statement of Mrs. Vijaya Subramaniam

The Vice-Principal Mrs. Vijaya Subramaniam, who was the officiating Principal at the time of incident appeared before the Ethics Committee on 15.10.2007 alongwith the parent member Mr. Vijay Mehta. The Ethics Committee records its appreciation for the Vice-Principal, Sardar Patel Vidyalaya, New Delhi as well as the parent member for their co-operation in this case. From the oral disposition of the Principal it appears that on 25.5.2007, Dr. K.N. Agarwal had written a letter to the Principal, Sardar Patel Vidyalaya, Lodi Road, New Delhi, a copy of which has been submitted. Based on this letter and verbal request, the Principal, Sardar Patel Vidyalaya, New Delhi has fixed a date for the physical examination.

The Ethics Committee put certain questions to the Principal and the answers are as follows:-

- Q. Do you have a system of regular annual medical examination in your school?
 A. Yes, each year we have certain focus, one year it was eye check up and another year was dental check up and ENT examination also and for the past few years we did not have this kind of check up so when the request came from Dr. K.N. Agarwal, we allowed him to conduct the check-up.
- Q. In the letter of Dr. Agarwal, it has been mentioned that the medical examination will include simple medical examination and height/weight measurements. The examination will detect children who have growth failure and obesity. Any other illness will also be screened. Have the team under Dr. K.N. Agarwal submitted to you any study protocol in writing before the study was approved and undertaken?
 A. No
- Q. Did they at any time tell the school that study/medical examination would involve examination of external genitalia in case of male students and breast size in the case of female students?
 A. No
- Q. The school authorities did not know before the health check up that such kind of examination would be carried out?
 A. No
- Q. Was the subject of medical examination informed to the students as well as the parents by the school authorities?
 A. The general practice is that we informed the parents of the primary school children and not the senior school and based on the letter we assumed that it is a simple medical examination and we did not inform.
- Q. On the day of examination, was it announced that the examination will be voluntary basis or all students were asked to go for medical examination?
 A. Medical examination is always voluntary in the school and the students were informed much before hand about the medical examination check-up.
- Q. Before the medical check-up/examination were conducted, were the children informed that the medical check up would involve examination of external genitalia in case of male students and breast size in the case of female students and does the school authority know about this point?
 A. No

Q. Does the school have a medical officer in its employment?

A. We have a female nurse which is in accordance with the Delhi School Education Act and Rules which states that either a doctor or a female nurse, in the case of co-educational schools, not less than one lady doctor or female nurse shall be appointed.

Q. According to the same Act & Rules, recognized schools are to appoint a medical officer, part time or full time and also a compounder part time and full time basis and it is in addition to this in the case of co-educational school not less than one lady doctor or female nurse should be appointed. What did you say about this?

A. Doctor parents and alumni students who are doctors visit the school when needed. The dental and eye check ups in the previous years were conducted by doctor parents.

Q. Why did the school go ahead with the proposal received from Dr.K.N.Agarwal regarding this medical check up?

A. In his letter Dr.K.N. Agarwal stated an old association with the school and one of the members of his team Dr.Khanduja, was a parent of the school and was also associated with the school clinic on a part time basis. So therefore in total good faith and trust we allowed this team to conduct the medical check-up.

The Ethics Committee would like to thank the Vice-Principal who was the officiating Principal at the time of medical check up.

(Mrs.Vijaya Subramaniam)
Vice-Principal,
Sardar Patel Vidyalaya,
New Delhi".

The Ethics Committee further noted that Dr.(Mrs.) D.K. Agarwal was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

"16.10.2007

Statement of Dr. (Mrs.) D.K. Agarwal)

I, Dr. (Mrs. D.K. Agarwal), did my MBBS from Patiala Medical College, Punjab in the year 1963. I did my DCH Paediatrics from Delhi University in the year 1965 and also did M.D. (Community Medicine) from BHU, Varanasi in the year 1973. I am registered with the Punjab Medical Council, bearing Registration No.6609. My Date of Birth is 01.09.1939. I am submitting my written statement to the Ethics Committee.

This was a simple medical examination which was done on voluntary basis. During our examination children were willing, very happy and no child ever objected. None of the girl child felt embarrassed. Rather they were asking questions whether they will gain some more height or not. There was no prepared proforma rather the school nurse was given a hand written note containing name, age, Date of Birth and examination to be done for each children prepared a list of children of each class with heading for clinical examination, weight & height and other examination. The school only printed the list and handed over at the start of work, on both the days. On the first day, the children of class 6 and perhaps some for the class 7 were examined. On second day before starting the session the school children of other classes were collected in the school assembly hall for briefing for the health examination. The boys and girls were addressed separately in the presence of the school teachers and the school Principal. The children were requested to ask questions or any other detailed information they wanted to know. But none of the children asked any question or resented for medical examination. The examination was conducted on 2 days. The examination of boys and girls were examined separately by the female and male doctors. The children were feeling happy and comfortable and none of them ever objected for examination. On 3rd day when we reached the school gate we found the Star News people waiting and surrounding our vehicles, we thought that since we were doing this voluntary health examination they wanted to air into the media for our good work. One lady Ms. Ratna Sukhla of Star News wanted to know the details of the examination which we told her as we were doing in the school. Then one of us went inside the school to talk the Principal about why media persons have come. She told us that there might be some problem in the medical examination then we told her we will not work today and we will work only after the problem is solved. So we left the school and all the details of examination were left with the school only. But we requested the school to provide us with a photocopy of all the papers.

Question – Was any protocol submitted to the school for the examination?

Ans.- No, since there was no set protocol. Simple one line detailed containing all the information were given in the hand written paper to be typed by the school. So that class wise list with name, date of birth and clinical examination could be prepared for the examination.

Question – Were the school children informed before hand that the medical examination would also include of external breast size in the girls?

Ans.- I don't think any breast examination was done for any child. Only auscultation with the stethoscope was done for heart and lungs examination for which no information needs to be given as it is a simple routine examination.

Question- Whether the examination could tell about the age of the girls?

Ans.- No sir, only the examination could tell whether the girls can gain some more height during the coming years, which could be answered approximately.

Thanking you,

Sd/-
(Dr.(Mrs.) D.K. Agarwal)”

The Ethics Committee further noted that Dr. P.C. Khanduja, which also Medical Officer of the school was asked to appear before the Ethics Committee on 16.10.2007 and he has appeared. He has given a statement before the Ethics Committee which is as follows:-

“16.10.2007

Statement of Dr. P.C. Khanduja

I, Dr. P.C. Khanduja did my MBBS from Jabalpur in the year 1962. I did my DCH from the Maulana Azad Medical College, Delhi in the year 1965 and did my M.D. in the year 1968 from the same institute. I am registered with the Delhi Medical Council, bearing Registration No.13188. My Date of Birth is 30.09.1937.

I am submitting a written to the Hon'ble Ethics Committee today i.e. 16.10.2007

Thanking you,

Sd/-
(Dr. P.C. Khanduja)

The Ethics Committee further noted that Dr. (Mrs.) Mamta Raj was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

“16.10.2007

Statement of Dr. (Mrs.) Mamta Raj

I, Dr.(Mrs.) Mamta Raj, did my MBBS from Gajra Raja Medical College, Gwalior in the year 1993 My registration No. is 12655 from Madhya Pradesh Medical Council. My Date of Birth is 20.12.1965.

Regarding this case I was invited by Dr. K.N. Agarwal to participate in this voluntary medical health check up on the second day in Sardar Patel School, Delhi. As I was not working after I came back from U.K. in April, 2006. When I went to the school with the medical team, the room had all necessary equipment for measuring height and weight and there was a list of the children (class wise) given by the school. There was a staff nurse who was there all the time. Girls were being examined by the lady doctors (Dr. (Mrs.) D.K. Agarwal and myself), I was mostly involved in writing the examination and the boys were examined by the male doctors(Dr. K.N. Agarwal & Dr. P.C.Khanduja). The boys were briefed by Dr. K.N. Agarwal and the girls were briefed Dr.(Mrs.) D.K. Agarwal prior to the medical check up in the auditorium. During the examination the girls were not hesitant and were willingly coming for the examination, they were being asked about the refractive errors and any other medical problems if they had. The medical examination was being done for each girl separately in a cubicle. The girls were not undressed and we did not touch any part of their body, simple auscultation for Cardiac and respiratory system was done.

Sd/- (Dr. (Mrs.) Mamta Raj)”

The Ethics Committee further noted that Mrs. Vinay Goyal, Social Worker. was asked to appear before the Ethics Committee on 16.10.2007 and she has appeared. She has given a statement before the Ethics Committee which is as follows:-

“16.10.2007

Statement of Mrs.Vinay Goyal

I am Mrs. Vinay Goyal. I am a house wife. My husband is a business man. I just work voluntarily in my spare time in our community centre. I was involved in this matter just help to the examination team as an assistant at Sardar Patel School. Dr. K.N. Aggarwal known to me for the last 6 years.

Sd/-
(Mrs. Vinay Goyal)”

The Ethics Committee also noted that Dr. Manish Srivastav was asked to appear before the Ethics Committee on 16.10.2007, but he did fail to do so.

The Ethics Committee after discussing this case and decided to call Dr. Manish Srivastava to be present at 11.00 a.m. on its next meeting. The final decision in this case shall be taken on that day.”

As per above decision, Dr. K. N. Aggarwal has been requested to intimate Dr. Manish Srivastav to be present before the Ethics Committee on 18.12.2007 at 11:00 a.m and also requested to send the address of Dr. Srivastava vide Council's letter dated 5.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 17th December, 2007 and the decision was as under:-

“The Ethics Committee considered matter with regard to complaint against Dr. K.N.Aggarwal as alleged by Ms. Shantha Sinha, Chairperson, National Commission for Protection of Child Rights,

Govt. of India regarding misconduct during medical examination of students in Sardar Patel School in Delhi and decided this case should be taken for final hearing in its next meeting. The Ethics Committee further noted that Dr. Manish Srivastav who was called on 18.12.2007 should be called on the first day of its next meeting.”

The Ethics Committee noted that Dr. Manish Srivastav was asked to appear before the Ethics Committee on 21.01.2008 at 3.00 p.m. and he appeared. He has given a statement which is as under:-

Statement of Manish Srivastav

I, Manish Srivastav passed my MD(Physician) course from Irkutsk State Medical University, Russia in the year 2005. I am not yet registered with the Medical Council of India. A Medical check-up was held in Sardar Patel School, New Delhi and I was asked by Dr. K.N. Agarwal to help in conduction in the check up procedure. I have checked only height & weight of the school children. I have nothing more to add.

Sd/-
(Manish Srivastav)

The Ethics Committee discussed the matter of complaint against Dr. K.N. Agarwala. It has called before it to Dr. K.N. Agarwala, (Dr.(Mrs.) D.K. Agarwal, Dr. P.C. Khanduja, Dr. (Mrs.) Mamta Raj, Dr. Manish Srivastava alongwth Principal, Mrs. Vijaya Subramaniam and Mrs. Vinay Goyal and recorded their statements. The Committee examined their statements. And after talking all available documents and dispositions into account, the Ethics Committee observed that Dr. K.N. Agarwal, who was leader of the doctors team who conducted medical examination of the students of Sardar Patel School, Delhi has failed (1) to evolve a proper aim and objectives of the medical examination that was carried out. From the dispositions, it is clear that he has not been able to design the medical examination protocol as to whether it would be a routine medical examination or a medical examination designed to detect growth/development failure in which case examination of external genitalia in case of boys and breast size in case of girls students may be required. (2) to prepare a proper examination protocol for the medical examination containing the whole examination aim. The only paper used as a protocol is a plan sheet containing the name of student. (3) to inform the school authorities that such an medical checkup may involve examination of external genitalia in case of boys and breast size in case of girls in cases of suspected growth/development failure (4) to inform the guardians of the students through school authorities prior to the medical examination and obtain their consent.

The Ethics Committee feels that this lapse in communication on the part of Dr. K.N. Agarwal and his team has led to this untoward happening.

After discussing all the aspects of the case, the Ethics Committee is of the considered opinion that Dr. K.N. Agarwala who is the leader of the team, conducting medical examination of the students of Sardar Patel School, New Delhi, has failed to design, inform and conduct the medical examination in a proper and professional manner.

The Ethics Committee has therefore decided, unanimously to issue a warning to Dr. K.N. Agarwal not to do such medical examination in future without proper design and protocol.

The fact may be recorded against his name in the IMR. “

137. Complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang , Arunachal Pradesh as alleged by Mr. Sajjan Kr. Aggarwal (Goyal).

Read: The letter dated 28.08.2006 from Mr.Sajjan Kumar Aggarwal (Goyal) with regard to complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh.

The Council approved the following recommendations of the Executive Committee:-

“”The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

”The matter was considered by the Ethics Committee at its meeting held on 13.10.2006 and the decision was as under :-

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyork, Medical Officer Primary Health Centre, Dist. Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Goyal (Agarwal) and noted that Dr. Libe Nyork is registered with the Uttar Pradesh

Medical Council bearing Regn. No.45085, dated 08.11.2001. The Ethics Committee decided to refer this matter to Uttar Pradesh Medical Council for taking necessary action at their end within six months of receipt of this communication under intimation to this Council. A copy of the same may be marked to the complainant. This may be recorded in the referral register.”

As per above decision, the matter was referred to the Registrar, U.P. Medical Council with a copy to the complainant vide Council's letter dated 3.11.2006 to investigate and take necessary action within a period of six months. No reply has been received in this regard.

It may further be stated that the Council received another letter dated 20.04.2007 from Mr. Sajjan Kumar Aggarwal (Goyal) in which he sought some clarification under RTI Act, 2005, which is reproduced below: -

“This is in reference to your letter No. MCI-211(433)/2006 Ethics/18826 dated 3.11.2006 that in which you had informed me about my complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Distt. Changlong, Arunachal Pradesh that decision on my complaint against delinquent physician shall be taken within a time taken of 6 months.

My pointwise query is that what action has been taken and what is status of the proceedings after 13.10.2006 upon my complaint against erring doctor Dr. Libe Nyork, Medical Officer, Primary Health Centre, Distt. Changlong, Arunachal Pradesh.

I submit that to the best of my knowledge the information sought does not fall within the restrictions contained in section 8 and Section9 of the Act and it pertains to your office.

This is certify that I, Sajjan Kumar Goyal S/o Late Mani Ram Soyal am Citizen of India. A fee of Rs. 10/- has been deposited vide IPO No. 59E061616.”

The Council vide its letter dated 6.06.2007 was informed to Mr. Sajjan Kr. Aggarwal that the above matter will be placed before the ensuing meeting of the Ethics Committee and the decision so arrived will be communicated to him in due course of time.

The matter was considered by the Ethics Committee at its meeting held on 18.06.2007 and the decision was as under :-

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Aggarwal (Goyal) and noted that Dr. Libe Nyork is registered with the Uttar Pradesh Medical Council and the matter was referred to the Uttar Pradesh Medical Council on 03.11.2006, but till date no information has been heard from the Uttar Pradesh Medical Council as 6 months has already been passed. Therefore, the Ethics Committee decided to take up this case and asked Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh to appear before the Ethics Committee at its second next meeting of the Ethics Committee.

The Ethics Committee further decided that the Secretary (Health), Govt. of Arunachal Pradesh and the Director General of Health Services, Govt. of Arunachal Pradesh may also be sent this information with the request to ask the concerned doctor to appear before the Ethics Committee on the appointed day and time.

Mr. Sajjan Kr. Aggarwal(Goyal), who has lodged this complaint and also have sought about the action taken through the RTI Act, 2005 may also be informed regarding this action.”

As per above decision, Dr. Libe Nyork was requested to appear before the Ethics Committee on 11.08.2007 at 11.00.a.m vide Council's letter dated 24.07.2007 with a copy to the Secretary, Govt. of Arunachal Pradesh, Health & Medical Dept., Itanagar, the Director, Health Services, Arunachal Pradesh & Mr. Sajjan Kumar Aggarwal, New Delhi.

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

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyorak, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Aggarwal and noted that Dr. Libe Nyorak has been asked to appear before the Ethics Committee on 11.8.2007 and he has appeared before the Ethics Committee and his disposition recorded as under:-

11.08.2007

Statement of Dr. Libe Nyorak

“I, Dr. Libe Nyorak, I am Medical Officer at Primary Health Centre, Diyun, Changalang Dist. Arunachal Pradesh. I did my MBBS from M.L.B. Medical College, Jhansi in the year 2000. I am registered with the Uttar Pradesh Medical Council, bearing Registration No.45085 and I am also registered with the Delhi Medical Council, bearing Regn. No.18598 of 2003. My Date of Birth is 14.01.1976.

Regarding the complaint against me I have the following to state.

The patient Smt. Roitong Singpho, (Adult/Female), visited my OPD frequently with complaint of bleeding per vaginal and low back pain. One day she came for medical certificate regarding rest stating that her symptoms aggravated whenever she under goes journey and attending social activities. She brought me treatment report of vaginal bleeding and Polypectomy done in Sir Ganga Ram Hospital, Delhi one year back. Since, there is no Gynae. & Obst. in the entire Changalang Dist. and nearest facilities are available in Assam only. So I gave her rest for 11 month and advise her to continue treatment. I was not aware of any Court case against her. I advised for patient well being only and in good faith”.

Sd/-

(Dr. Libe Nyorak)

The Ethics Committee also noted that the advocate of the complainant also came today without being called by this office and he has marked his attendance and address. The Ethics Committee decided to call the complainant to appear before the Ethics Committee on the appointed day and time in person/through his advocate on the second day of its next meeting of the Ethics Committee at 11.30 a.m.”

As per above decision, Mr. Sajjan Kumar Aggarwal was requested to appear before the Ethics Committee on 16.10.2007 at 11.30.a.m vide Council's letter dated 8.10.2007.

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

“Mr. Sajjan Kumar Aggarwal was called before the Ethics Committee on 16.10.2007. He was represented by his legally constituted lawyer Mr. Bishwajit Kumar Shahi today and he has made a oral submission before the Ethics Committee. The Ethics Committee after hearing his submission decided that Mr. Shahi shall file a written submission to it within 15 days, the case may be listed for next meeting. The advocate shall be informed on the date.”

Further, Mr. Shahi has sent a letter dated 30.10.2007 in which it is stated as under :-

“1. That in pursuant to the order passed by this Hon'ble Committee on 16.10.2007 to file the written argument the complainant is making his submission as under :

2. That the complainant has filed two cases against Riontong Singhpho, the wife of Cabinat Minister C.C. Shirgpho before the Judicial Magistrate U/s 138 of Negotiable Instrument Act.

3. That the above said two cases were filed by the complainant against Roiting singpho the patient/ accused under section 138 of Negotiable Instrument Act which is criminal in nature and the accused has to appear in person the Hon'ble Court and also to seek bail from the court.

4. That said two cases involves amount of Rs. 38.5 Lacs and when the accused Riotong Singpho could not get relief from the District Court, High Court, thereafter, she approached the erring doctor to issue such a certificate for a long period.

5. That my humble submission in that whether a doctor should come on the way of delivery of Justice providing such a fake certificate on false disease only on help the accused person coming under influence of colorful power of the cabinet minister, C.C. Singpho.

In view of submission made hereinabove it is humbly prayed your Goodself that an appropriate and stringent action be taken against erring doctor, so that complainant may get relief from the Hon'ble Court.

Pass further any other order which this Hon'ble may deem fit and proper in the interest of justice.”

The matter was considered by the Ethics Committee at its meeting held on 12th & 13th Feburary, 2008 and the decision was as under :-

“The Ethics Committee noted that the Council received a letter dated 28.08.2006 from Mr.Sajjan Kumar Aggarwal (Goyal) with regard to complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh.

On perusal of the IMR data, it was noted that Dr. Libe Nyork is registered with U. P. Medical Council bearing Regn. No. 45085 dated 8.11.2001.

The matter was considered by the Ethics Committee at its meeting held on 13.10.2006 and the decision was as under :-

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyork, Medical Officer Primary Health Centre, Dist. Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Goyal (Agarwal) and noted that Dr. Libe Nyork is registered with the Uttar Pradesh Medical Council bearing Regn. No.45085, dated 08.11.2001. The Ethics Committee decided to refer this matter to Uttar Pradesh Medical Council for taking necessary action at their end within

six months of receipt of this communication under intimation to this Council. A copy of the same may be marked to the complainant. This may be recorded in the referral register.”

As per above decision, the matter was referred to the Registrar, U.P. Medical Council with a copy to the complainant vide Council's letter dated 3.11.2006 to investigate and take necessary action within a period of six months. No reply has been received in this regard.

It may further be stated that the Council received another letter dated 20.04.2007 from Mr. Sajjan Kumar Aggarwal (Goyal) in which he sought some clarification under RTI Act, 2005, which is reproduced below: -

“This is in reference to your letter No. MCI-211(433)/2006 Ethics/18826 dated 3.11.2006 that in which you had informed me about my complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Distt. Changlong, Arunachal Pradesh that decision on my complaint against delinquent physician shall be taken within a time taken of 6 months.

My pointwise query is that what action has been taken and what is status of the proceedings after 13.10.2006 upon my complaint against erring doctor Dr. Libe Nyork, Medical Officer, Primary Health Centre, Distt. Changlong, Arunachal Pradesh.

I submit that to the best of my knowledge the information sought does not fall within the restrictions contained in section 8 and Section9 of the Act and it pertains to your office.

This is certify that I, Sajjan Kumar Goyal S/o Late Mani Ram Soyal am Citizen of India. A fee of Rs. 10/- has been deposited vide IPO No. 59E061616.”

The Council vide its letter dated 6.06.2007 was informed to Mr. Sajjan Kr. Aggarwal that the above matter will be placed before the ensuing meeting of the Ethics Committee and the decision so arrived will be communicated to him in due course of time.

The matter was considered by the Ethics Committee at its meeting held on 18.06.2007 and the decision was as under :-

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Aggarwal (Goyal) and noted that Dr. Libe Nyork is registered with the Uttar Pradesh Medical Council and the matter was referred to the Uttar Pradesh Medical Council on 03.11.2006, but till date no information has been heard from the Uttar Pradesh Medical Council as 6 months has already been passed. Therefore, the Ethics Committee decided to take up this case and asked Dr. Libe Nyork, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh to appear before the Ethics Committee at its second next meeting of the Ethics Committee.

The Ethics Committee further decided that the Secretary (Health), Govt. of Arunachal Pradesh and the Director General of Health Services, Govt. of Arunachal Pradesh may also be sent this information with the request to ask the concerned doctor to appear before the Ethics Committee on the appointed day and time.

Mr. Sajjan Kr. Aggarwal(Goyal), who has lodged this complaint and also have sought about the action taken through the RTI Act, 2005 may also be informed regarding this action.”

As per above decision, Dr. Libe Nyork was requested to appear before the Ethics Committee on 11.08.2007 at 11.00.a.m vide Council's letter dated 24.07.2007 with a copy to the Secretary, Govt. of Arunachal Pradesh, Health & Medical Dept., Itanagar, the Director, Health Services, Arunachal Pradesh & Mr. Sajjan Kumar Aggarwal, New Delhi.

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

“The Ethics Committee considered the matter with regard to complaint against Dr. Libe Nyorak, Medical Officer, Primary Health Centre, Changlang, Arunachal Pradesh as alleged by Mr. Sajjan Kr. Aggarwal and noted that Dr. Libe Nyorak has been asked to appear before the Ethics Committee on 11.8.2007 and he has appeared before the Ethics Committee and his disposition recorded as under:-
11.08.2007

Statement of Dr. Libe Nyorak

“I, Dr. Libe Nyorak, I am Medical Officer at Primary Health Centre, Diyun, Changalang Dist. Arunachal Pradesh. I did my MBBS from M.L.B. Medical College, Jhansi in the year 2000. I am registered with the Uttar Pradesh Medical Council, bearing Registration No.45085 and I am also registered with the Delhi Medical Council, bearing Regn. No.18598 of 2003. My Date of Birth is 14.01.1976.

Regarding the complaint against me I have the following to state.

The patient Smt. Roitong Singpho, (Adult/Female), visited my OPD frequently with complaint of bleeding per vaginal and low back pain. One day she came for medical certificate regarding rest stating that her symptoms aggravated whenever she under goes journey and attending social activities. She brought me treatment report of vaginal bleeding and Polypectomy done in Sir Ganga Ram Hospital, Delhi one year back. Since, there is no Gynae. & Obst. in the entire Changalang Dist. and nearest facilities are available in Assam only. So I gave her rest for 11 month and advise her to continue treatment. I was not aware of any Court case against her. I advised for patient well being only and in good faith”.

Sd/-
(Dr. Libe Nyorak)

The Ethics Committee also noted that the advocate of the complainant also came today without being called by this office and he has marked his attendance and address. The Ethics Committee decided to call the complainant to appear before the Ethics Committee on the appointed day and time in person/through his advocate on the second day of its next meeting of the Ethics Committee at 11.30 a.m.”

As per above decision, Mr. Sajjan Kumar Aggarwal was requested to appear before the Ethics Committee on 16.10.2007 at 11.30.a.m vide Council's letter dated 8.10.2007.

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

“Mr. Sajjan Kumar Aggarwal was called before the Ethics Committee on 16.10.2007. He was represented by his legally constituted lawyer Mr. Bishwajit Kumar Shahi today and he has made a oral submission before the Ethics Committee. The Ethics Committee after hearing his submission decided that Mr. Shahi shall file a written submission to it within 15 days, the case may be listed for next meeting. The advocate shall be informed on the date.”

Further, Mr. Shahi has sent a letter dated 30.10.2007 in which it is stated as under :-

- “1. That in pursuant to the order passed by this Hon'ble Committee on 16.10.2007 to file the written argument the complainant is making his submission as under :
2. That the complainant has filed two cases against Riontong Singhpho, the wife of Cabinat Minister C.C. Shirgpho before the Judicial Magistrate U/s 138 of Negotiable Instrument Act.
3. That the above said two cases were filed by the complainant against Roiting singpho the patient/ accused under section 138 of Negotiable Instrument Act which is criminal in nature and the accused has to appear in person the Hon'ble Court and also to seek bail from the court.
4. That said two cases involves amount of Rs. 38.5 Lacs and when the accused Riotong Singpho could not get relief from the District Court, High Court, thereafter, she approached the erring doctor to issue such a certificate for a long period.
5. That my humble submission in that whether a doctor should come on the way of delivery of Justice providing such a fake certificate on false disease only on help the accused person coming under influence of colorful power of the cabinet minister, C.C. Singpho.

In view of submission made hereinabove it is humbly prayed your Goodself that an appropriate and stringent action be taken against erring doctor, so that complainant may get relief from the Hon'ble Court.

Pass further any other order which this Hon'ble may deem fit and proper in the interest of justice.”

The Ethics Committee after due deliberation have seen that Dr. Libe Nyork has given a certificate to one particular patient Smt. Roitong Singpho, advising her rest for 11 months due to vaginal bleeding and Polypectomy as per the report of Sir Ganga Ram Hospital, Delhi and low back pain. The Ethics Committee has called Dr. Libe Nyork and has also recorded his statement. The Ethics Committee is of the opinion that issuance of certificate for a period of 11 months is improper, irregular and not according to the laid-down procedure followed in Government establishment. Moreover, it has further observed that a Medical Officer is not authorized to issue such certificate for such a period without referring the patient to his senior and to a specialist doctor. Dr. Libe Nyork has not referred the patient to any senior doctor or specialist for the above complaint.

The Ethics Committee therefore, is of the opinion that Dr. Libe Nyork has committed mis-conduct by issuing such certificate to the patient. The Ethics Committee therefore recommends that a warning may be issued to Dr. Libe Nyork to follow appropriate rules and procedure at the time of issuing such certificates in future. This may be recorded against his name in the IMR..”

138. Reformative and remedial programmes for medical practitioners convicted of professional misconduct by Medical Council.

Read: The report of the Sub-Committee with regard to reformative and remedial programmes for medical practitioners convicted of professional misconduct by Medical Council.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the following report of the Sub-Committee as constituted by the Executive Committee at its meeting held on 29th December, 2007:-

“Report of the meeting of the Sub-Committee constituted by the Executive Committee for the purposes of Reformative and remedial programmes for medical practitioners convicted of professional misconduct by Medical Council.

The meeting of the Sub-Committee was held on 30th January, 2008 at 12.00 noon in the Council office at Sector-8, Pocket-14, Dwarka, New Delhi-110077.

.....

The present Sub-Committee came to be constituted by the Executive Committee of the Council at its meeting held on 29th December, 2007 for the purposes of suggesting modalities in respect of reformative and remedial programmes for medical practitioners convicted of professional misconduct by Medical Council of India.

The meeting of the Committee was held on 30th January, 2008 at 12.00 noon in the office of the Council wherein Dr.D.J. Borah, Chairman, Ethics Committee & Dr.Ved Prakash Mishra, Member, Executive Committee be present.

The Committee noted that the Ethics Committee of the Council is vested with the authority and jurisdiction in regard to trying and deciding the cases pertaining to breach of Ethical Code of conducts depending upon the nature of the wrongdoing by the concerned medical practitioners and upon entries to the prescribed procedure wherein penalties are imposed on the delinquent which include censure, warning, deletion of name for quantum of time and permanent removal from the Indian Medical Register depending upon the nature and gravity of the wrongs. The issue arose wherein a communication from the Singapore Medical Council was placed before the Ethics Committee of the Council wherein it was brought out that Singapore Medical Council was exploring mandatory remedial measure, strategies and programmes for doctors who have found guilty of professional misconduct or unethical practice by the Council's Disciplinary Committee but whose names have not been permanently removed from the Register.

It further states that it has been long suspected that punitive measures may not be adequate in effecting the desired change in these practitioners who will resume practice after their suspension, fines or censure. Singapore Medical Council therefore hopes that through such remedial measures there can be constructive changes in the professional attitude and conduct of such practitioners thereby helping them to avoid repeat offences.

As this is an entirely new idea to Singapore Medical Council where a communication further brings up that as such entire ideas were new they are keen to learn from the experience of other Medical Councils and sought information from the MCI as to whether such a practice exists in our Council and in case MCI has such a practice what are remedial measures strategies and programmes that have been kept in place to facilitate the reformation of these practitioners.

The Ethics Committee having considered the said letter at its meeting held on 15/16 October, 2007, observed that as of now the MCI did not have any such strategy or programme in place. However, the Committee desired that one of the Hon'ble Member Dr.P.M. Jadhav of the Ethics Committee be entrusted with the responsibilities for preparing a required draft for further consideration by the Committee. In accordance with the decision of the Ethics Committee Dr.P.M. Jadhav prepared extensive note wherein apart from providing answers to the various questions put in by the Singapore Medical Council in their communication also put forward relevant and meaningful suggestions which included as under:-

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

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

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

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

1. The Council in view of reformative and remedial measures should post the concerned practitioners for a certain length of period, such as 3 to 6 months, in the concerned speciality to which the practitioner belong, in a university department or medical college. The place chosen should be in different region than to which the practitioner belong, (so that his anonymity can be maintained to a certain extent and he will be unable to influence the institution members in any way). The practitioner shall work in the department of the concerned specialty. The conceptual basis for this posting is the practitioner in such environment will imbibe ethical behavioral patterns and the knowledge and skills of the institution which will modify his conduct suitably. The practitioner will be charged fees for this posting which will compensate for the training in this period and he will not be paid any remuneration for the services rendered by him.

2. Conducting periodical workshops/ seminars.

The Medical Council should conduct periodical workshops and seminars on “Ethical Conduct and Behavior by medical professionals.” These workshops/ seminars should be conducted by the authorities in related subjects and medical professionals including defaulters are invited for active participation. This would not only create awareness on medical ethics but act as a deterrent for would be defaulters and help to improve the conduct of those who have indulged in malpractice in the past. Depending upon the vastness of country these workshops/ seminars are either held centrally or by Regional Medical Councils.

3. During the under graduate and post graduate medical curriculum due stress needs to be paid on topics like “ Doctor Patient Relationship”, “Hippocratic Oath”, “Medical and health aspects of Consumer Protection Act”, “Professional Misconduct and the powers of Medical Council” etc. The stress can be given during internship training program: in form of case study, written examination, or participatory discussion session; wherein the candidate will be evaluated by the Institutional Ethics Committee. The internship completion will be granted on this basis.

4. Establishment of Vigilance Committee.

A vigilance committee (Cell) should be formed by the MCI comprising of eminent medical professional who should formulate an Action Plan for vigilance on practitioners at large and defaulters in particular to keep watch on malpractices by direct and / or indirect methods. The review and reporting to high authorities should be done in strict confidentiality. The defaulters should be intimated accordingly in view of future screening and disciplinary action.

5. Indirect participation and creation of awareness of public and medical students.

Citizens who are normally beneficiaries of all services by medical profession are expected to be fully aware as regards their rights related to availment of services and also victimization of occasional malpractice and misconduct by medics.

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

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

6. Periodicity of Re-registration of Medical Professionals.

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

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

Sd/-

(Dr. P.M. Jadhav)
Member, Ethical Committee.

The note so readied by Dr. P.M. Jadhav was considered by the Ethics Committee and it was decided that the same may be placed before the Executive Committee for an appropriate decision. It is on the consideration of this note that the Executive Committee had decided to constitute the present Committee.

The Committee apart from its agreement with the note prepared by Dr.P.M. Jadhav and approved by the Ethics Committee would further like to suggest as under:-

In order to keep the remedial practices in place the concept of rehabilitation-mental, emotional and professional of the delinquent is required to be taken stock of and as the disciplinary measures evoked by the Council not only just bars and professional from practicing but it also puts a scar and stigma as well on the delinquent. We are not denying the fact that the disciplinary jurisdiction is required to be evoked but at the same time it has to generate an exemplary proposition which is deterrent in character so that wrongs are not done. It is for this reason as a part of the rehabilitation package counseling of the delinquent is necessary. In this context, Committee would like to draw the attention wherein the National Accreditation Policy, MCI in their documents for accreditation medical institutions have proposed for every medical institutions a student guidance unit for the purposes of counseling the needy students be constituted. The context of such students guidance unit as incorporated by the Council goes to state that such recommendations are expected to be helping not only identified slow learners but also is in a position to formulate some decisive relevant package for fast learners. This has been construed as an exercise of relevance that the good health practices are adopted. By a similar yard-stick, Rehabilitative, Reformatory and Counseling centres need to be created for the purposes of orientation counseling and rehabilitation of delinquent in the context of imposition of penalties by the MCI in terms of their disciplinary jurisdiction. To begin with it would be advisable to have atleast one such centre in each State preferably allocable to the leading medical colleges in the concerned State. The Committee also feels it appropriate to formulate necessary guidelines of the Council which could be passed on to the respective Unitary Counseling/rehabilitation centres as may be created.

The nature of measures which are required to be undertaken are to be in terms of :-

1. Rehabilitation measures
2. Preventive measures which would include generation of appropriate awareness on the necessary areas which already stand catalogued in the note prepared by Dr.P.M. Jadhav.

The Committee recommends that the following guidelines for remedial/reformatory action.

Guidelines for remedial action

1. A delinquent doctor shall be posted for remedial and rehabilitative measures into a designated institute. He/she shall report to the Dean.
2. The Dean shall devise a training programme for him/her in the concerned speciality/areas where it is required for the period specified.
3. The Dean shall consider the directions of MCI and devise the training programme which would be fulltime in consultation with the HOD/HODs of the concerned department/departments so that the doctor concerned is helped in acquiring the necessary competence.
4. After completion of the programme a report on the training shall be given by the Dean to the doctor as shall be sent to MCI.
5. The training should include awareness regarding the Code of Medical Ethics, doctor patient relationship and communicative and behavioural skills.
6. Psychological rehabilitation may be worked out through clinical psychologist in an appropriate manner that may be deemed necessary.

The Ethics Committee, whenever it recommends a penal action on a doctor under provisions of regulation, may also recommend reformative and remedial action at the same time under provisions of the above guidelines.”

139. Seeking expert opinion in case No.C-70/04 titled Ritu Saini & ors. Vs. Indraprastha Apollo Hospital.

Read: The matter with regard to expert opinion in case No. C-70/04 titled Ritu Saini & Ors. Vs. Indraprastha Apollo Hospital.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

“The matter was considered by the Ethics Committee at its meeting held on 18.06.2007 and the decision was as under :-

“The Ethics Committee considered the matter with regard to seeking expert opinion in case No. C-70/04 entitled Ritu Saini & ors. vs. Indraprastha Apollo Hospital. The Ethics Committee noted a letter dt. 23.03.2007 has been received from Mr. Y.P. Talwar, Registrar, State Consumer Disputes Redressal Commission, New Delhi on the matter in case No. C-70/04 entitled Ritu Saini & ors. against Indraprastha Apollo Hospital, Delhi. The Ethics Committee observed that the Registrar has sought an expert opinion before 15.05.2007.

Since, this matter come before the Ethics Committee only on 18.06.2007, the date of which opinion sought has already passed. Office is asked to consult with the legal section of the Council as to whether any further action is required in this case and if so this may be placed before the next meeting alongwith the opinion of the legal section and this may also be conveyed to the Registrar, State Consumer Disputes Redressal Commission, New Delhi.”

As per above decision, the matter was placed before the Retainer Advocate for legal opinion and the Retainer Advocate advised to place the matter before Ethics Committee and obtain expert opinion and send the same to SCDR Commission. Retainer Advocate also advise to obtain a copy of the Order dated 19.01.2007 to place it before the Ethics Committee.

The matter was placed before the Chairman, Ethics Committee for consideration and he directed to obtain all the relevant records of the case.

Reminders dated 8.08.2007 and 23.08.2007 have also been received by this Council on 5.09.2007 & 17.09.2007 respectively.

As per direction of the Chairman, Ethics Committee, the SCDR Commission was requested to provide the same vide this Council's letter dated 5.09.2007.

In reference to above, this Council received a copy of complaint alongwith documents from SCDR Commission, New Delhi vide their letter dated 19.09.2007 received on 1.10.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th December 2007 and the decision was as under:-

“The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007.”

As per above decision Mrs. Ritu Saini (complainant), Dr. Rakesh Gupta and the Medical Director (Services) of Indraprastha Apollo Hospital, New Delhi have been requested to appear before the Ethics Committee on 17th December 2007 at 11.00 a.m. vide Council's letter dated 07.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December 2007 and the decision was as under:-

“The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007.”

As per above decision, the Medical Director (Services), Inderaprastha Apollo Hospital, New Delhi was requested to appear before the Ethics Committee on 17.12.2007 at 11.00.a.m alongwith complete medical record and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini vide Council's letter dated 7.12.2007.

Dr. Rakesh Gupta was also requested to appear before the Ethics Committee on 17.12.2007 at 1.00.p.m vide Council's letter dated 7.12.2007.

Mrs. Ritu Saini was also requested to appear before the Ethics Committee on 17.12.2007 at 1.00.p.m vide Council's letter dated 7.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 17th December 2007 and the decision was as under:-

“The Ethics Committee observed that the Hon'ble State Consumer Disputes Redressal Commission vide its order dated 23/03/2007 in case No. C-70/04 titled Mrs. Ritu Saini & Ors Vs. Indraprastha Apollo Hospital had asked for the expert opinion of the Medical Council of India with regard to the medical negligence, if any, on the part of the respondent Indraprastha Apollo Hospital in compliance of the order dated 19/01/2007 passed by the Hon'ble Commission.

The matter was placed before the Ethics Committee in its meeting held on 06/12/2007 wherein it was decided as under:

“The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007.”

In accordance with the above decision Mrs. Ritu Saini, the widow of the deceased Mr. P.K. Saini and the Medical Director of the Indraprastha Apollo Hospital, Dr. Rakesh Gupta, treating doctor were called to appear before the Ethics Committee on 17/12/2007.

Mrs. Ritu Saini along with her relatives appeared before the Ethics Committee on 17.12.2007. The Ethics Committee on seeing the distraught condition of Mrs. Ritu Saini also allowed her brother in law and brother of the deceased, Mr. Ashwani Saini to be present before it and give a joint statement. The statement was recorded as under:

STATEMENT OF MR. ASHWANI SAINI AND MRS. RITU SAINI

“We, Ritu Saini (wife of deceased) and Ashwani Saini (younger brother of deceased R/o R-61, Khirki Extension, Malviya Nagar, New Delhi – 110017 wanted to highlight certain points:

1. Why MRI not done (Only CT Scan brain non contrast done).
2. Why CSF was not thought of?
3. Why EEG not done?.

4. Doctor must have applied their minds to the possibilities of viral encyplities.
5. Was viral Encyplities the cause of toxic hepatitis?
6. Why the lavage sample not sent for testing?
7. Why no post mortem was suggested, if there was any possibility of poisoning?
8. Why not MLC was made when doctor made poisoning as the initial possibility and finally diagnosed it as toxic hepatitis.
9. Why injection of lox was given when LFT was deranged and there was possibility of seizures.
10. We contacted Dr. Rakesh Gupta on his mobile phone several times between 02 p.m. to 08 p.m. to explain the condition of the patient, but he said he is OK and he will discuss once he come to the hospital. For six long hours he was nowhere around the patient.
11. No other doctor discussed the condition of the patient with us. It was only 07 p.m. when we visited the patient, at that time; the patient was complaining of pain in legs & burning in stomach. For that, we requested the duty Doctor and he gave tablet combiflam and digene in our presence.
12. At 09:30 p.m. we were called in MICU, when Dr. Gupta reached the patient and he told us that there is only 5 % chance of survival of the patient.
13. What measures were taken between 01 p.m. to 09 p.m. and why not any gastroentrolgist consulted between this golden period.
14. Doctors took step after 09:30 p.m. when patient was deteriorating severely but what they had done before to diagnose the deceased.
15. Had prompt remedial measures been taken the chance of the deceased survival would have been possible?
16. Why CVP monitoring not done and IV fluids continued without monitoring?
17. Why RBS not checked regularly?
18. Why PT not crosschecked and monitored when it was deranged?
19. Why Non-steroidal anti-inflammatory drugs given when PT was deranged?
20. Why Inotrops delayed?
21. In view of poisoning ABG not done in the morning?
22. In case of nasopharyngeal bleeding why nasal packing delayed?
23. Lack in intensive monitoring which was very much required after hemodynamically unstable condition i.e. between 12:30 p.m. to 09:30 p.m. (golden period to save the life of the patient)
24. Hemoptysis not ruled out then whey bronchoscopy and BAE not done.
25. The day of admission of patient was on Monday, June 16, 2003.

According to us in this case, there is lack of appreciation of medical facts and medicinal application of mind on the part of Dr. Rakesh Gupta and Apollo Hospital"

Sd-
(Ritu Saini)

The Ethics Committee took note of all the documents and the oral submission of the complainants.

"Dr. Rakesh Gupta, the treating doctor also appeared before the Ethics Committee and stated as under:-

STATEMENT OF DR. RAKESH GUPTA

I, Dr. Rakesh gupta passed my MBBS from University College of Medical Science, New Delhi in 1986 and MD Medicine from S.N. Medical College, Agra in 1991. My Registration No. is MCI/5137. My dated of birth is 07.02.1962.

Case summary of Mr. Pardeep Kumar Saini.

Date of admission 16.06.2003.

Mr. Saini got admitted at Indraprasth Apollo Hospital, Delhi at around 09:15 a.m. on June 16th, 2003 where he was brought in with the history of having been found in a drowsy state at his shop. After initial examination, Differential diagnosis of Generalized tonic clonic seizures, metabolic encephalopathy and unknown drug intake was made and patient's investigations and medical management was planned along these lines.

He had no other past history of any significant medical problems. Gastric lavage was done in the triage; he was put on IV fluids and Injection Rantac. His blood investigations were sent for and he was shifted to medical ICU. His conscious level gradually improved. His CT scan was normal, ultra sound showed fatty liver and thickened gall bladder and his liver function test showed abnormal values – AST levels – 239 U/L; ALT 383 U/L; GGTP 119 U/L; S.ALP-152 U/KL. He had 3 episodes of loose motions following which he was started on Inj. Oflox and Inj. Metrogyl. All along he was monitored closely for homodynamic status. At around 9:00 p.m. he started bringing out blood orally and became homodynamic unstable. Gastroenterology and ENT consultations were taken but patient's bleeding could not be controlled. His PT levels were more than 120 secs (control – 11 secs) and PTTK levels were 90.0 secs (control-32 secs). He was also given 4 units of packed red cells and 4 units of fresh frozen plasma but his bleeding continued. In spite of all efforts patient couldn't be saved and was declared dead at 03:05 a.m. on 17/06/2003.

Cause of death – Toxic hepatitis secondary to? Unknown drug intake
? Disseminated Intravascular Coagulation

I wish to state that the highest possible quality of medical care was provided to Mr. Saini in the Medical ICU and whole medical team involved with the case tried their best to save the patient's life.

Sd/-

DR. RAKESH GUPTA"

The Ethics Committee examined all the documents, the hospital records available and the statements of the treating doctors Dr. Rakesh Gupta and complainants Mrs. Ritu Saini and Mr. Ashwain Saini. The Hon'ble members of Ethics Committee had discussed in length with both the treating doctor and the complainants. After perusal of all the available documents, the Ethics Committee observed the following facts in management of the case:

1. The hospital records and also death summary showed that the patient attended the hospital at 09:15 a.m. on 16/06/2003 in a drowsy but conscious state obeying verbal commands and was shifted to MICU. The case was seen by treating doctor Dr. Rakesh Gupta and admitted under him.
2. The possibilities at first were recorded as:
 - i) TIA/Seizure – post ictal confusional state
 - ii) Cardiac Cause? Arrhythmia
 - iii) Metabolic cause
 - iv) Hypoglycemia
 - v) Poisoning
3. Same day another record put the possibilities as:
 - GTCS (General Tonic Cloni Seizure) with post ictal state
 - Metabolic encephalopathy
 - Unknown poisoning
4. Patient had nasal + oral bleed at 09:00 p.m. on 06/06/2003 with restlessness. The hospital notes stated that he had VT & VF from which he was stated to have been recovered after 4.4 360 J DC shocks (.) Severe Acidosis was recorded.
5. Although the patient was in MICU under central monitoring, no records of cardiac events and acidosis as stated in hospital records could be provided by the hospital. The available charts do not show occurrence of such events as stated in records sheets.
6. The following possible diagnoses were entertained at (this) point of time. ?
 - Septicemia? Viral
 - Unknown poisoning with hepatic involvement
 - ? Corrosive poisoning
7. Later on at 11.45 p.m., on 16.06.2003, on further evaluation, in addition to these, following possibilities were recorded:
 - Toxic Hepatitis – Viral
 - Unknown poisoning i.e. DIC
8. The possibility is unknown poisoning/corrosive poisoning was entertained by the treating doctor Dr. Rakesh Gupta and the hospital as is evident by records of various doctors in the bed head of ticket and also it was stated by Dr. Rakesh Gupta before the Ethics Committee: However,
 - a) Although Gastric leavage was performed, there is no evidence that the sample was preserved for analysis or was sent.
 - b) Gastric leavage was not repeated and samples sent for testing for poisons
 - c) Urine was also not preserved and sent for testing for poisoning.
 - d) And under these circumstances when the distinct possibility of poisoning was entertained by the hospital and treating doctor:-

- The case was neither made MLC nor police information was sent..
 - After death no postmortem was advised/ordered and carried out.
9. The death record claims that the patient was managed on lines of unknown drug ingestion but the points enumerated in para 8 above clearly show that the available records don't bear out this claim. Further nasogastric intubation with Ryle's tube in situ was not done.
 10. When the patient complained of headache and bodyache he was given Tab Combiflam orally which was possibly unwarranted in these circumstances. Rather the oral use of which might have led to severe bleeding through nose & mouth (massive heamatemes), though due to failed UGI endoscopy (due to massive bleeding) and the fact that no autopsy was carried out this cannot be substantiated. The use of Tab. Combiflam orally can be labeled as inappropriate drug usage in the circumstances. In the absence of proof of bleeding disorders and normal platelet count the cause of massive heamatemes may be attributable to it.
 11. In the absence of EEG record (it was not done) and no MRI brain record the postictal confussional state can not be substantiated. The treating doctor and ICU treating team has failed to establish evidence for or against it.
 12. The cause of death 'Toxic hepatitis' as given in the death summary is not borne by available facts such as;
 1. Ultrasound examination showed only changes of fatty infiltration
 2. Non reactive HAV & HEV report rules out known viral hepatitis.
 3. The rise of liver enzymes as in the reports-though high were not very much so.

In presence of these reports and the absence of liver biopsy (pre mortem & postmortem), or autopsy report, the diagnoses of toxic hepatitis as a certainty cannot be accepted as a diagnosis beyond reasonable doubts.
 13. The question of DIC cannot be entertained at any stage as no laboratory investigation to prove or disprove it were done at any time.

In view of above, the Ethics Committee is of the unanimous opinion that

- a) Medical negligence in the part of treating doctor/I.P. Apollo Hospital cannot be ruled out.
- b) There was total failure of communication between the attendants of the patient and the treating doctor Dr. Rakesh Gupta and also of the ICU staff of I.P. Apollo Hospital which is deplorable and should not have happened.
- c) The legal formalities that should have been carried out i. e. recording of Medico Legal Case in a case all along suspected to be a case of poisoning were not carried out by treating doctor and hospital administration and management of I.P. Apollo Hospital. This act of omission also can be considered as medical negligence.
- d) Should have been recommending to the Police authority for post mortem
- e) In view of the possibility of unknown/corrosive poisoning being entertained by treating doctor Dr. Rakesh Gupta, use of tablet Combiflam orally was possibly unwarranted in these circumstances. Considering all the factor together, although laxity and casual approach in treatment as discuss above in paras 1 to 12 has resulted in the unfortunate death of the patient.

The Ethics Committee noted that it has asked the Medical Director of I.P Apollo Hospital to appear before it today with all the hospital records pertaining to this case. The Ethics Committee noted that the director of I.P Apollo Hospital has failed to appear before it today. In her place one Dr. Deepak Vats, Senior Medical Officer has come and appeared before it. But he has not come with any letter authorizing him to appear before the Ethics Committee on behalf of the Medical Director. He has however brought hospital records with him, which he was directed to submit. The Ethics Committee decided not to record any statement of Dr.Vats who was not officially authorized to appear.

The Ethics Committee was pained to notice the very casual attitude and irresponsible behavior of the Medical Director of I.P Apollo hospital, New Delhi. He has neither bothered to appear personally though he was asked to. Neither has he bothered to give any explanation or regret of he not appearing personally before the Ethics Committee which even common courtesy demands. He has not bothered even to give a covering letter/authorization letter to a very junior subordinate staff whom he has sent with the records. The Ethics Committee unanimously feels that such casual and irresponsible behavior is totally unbecoming of a doctor in such a high administrative position of a major hospital. It has further noted that his behavior is violative in the letter and spirits of section 1.1.1 and 5.1 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 also. In view of the above, the Ethics Committee unanimously decides to record its displeasure and censure of Dr. Anupam Sibal, Medical Director, I.P. Apollo Hospital, New Delhi for such acts of irresponsibility amounting to misconduct. This may be informed to Dr. Anupam Sibal the Medical Director, I.P. Apollo Hospital,.

The above observation shall be recorded in the IMR against his name.

Since this case was referred to Medical Council of India by Hon'ble State consumer redressal Commission, the minutes of this case with opinion as recorded may be submitted to the Hon'ble Commission."

Further, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in this matter, a Bailable Arrest warrant was issued against the Secretary by Hon'ble State Consumer Disputes Redressal Commission, New Delhi (hereinafter referred as Hon'ble SCDRC). The Secretary of the Council had appeared in-person before the Hon'ble SCDRC, New Delhi on 7th December, 2007.

Hon'ble SCDRC had sent the first reminder on 8.8.2007 requesting that the required report may be sent to the Commission before the next date of hearing i.e. 16.8.2007. The Hon'ble Commission vide its letter dated 23.8.2007 had once again requested that the required report may be sent to the Commission before the next date of hearing i.e. 27.9.2007. The Hon'ble Commission had once again vide its letter dated 19.9.2007 requested for immediate necessary action in view of the next date of hearing i.e. 27.9.2007.

However, from the perusal of the office record on file, it is revealed that no action was initiated with regard to the reminders of the Hon'ble Commission or for sending the required report to the Hon'ble Commission.

Perusal of the record also reveals that the reminders of the Commission dated 23.8.2007 & 19.9.2007 have not been placed before the appropriate authorities i.e. the Secretary or the Chairman, Ethics Committee.

It was also observed that the opinion of the Retainer Advocate was obtained on 6.7.2007 in which he has stated as under:-

"....In my opinion a copy of the application alongwith the summary report may kindly be placed before the Ethics Committee for their opinion/decision and the same may be sent to the Registrar, SCDRC, Delhi for further course of action to be placed before the Hon'ble Forum. Next date of hearing in CC is 9.8.2007...."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed in this regard that a Memorandum was issued to Sh. Ashok Kumar Harit, Deputy Secretary & Incharge, Ethics Section, Mr. Babu Ram Manuwal, Section Officer and Mr. Raj Kumar Dogra, Assistant, Ethics Section directing them to submit the explanation, as to why disciplinary action should not be initiated against them for the above mentioned lapse within a period of 7 days vide letter dated 6th December, 2007.

Sh. Ashok Kumar Harit, Deputy Secretary & Incharge, Ethics Section in his reply dated 14.12.2007 has stated as under:-

".....As per the prevalent practice in the Ethics Section of the Council, dak received in Ethics Section is first put up by the Section Officer before the Chairman, Ethics Committee for necessary directions. A letter dated 5.9.2007 was sent to SCDRC calling for the copy of complaint filed by Mrs. Ritu Saini so as to enable the Council to place the matter before the Ethics Committee for its consideration. In response to the said letter dated 5.9.2007, SCDRC sent a letter dated 19.9.2007 which was received in the Council office on 1.10.2007 enclosing therewith copy of complaint alongwith their earlier letters dated 23.3.2007, 8.8.2007 and 23.8.2007.

It has been observed that the reminder no.1 dated 8.8.2007, reminder no.2 dated 23.8.2007 and the letter dated 19.9.2007 of SCDRC, were not placed by the Section Officer/Assistant of Ethics Section, either before the Secretary or the Chairman, Ethics Committee, as per details given below:-

- (1) Letter dated 8.8.2007-This letter was diarised on 5.9.2007 and Section Officer on 5.9.2007 marked the same to the Assistant of Ethics Section and the same was lying pending with him.
- (2) Letter dated 23.8.2007 – This letter was diarised on 17.9.2007 and Section Officer marked the same to the Assistant on 17.9.2007 and the same was lying pending with him.
- (3) Letter dated 19.9.2007 – This letter was diarised on 1.10.2007 and Section Officer marked the same to the Assistant on 3.10.2007 and the same was lying pending with him.

As per the prevalent practice in vogue in the Ethics Section of the Council, the letters etc. received in the dak of Ethics Section are required to be put up before the Chairman, Ethics Committee. But in this case, the Section Officer has failed to put up the letters dated 23.8.2007 & 19.9.2007 before the Chairman, Ethics Committee. The matter was not placed before the Ethics Committee also."

As Shri Babu Ram Manuwal, Section Officer and Shri Raj Kumar Dogra, Assistant, Ethics Section had not submitted any explanation, another Memorandum was issued vide Council letter

dated 4.1.2008 to submit the explanation immediately. Vide letter dated 15.1.2008, both Shri Babu Ram Manuwal, Section Officer and Shri Raj Kumar Dogra, Assistant, Ethics Section have submitted their explanation. Shri Babu Ram Manuwal, Section Officer, Ethics Section in his explanation has stated as under:-

“.....Further, I bring to your kind notice that there is a lot of work and due to not sufficient of manpower, it is not possible for us to look every PUC to place before the Secretary or the Chairman, Ethics Committee well in time.”

However, no specific and relevant answer has been given by him as to why the reminders of Hon'ble SCDRC dated 23rd August, 2007 and 19th September, 2007 were not placed before the appropriate authorities either before the Chairman, Ethics Committee or the Ethics Committee per se. It was also observed that Mr. Raj Kumar Dogra, Assistant, Ethics Section in his reply has, interalia, stated as under:-

“.....Further, I bring to your kind notice that there is a lot of work and due to not sufficient of manpower, it is not possible for us to look every PUC to place before the Secretary or the Chairman, Ethics Committee well in time.”

It was further observed by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that no specific explanation has been given by him as to why the letter of Hon'ble SCDRC dated 8.8.2007 which was marked to the Assistant on 5.9.2007, letter of Hon'ble SCDRC dated 23.8.2007 marked to him on 17.9.2007 and letter of Hon'ble SCDRC dated 19.9.2007 and marked to him on 3.10.2007 were still lying pending with him on which no action was taken.

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 office is directed to obtain the reply on the relevant and specific queries of the concerned official/employee in a time bound manner. In the event of non- compliance by the concerned official/employee, appropriate action be initiated in accordance with the Regulations.

140. Minutes of the Grievance Redressal Committee.

Read: The following recommendations of the Executive Committee togetherwith the minutes of the Grievance Redressal Committee: -

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Grievance Redressal Committee meeting held on 29.1.2008 as under:-

“MINUTES OF THE GRIEVANCE REDRESSAL COMMITTEE HELD ON 29th JANUARY IN THE COUNCIL OFFICE, SECTOR 8, POCKET 14, DWARKA, NEW DELHI-110 077.

1. Mrs. P. Chitra, Private Secretary to President:

Her grievances are as follows:-

That the Executive Committee at its meeting held on 3-3-2007 approved the following recommendations of the Grievance Committee dated 09-02-2007 :-

“1. Mrs. P.Chitra be placed in the higher pay scale of Rs.6500-10500 w.e.f. 2-10-1994 instead of 1-7-98 as recommended and approved earlier without any further financial implications.

2. As she has been promoted as PS w.e.f. 2-7-1998 i.e. the date of the creation of the post, she can be considered on the higher pay scale of Rs.8000-13500 from 2-7-2001 on completion of 3 years of qualifying service in the lower pay scale of Rs.6500-10500 as required for placement vide Rule 7.”

Accordingly, she was placed in the scale of Rs.8000-13500 from 2-7-2001 on completion of 3 years of qualifying service in the lower pay scale of Rs.6500-10500 as required for placement vide Rule 7 which reads as under :-

“Non functional selection grade will be applicable after completing the qualifying service prescribed in the recruitment rules for respective higher promotion in the selection posts.”

Further subsequently she has come to know that the scale of Rs.8000-13500 can only be granted after completing the qualifying service, i.e. 5 years, in the lower pay scale of Rs.6500-10500. As she has been placed in the scale of Rs.6500-10500 w.e.f. 2-10-1994 without any further financial

implications, she has requested that the period of 5 years may be considered from 2-10-1994 instead of 2-7-1998 as recommended and approved earlier by the Executive Committee dated 03-03-2007.

She has therefore, requested to consider her case as she is eligible for the higher scale of Rs.8000-13500 w.e.f. Oct. 1999 and again on completion of 5 years qualifying service in the scale of Rs.8000-13500, she is also eligible for the scale of Rs.10000-13500 w.e.f. Oct., 2004.

She further stated that as she is retiring in April, 2008 and as these are her last earnings, she earnestly requested that her above request may be considered favourably by amending the EC decision.

Considering all the factors and the Rules & Regulations, it is submitted as under:-

1. Mrs. P. Chitra was promoted to the post of P.S. w.e.f. 02-07-1998 because this post was created from 02-07-1998.
2. The pay scale of P.S. should be as Rs.8000-275-13500/- but she was drawing the old pay scale of Rs.6500-200-10500. As PA & PS were drawing the same scale of Rs.6500-200-10500, it may be rectified in case of P.S.
3. Mrs. Chitra be entitled to get pay scale of Rs.8000-275-13500/- at the post of P.S. w.e.f. 02-07-1998.
4. Also she be entitled to get the pay scale of Rs.10000-325-15200/- w.e.f. 03-07-2003 after completing 5 yrs. qualifying service in feeder scale.

2. **Mrs. Prem Lata, Personal Assistant**

Her grievances is that she may be given the pay scale of Rs.8000-13500/- as has been given to Section Officers vide Central Govt. O.M. No. 10/3/2004-CS.II (Pt.I), dated 25.01.2006.

Considering all the factors and the Rules & Regulations, it is submitted as under:-

That the Central Govt. has approved the grant of scale of Rs.8000-13500/- w.e.f. 03.10.2003 to Section Officers who are in the scale of Rs.6500-10500/-. It is recommended that as per the ratio laid down in this decision, the benefit of higher pay scale should be applied to all the employees of the Council who are placed in the scale of Rs.6500-10500/-. The Committee also observed that Shri Vineet Aggarwal whose designation is Assistant Accounts Officer has also been granted the benefit of higher pay scale.

In view of above, the Committee recommends that the following employees may also be granted the benefit of higher pay scale of Rs.8000-13500/- w.e.f. 03.10.2003:-

Mrs. P. Chitra, Private Secretary
Mrs. Prem Lata, Personal Assistant

However, in view of the recommendation in case of Mrs. P. Chitra vide item No.1 above, the decision should be made applicable in the case of Mrs. Prem Lata as the case of Mrs. P. Chitra has already been covered vide item No. 1 above.

3. **Mrs. Saroj Bhasin, Sr. Stenographer**

Her grievances are as follows:-

1. She joined the Council office in the post of LDC in Oct. 1989.
2. She was promoted as Jr. Stenographer in Oct. 1991.
3. She was further promoted as Stenographer Grade II in April, 2001 in the pay scale of Rs.5500-9000/-.
4. As per recruitment rules of the Council published in the Gazette of India, 8 years regular service, as Stenographer Grade-III is required to become eligible for promotion as Stenographer Grade-II (October,1991 to October,1999).
5. She has also stated that the Finance Committee at its meeting held on 07.05.2004 considered that grievances submitted by the staff of the Council and decided to give the scale of pay from back date when the candidate becomes eligible in the feeder cadre.
6. She has therefore stated that as she has acquired the required eligibility as per the Recruitment Rules in October,1999 on completion of eight years service as Stenographer Grade-III, she may be placed in the pay scale of Rs.5500-9000/- w.e.f. October,1999 instead of April,2001.

Considering all the factors and the Rules & Regulations, the Committee recommends that Mrs. Saroj Bhasin may be placed in the pay scale of Rs.5500-9000/- w.e.f. October, 1999 in place of April, 2001.

The other cases may be taken up for consideration at the ensuing meeting of the Committee.”

141. Approval of Minutes of the Postgraduate Medical Education Committee held on 24.1.2008 & 27th - 28th February, 2008.

The Council approved the minutes of the Postgraduate Medical Education Committee meetings held on 24.1.2008 & 27th - 28th February, 2008.

142. Setting Up a Computerized System for UG, PG, Diary & Dispatch, Eligibility.

Read: The matter with regard to setting up a computerized system for UG, PG, Diary & Dispatch, Eligibility.

The Council approved the following recommendations of the Executive Committee:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that as a part of computerization initiative at Medical Council of India, a number of functions like IMR, Faculty, Accounts, Registration, etc., have already been successfully computerized. Computer Section in association with other sections of MCI is working at present to enable online application for registration certificates and status tracking facility for students about their applications at MCI website.

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 following key functions be taken up next for computerization and the various activities in the section, including issue of any certificates/letters to candidates/colleges respectively through the computerized system wherever applicable:

1. Eligibility Certificate online
2. Under Graduate Section (U.G)
3. Post Graduate Section (P.G)
4. Diary & Dispatch

The scope of work for each of the section mentioned above is detailed in brief herewith.

1. Eligibility Certificate online

This certificate is issued to the Indian students desiring to apply/study from a foreign medical institution after verification of their 12th or appropriate school final results.

The following functionality of the system at present shall be computerized under .net program to make the system online:

1. Receive applications at Eligibility Desk
2. Forward to Accounts department for generation of receipt of fees paid by the candidate.
3. Creation of a separate file for each application
4. Verification of Application field by the candidate
5. Verification of Supporting documents filed by the candidate
6. Preparation of First Note, consisting of key information, from the application
7. Seek clarification directly from the candidate in case of any requirement
8. Obtain approval as per the hierarchy defined for each certificate
9. Printing of certificates and signatures
10. Dispatch/handing over the candidate.

The software shall be developed keeping in mind the following security requirements:

1. The application details, the status of verification and the dates of any activity along with the person who is updating the system shall be captured.
2. The system shall have a complete file tracking facility with the dates captured and approval status captured electronically along with physical movement of files.
3. The system will have a complete username/password based security system, with roles and responsibilities fixed for individual users.
4. The system shall maintain an audit trail with each and every activity in the system, whether adding an application, modifying or taking a print out of the certificate shall be recorded in the system with the username, password, date and time.
5. Only authorized persons shall generate the certificates from the system.
6. The system shall have a provision to include scanned pictures of candidates, in case decided by MCI, so that the same can be printed on the certificate.

2. Under Graduate Section (U.G)

The UG section maintains the data related to the various medical colleges offering under graduate courses in India, right from their application for setting up a new medical college to their present status. This data is maintained in multiple formats at present, thereby making it quite cumbersome and time-consuming to obtain critical information quickly like status report of any college, remarks of the last inspection, the next inspection due date, etc.,

It is proposed that the UG section is computerized with the following broad components:

- 1) Create a database consisting of all medical colleges of India and their present status, covering
 - a) Name
 - b) Type of management – Govt, Trust, Society, Private, etc.,
 - c) Address, City, State
 - d) Contact details like Telephone Number, Email, Fax, Website
 - e) University
 - f) Year of inception
 - g) Name of the present Principal, Registrar, Dean, etc., and their contact details – Address, Telephone, Email, Mobile, etc., and their date of joining
 - h) Date of last LOI/LOP
 - i) First Sanctioned Intake
 - j) Inspection details (from last inspection to the first inspection, wherever possible)
 - i) College Requisition for inspection with proposed inspection date
 - ii) MCI decision on inspection and date at EC
 - iii) Inspection date
 - iv) Type of inspection (Periodical / Renewal / Recognition / C.V./etc)
 - v) Inspectors Name
 - vi) Deficiencies if any
 - vii) Remarks
 - viii) Any communication from MCI post inspection to either college/Central Government/State/University/etc.,
 - k) Any information related to Renewal – request, remarks, dates, etc.,
 - l) Increased intake u/s 10 A
 - m) Next periodic inspection due
 - n) Fees paid to MCI, if any
- 2) Create a computerized workflow for handling applications for new colleges and it shall cover right from application by the new college with MCI, and include capturing of all details as per point (1) depending on the progress of the application in various stages.
- 3) Create a computerized workflow for request from colleges for Renewal of an existing college for individual batches and it shall cover right from application by the college with MCI, and include capturing of all details as per point (1) depending on the progress of the application in various stages.

- 4) Create a computerized workflow for handling requests from colleges for increase in in-take and it shall cover right from application by the new college with MCI, and include capturing of all details as per point (1) depending on the progress of the application in various stages.

3. Post Graduate Section (P.G)

The PG section maintains the data related to the various post graduate courses offered by medical colleges in India, right from their application for a new course to their present status. This data is maintained in multiple formats at present, thereby making it quite cumbersome and time-consuming to obtain critical information quickly like status report of any college, remarks of the last inspection, the next inspection due date, etc.,

It is proposed that the PG section is computerized with the following broad components:

1. Create a database consisting of all medical colleges of India and their present status, covering
 - a) Name of the college
 - b) State
 - c) Ess. Certificate Issuing Date
 - d) Consent of Affiliation Date
 - e) PG Course
 - f) First Sanctioned Intake
 - g) Inspection details (from last inspection to the first inspection, wherever possible)
 - i) College Requisition for inspection with proposed inspection date
 - ii) MCI decision on inspection and date at EC
 - iii) Inspection date
 - iv) Type of inspection (Periodic / Renewal / Recognition / C.V./etc)
 - v) Inspectors Name
 - vi) Deficiencies if any
 - vii) Remarks
 - viii) Any communication from MCI post inspection to either college/Central Government/State/University/etc.,
 - h) Increased intake u/s 10 A
 - i) Next periodic inspection due
 - j) Fees paid to MCI, if any
2. Create a computerized workflow for handling applications for new courses by colleges and it shall cover right from application by the college with MCI, and include capturing of all details as per point (1) depending on the progress of the application in various stages.
3. Create a computerized workflow for handling requests from colleges for increase in in-take for a P.G. course and it shall cover right from application by the new college with MCI, and include capturing of all details as per point (1) depending on the progress of the application in various stages.

4. Diary & Dispatch

This will create an electronic diary & dispatch system in place of the present manual system maintained in registers, tracking inward and outward movement of all documents and files within various sections of MCI and to external parties associated with MCI.

This System shall ensure capture of the following relates to any Dak or File:

For Incoming Dak or File: Date of Receipt, From (Name of the Section with MCI / External Organisation / Person / etc.), Subject Description, Reference No and Date, Keywords if any, etc.,

For Outgoing Dak or File: Whether an existing file / Dak OR NEW, Date of sending, To (Name of the Section with MCI / External Organisation / Person / etc.), Subject Description, Reference No and Date, Keywords if any

This system will facilitate instant tracking of any Dak or File. One can generate report based on date, subject, file number, section, etc., and it shall also generate a Dak register for the reference of the individual section. The receipt entries at the receiving section shall also be put in this computer software so that MCI can do away with the manual registers altogether.

Provision shall also be made to attach electronic version of the papers, be it scanned images or document files, to individual dak and file reference, as a first step to building a paper-less office at MCI.

The execution of this project would cover,

- (a) System Requirements Study & Analysis
- (b) Prototype Design, Demonstration to MCI and Approval
- (c) Software Applications Design and Programming
- (d) Implementation at MCI
- (e) Training to MCI staff and officers for operations on their own

It was further observed that an integrated approach for the development of the total computerization of the office is desirable so as to make Council not only a true paperless office but also for quick and speedy disposal of pending applications or request for the information received in the Council Office. For that purpose, it would be desirable to have a Local Area Network / Wide Area Network within the Council based on three tier structure application software which would also enable the public to interact with the Council dynamically.

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 software development and implementation be outsourced. The project can be completed within 10-12 months and the estimated cost of the software development and implementation shall be approximately 14-15 lakhs. The software shall be developed using infrastructure available with MCI. It has been envisaged that this shall be implemented in the Local Area Network of MCI first; Later on a provision shall be made to facilitate the students to apply online for eligibility certificate and submit documents along with the online application at the website of MCI. It was further decided to authorize the President (Acting) to constitute a Sub-Committee for carrying out the entire project of LAN/WAN in which outside experts from NIC/IIT and other similar organizations may also be invited. It was further decided to create a post of Project Director in the Office of the Council who will lookafter the implementation of the project at a consolidated salary of Rs. 50,000/- p.m."

The meeting ended with vote of thanks to the chair.

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

*Place: New Delhi,
Dated: 15th March, 2008.*

APPROVED

(DR. P.C.KESAVANKUTTY NAYAR)
PRESIDENT (ACTING)