

242. Deen Dayal Upadhyaya Gorakhpur University/ Gorakhpur University – Recognition of M.S. (Ophthalmology) qualification in respect students being trained at B.R.D. Medical College, Gorakhpur.

Read: The compliance togetherwith the inspection report (May, 2006) carried out to assess the standard of examination and other teaching facilities available at B.R.D. Medical College, Gorakhpur for purpose of recognition of M.S. (Ophthalmology) qualification granted by Deen Dayal Upadhyaya Gorakhpur University/ Gorakhpur University.

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

“The Postgraduate Committee considered the compliance togetherwith the inspection report (May, 2006) and decided to recommend that M.S. (Ophthalmology) qualification granted by Deen Dayal Upadhyaya Gorakhpur University/ Gorakhpur University in respect of students being trained at B.R.D. Medical College, Gorakhpur 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 prospectively i.e. from the academic year 2009-10.”

243. Saurashtra University – Recognition of MD (Radio-Diag.) & DMRD qualifications in respect of students being trained at M.P. Shah Medical College, Jamnagar.

Read: The compliance togetherwith the Council Inspector report (May, 1998) on the standard examination and other teaching facilities available at M.P. Shah Medical College, Jamnagar for purpose of recognition of MD (Radio-Diag.) & DMRD qualifications granted by Saurashtra University.

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

“The Postgraduate Committee considered the compliance togetherwith the Council Inspector report (May, 1998) and decided to recommend that MD (Radio-Diag.) & DMRD qualifications granted by Saurashtra University in respect of students being trained at M.P. Shah Medical College, Jamnagar be recognized and included in the 1st Schedule to the I.M.C. Act,1956 restricting the number of admissions to 5 (Five) students per year.”

244. Dr. NTR University of Health Sciences, Vijayawada – Recognition of MS (Ortho.) & D.Ortho. qualification in respect of students being trained at Kamineni Institute of Medical Sciences, Narkatpally.

Read: The compliance dated 16.09.2008 from the Principal, Kamineni Institute of Medical Sciences, Narkatpally togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Kamineni Institute of Medical Sciences, Narkatpally for purpose of recognition of MS (Ortho) & D.Ortho. qualifications 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 dated 16.09.2008 from the Principal, Kamineni Institute of Medical Sciences, Narkatpally togetherwith the Council Inspector report (July, 2008) and decided to recommend that MS (Ortho.) & D.Ortho. qualifications granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Kamineni Institute of Medical Sciences,

Narkatpally be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 3 (three) students in M.S. (Ortho.) & 2 (two) students in D.Ortho. per year."

245. Osmania University & NTR University of Health Sciences, Vijayawada – Recognition of DM (Cardiology) qualification in respect of students being trained at Osmania Medical College, Hyderabad.

Read: The compliance verification report (Sept, 2008) togetherwith compliance and the Council inspector's report (June, 2001/1.4.2008) on the standard of examination and other teaching facilities available at Osmania Medical College, Hyderabad for purpose of recognition of DM (Cardiology) qualification earlier granted by Osmania University and now by NTR University of Health Sciences, Vijayawada.

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

"The Postgraduate Committee considered the compliance verification report (Sept, 2008) togetherwith compliance and the Council inspector's report (June, 2001/1.4.2008) and decided to recommend that DM (Cardiology) qualification earlier granted by Osmania University and now by NTR University of Health Sciences, Vijayawada in respect of students being trained at Osmania Medical College, Hyderabad 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."

246. Dr. NTR University of Health Sciences, Vijayawada – Recognition of MD (Pathology) qualification in respect of students being trained at Kamineni Institute of Medical Sciences, Narkatpally.

Read: The Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Kamineni Institute of Medical Sciences, Narkatpally for purpose of recognition of MD (Pathology) qualification granted by Dr. NTR University of Health Sciences, Vijayawada and also approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council inspector report (July, 2008) and decided to recommend that MD (Pathology) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Kamineni Institute of Medical Sciences, Narkatpally 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."

247. Marathwada University/Dr.Baba Saheb Ambedkar Marathwada University, Aurangabad and Maharashtra University of Health Sciences, Nashik – Recognition of DLO Qualification in respect of students being trained at Govt. Medical College, Aurangabad

Read: The compliance verification report (Sept, 2008) togetherwith the inspection report (Feb., 2005) on the standard of examination and other teaching facilities available at Govt. Medical College, Aurangabad for purpose of recognition of MS(ENT) & DLO qualifications earlier granted by Marathwada University and now by Dr. Baba Saheb Ambedkar Marathwada University, Aurangabad.

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

“The Postgraduate Committee considered the compliance verification report (Sept, 2008) togetherwith the inspection report (Feb., 2005) and decided to recommend that MS(ENT) & DLO qualifications earlier granted by Marathwada University and now by Dr. Baba Saheb Ambedkar Marathwada University, Aurangabad in respect of students being trained at Govt. Medical College, Aurangabad 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 prospectively i.e. from the academic year 2009-10.”

248. Dr. D.Y. Patil University, Navi Mumbai – Recognition of MD (Pharmacology) qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (Sept. 2008) togetherwith compliance and the Council Inspector's Report (May, 2008) on the standard of examination and other teaching facilities available at Dr. D.Y. Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of MD (Pharmacology) 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 report (Sept, 2008) togetherwith compliance and the Council Inspector's Report (May, 2008) and decided to recommend that MD (Pharmacology) qualification granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. D.Y. 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.”

249. Dr. D.Y. Patil University, Navi Mumbai – Recognition of MS (General Surgery) qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (Sept, 2008) togetherwith the compliance and the Council inspector report (June, 2008) on the standard of examination and other teaching facilities available at Dr. D.Y. Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of MS (General Surgery) 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 report (Sept, 2008) togetherwith the compliance and the Council inspector report (June, 2008) and decided to recommend that MS (General Surgery) qualification granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. D.Y. 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 4 (Four) students per year.”

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

Read: The compliance dated 22.09.2008 togetherwith the Council inspector report (June, 2008) on the standard of examination and other teaching facilities available at JLN Medical College, Swangi, Wardha for purpose of recognition of DCH 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 dated 22.09.2008 togetherwith the Council inspector report (June, 2008) and decided to recommend that DCH 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 admissions to 1 (One) student per year.”

251. Removal of name of Dr. Kamlesh Kumar Sharma from the Indian Medical Register.

Read: The letter dated 19.08.2008 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Kamlesh Kumar 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 19.08.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Kamlesh Kumar Sharma bearing Regn. No.9663, dated 02.03.1984 had expired on 17.08.2008 as per news published in Rajasthan Patrika dated 19.08.2008 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.”

252. Removal of name of Dr.Gope Ramchandani from the Indian Medical Register.

To consider the letter dated 13.08.2008 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr.Gope Ramchandani 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 13.08.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Gope Ramchandani bearing Regn. No.4231, dated 19.09.1973 had expired on 10.08.2008 as per news published in Dainik Bhaskar dated 12.08.2008 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.”

253. Annual Report of the Medical Council of India for the year 2007-08.

Read: The Annual report of the Medical Council of India for the year 2007-08 and also approve the following recommendations of the Executive Committee/Adhoc 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 following Annual report of the Medical Council of India for the year 2007-08:-

“ANNUAL REPORT 2007-2008

INTRODUCTION

The Medical Council of India - a statutory body - was established in February 1934 under an act of parliament - the Indian Medical Council Act, 1933. This Act was repealed by Indian Medical Council Act, 1956 (102 of 1956). Some amendments to this Act were made in 1958 (36 of 1958) a. O.P. S. Kande, Chairman, Action Committee cum Legal Cell IMA Punjab in 1964 (24 of 1964). Amendments were made through an ordinance promulgated by the President of India on 27th August 1992. Through this ordinance, new section i.e. Section 10A, 10B, & Section 10C were introduced in the I.M.C. Act, 1956 notified on 2nd January 1993 mainly to restrict mushroom growth of medical colleges, increase of seats in any of the course and starting of new courses without the prior approval of the Government of India, Ministry of Health & Family Welfare. This amendment was duly notified by the Government of India in the extraordinary Gazette of India part II section I on 3rd April 1993 with effective date 1st June 1992. An amendment was made and notified by the Central Govt. duly published in the Gazette of India on 28.6.2003 with regard to amend the Screening Test Regulations, 2002 putting that a candidate shall have to pass all the three papers in the same attempt. However there shall not be any restriction on the number of attempts to appear in the test. An amendment was made and notified by the Central Govt. duly published in Gazette of India on 1st March, 2004 with regard to amend the Regulations on Graduate Medical Education, 1997 putting that “(6A) There shall be no admission of students in respect of any academic session beyond 30th September under any circumstances. The Universities shall not register any student admitted beyond the said date. (6B) The Medical Council of India may direct, that any students identified as having obtained admission after the last date of closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognised qualification for the purpose of the Indian Medical Council Act, 1956. The Institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by MCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year”. Latest amendment was made and Notified by the Central Govt. duly published in the Gazette of India on 23rd March, 2006 with regard to Postgraduate Medical Education (Amendment) Regulations, 2006.

There are 205 recognised medical colleges, and 65 colleges have been permitted u/s 10A of the Indian Medical Council Act, 1956 during the year under review. Approx 28158 graduates pass out every year from these colleges. Such graduates after completing compulsory rotating internship are required to be registered with State Medical Council or the Medical Council of India to practice medicine in the country.

OBJECTIVES

In consonance of the provisions of the Act, Medical Council of India is entrusted with the following objectives :-

- A. (I) Maintenance of uniform standards of Medical Education-both at (1) Undergraduate and (2) Postgraduate levels for continuance of already recognised courses. It also envisages inspections/visitations of medical colleges for permission to start medical colleges for MBBS course, starting of new Postgraduate courses and increase of seats (as per provisions of section 10A of the Act).
- (II) Recommendation to the Central Government, Ministry of Health & F.W, for recognition and de-recognition of Medical qualifications of Medical Institutions (a) within, (b) outside the country After amendment of section 13(4) which provides for screening test, scope of

recognition of foreign medical qualifications when held by Indian nationals has basic more or less met a dead end. In the matter of mutual recognition of Medical qualifications as per provisions of section 12 (2) of the Act, matters can still be considered.

- B. (i) *Maintenance of Indian Medical Register.*
- (ii) *Grant of Provisional & Permanent registration as applicable to persons holding recognised Medical qualifications included in the schedules to the Indian Medical Council Act, 1956.*
- (iii) *Issue of good standing certificates.*

CONSTITUTION OF THE COUNCIL

Section 3(1) of the Indian Medical Council Act, 1956 provides for constitution and composition of the Council consisting of the following:-

- (a) *One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.*
- (b) *One member from each University, to be elected from amongst the members of the medical faculty of the University or in case the University has no Senate, by members of the Court.*
- (c) *One member; from each State- in which a State Medical Register is maintained-to be elected from amongst themselves by persons enrolled on such Register - who possess the medical qualifications included in the First and Second Schedule or in Part-II of the third Schedule to the Act.*
- (d) *Seven members to be elected from amongst themselves by persons who possess the medical qualification included in the Part I of the Third Schedule.*
- (e) *Eight members to be nominated by the Central Government.*

The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.

COUNCIL – 2007-2008

Following are the office bearers of the Council for the year under report:-

<i>Dr. P. C. Kesavankutty Nayar,</i>	<i>Acting President</i>
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Following are the officers of the Council for the year from 01.4.2007 to 31.03.2008:-

<i>Name of Official</i>	<i>Designation</i>
<i>Lt. Col. (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Secretary</i>
<i>Dr. Prem Kumar</i>	<i>Additional Secretary</i>
<i>Dr. Prasannaraj P.</i>	<i>Joint Secretary</i>
<i>Dr. Davinder Kumar</i>	<i>Deputy Secretary</i>
<i>Sh. A.K. Harit</i>	<i>Deputy Secretary</i>
<i>Sh. Jagtar Singh</i>	<i>Assistant Secretary</i>
<i>Mrs. Madhu Handa</i>	<i>Assistant Secretary</i>
<i>Sh. Lal Singh Yadav</i>	<i>Assistant Secretary</i>

Out of the total number of 148 membership of the Council, names of 19 universities have been deleted vide Central Govt. Notifications dated 27.3.2000, 17.5.2000, 25.7.2000 & 19.7.2001. Hence, total number of membership is 129, out of which 29 seats are lying vacant due to various reasons like expiry of term, non-election of a member, non-existence of medical faculty of certain Universities due to establishment of concerned State Health and Universities.

- 1) **Executive Committee** : *Composition of the Executive Committee is – 4 members amongst University representatives, 3 members from amongst nominated members, 2 members from amongst representative of Registered Medical Graduate and one member of the Licentiate Group. The President and the Vice-President of the Council are ex-officio members of the Executive Committee.*

The following is the list of members of the Executive Committee as on 31.3.2008:-

List of Executive Committee as on 31.3.2008

Sl.No.	Name and Address	Phone Office	Phone Resi.
1.	Dr. P. C. Kesavankutty Nayar, Acting President, MCI 'Alakananda' TC 1/1986 (I), Kumarapuram, <u>Thiruvananthapuram-695 011.</u> <u>Kerala.</u>	Ph (O) 0471-2443095 Ph (O) 0471-2443123 Fx (O) 0471-2443095	E-mail princymctvm@vsnl.net
2.	<u>University Group</u> Dr. P.K. Das Professor of Medicine, AT/PO Rajendera Nagar, Cuttack - 753010	M -9437094955	0671- 2344555
3.	Dr. Ved Prakash Mishra, Plot No.-3, Neera Apartment, 1st Floor, NIT Garden, Rama Krishna Nagar <u>Nagpur-440025.</u>	Ph (O) 0712-2525417, 2743588 Fax (O) 0712-2532841	Ph (R) 0712-2269345 (M) 9373108086
4.	Dr. G.K. Thakur Professor and H.O.D., Deptt. of Radiology cum Superintendent. S.K. Medical College & Hospital. Muzaffarpur-842004. Bihar.	Ph (O) 0621-2230321 Fax : 0621-2234028	Ph (R) 0621-2242881 Ph (R) 0621-2267978 Ph (M) 9431238996 Ph (M) 9334083505.
5.	Dr. S.D. Dalvi Professor & Head, Department of PSM, Government Medical College, <u>Nanded (Maharashtra).</u>		Ph. (R) 0240- 2370134 M. 09422202126 E-mail - shashankdddd@rediffmai l.com
6.	<u>Nominated Group</u> Dr. Bhanu Prakash Dubey MD, DFM, Jr. MIG – 1, Ankur Colony, Shivaji Nagar, <u>BHOPAL – 462016.</u>	Ph. : 0755 – 2540585 Ph.: (O) : 0755-4050170	Ph.: (R) : 0755- 4050567, 2552398. M - 9424454077
7.	Dr. V.N. Jindal Dean, Goa Medical College, <u>Bombolim-403202.,</u> Goa.	Ph (O) 0832-2458727 Fax : 0832-2458728 Ph (M) 9422456100 Vineyjindal@hotmail.com	Ph (R) 0832-2458049 M. 9422456100
8.	Dr. K.P. Mathur, 77, Chitra Vihar, Delhi-110 092.	Ph. (O) 011-22502475	Mobile : 9810843666
9.	R.M.G. Group Dr. Ketan D. Desai 7, Friends Avenue, B/h. Rajpath Club, Opp. S.G. Road, <u>Bodakdeo, Ahmedabad – 380 059.</u>	079-22682209	079 -65411111

10.	Dr. Mukesh Kumar Sharma, D-56, Chamu House, C-Scheme, <u>Jaipur - 302 001, (Rajasthan).</u>	0141-2518344,	0141-2373135
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- (II) **The Postgraduate Medical Education Committee** : Composition of the Postgraduate Committee is – 6 members are nominated by the Central Govt. and three members are elected by the Council from amongst its members u/s 20 of the Indian Medical Council Act, 1956. Following are the members of the Postgraduate Committee nominated by the Central Govt.

List of Postgraduate Committee as on 31.3.2008

Nominated by the Central Govt.

S.No.	Name & Address	Phone Office	Phone Residence
1	Dr. Indrajit Ray P/17, South End Garden P.O. Garia, <u>Kolkata- 700 084.</u>	033-22414920, Fax : 033 - 22413929	033-24301364, 24304464 Mb.: 09433059507
2	Dr. Bhanu Prakash Dubey MD, DFM, Jr. MIG – 1, Ankur Colony, Shivaji Nagar, <u>BHOPAL.</u>	Ph.: (O) : 0755 – 4050170 M – 9424454077	Ph. : 0755 – 2540585 Ph.: (R) : 0755 – 4050567
3	Prof. A. Rajasekaran 'ARJUNA' 70, First Avenue, <u>Indra Nagar.</u> <u>Madras-600020.</u>	Ph (O)044-28239365/ 28284647 Fx (O) 044-24421032	Ph (R) 044-24421032 Ph (R) 044-24414142 Ph (M) 9840190880
4	Dr. Haresh Kumar Purusottamdas Bhalodiya 37, Professor Quarters, Civil Hospital Campus, Asarwa,, <u>Ahmedabad-380 016 (Gujarat).</u>	Ph (O) 079-22681074 Fx (O) 079-22683067	Ph (R) 079-22684554 Ph (M) 9898014554 Hbhalodia@hotmail.com
5.	Dr. (Mrs) Rani Bhaskaran 'Alakananda' TC 1/1986 (I), Kumarapuram, <u>Trivandrum-695 011.</u> <u>Kerala.</u>	Ph (O) 0471-2443095, 2443123 Fx (O) 0471-2318693 princymctvm@vsnl.net princymctvm@vsnl.net	Ph. (R) 0471-2443777
6.	Dr. D.K. Sharma, C-9, Shastri Nagar, <u>Meerut– 2500 04.</u> <u>Utter Pradesh.</u>	Ph (O) 0121-2762712 Fax : 0121-2760666	Ph (R) 0121-2602042 Ph (R) 0121-2770804 Ph (M) 9837612943

Elected by the Council

1.	Dr. Narendra Prasad, 5, Doctors Colony, Kanker Bagh, <u>Patna.</u>	Ph.(O) 0612-2302244/ 2302245	M – 9431012095 Ph.(R) 0612-2352931
2.	Dr. M.M.Deka, Principal, Gauhati Medical College, <u>Guwahati</u>	Ph. (O) 0361-2460014 Fax 0361-2341323	Ph.(R) 0361-2486129 M. 09864018174
3.	Dr. Mhaisekar Deelip Govindrao, Kailash Nagar, Nanded – 431 602 <u>Maharashtra.</u>	Ph.(O) 02462-235711-19 Fax : 02462 – 234702	Ph.(R) : 02462 –251911 M. 09422871011

The main issues taken up by this committee are starting of & increase in intake capacity in various Postgraduate courses u/s 10A of the I.M.C. Act, 1956 and recognition of Postgraduate qualifications u/s 11(2) of the Act, considering matters of continuation of recognition of Postgraduate qualification of various subjects prescribing broad framework of syllabus and details of curriculum and fixing appropriate land of clinical material for various Postgraduate degree/diploma courses and making

appropriate recommendations to the Central Government with due approval by the General Body of the Council.

Frequency of Meeting of Executive Committee and of Postgraduate Committee on an average has now increased to once every month.

In addition to the above mentioned two important and statutory Committees of the Council, there are certain Sub-committees to facilitate smooth functioning of the connected activities within the frame work of various Regulations and Policy decisions of the Council. Lists of members of Sub-Committees are enclosed. The details of such Sub-committees are as under:-

- a) **Migration Sub-Committee** - Though migration as a matter of principle are not encouraged by the Council, yet under the Regulations of the Council on Graduate Medical Education, 1997 there is a provision for migration of students at Undergraduate level from one recognised medical college to another recognised medical college with certain other conditions. The Migration Sub-Committee of the Council is entrusted with the job of consideration of genuine and legitimate migrations of the Candidates; whose applications are received by the office and dealt with as per provisions of the Council Regulations. The office received 69 applications and allowed migration of 11 students only.
- b) **Teacher's Eligibility Qualification Sub-Committee** - Council has prescribed minimum qualifications and teaching experience for recruitment of teachers in a medical college and further promotions in the teaching cadre. The matters, which cannot be decided by the appointing authorities (i.e. Universities or colleges etc.), are referred to this Committee for consideration.
- c) **Finance Committee**:- This is another important Sub-committee of the Council which decides upon the matters pertaining to finance of the Council in terms of preparation of budget, expenditure, implementation of Central Government orders with respect to service conditions etc.
- d) **Ethics Committee**:- The present day scenario has changed and as a result of the Consumer Protection Act made applicable to the practicing physicians, complaints against doctors have increased manifold.

The Council received 562 matters of Ethical nature during the year under review. Out of 562 complaints, 123 have been referred to the concerned State Councils/Authorities for necessary action, 73 of these are awaiting clarification/details from complainants and/or comments from the concerned Doctors etc. while 366 complaints stand disposed by this Council.

e) **CONTINUING MEDICAL EDUCATION ADVISORY COMMITTEE.**

The CME Conferences and type of CME programmes to be held at various places are decided after scrutinising the applications from institutions desirous of holding such programmes. It may be mentioned that a grant of Rs.50,000/- is given for C.M.E. programmes held with Indian faculty and Rs. One Lakh for faculty including N.R.Is. This grant is used for local hospitality of the N.R.I. faculty and for publication of programme proceedings only.

In certain matters where it becomes difficult to arrive at a decision, or where certain policy decisions are required to be taken or certain changes in existing regulations are desirable, certain other Sub-committees are nominated/formed by the President/ Council/Executive Committee, as the case may be, to deliberate in detail on the issues and submit their report either to the President or to the Executive Committee or the concerned body of the Council for further action in the matter and/or a final decision.

DETAILS OF MEETINGS

Number of the various meetings held during the year under review is as follows, along-with dates when held giving an idea of the business transacted by the Council:-

A total No. of 115 Meetings of different Committees & Sub-Committees were held during the year under review as per details below:-

1.	General Body Meeting	16.11.2007 and 15.03.2008,
2.	Executive Committee	02.04.2007, 28.04.2007, 13.06.2007 & 14.06.2007, 24.08.2007, 20.9.2007, 05.10.2007, 03.11.2007, 29.12.2007, 02.02.2008 and 08.03.2008,
3.	Postgraduate Committee	25.05.2007, 06.06.2007, 17.7.2007, 06.09.2007, 16.12.2007, 09.01.2008, 24.01.2008, 27.02.2008 & 28.02.2008 and 14.3.2008,

4.	Scrutiny Meeting of the Executive Committee	29.01.2008 and 25.03.2008
5.	A meeting of Executive Committee Monitoring	04.03.2008
6.	Ethics Sub-Committee	09.04.2007, 14.5.2007 & 15.5.2007, 18.06.2007, 09.07.2007 & 10.7.2007, 10.08.2007 & 11.08.2008, 10.09.2007 & 11.09.2007, 15.10.2007 & 16.10.2007, 06.12.2007 & 07.12.2007, 17.12.2007, 21.01.2008 & 22.01.2008, 12.02.2008 & 13.02.2008 and 28.02.2008 & 29.02.2008,
7.	Meetings of Teachers Eligibility Qualification Sub-Committee.	29.05.2007, 1.10.2007 and 13.12.2007,
8.	A Meeting of Sub-Committee of Teachers Eligibility Qualification Sub-Committee	13.12.2007
9.	A Meeting of Sub-Committee constituted by the Executive Committee for TEQ matters	29.01.2008
10.	Building Committee	04.04.2007,
11.	Migration Sub-Committee	16.04.2007, 12.06.2007, 20.9.2007, 14.12.2007 and 14.03.2008
12.	Registration & Equivalence Committee	06.09.2007, 14.12.2007, 14.02.2008 and 14.03.2008,
13.	Finance Committee	16.04.2007, 28.06.2007, 19.10.2007, 13.12.2007 and 05.03.2008,
14.	Scrutiny Committee meeting for PG matters	24.05.2007, 12.07.2007, 30.08.2007, 19.11.2007, 29.11.2007, 06.12.2007, 03.01.2008, 01.02.2008, 08.02.2008, 13.02.2008, 19.02.2008 and 22.02.2008
15.	A meeting of Sub - Committee for PG Curriculum	25.10.2007
16.	A Scrutiny meeting of Ethics Committee	30.07.2007 & 31.07.2007, 02.11.2007 and 14.01.2008,
17.	A Meeting of Grievance Committee	25.05.2007
18.	A Meeting with regard to publication of News Bulletin	16.04.2007
19.	A Meeting with regard to proposal for Enactment of Legislation entitled the recognition of New System of Medicine Bill 2006.	17.04.2007
20.	A Meeting with regard to shortage of faculty members in Medical Education Section	17.04.2007
21.	A Meeting of Academic Cell.	17.04.2007, 15.5.2007, 30.10.2007, 19.02.2008 and 28.02.2008
22.	A meeting of Academic cell and Standing Curriculam Committee	19.02.2008
23.	A Meeting of Sub-Committee regarding MD (Paediatrics) and other qualification awarded by Punjab University at PGI, Chandigarh	27.04.2007
24.	A Meeting of Sub-Committee on the recommendation of core group on Health & Public Hearing.	08.05.2007 and 21.08.2007,
25.	A Meeting of Sub-Committee for modalities of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.	08.05.2007,
26.	A Meeting of Sub-Committee to laid down requirements in Central Hospital Pharmacy..	08.05.2007 and 26.10.2007,
27.	A Meeting of Sub-Committee regarding unscrupulous for Medical Professionals.	08.05.2007,
28.	A meeting on Ragging for curbing Ragging Activities	25.05.2007,
29.	A meeting regarding Brain Storming Session on Faculty Development in Medical Education.	02.06.2007,
30.	A meeting of Sub-Committee for rationalization of the required clinical material in the speciality of Psychiatry for grant of permission for starting/increase.	05.06.2007,

31.	<i>A meeting of Sub-Committee with regard to instruction of Hindi in Medical Education</i>	06.07.2007
32.	<i>A meeting with the representative of Naryana Rudrayalaya Bangal in connection with proposal of New Medical School in Bangalore.</i>	06.07.2007
33.	<i>A meeting of Sub-Committee with regard to proposal for recognition of postgraduate medical qualification granted by Medical Institution outside India U/s 13 of IMC Act, 1956 (Outside the scheme of reciprocity)</i>	24.07.2007
34.	<i>A meeting of Sub-Committee with regard to PMO reference for revamping of functioning of MCI.</i>	01.08.2007 and 06.09.2007,
35.	<i>A meeting of Sub-Committee for rationalization of the required clinical material in the speciality of Ophthalmology for grant of permission for starting/increase.</i>	02.08.2007
36.	<i>A meeting of Sub-Committee for rationalization of the required clinical material in the speciality of ENT for grant of permission for starting/increase.</i>	02.08.2007
37.	<i>A meeting with regard to SLP No. 23605/2003 – MCI Vs. Vithal & Ors. in Hon'ble Supreme Court of India</i>	08.08.2007
38.	<i>A meeting of Sub-Committee for deletion of Rule 24A from Aircraft Rules</i>	10.09.2007,
39.	<i>A meeting with regard to Digital approach of Medical Education</i>	25.10.2007
40.	<i>A meeting of Sub-Committee regarding Admission of Service Candidates</i>	13.12.2007
41.	<i>A meeting regarding National Conference</i>	02.01.2008
42.	<i>A meeting of NRI Professionals Association regarding teaching experience and equivalence of Postgraduate degrees.</i>	03.01.2008
43.	<i>A meeting with regard to celebration of Platinum Jubilee Year</i>	10.01.2008 and 28.02.2008,
44.	<i>A meeting of Sub-Committee with regard to curriculum for Neuro Surgery in UG/PG/Super specialization</i>	16.01.2008
45.	<i>A meeting with regard to the Clinical Establishments (Registration & Regulation) Bill, 2007.</i>	28.01.2008
46.	<i>A meeting with regard to Reformative and re-medical programmes for medical practitioners convicted for Professional misconduct.</i>	30.01.2008 & 11.02.2008
47.	<i>A meeting with regard to use of Animals in the Laboratory & others research oriented experiments in Medical College.</i>	30.01.2008
48.	<i>A meeting of Sub-Committee regarding NHRC</i>	04.02.2008,
49.	<i>A meeting with regard to recognition of Vardhman Mahavir Medical College & Hospital, New Delhi for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University.</i>	28.02.2008,

INTERNATIONAL MEMORANDUM OF UNDERSTANDING

(A) A delegation of the following Senior teachers as representatives of the Council with the other representatives on behalf of the Central Govt., Ministry of Health & Family Welfare, New Delhi visited to China to assess the standards of Medical Education for Indian Students in China:-

(1) Dr. D.J. Borah, (2) Dr. Indrajit Ray, (3) Dr. B.P. Dubey, (4) Dr. Bakul Levua.

The following Observations after visit to China to – “Assess the standards of Medical Education for Indian Students in China” as part of the Indian delegation as nominee of medical Council of India was sent to the Central Govt. for necessary action:-

Observation :

After visit of Suzhou University, Jiamusi University, Zhangzhou University Dalian Medical University, Tianjin Medical University and interaction with the students, staff and the administration of the universities, the following observations can be placed as following –

A) Course content, duration & curriculum:

- The duration of is only 4 years plus 1 year internship – a total of five years which is 6 months less then Indian course. Some universities have said the course is 4½ years plus 1 year internship but no proof of the latter was obtained.
- In one university – Tianzin Medical University the course is an integrated course of Chinese and Western medicine.
- There appears to be wide variation from university to university regarding the curriculum and subjects taught.
- Some subjects like Forensic Medicine, Pharmacology Social preventive medicine (called public health & hygine etc in China) are either not taught or are very short consisting of 1 semester only (India – 3 semester). Forensic medicine is altogether abscent in some universities.
- Clinical Psychiatry, Dermatology, ENT as subjects were abscent in some universities. In some Orthopedics is part of General surgery; Paediatrics is par tof medicine. Pathology course is very inadequate.
- The department of General Medicine appears to be abscent as a department in most of the university colleges and hospital. Instead the component superspecialites like Cardiology Neurology, Gastroenterology, Endocrinology are separately present.
- They have some additional subjects as cell / Molecular biology, Nuclear medicine etc. The emphasis is more on experimental physiology, animal experimentation, Chemistry and Biochemistry – which are more like a honours course on Zoology or other subjects in India. Experience and teaching of human physic and clinical based sciences appears to be very less.
- Clinical exposure in the course is very less for the students – and it is mostly supervised observations then hands-on teaching and practice on patients.
- The structuring of courses are totally different from Indian system – with only 2 divisions of preclinical and clinical which may be taught in 2 separate college of the same university. The first three years of the course is taught in colleges of basic medicine and the clinical part in college of clinical medicine. The duration of clinical medicine is 1 year only.
- Chinese and Indian (Foreign) students are two totally seperate streams. There is no fixed number for annual admission in both cases.

B) Teaching and teachers :

- Teaching is done in English but teachers proficient in English teaching are very less in number. Moreover there is much deficiency, compared to Indian requirements, in the total number of teachers in each department.
- Many teachers in preclinical and even some in clinical departments are non medical (non doctors) teachers. In some universities all the pre clinical and para clinical teachers (called teachers of basic medicine) are non doctors but are from general science stream.
- Student teachers ratio is variable and not fixed. There appears to be no fixed ratio. Indian students in clinicals are divided into groups and put under one supervisor who takes them around the wards and demonstrate patients to them.
- Most classes are didactic nature and clinical simulation on manequins are done– but how much that is done is doubtful. According to students, exposure is not much. Teaching in experimental medicine – with animal experiments is done here. Most of these classes are taken by non medical teachers and not by medical doctors.
- The laboratories are well equipped but appears to be used not only for Indian (foreign) but also for Chinese undergraduate students and also for students from other streams as Pharmacy, Dental etc. Since Chinese admissions per annum is 650-2000, the facilities though good, do not seem to be adequate at all for such large number of students.

C) Students :

- *The students who come here came individually. They were brought by private agents. Most of the students could not make it through the Indian Medical Entrance Examination.*
- *The main problems students face in China is that of language. Though they have mostly picked up rudimentary skills for personal communication, whether that is adequate for interaction with patients is difficult to make out.*
- *The main worry of the students is whether they would be getting registration in India by MCI.*
- *Language skills required by students is HSK level 3 to go into clinical levels. But to pass the licentiate examination required to be able to do practice in China one has to be proficient in Chinese language to the level of HSK 6-11 (the highest). Otherwise they would not be able to write the examination which is in Chinese. Most of the students are not sure that they would be able to pass this exam and acquire the basic competence to be able to practice in China. During talks with Chinese Education Ministry officials they said that they have not yet decided whether such examination can be offered to overseas student in English language. Hostels, mess, recreation are good.*

D) Examination :

- *No internal assessment are there in a structured mode.*
- *Semester ending examination including theory and practicals are usually a mix of MCQs or short questions (20% + 80%).*
- *Evaluation is very lenient. The students who fail upto 3 subjects are allowed to go to the next level.*
- *The examination are all internal. Teachers who teach are the examiners. There is no system of external examiner.*

E) Nomenclature of the degree :

What is the name of the final degree to be awarded to Indian students is not clear. Some say its MBBS, some MD-Medicine, some diploma, some Bachelor of Medicine.

F) Direction of the course :

The undergraduate medical courses are mostly theoretical, didactic, simulator based and observatory in nature. The concept of producing a competent graduate doctor strong in clinicals in tune with the actual health care needs of country (India) does not seem to be the goal of the course-curriculum. It appears mostly to be produced a graduate weak in clinicals, community health management, but possibly attuned mostly to the manning of tertiary care system in a global Market era.

G) Infrastructure :

*a) **Pre clinical college section** : the facilities appear to be quite advanced. But considering the large number of students (both Indian, foreign and Chinese and also students from other stream) the facilities do not appear to be adequate at all. The facilities can not be adequate for a proper training with a proper curriculum.*

*b) **Clinical section** : The clinical hospitals shown to us were tertiary care units, paying (from 150-600 Yuan every day), and also mostly superspeciality level. Nowhere I have seen any bed side clinics conducted in any of the hospitals. The students also say that clinical exposure is quite less. The hospitals do not appear to be right place for undergraduate training and internship.*

H) Internship :

There appears to be no clearcut policy regarding internship. Though the students were told that the course is 4 years with one year of internship. The students are under the impression that they would be able to do this internship in India in Indian hospitals after they return from China after 4 years. The agents who have recruited them have also given the same impression. The students said that they have been given to understand by agents as well as by Chinese authorities that they are to return with internship completion certificate from India and on production of that they would be given their degree certificate after which they would appear in the screening test for registration in India. The Chinese authorities in the universities which we visited and also the Chinese Education and Health department officials could not give us a clear answer to the question of doing internship in China. Nor would they spell out whether the degree awarded is with or without internship. It appears that no clearcut policy or structured course curriculum for internship have yet been evolved by them.

I) Registration :

These appears to be no provision or policy of registration of Indian students after graduation in China. Nobody, including ministry officials could give us a clear picture in this regard. The system for Chinese students is like this. After graduation they have to undergo 1-2 year practical training in different hospitals where they are sent. This period is called practice period. It is not known whether it is structured like Indian internship with time distribution in different subjects or not. After this period they appear in a nation wide centralized licentiate examination. When they pass this they are registered and can take up employment, practice, do P.G. studies. For foreign and Indian students there appears to be no system for provisional registration (during internship) or final registration till date. Moreover there is the question of language. The licentiate exam is only held in Chinese language and needs very high proficiency to pass it. Indian students generally would not be able to muster it. The sum total is that the Indian students would not attain the level of competence (may be barring 1-2 exception) to get registration in the country where they graduate.

Further, as there is no system of provisional registration, their internship training is likely to be just demonstrative without any hands-on-training.

It is clear that Indian students after they pass out from Chinese colleges would not be able to get registration in China. The course is not structured or meant for that. Thus they would not be employable in China (should Chinese Govt. decide to employ them) also. Their whole teaching and training would thus be incomplete half baked and practically useless.

J) The Economic underpinnings of the whole operation :

The recruiting agents for Indian students seem to be advisers of many of the universities. They collect a hefty sum – to the tune of Rs. 1 lakh per students sent to China. The Chinese universities who are collecting money in dollars from students are having a financial windfall utilizing the same infrastructure in little addition. This market oriented approach is the main driving force behind the entire operation than holistic approach towards education.

Based on the above recorded observations, the following recommendations need to be made regarding training of Indian students in Chinese Universities and the advisability of its continuation in the future.

Recommendations

- Medical undergraduate courses being run in China appears to be of totally deferent in nature from the Indian undergraduate medical courses. Graduates from China are unlikely to fit in into the Indian Medical System at all. Their learning, course, curriculum everything appears to be inadequate. Therefore in the National interest this coming of students to China should be discouraged and stopped forthwith.
- Continuation of such practice of allowing Indian students to come to China would produce a large number of misfits who are academically not sound to start with in 10+2 level, whose training is more theoretical and totally inadequate and who would burden our country with half baked doctors once they go from here. Hence it has to be stopped.
- Regarding eligibility to appear for screening test in India – no relaxation should be given to these students as this would help in continuation of the problem.
- Continuation of the practice of allowing Indian students to come to China would adversely affect the healthy growth of Indian Medical teaching institution in private sector and also possibly in Govt. sector as well.
- Since there are no approved and universally accepted International standard or curriculum or methodology of training in undergraduate medical education, we have to accept Medical Council of India's guidelines & curriculum for undergraduate medical education which are similar to what is being followed in U.K, as the benchmark. Compared to these standards, standards of U.G. Medical Education imparted to Indian students in China is grossly inadequate from all aspects. It is more like a foundation course for medicine
- Notes on the future of the students who have already come.
(This is purely a personal suggestion)

Presuming that the continuation of the current practice of allowing medical students from India to come to China shall be put to an end by the Government of India, the question of the future students admitted upto 2007 will remain. This may be dealt in the following way to provide them Natural justice.

- a) They shall attend special classes in regular Indian medical colleges for 1 year or for such period of time as is required and appear and pass in the clinical subjects in Medicine, Surgery, O&G, Paediatrics, Eye & ENT by payment of fees.
- b) Then they shall appear and clear the screening that by National Board.

- c) *After that they shall complete the internship programme of India for 1 year. They shall have provisional registration during this period.*
- d) *Then they would have full registration by MCI becoming thus eligible either to persue higher studies (P.G.) in India or go for practice.*
- e) *This provision shall also cease from batch to be admitted from 2008.”*

(B) *A delegation of the Council led by Dr. Ved Prakash Mishra, Chairman, Postgraduate Education Committee alongwith Dr. D.K. Sharma, Chairman, Registration Equivalence Committee of the Council attended the meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA) of USA held at Hotel Melrose on September 10, 2007 at Washington (DC), USA.*

The report of the nominees of the Council who visited Washington (DC) for attending the meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA), USA on September 10, 2007 is as under:-

“In terms of communication dated 27.08.2007 from the Secretary, Medical Council of India, Dr. Ved Prakash Mishra, Chairman, Postgraduate Medical Education Committee along with Dr. D.K. Sharma, Chairman, Registration & Equivalence Committee of the Council attended the meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA) of USA held at Hotel Melrose on September 10,2007 at Washington (DC), USA.

The meeting started at 8.00 a.m. with introduction and opening remarks by Dr. J.Lee Dockery, the Chairperson of the Committee who also presented a overview of procedure to be followed by the Committee for review of the countries. At 8.30 a.m. the Committee began the review of countries wherein India was listed at Sl.No.4.

The report was presented to the Committee by the undersigned along with Dr. D.K. Sharma, wherein it was brought out that the Govt. of India designated the Medical Council of India (hereinafter referred to as the Council) as an authority responsible for prescribing the minimum standards of medical education required for according recognized medical qualification status.

The Indian Medical Council Act of 1956 accorded the Council and specifically granted it the power to –

- (a) To evaluate request to establish a medical college and prescribe qualifying eligibility requirements;*
- (b) Open a new or higher course of study at existing medical college;*
- (c) Establish curriculum, standards, methods for examination and internships;*
- (d) Prescribe the minimum qualification for medical teachers.*
- (e) Increase the admission capacity in any course of study or training (including postgraduate training); and*
- (f) Enable the student to qualify for the award of any recognized medical college.*

The Act mandates that before an applicant may proceed with any of these occasions, it must take permission from the Central Govt. through a recommendation from the Council.

It was also brought out that a meeting held in September,2004 of the NCFMEA wherein India was requested to submit a report of its accreditation activities involving its medical schools for review at the Sepetmber,2006 meeting. However, due to unforeseen circumstances, the NCFMEA did not meet in September,2006.

The Council was requested to provide the information and appropriate documentation regarding its accreditation activities involving the medical schools pertaining to –

- (a) Current status of medical schools in India;*
- (b) Overview of the recognition processes;*
- (c) Overview of the Council's accreditation activities;*
- (d) Information on any changes in Indian laws and regulations for medical schools;*
- (e) Information on any changes in the Council accreditation standards, processes and procedures; and*

(f) Schedule of upcoming accreditation activities.

Accordingly, the Committee was informed as under:-

Current status of medical schools:

The Council provides a complete list of its 269 medical colleges in India along with data showing the outcome of the inspection and recognition process for each medical college. A rigorous inspection process plays a critical role in determining whether a medical college can be recognized as a degree granting college in India. In accordance with Section 10A of the Act, a medical college in India must be deemed as either “recognized” or “permitted” to operate or admit students. Of the 269 medical colleges operating in India, the Council currently recognizes 189 colleges. The remaining 89 colleges are in “permitted status”. Those medical colleges that are in “permitted status” are progressing towards becoming fully recognized once final inspections or deficiencies have been successfully completed or corrected.

Overview of the Recognition Process:

To achieve full recognition, a medical college must progress through three separate and distinct phases and the Council must make a suitable recommendation to the Central Government. The following summarizes these three phases of the recognition process.

Phase One: Issuance of the Letter of Intent or Letter of Permission (LOI/LOP) and a renewal of permission.

- The Central Government issues an LOI/LOP granting the medical college the authority to initiate the process for establishing a medical college;
- Inspections are conducted to reviews: the adequacy of the facility/facilities; the staffing requirements; the curriculum, the equipment and the number of hospital beds etc.
- The LOP is granted once eligibility requirements under the Act have been fulfilled and inspections have been completed. Upon receipt of the LOP, the medical college now has the authority to operate and admit a cohort of students for one year.
- Inspections will be conducted annually over a four year period. At such time, a renewal of permission is granted after each successful inspection until a cohort of students advance to the final MBBS (Bachelor of Medicine and Bachelor of Surgery) examination.

If deficiencies are found during a routine inspection, the medical college will be deemed as inadequate and they will not be permitted to admit an additional cohort of students until these findings have been corrected.

Phase Two: Achieving Recognition Status

- Recognition is granted to the medical college when it has fulfilled all the requirements under the Act, which includes successfully completing a rigorous inspections process and meeting the standards established for the final MBBS examination process.

In the event the medical college is not able to fulfill the requirements and is found noncompliant, recognition is not recommended until deficiencies are corrected.

Phase Three: Continuance of Recognition

- Periodic inspections are conducted every five years for those medical colleges that have already been recognized. Surprise inspections may also be conducted when complaints or an adverse report about the functioning of the college have been received.

If deficiencies are reported and have not been rectified in a timely manner, a recommendation is made to the Central Government to stop admissions until these issues have been resolved.

Overview of inspection and accreditation activities:

The process for conducting site visits commences with the appointment of three whole time inspectors and three zonal inspectors by the Council. Inspections are carried out by teams of three consisting of either one whole time or zonal inspector and two inspectors that are drawn from a pool of more than 300 senior medical instructors comprising of vicechancellors of health universities; directors of medical colleges and deans, and senior professors of medical institutions. These inspection teams are required to prepare and present their findings to the Executive Committee of the Council (Executive Committee).

The Executive Committee held 18 meetings between September, 2004 and June, 2006. During this time frame, a total of 875 items were addressed. Of those items addressed by this Committee, 428 items were related to the medical college and 447 items focused on matters related to medical ethics, revisions to curriculum and administrative matters. The Executive Committee's findings are subsequently reported to the Central Government for further action.

The Council conducted 434 inspections from September, 2004 to June, 2006. Of those inspections that occurred, 210 were recommended and 224 were not recommended until further inspections or deficiencies were corrected. The following table provides a summary of inspections during the period from September, 2004 to June, 2006:

Summary of Inspection Activities – September 2004 to June 2006			
Type of inspection	Recommended	Not recommended	Total
LOI/LOP & Renewal	176	182	358
Recognition	30	17	47
Continuance of Recognition	04	25	29
Total	210	224	434

For the 2007 and 2008 academic year, the Council reports that 13 colleges have been recommended for withdrawal from recognition until certain deficiencies found during the inspections process have been corrected. Additionally, a total of 28 medical colleges have not been recommended for renewal until a request to increase their admissions capacity has been reviewed and approved.

Laws and Regulations:

In 2005, the Council reports that two changes have occurred in its regulations affecting the accreditation of medical schools in India. First, to establish a more cohesive and uniform schedule throughout the country, the Council revised the schedule for receiving and processing applications for opening a new or higher course of study for various postgraduate medical courses. Second, the Council reports that the maximum age limit that a teacher or dean, a principal or director can be appointed or granted an extension in any medical college is 65. These two regulations became effective in March, 2005.

Standards:

The Council reports that there have not been any changes to the accreditation standards during the period from September 2004 to June 2006.

Processes and procedures:

The Council reports that there have not been any changes during the period of September 2004 to June 2006 in the accreditation processes or procedures. For the 2007 and 2008 academic year, the Council revised the declaration form to prevent medical teachers from claiming employment in more than one medical college. The Council found that medical teachers were appearing on multiple college. The Council found that medical teachers were appearing on multiple inspection reports to meet the minimum staffing requirements for medical teachers at newly formed medical colleges. To prevent this practice from occurring, the form requires medical teachers to certify that they have not worked at any other medical college for a certain period of time. The Council also included a provision to require the form to be signed by the teacher and endorsed by the Dean or Principal of the medical college.

Schedule of upcoming recognition/inspection/accreditation activities:

According to the Council, inspection activities are scheduled continuously any given academic year. The Council reports that it will have conducted 214 inspections at medical colleges for the period covering July 2006 through June 2007. The following table provides a summary of inspections during this time frame:-

Summary of Inspection Activities – July 2006 to June 2007			
Type of inspection	Recommended	Not recommended	Total
LOI/LOP & Renewal	67	96	163
Recognition	15	21	36
Continuance of Recognition	02	13	15
TotL	84	130	214

There were certain concerns which were expressed by the US Department of Education regarding Kasturba Medical Colleges and twinning agreement with American University of Antigua College of Medicine (AUA). As regards to these, the Committee was informed that the Council in terms of Section 19 of the I.M.C. Act,1956 recommended withdrawal of recognition of undergraduate as well as the various postgraduate courses being run at the said colleges. The procedural requirements as included in Section 19 of the Act were also brought out before the Committee, whereby it was informed that withdrawal of recognition is always effected prospectively i.e. from the date of issuance of an appropriate notification to the said effect by the Govt. of India.

In regard to the twinning agreement the letter which was sent to the Committee by the Secretary of the Council dated 31.08.2007 was read out, wherein it is categorically brought out that the twinning agreement that has been entered into by Kasturba Medical Colleges is not to the knowledge of the Council nor it has its approval. As of now, the Council as a matter of policy has not accorded any of the medical schools in the country any permission in regard to have twinning agreement, because the same would be permissible only upon the required policy decision by the competent authorities in the Council and the Govt. of India so as to have a regulatory effect. As of now, the twinning agreement undertaken by Kasturba Medical Colleges is unauthorized in view of no policy regulation having been made till date and as such the same does not have any validity whatsoever.

However, to a specific query by the Committee, it was pointed out to them that the decision of recommending withdrawal of recognition by the Council is not based on running a twinning programme agreement by Kasturba Medical Colleges in isolation.

The presentation made by the undersigned to the Committee was well received and appreciated. Upon detailed questioning in regard to the status and procedure of accreditation of medical schools adopted in India, the Committee in terms of an official resolution moved in the meeting that was unanimously adopted that the standards and processes used by the Council are compatible and comparable to those used to accreditate medical schools in USA, for a period upto 2009, upon which they would be taken up for revalidation.

The Committee was thanked for the unanimous decision.”

(C) Dr. D.J. Borah, Chairman, Ethics Committee participated in the organizational meeting in Toronto, Canada from September 29-October1, 2007 to follow up on the session “Ethics and Governance of International Medical Regulation”

(D) The First Meeting of the Regional Network of Medical Councils in SEAR Countries was held in Sri Lanka on 19 – 21st December, 2007 at hotel Ceylon Continental. The meeting was organized by WHO. This was in follow-up of the meeting on ‘Medical Councils in Countries of the Region’ held at Thimphu, Bhutan in 17-19 October, 2006 and a subsequent meeting held at New Delhi.

In this meeting, Medical Council of India was represented by 1. Prof. (Dr.) D.J. Borah, Chairman, Ethics Committee and 2. Dr. uruganathan, Member, MCI.

The meeting was attended by representatives of medical councils of 1. Nepal, 2. Bhutan, 3. Sri Lanka, 4. Thailand, 5. Maldives, 6. Indonesia, 7. Myanmar in addition Indian Medical Council. The countries of North Korea, Bangladesh and East Timor were not represented.

The main agendas for discussion were

1. Teaching ethics in undergraduate medical curriculum.
2. Guideline for accreditation of Medical Schools.
3. Role and responsibilities of Medical Councils in ensuring patient safety.

Medical Ethics in undergraduate level:

The representatives of MCI agreed that ethics should be taught at the undergraduate level along with lessons on doctor-patient communication. The discussion centered on a draft proposal prepared by faculty of Medicine University of Colombo and placed by WHO. The module was found to be quite exhaustive and if it is put in the UG curriculum it would be a big load on the students. The MCI representatives described how at the moment medical ethics was taught by different departments like Forensic Science, Psychiatry, Pharmacology and SPM in India and stressed the need of a Cohesive curriculum module that can be taught in pre and para clinical and clinical levels in UG course by various departments. Only the area of ethics to be covered by each department at the UG level needed to be identified and concretized. A portion of the teaching can also be during internship period. An examination for the taught course or module on ethics was also stressed which would not form a part of pass/fail in MBBS examination but clearing the ethics examination with acceptable grades (50%) would be pre registration requirement without which no graduate shall be granted permanent registration. The Indian position was clearly stated and it found good support from other countries of the group in the discussion and was very well appreciated.

Accreditation of Medical Schools.

Under WHO’s initiative a core paper regarding accreditation of medical schools was prepared by N.Sirisup of Thailand with the title ‘Guideline for accreditation of Medial School : Review of Existing accreditation Procedures’. When the paper was presented immediately pointed out that this review is not acceptable to MCI representative because it does not contain a review of the very strict and evolved procedures followed by MCI for accreditation of Medical colleges in all levels of medical education in India.

It was pointed out forcefully that India produces largest number of doctors – in graduate, post graduate and post doctoral level than all other countries combine. It has over the time evolved a strict, elaborate, multilayered accreditation procedure which starts from before a medical college is or could be opened. An account of the whole procedure that MCI follows and the site inspection procedure was described in detail. The Indian procedure which takes into account human resources, physical infrastructure, curriculum & course content etc. were stated. A set of regulations which was provided to me by Secretary, MCI was placed before the meeting for records. It was also clearly said that any proposal regarding Medical accreditation that WHO or any other agency proposes would have to be accepted by EC & GB of MCI and MCI would not accept anything that changes or dilutes its regulations.

This brought the meeting into a proper perspective. There was open admiration from many member countries regarding Indian procedure and many councils openly stated that the procedure followed by MCI specially in opening new medical colleges should be followed by all and accepted by WHO. We consider this as a significant victory for all that MCI and India have stood for.

Any WHO recommendation on accreditation of Medical School including reciprocal recognition/accreditation must be closely scrutinized and examined by MCI before acceptance.

3. Role and responsibility of Medical Councils in ensuing patient safety.

In this section the MCI representatives actively participated in the discussion, deliberations and group work. It was pointed out that to ensure this role the Medical councils should not only be autonomous but should also be additionally empowered to play a leading role. Hospitals, but teaching and non teaching, should be accredited by each country and there should be self evaluation, evaluation by regulatory authorities and also external evaluation. The patient safety factor can be enhanced by mandatory patient safety and infection control committee in medical schools and patient safety should be stressed in teaching too.

The Housing of Secretariate

The Secretariate of the 11 medical councils of the region was entrusted by all to WHO – SEARO and this was accepted by WHO for initial 2 years. From 2009 the Secretariate had to be taken over by one of the member councils. It will be complete by funded by WHO as it is a WHO initiative.

In the Bhutan meeting it was decided that this would be in Kathmandu, Nepal but in this meeting the matter was reopened and Sri Lanka Medical Council expressed its interest to host the Secretariate.

AT this I had to intervene and say that as this point was not in the agenda nor was it communicated to MCI – the MCI representative could not come with a mandate to support or oppose. So from MCI and India's side we would like to reserve our rights to make an offer to host the Secretariate in India. This was accepted by WHO and the question of Secretariate is now open.

It was felt by us that India should accept a leadership role in the region and internationally. Otherwise the worth of India is not recognized. One great chance is to make an offer and get this opportunity to host this excellent infrastructure. All the costs will be borne by WHO. A separate proposal is sent alongwith for MCI to consider."

INSPECTIONS OF MEDICAL COLLEGES

Maintenance of standard of Medical Education is one of the major statutory requirements of the Council. For this purpose the Council carries out inspections of Medical Colleges both at Undergraduate and Postgraduate levels. These inspections may be u/s 10A of the Act for starting of a Medical College or starting of Postgraduate course in an already existing medical college, or for recognition of MBBS or Postgraduate qualification u/s 11(2) of the IMC Act. The inspections are also carried out for increase of seats in a particular course as per provisions of section 10A or for continuance of recognition of qualifications. Following are the details of inspections carried out by the Council, given separately at Undergraduate and Postgraduate level.

A) UNDERGRADUATE:

1. Inspections for Establishment of new medical colleges	= 23
2. Inspections for renewal of permission	= 52
3. Compliance Verification Inspections	= 63
4. Inspections for Approval of the college	= 13
5. Inspections for Increase of seats	= 08
6. Inspections for renewal of permission for increase of seats	= 20
7. Compliance Verification inspections for increase of seats	= 14
8. Inspections for approval of the college for increase of seats	= 03
9. Pre-PG inspection	= 11
10. Periodical Inspections for continuance of recognition of MBBS qualification	= 39

B) POSTGRADUATE :

- i) 238 inspections for approval of starting various postgraduate medical courses at Medical Colleges were carried out subsequent to requests received u/s 10 A of the I.M.C. Act, 1956 through Central Government, Ministry of Health & Family Welfare.
- ii) 292 inspections for recognition of postgraduate medical qualification u/s 11(2) of the I.M.C. Act, 1956 were carried out.
- iii) 90 inspections for increase of seats in various courses u/s 10A of the I.M.C. Act, 1956 were carried out.

INSPECTION FOR RECOGNITION OF NON TEACHING HOSPITALS FOR INTERNSHIP

3 inspections were carried out for recognition of non teaching hospitals for compulsory rotating Internship training during the year under review.

NOTIFICATION

On the recommendations of the Council, the Central Govt., Ministry of Health & Family Welfare issues notification in respect of qualifications recommended for recognition and their inclusion to the schedules to the Indian Medical Council Act, 1956. In addition, certain other notifications are issued with respect to Regulations u/s 33 of the Indian Medical Council Act, 1956 and modifications as and when required.

INDIAN MEDICAL REGISTER

The other major statutory requirement of the Council is maintenance of **All Indian Medical Register**. As stipulated u/s 22 of the I.M.C. Act, 1956 the State Medical Councils are required to send information to the MCI regarding registration granted by them. Based on these statistical information the Council maintains and notifies supplement to the Indian Medical Register on yearly basis. Total number of doctors registered in the Country up to 31st March 2008 are 695254.

REGISTRATION OF DOCTORS

Various types of **Registration Certificate** issued by this Council during the year under review are as under:-

i)	Permanent Registration Certificate	-	2196
ii)	Provisional Registration Certificate	-	447
iii)	Additional Qualification Certificate	-	798
iv)	Good Standing Certificate	-	1912
v)	Eligibility Certificate	-	3845

WEBSITE

The Council has provided information on its website: www.mciindia.org, which has been redesigned and updated. All important issues concerning medical education of the Council are displayed on the website.

Continuing Medical Education

In 1985 a Continuing Medical Education Cell was set up in the Medical Council of India – duly approved by the Central Government, Ministry of Health & Family Welfare, New Delhi and gain from expertise and to utilize the services of Indian Physicians settled in USA in continuing Medical Education and Patient Care in India. The following schemes were planned:-

1. Continuing Medical Education Scheme (CME Scheme)
2. Equipment Donation Scheme

The Medical Council of India has been the nodal agency to co-ordinate these schemes. For CME Scheme, an annual grant in-aid under the Plan Budget is released by the Central Govt., Ministry of Health & Family Welfare.

The Programmes initially covered faculty from USA. With passage of time, the increased popularity and importance of CME Programmes, the above schemes were extended in 1993 for participation of NRI doctors from UK and Canada.

Continuing Medical Education Scheme

The Central Govt. Ministry of Health & Family Welfare has approved the proposal of the MCI for increasing the financial assistance for an approved CME programme. With NRI faculty from USA/U.K./Canada. It is upto Rs. 1,00,000/- and the same is Rs. 50,000/- for a CME Programme with Indian faculty. This grant is extended for utilizing travel and stay of N.R.I. faculty and publication of proceedings of the programme. A total of 180 CME Programme were held successfully by various medical institutions/associations in the country during the year under review.

Equipment Donation Scheme:

During the year under review, no offer of donation of medical equipment/books and journals has been received under the Equipment Donation Scheme with the Council. This scheme has become more or less redundant.

LEGAL MATTERS

In the strict performance of statutory functions as per provisions of the Act and policy decisions taken by the Council from time to time, there could be some grievances by certain Institutions/individuals who may not be satisfied with the decisions of the Council. Such people both Institutions/individuals alone or enmasse approach various courts in the country to get relief against Council's decisions. This results into several litigations having been faced/being faced by the Council before various courts.

During the year under review Council received a total of 368 matters where the Council was a direct or an indirect party. 350 cases have been defended where the Council Regulations/various policy decisions were under challenge before the courts.

VIGILANCE

No complaint has been received during the year under review.

ACCOUNTS AND ESTABLISHMENT

The following amount was received from the Central Government as Grant in aid (Non plan) during the year 2007-2008.

1.	<i>PLAN:</i> <i>CME, Printing & Revision of IMR</i>	<i>Rs. 1,00,00,000.00</i>
2.	<i>NON-PLAN:</i> <i>Salaries, Contingency, TA/DA and other Expenditures</i>	<i>Rs. 60,00,000.00</i>
<i>Total</i>		<i>Rs. 1,60,00,000.00</i>

*A sum of **Rs. 17,89,14,325.00** was received by the Council from April 2006 to March 2007 from other resources. The details of the amount thus received are as under:-*

(A) INSPECTION FEE:

1.	<i>Annual Inspection fee received in advance for the year 2007-2008</i>	<i>Rs. 30,000.00</i>
2.	<i>Annual Inspection fee received for the year 2007-2008.</i>	<i>Rs. 56,40,000.00</i>
3.	<i>Inspection Fee u/s 10A for new Medical college</i>	<i>Rs. 91,00,000.00</i>
4.	<i>Inspection Fee u/s 10A for Higher Courses.</i>	<i>Rs. 6,34,00,000.00</i>
5.	<i>Inspection Fee u/s 10A for Increase of seats.</i>	<i>Rs. 2,39,00,000.00</i>
6.	<i>Additional Inspection Fee (towards periodical inspection compliance verification etc.)</i>	<i>Rs. 5,73,90,000.00</i>
7.	<i>Inspection Fee from Non-Teaching Hospitals.</i>	<i>Rs. 9,00,000.00</i>
<i>Total (A)</i>		<i>Rs. 16,03,60,000.00</i>

(B) MISCELLANEOUS RECEIPTS:

1.	<i>(a) Registration Fee</i>	<i>Rs. 60,48,000.00</i>
	<i>(b) IMR Reg. Fee</i>	<i>Rs. 19,75,400.00</i>
2.	<i>Fee for Certificate of Good Standing</i>	<i>Rs. 29,04,100.00</i>

3.	Fee for Certificate of Additional qualifications	Rs.	6,97,900.00
4.	Migration Fee	Rs.	1,91,800.00
5.	Fee for Elective Training	Rs.	21,62,000.00
6.	Fee for Eligibility Certificate	Rs.	45,75,125.00
		Total (B)	Rs. 1,85,54,325.00
Grand Total (A + B)			Rs. 17,89,14,325.00

PUBLICATIONS

The Council has published recommendations/mandatory regulations u/s 33 of the Act. These are available as priced document from the Council Office. A list of these publications is given as under:-

S. No.	Publications	Prize
1.	Regulations on Graduate Medical Education, 1997	@ Rs. 100/- each.
2.	Minimum Standard Requirements for Medical College for 50 MBBS Admission Annually Regulation, 1999	@ Rs. 100/- each.
3.	Minimum Standard Requirements for Medical College for 100 MBBS Admission Annually Regulations, 1999	@ Rs. 100/- each.
4.	Minimum Standard Requirements for Medical College for 150 MBBS Admission Annually Regulation, 1999	@ Rs. 100/- each.
5.	Regulations on Postgraduate Medical Education, 2000	@ Rs. 50/- each.
6.	Minimum qualification for Teachers in Medical Institutions, Regulations 1998	@ Rs. 50/- each.
7.	Schedule to the Indian Medical Council Act, 1956	@ Rs. 200/- each.
8.	Code of Medical Ethics.	@ Rs. 10/- each.
9.	List of recognised medical colleges in India	@ Rs. 15/- each.
10.	Application form for Establishment of New Medical College.	@ Rs. 300/- each
11.	Application form for opening of Higher Courses of Study and Application form for increase of Admission capacity in Medical Colleges	@ Rs. 300/- each.
12.	Requirements to be fulfilled by the Applicant Colleges for obtaining Letter of Intent and Letter of permission for Establishment of the New Medical Colleges and Yearly Renewals under Section 10-A of the Indian Medical Council Act, 1956	@ Rs. 50/- each.

Sd/-
Lt. Col. (Dr.) A.R.N Setalvad (Retd.)
SECRETARY'''

254. Consideration of orders of Court case filed by final MBBS students of Swami Vivekanand Institute of Medical Sciences, Vallia, Gujarat for transfer to any other recognized college and recognition of their degree.

Read: The matter with regard to consideration of orders of Court case filed by final MBBS students of Swami Vivekanand Institute of Medical Sciences, Vallia, Gujarat for transfer to any other recognized college and recognition of their degree.

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 order passed by the Learned Division Bench of the Hon'ble High Court of Gujarat in SCA No. 9551 of 2008 – Pratik Sundarjibhai Amlani & 50 Ors Vs. Union of India & 7 Ors. and observed that the operative part of the order reads as under:-

“

- 11. On account of the defaults committed by respondent no.7, it was not permitted to admit any students to the medical course from 2005-06 onwards, but the petitioners who were admitted in the years 2002-03 and 2004-05 with the permission of the Central Government and MCI are not at all responsible for such failure of respondent no. 7 to obtain renewal of the recognition from the Central Government. The State Govt. must, therefore, be held liable to take over the responsibility of the petitioners and to ensure that they are allotted to a recognized medical college affiliated to the South Gujarat University so that they can complete their studies and on passing the examination being conducted by the South Gujarat University they can obtain the MBBS degree which can be treated as a recognized qualification under the Indian Medical Council Act, 1956.*

- 12. While giving such a direction to the State Govt. for the benefit of the petitioners who are in the final MBBS class, we make it clear that it will be open to the State Govt. to recover the expenses from respondent no. 7- trust. If performance guarantees given by respondent no. 7 to the state Govt. are in force, it will be open to the State Govt. to invoke such performance guarantees. If the validity period of such performance guarantees has expired, it will be open to the State Govt. to recover the amount from respondent no. 7 by any other means. Before quantifying the amount, the State Govt. may given an opportunity of hearing to respondent no. 7 trust, but once the amount is quantified, it will be open to the State Govt. to recover such amount as arrears of land revenue. However, compliance with the direction to admit the petitioners to any other medical college shall not await receipt of, or recovery of, funds from respondent no. 7 trust and the State Govt. and respondent no. 5 shall complete allotment of the petitioners to a recognized medical college within one month from the date of receipt of writ of this Court or a certified copy of this judgment whichever is earlier.*

- 13. The petition is allowed in the aforesaid terms. Rule is made absolute. Direct service is permitted.*

*Sd/-
(M.S. Shah, Actg. C.J.)”*

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 State Government of Gujarat be advised to act in accordance with the above said order of the Hon'ble High Court of Gujarat and further advising that the State Government of Gujarat should revoke the Bank Guarantee submitted by the institute at the time of applying Essentiality Certificate and utilized the money so received for defraying the expenses of shifting the students as directed by the Hon'ble High Court of Gujarat.”

255. Minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999 – Amendments thereon.

Read: The Central Govt. letter dated 28.08.2008 with regard to amendment in minimum Standard Requirements for Medical Colleges for 50, 100, 150 Admissions Annually, 1999.

The members of the Council after due deliberations in detail decided as under:

(See Annexure I)

256. Minimum Qualifications for Teachers in Medical Institution Regulations, 1998 –Amendments thereon.

Read: The Central Govt. letter dated 23.06.2008 with regard to amendments in Minimum Qualifications for Teachers in Medical Institution Regulations, 1998.

The members of the Council after due deliberations in detail decided as under:

(See Annexure II)

257. Graduate Medical Education Regulations, 1997 – Amendments thereon.

Read: The Central Govt. letter dated 20.06.2008 with regard to amendments in Graduate Medical Education Regulations, 1997.

The members of the Council after due deliberations in detail decided as under:

(See Annexure III)

258. Post Graduate Medical Education Regulations, 2000 – Amendments thereon.

Read : The Central Govt. letter dated 20.06.2008 with regard to amendments in Post Graduate Medical Education Regulations, 2000.

The members of the Council after due deliberations in detail decided as under:

(See Annexure IV)

259. Matter with regard to Dr. Shreekanta Singh who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Shreekanta Singh who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Shreekanta Singh along with the opinion of Advocate of the 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. Shreekanta Singh constitutes PROFESSIONAL MISCONDUCT, which renders him liable for disciplinary action.

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

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

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

In this regard, the complete sequence of the case is as under:

“The Ethics Committee considered the above mentioned matter in respect of Dr. Shreekanta Singh who did not appear before the Ethics Committee on 08.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 09.07.2007 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 08.07.2008. Dr. Shreekanta Singh failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Shreekanta Singh pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Shreekanta Singh the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Shreekanta Singh 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. Shreekanta Singh 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Shreekanta Singh be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

260. Matter with regard to Dr. Surendra Prasad Das who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Surendra Prasad Das who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Surendra Prasad Das 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.

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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. Surendra Prasad Das 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 :-

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In this regard, the complete sequences of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. Surendra Prasad Das who did not appear before the Ethics Committee on 08.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 09.07.2007 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 08.07.2008. Dr. Surendra Prasad Das failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Surendra Prasad Das pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Surendra Prasad Das the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Surendra Prasad Das 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. Surendra Prasad Das 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Surendra Prasad Das be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

261. Matter with regard to Dr. M. Panchateharash who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. M. Panchateharash who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. M. Panchateharash 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:-

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The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. M. Panchateharash 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 :-

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In this regard, the complete sequence of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. M. Panchateharash who did not appear before the Ethics Committee on 08.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 09.07.2007 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 08.07.2008. Dr. M. Panchateharash failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. M. Panchateharash pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. M. Panchateharash the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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.

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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.

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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 of Dr. M. Panchateharash 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:-

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The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. M. Panchateharash 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 :-

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After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. M. Panchateharash be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

262. Matter with regard to Dr. Md. Balal Hasan who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Md. Balal Hasan who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

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

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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.

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Upon consideration of the case of Dr. Md. Balal Hasan the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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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”.

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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.

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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 of Dr. Md. Balal Hasan along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

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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. Md. Balal Hasan constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

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

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The Ethics Committee decided that the aforesaid decision may be placed before the Executive Committee and General Body of the Council for their approval and thereafter necessary action may please be taken following the procedure laid down in the Council”.

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Md. Balal Hasan be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

263. Matter with regard to Dr. Shankar G Donki who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Shankar G Donki who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Shankar G Donki 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:-

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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.”

In this regard, the complete sequence of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. Shankar G Donki who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 09.07.2007 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. Shankar G Donki failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Shankar G Donki pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Shankar G Donki the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of

making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Shankar G Donki 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. Shankar G Donki 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Shankar G. Donki be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

264. Matter with regard to Dr. Usha Shamrao Kale who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Usha Shamrao Kale who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Usha Shamrao Kale 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.

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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. Usha Shamrao Kale 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.”

In this regard, the complete sequence of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. Usha Shamrao Kale who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 09.07.2007 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, & 17.12.2007 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. Usha Shamrao Kale failed to appear in the last

chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Usha Shamrao Kale pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Usha Shamrao Kale the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Usha Shamrao Kale 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. Usha Shamrao Kale 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Usha Shamrao Kale be erased temporarily upto 30th November, 2010.
- (b) She will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

265. Matter with regard to Dr. Mandakini Joshi who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Mandakini Joshi who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Mandakini Joshi 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. Mandakini Joshi 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 :-

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“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.”

In this regard, the complete sequence of the case is as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. Mandakini Joshi who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 he 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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 19.05.2006 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.07.2006, 18.09.2006, 27.10.2006, 10.09.2007, 15.10.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. Mandakini Joshi failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Mandakini Joshi pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Mandakini Joshi the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Mandakini Joshi 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. Mandakini Joshi 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Mandakini Joshi be erased temporarily upto 30th November, 2010.
- (b) She will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

266. Matter with regard to Dr. G. Gopi Krishna who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. G. Gopi Krishna who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. G. Gopi Krishna 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. G. Gopi Krishna 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.”

In this regard, the complete sequence of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. G. Gopi Krishna who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 13.10.2006 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. G. Gopi Krishna failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. G. Gopi Krishna pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. G. Gopi Krishna the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. G. Gopi Krishna 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. G. Gopi Krishna 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. G. Gopi Krishna be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

267. Matter with regard to Dr. Suresh Kumar T who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. Suresh Kumar T who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

“The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. Suresh Kumar T 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. Suresh Kumar T 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.”

In this regard, the complete sequence of the case is detailed as under:-

“The Ethics Committee considered the above mentioned matter in respect of Dr. Suresh Kumar T who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 19.05.2006 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.07.2006, 18.09.2006, 27.10.2006, 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. Suresh Kumar T failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. Suresh Kumar T pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. Suresh Kumar T the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. Suresh Kumar T 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. Suresh Kumar T 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. Suresh Kumar T. be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

268. Matter with regard to Dr. G.T Chandra Reddy who has worked at more than one Medical College simultaneously.

Read: The matter with regard to Dr. G.T Chandra Reddy who has worked at more than one Medical College simultaneously.

The members of the Council considered the following decision of the Executive Committee:-

"The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of Dr. G.T Chandra Reddy 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. G.T Chandra Reddy 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."

In this regard, the complete sequence of the case is detailed as under:-

"The Ethics Committee considered the above mentioned matter in respect of Dr. G.T Chandra Reddy who did not appear before the Ethics Committee on 07.07.2008, which was the last and final chance given to him.

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 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 did not reply. After this the Ethics Committee of the Medical Council India requested him to appear in person before the Ethics Committee meeting held on 13.10.2006 when he failed to appear for the first time, he was given a number of chances to appear before the Ethics Committee i.e. on 10.09.2007, 15.10.2007, 17.12.2007 & 21.01.2008 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 07.07.2008. Dr. G.T Chandra Reddy failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of Dr. G.T Chandra Reddy pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of Dr. G.T Chandra Reddy the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

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 of Dr. G.T Chandra Reddy 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. G.T Chandra Reddy 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.”

After due deliberations, the members of the Council unanimously decided as under:-

- (a) The name of Dr. G.T. Chandra Reddy be erased temporarily upto 30th November, 2010.
- (b) He will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2009-10 and 2010-2011.
- (c) The name of such teacher be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

269. Continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Hyderabad in respect of students being trained at Osmania Medical College, Hyderabad.

Read: The compliance verification inspection report (25th & 26th August 2008) for continuance of recognition of MBBS degree granted by Dr. N T R University of Health Sciences, Hyderabad in respect of students being trained at Osmania Medical College, Hyderabad.

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 (25th & 26th August, 2008) and decided that recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Hyderabad in respect of students being trained at Osmania Medical College, Hyderabad be continued restricting the number of admissions to 200 (Two Hundred) students per year."

270. Continuance of recognition of MBBS degree granted by Tamil Nadu Dr. MGR Medical University in respect of students being trained at Madras Medical College, Chennai..

Read: The compliance verification inspection report (25th & 26th August 2008) for continuance of recognition of MBBS degree granted by Tamil Nadu Dr. M G R University in respect of students being trained at Madras Medical College, Chennai along with the following recommendations of the Executive Committee/Adhoc 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 considered the compliance verification inspection report (25th & 26th August, 2008) and decided that recognition of MBBS degree granted by Tamil Nadu Dr. MGR Medical University in respect of students being trained at Madras Medical College, Chennai be continued restricting the number of admissions to 165 (One Hundred & Sixty Five) students per year."

271. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Bangalore Medical College, Bangalore.

Read: The compliance verification inspection report (25th & 26th August 2008) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Bangalore Medical College, Bangalore.

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 (25th & 26th August, 2008) and decided that recognition of MBBS degree granted by Rajiv Gandhi

University of Health Sciences, Bangalore in respect of students being trained at Bangalore Medical College, Bangalore be continued restricting the number of admissions to 150 (One Hundred & Fifty) students per year."

272. Continuance of recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda.

Read: The matter with regard to Council Inspectors report (16th & 17th October 2008) for continuance of recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda.

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 inspector report (16th & 17th October 2008) and decided that recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda be continued restricting the number of admissions to 180 (One Hundred Eighty) students per year."

273. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, Nashik.

Read: The compliance verification inspection report (23rd October 2008) along with compliance and Council Inspectors report (13th & 14th August, 2008) for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, 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 compliance verification inspection report (23rd October 2008) along with compliance and Council Inspectors report (13th & 14th August, 2008) and decided that recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, Nashik be continued restricting the number of admissions to 120 (One Hundred Twenty) students per year."

274. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana.

Read: The compliance verification inspection report (16th October 2008) along with compliance and Council Inspectors report (12th & 13th January, 2007) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana.

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 October 2008) along with compliance and Council Inspectors report (12th & 13th January, 2007) and decided that recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana be continued restricting the number of admissions to 70 (Seventy) students per year.”

275. Inclusion of Krishna Institute of Medical Sciences University, Karad, Dist. – Satara, Maharashtra.

Read: The letter dated 22.04.2008 received from the Registrar, Krishna Institute of Medical Sciences University, Karad, Dist. – Satara, Maharashtra with regard to inclusion of Krishna Institute of Medical Sciences University, Karad (Deemed University) in the scheduled in 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 considered the letter dated 22.04.2008 from the Registrar, Krishna Institute of Medical Sciences University, Karad for inclusion of various postgraduate qualifications under Krishna Institute of Medical Sciences University, Karad in the schedule to the I.M.C. 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 Executive Committee decided that the name of the University “Krishna Institute of Medical Sciences University, Karad” be recognized and included in the 1st Schedule to the Indian Medical Council Act, 1956 and forwarded to the Govt. of India for appropriate Notification of the same.”

276. PMO Reference on proposal for revamping of functioning of Medical council of India – regarding

Read: The letter dated 25th April, 2007 along with the report of the Sub-Committee with regard to PMO reference for revamping of functioning of 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 report of the Sub-Committee which reads as under:-

Report in respect of Revamping of regulatory institutions including Medical Council of India

1. The Govt. of India, Ministry of Health & Family Welfare vide its letter dated 25.04.2007 has forwarded the communication from PMO dated 23.04.2007 regarding revamping of functioning of the Medical Council of India. The communication dated 23.04.2007 from the PMO reads as under:-

“The issue of revamping regulatory institutions has been under consideration of the government and was identified as an area for priority action. In this matter, one of the regulatory organizations that needed to be revisited to make its procedures respond to contemporary needs was the Medical Council of India (MCI). Over time, the Ministry would have identified several areas of reform of the procedures and rules of the MCI that need to be altered to make the regulatory framework effective and serve the interest of the society better.”

2. *The matter was placed before the Executive Committee at its meeting held on 13th & 14th June, 2007, wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. Upon due deliberations, the members of the Adhoc Committee and Executive Committee decided to appoint a Sub-Committee comprising of Dr. Ved Prakash Mishra, the then Chairman, Postgraduate Medical Education Committee; Dr. D.J. Borah, Chairman, Ethics Committee; Dr. K.P. Mathur and Dr. Ketan Desai, members of the Executive Committee to go into the details of the letter and submit the report before the next meeting of the Executive Committee.*
3. *In this regard, it may be noted that the Medical Council of India was established in 1934 under the Indian Medical Council Act, 1933, now repealed, with the main function of establishing uniform standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad.*
4. *The number of medical colleges had increased steadily during the years after Independence. It was felt that the provisions of Indian Medical Council Act were not adequate to meet with the challenges posed by the very fast development and the progress of medical education in the country. As a result, in 1956, the said Act was repealed and the present Act was enacted, which came to be notified in 1956. It was further amended in the years 1964, 1993 and 2001 respectively.*
5. *As per provisions of the Act and the Rules & Regulations framed thereunder, the major objectives and the functions of the Council are as under:-*

OBJECTIVES

1. *Maintenance of uniform standards of medical education, both undergraduate and postgraduate.*
2. *Recommendation for recognition/de-recognition of medical qualifications of medical institutions of India or foreign countries.*
3. *Permanent registration/provisional registration of doctors with recognised medical qualifications,*
4. *Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications.*

FUNCTIONS :

1. *Inspection/visitation with a view to maintain proper standard of medical education in India.*
2. *Permission to start new medical colleges, new Courses including P.G. or Higher Courses, increase of seats etc.*
3. *Recognition/de-recognition of*
 - a) *Indian Qualifications*
 - b) *Foreign qualifications*
4. *Registration*
 - a) *Permanent registration*
 - b) *Provisional registration*
 - c) *Registration of Additional Qualification.*
 - d) *Issue of Good Standing Certificates for doctors going abroad.*

5. **Indian Medical Register:** Maintenance of All India Medical Register of persons who hold any of the recognised medical qualification or for the time being registered with any of the State Medical Councils or Medical Council of India.
6. In accordance with the provisions of Section 3(1) of the Indian Medical Council Act, 1956, the Council comprises of the following members:-
 - a) One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.
 - b) One member from each University, to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no senate, by members of the Court.
 - c) One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register who possess the medical qualifications included in the First and Second Schedule or in Part-II of the Third Schedule.
 - d) Seven members to be elected from amongst themselves be persons who possess the medical qualifications included in Part I of the Third Schedule.
 - e) Eight members to be nominated be the Central Govt.

The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.

7. Section 10 of the Act provides for the constitution of an Executive Committee as under:-

THE EXECUTIVE COMMITTEE

10. (1) The Executive Committee, hereinafter referred to as the Committee shall consist of the President and Vice-President, who shall be members ex-officio and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.
 - (2) The President and Vice-President shall be the President and Vice-President respectively of the Committee.
 - (3) In addition to the powers and duties conferred and imposed upon it by this Act, the Committee shall exercise and discharge such powers and duties as the Council may confer or impose upon it by any regulations which may be made in this behalf.
8. Section 20 of the Act provides for the constitution of Postgraduate Medical Education Committee as under:-

POST-GRADUATE MEDICAL EDUCATION COMMITTEE FOR ASSISTING COUNCIL IN MATTERS RELATING TO POST-GRADUATE MEDICAL EDUCATION.

20. (1) The Council may prescribe standards of Postgraduate Medical Education for the guidance of Universities, and may advise Universities in the matter of securing uniform standards for Postgraduate Medical Education through out India, and for this purpose the Central Govt. may constitute from among the members of the Council a Postgraduate Medical Education Committee (hereinafter referred to as the Post-graduate Committee)
- (2) The Postgraduate Committee shall consist of nine members all of whom shall be persons possessing postgraduate medical qualifications and experience of teaching or examining postgraduate students of medicine.

- (3) *Six of the members of the Postgraduate Committee shall be nominated by the Central Government and the remaining three members shall be elected by the Council from amongst its members.*
 - (4) *For the purpose of considering postgraduate studies in a subject, the Postgraduate Committee may co-opt, as and when necessary, one or more members qualified to assist it in that subject.*
 - (5) *The views and recommendations of the Postgraduate Committee on all matters shall be placed before the Council and if the Council does not agree with the views expressed or the recommendations made by the Postgraduate Committee on any matter, the Council shall forward them together with its observations to the Central Government for decision.*
9. *Besides the above two statutory committees for the smooth functioning of the Council and to achieve the purpose of the Act and the Rules & Regulations framed thereunder, various Sub-Committees are also constituted. The important Sub-Committees functioning at present are as under:-*
- i) *Teachers' Eligibility Qualifications Sub-Committee*
 - ii) *Registration & Equivalence Committee*
 - iii) *Ethics Committee*
 - iv) *Migration Sub-Committee*
 - v) *Finance Committee*

10. **AMENDMENTS TO THE INDIAN MEDICAL COUNCIL ACT, 1956**

The Indian Medical Council Act, 1956 has been amended thrice as under:-

- *The IMC (Amendment) Act of 1964 was primarily for the purposes of incorporation of Section 20 in it prescribing Postgraduate Medical Education Committee, which is vested with the responsibility of monitoring and maintaining the standards of postgraduate medical education in the country.*
- *IMC (Amendment) Act, 1993 was in terms of insertion of Section 10A, whereby "Prior Approval" from the Govt. of India on the recommendations of MCI was made "Mandatory" for the purposes of starting of a new medical college, new postgraduate course and enhancement in annual intake capacity of the existing courses in existing medical colleges.*
- *The IMC (Amendment) Act, 2001 was primarily for the purposes of governing conduct of "Screening Test" in respect of Indian students who acquire Graduate Medical Qualifications from institutions/colleges located outside India. The said amendment ultimately was effected as a result of continuous pursuance by the MCI from 1994 onwards which finally ended up with the said amendment to the Act and Governing Regulations thereof titled "Screening Test Regulations, 2002"*

Besides the above amendments which were passed by the Parliament, the Indian Medical Council (Amendment) Bill, 1987 was introduced in Rajya Sabha on 26.8.1987. The Bill was referred to the Joint Parliamentary Committee which submitted its report on 28th July, 1989. The Cabinet accorded approval to the recommendations of the Joint Parliamentary Committee on 23.8.1989. However, notice for consideration of the Bill in Rajya Sabha could not be given as the Govt. has changed in the meantime. Thereafter, no further approval of the Cabinet has been obtained and the Bill was still in Rajya Sabha. However, some of the provisions of this Bill pertaining to the medical education were incorporated in the Amendment Act of 1992 which was passed by the Parliament and the amendments were incorporated in the Indian Medical Council Act, 1956. Even

though the 1987 Bill was pending before the Rajya Sabha for its consideration, the Ministry of Health & F.W. introduced in the Parliament the Indian Medical Council (Amendment) Bill, 2005. This Amendment Bill was referred to a Joint Parliamentary Standing Committee of Health & F.W. The Joint Parliamentary Standing Committee after multiple sittings and due deliberations delivered its report which was presented before the Parliament in July, 2006.

11. It may be noted that the Parliamentary Standing Committee in one of its deliberation had granted hearing to the Medical Council of India. In the presentation that was made by the office bearers of the Medical Council of India before the Parliamentary Standing Committee, amongst other things had brought out specifically under the title "Holistic Approach to amendments to IMC Act," wherein it was specified that "In order to meet the "Global Expectations" and mitigate the "National Needs", a "Holistic Approach" is called for to augment the optimal operationalisation of the present IMC Act.

12. REVAMPING OF THE MEDICAL COUNCIL OF INDIA

Revamping of the functioning of the Medical Council of India with reference to total and optimal fulfillment of the objectives for which it stands constituted is permissible and feasible only upon incorporation of suitable and matcheable amendments, which have become the need of the day. It is for this reason instead of taking a "Piecemeal approach", a "Holistic approach" towards incorporation of the desired and relevant amendments to the Act is not only desirable but is urgently called for as well.

The Revamping of the Council will have to be looked into in terms of the concept, which is operational vis-à-vis the "world trade in health services". The world trade occurs in four modes which have been incorporated under "General Agreement on Trade and Tariff" (GAAT) they are:

- i) Cross border supply
- ii) Consumption abroad
- iii) Commercial presence
- iv) Movement of professionals.

It is a matter of accepted reality that India has a great potential for increasing its export of health services, so also there is a significant scope for treating foreign patients from a wider range of countries including Asia-Pacific region and also the developed countries in the West in the context of low treatment cost in India. However, the perceptible constraints in regard to these prepositions are:

- a) External Constraints which pertain to the fact that qualification of the Indian Doctors, Nurses, Paramedics and technicians etc. are not recognized in many countries as a result of which the mobility of the health service professionals from India to these countries is jeopardized.
- b) The domestic constraints are:
 - i) Infrastructural
 - ii) Technical
 - iii) Regulation of the insurance sector
 - iv) Standard of training and education.

It may be noted that it is with reference to the above stated criteria that the suitable amendments to the Indian Medical Council Act are essential and is need of the day.

13. As such, following measures are suggested towards revamping of the Council and its smooth functioning vis-à-vis the changing needs in relation with the changing time:-

1. Continuing Medical Education & Renewal of Registration:

The Parliament Committee on Subordinate Legislation (Tenth Lok Sabha) had made a recommendation for compulsory renewal of registration of medical practitioners so that the registers could be kept upto date, prescription by the MCI for compulsory renewal after every five years and the funds needed by the Council for the purpose may be obtained by charging fees for renewal. The Government of India had accepted the recommendation in principle but stated there will be administrative difficulties for renewal of registration for about 4.5 lakh practitioners and the scheme may be introduced in a phased manner and the involvement of State Governments and State Medical Councils would be necessary. Further the Parliament Committee also recommended that the MCI should frame regulations to make it compulsory to attend courses or programmes for continued medical education for every medical practitioner and that a minimum amount of credits would be necessary to renew registration of a doctor by the MCI every five years or so. The Government in their reply stated that they are in agreement with the Committee and that the "MCI is already examining the possibility of making regulations for attendance of CME programmes by doctors".

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

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

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

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

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

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

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

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

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

The proposal of incorporation of the renewal ability of registration has been incorporated in the regulation on Code of Medical ethics which is a subordinate

legislation". It cannot be affected into practice without a required amendment being incorporated into the main Act. The required amendment in the Act which has been proposed by the Council is pending with the Govt. of India for its appropriate incorporation into the IMC Act, 1956.

2. Accreditation of Medical Institutions

The system of accreditation of medical institutions would not only go a long way in serving to the cause of "Quality Assurance" in the system of medical education, but also would make it "Relevant" and "Competitive" and capable of generating a much desired effective health care delivery system for the country, as and catering to the cause of Global requirements, thereby resulting in filling in a big "void" which exists as of now

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

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

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

Section 17 deals with inspection of examinations by the Inspectors appointed by the Council for the purposes of recommending to the Central Govt. recognition of medical qualifications granted by the universities or medical institutions. Section 19 provides for withdrawal of recognition after following the procedure indicated therein. Section 19A deals with prescription of minimum standards of medical education required for according recognized medical qualifications by the universities and medical institutions in India. As such the existing Act does not provide for accreditation of institutions based on a grading system as against the provision which is included in the Act governing All India Council for Technical Education (AICTE). The said Act formulated in the year 1987 has Section 10(1)(u) which reads –

"Set up a National Board of Accreditation to periodically conduct evaluation of technical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendation to it, or to the Council (AICTE) or to the Commission (UGC) or to other bodies regarding recognition or de-recognition of the institution or the programme."

In view of above, the Council had proposed an amendment for incorporating a new section titled as Section 11(A) which would read – "The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the

basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes”.

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

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

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

3. *The Postgraduate Medical Education Committee of the Council in regard to the revamping of the Council from the point of view of postgraduate medical education in the country through the Postgraduate Medical Education Committee has suggested following desired amendments to the I.M.C. Act, 1956, which have a significant and a long term bearing of consequence and relevance:-*

- (a) *By a suitable amendment it should be evolved that any person with foreign medical qualification whether is coverable u/s 12(2) or 13(3) of the Act shall be required to clear the screening test for the purposes of being eligible for registration with the MCI or a State Medical Council as the case may be.*
- (b) *By incorporation of suitable amendment to Section 20 the composition of the Postgraduate Medical Education Committee should be altered to a representative character, wherein the number of elected members should be more as compared to the nominated members preferably reversing the existing ratio which is 3 elected is to 6 nominated to 6 elected is to 3 nominated, so that the nature and composition of the Postgraduate Medical Education Committee is on par with other statutory authorities and bodies including the representative character of the Council itself.*
- (c) *The embargo in regard to registration with Indian Medical Council and State Medical Councils to the effect that only Indian citizens are eligible to register needs to be removed through an appropriate amendment, so that the scope of registration is broadened.*

4. *Proposed amended Regulations under section 33 of the Act by the Council*

In terms of Section 33 of the Act, the Council may, with the previous sanction of the Central Govt. make regulations generally to carry out the purposes of this Act on the various areas catalogued there under especially listed at seriatim (o), (k) and (l) which pertaining to the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in universities or medical institutions for grant of recognized medical qualifications, standards of staff, equipment, accommodation, training and other facilities for medical education, the conduct of professional examinations, qualification of examiners and the conditions of admissions to such examinations etc.

Regulations on these areas are already in vogue and are continuously updated by the Council, so as to ensure that “Challenges” generated by contemporary changes are dealt with appropriately.

The regulations on Graduate Medical Education, Postgraduate Medical Education, Minimum Standard Requirements for the Medical Colleges, Teachers' Eligibility Qualification, along with update of required syllabi were worked-out in all their details through 3 Regional Workshops "Culminating" in a "National Workshop" in 2003 and the recommendations crystalised thereat have been incorporated under the said Regulations, which were duly approved by the General Body of the Council in its meeting held on 29.03.2004 and have been sent to the Govt. of India for approval. The Govt. of India have accorded approval to some of the proposed amendments by the Council and to some others additional conditions have been proposed by them. In addition they have brought certain new amendments that have not been proposed by the Council. The Executive Committee of the Council has taken stock of the same and along with the specific observations in regard to each one of them the matter is pending consideration by the General Body of the Council.

5. Regulation of medical practice and prohibition of treatment by unqualified persons in modern medicine, Indian system of medicine and homoeopathy or the like and the prohibition of unauthorised system and institutions bill 2003.

a) Quackery has not only jeopardized the health of the common people but has also become an organized industry with lots of institutions started in the name of alternative medicine which are conducting different unrecognized medical courses, awarding different degrees and diplomas and thus, producing unauthorized and untrained medical practitioners.

b) Since these unauthorized institutions and personnel fall under the ambit of medical education and practice, there is a need for "Comprehensive Legislation" covering all these spheres.

c) In view of the above, the Medical Council of India has proposed a "Comprehensive Draft Regulation" in the matter which is pending consideration. This proposal is pending consideration by the Central Govt. of India. An early issuance of the same vide its appropriate notification would result in placing a valid law in place with regulating and punitive measures incorporated therein for effectively and sumptuously tackling the hitherto uncontrolled menace of quackery "through quacks", which is making the gullible population of the country pay a heavy price and resulting in an irreparable damage to the health of the poor needy and the unserved.

14. AUTONOMY OF THE MEDICAL COUNCIL OF INDIA

MCI is an expert body meant for objectives as included in the Parliamentary Enactment titled IMC Act 1956. Even the amendment of 1993 whereby Section 10(A) has been incorporated towards prior approval of the Council and Govt. of India for starting of a new medical college, Postgraduate course, augmentation of the existing intake of the existing courses at medical institutions/colleges augurs well with the autonomy vested with the Council.

Several pronouncements by the Courts of law have brought out that the Regulations notified by the Council under Section 33 of the IMC Act have a "Binding Character" and a "Mandatory Effect".

A regulatory authority can dispense of its statutory tasks without any sense of fear or favour exclusively, only if it is vested with the "Required and Optimal Autonomy" without any interferences from any other authority including the Government.

It must be distinctly understood that any revamping exercise in order to fulfill its desired objectives must be carried out in such a manner that the autonomy of the Medical Council of India is augmented and is not marginalized in any manner whatsoever. The autonomy vested with regulatory medical councils in developed countries like USA, U.K., Canada, Australia, Newzealand etc. should serve as a role model for us to be emulated.

The Council had expressed its strong reservation in regard to the amendments proposed by the Govt. of India in regard to I.M.C. Act (Amendment) Bill, 2005, with reference to several incorporations therein whereby the power was getting centralised and monopolized with the Ministry, with the autonomy of the MCI being pushed into peril.

The Bill which was referred to the Parliamentary Standing Committee of the Ministry, which upon wide consultations with the various stake holders all over the country, in their report have categorically emphasized that the said Amendment Bill, 2005 was not conducive to the fair and legitimate interest of the various stakeholders of the medical education and was also marginalizing the autonomy of the regulatory body like Medical Council of India, and hence, has recommended negation of the same practically on majority of the offending inclusions therein. The observations of the Parliamentary Standing Committee in its report has endorsed the reservations and observations that were brought about by the council in this regard.

15. *The Parity of IMC Act, 1956 with that the UGC Act, 1956:*

In the context of the fact that the scope and functioning of the Council calls for a broadening which should be in tune with Section 12 of the UGC Act, 1956 whereby the Council may allocate and disburse out of the fund of the Council, grants to medical institutions established under for the maintenance or development or both or for any other general or specified purpose.

For this very purpose, the Council shall be required to be vested with the power to have its own funds and all sums which may, from time to time, be paid to it by the Central Government and all the receipts of the Council be carried to the funds as is provided for under section 16(1) of the UGC Act, 1956.

The suggestions/amendments that have been proposed by the Council to the IMC Act, 1956 and the corresponding Regulations in the form of subordinate legislations thereto vide section 33 of the IMC Act, 1956, have taken a holistic account in this regard.

Timely and appropriate incorporation of these, in the opinion of the Council could go a long way in its revamping, which would be conducive to the desired and legitimate expectations of the stake holders all over the country in the sensible and a meaningful way.

In addition to the legislative amendments towards revamping the "Authority, Jurisdiction, Powers and Duties" of the Council, the Committee is of the considered opinion that a parallel administrative revamp is also necessary which should be periodically taken stock of by a standing mechanism being put into place for this very purpose.

This modality is necessary because in the opinion of the Committee even best of the legislative enactments worked out to achieve the highest welfare of the stake holders, stands up defeated, in case it is not matched with the desired administrative revamp, vide which the execution of the legislative intent is called for.

As such, the Committee is of the considered opinion that the proposed "Legislative Revamp" blended with a parallel and "Administrative Revamp" is the need of the day, which should be brought into place sooner than later".

277. Fee to be charged for appeal under Section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 – Regarding.

Read: The matter with regard to Fee to be charged for appeal under Section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

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 alongwith the report of the Sub-Committee and decided to approve the following report of the Sub-Committee:-

"REPORT OF THE SUB COMMITTEE CONSTITUTED BY THE EXECUTIVE COMMITTEE TO DELIBERATE ON THE SUBJECT OF FEE TO BE CHARGED FOR APPEAL U/S 8.7 & 8.8 OF THE INDIAN MEDICAL COUNCIL (PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS) REGULATIONS, 2002.

The meeting was held on 03.11.2008 in the Council Office at Dwarka, New Delhi. The following attended the meeting:-

1. Dr. Ved Prakash Mishra
2. Dr. D.J. Borah

The Sub-Committee examined all the documents including the letter from the Government of India, Ministry of Health & F.W. No. V.11025/1/2008-ME(P-I), dated 3rd September, 2008 and also the recommendations of the Ethics Committee and decisions of the Executive Committee and General Body of the Council on the matter. After going through all the documents, the Sub-Committee observed that the Government wants the Council not to charge any kind of fee for filing appeal under section 8.7 & 8.8 of the above Regulations.

The Sub-Committee also noted that the General Body of the Council has already kept a provision for persons of Below Poverty Line (BPL) which would include common man as well, as under:-

"(C) Persons Below Poverty Line (BPL) would have to pay only 10% of the prescribed fee for the original complaints or the appeals as the case may be provided that a certificate issued by a Government Authority is attached with the complaint/appeal."

The Sub-Committee decided to recommend to the Executive Committee and General Body of the Council that even this 10% fee for persons of Below Poverty Line (BPL) in both original complaint and appeal should be dispensed with to make the redressal mechanism for the common man easy and free. Therefore, clause (C) of the decision of the Executive Committee/General Body may accordingly be modified as under:-

"(C) Persons Below Poverty Line (BPL) shall not have to pay any fees for the original complaints or the appeals as the case may be provided that a certificate issued by a Government Authority/attested copy of the BPL Card issued by the Competent Authority is attached with the complaint/appeal."

278. Approval of the Minutes of the Finance Committee held on 03rd November, 2008.

Read: The minutes of the Finance Committee meeting held on 03rd November, 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 noted and approved the minutes of the Finance Committee meeting held on 03rd November, 2008"

279. Complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal.

Read: The matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal.

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

"The Ethics Committee considered the complaint against Dr. Rajeev D. Pathak as alleged by Dr. Ajay Agarwal and noted that Dr. Rajeev D. Pathak is registered with Maharashtra Medical Council bearing registration number 5841, dated 14.4.1976, hence decided to refer this matter to Maharashtra 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 and the file may be treated as closed."

As per above decision, the matter was referred to Registrar, Maharashtra Medical Council to investigate and take necessary action in the matter under intimation to this Council as well as to the complaint within a period of six months vide council's letter dated 3/2/2007. The same letter was also sent to the complainant. The reply of Maharashtra Medical Council remained awaited.

It may further be stated that the Council had received a letter dated nil on 29/10/2007 from Dr. Ajay Agarwal in which it is stated as under:-

"I, Dr. Ajay Agrawal, had complaint against Dr. R.D. Pathak (Bilaspur, C.G.) in matter of negligence in check-up of my father.

You was decided to refer this matter, in your ethics Committee held on 5th Jan. 2007, to Maharashtra Medical Council, for taking necessary action.

A copy of which was forwarded to me (Dr. Ajay Agrawal).

Sir, in your letter you was specified a time of 6 months for taking necessary action against delinquent physician, but till date more than 6 months has been lapsed but no action has been taken. I want to know about the progress in matter and I also want to know the reason for delaying the process."

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

"The Ethics Committee after going through the details of the case has decided to take this case under section 8.7 of Ethics Regulation.

The Ethics Committee decided to call the complainant Dr. Ajay Aggarwal in its second next meeting in the forenoon and Dr. R.D.Pathak against whom the complaint is lodged in its second next meeting in the afternoon. In the meantime the copy of the original complaint should be sent to Dr. R.D.Pathak with the request to send his para- wise comments within 15 days of the receipt of the letter."

As per above decision, Dr. Ajay Agrawal was requested to appear before the Ethics Committee on 22.01.2008 at 11.30.a.m vide Council's letter dated 7.01.2008. Further, Dr. R.D. Pathak was also requested to appear before the Ethics Committee on 22.01.2008 at 12.30.p.m vide Council's letter dated 7.01.2008. The matter was considered by the Ethics Committee at it's 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. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 22.01.2008 but they did not appear. Therefore, the Ethics Committee decided to give them another chance to appear before the Ethics Committee in its next meeting."

As per above decision, Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 12.02.2008 and the matter was considered by the Ethics Committee on 12th & 13th February, 2008 and the decision was as under:

"The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. R. D. Pathak and Dr. Ajay Aggarwal were called on 12.2.2008 at 11.45 a.m. and 2.30 p.m. respectively. But they have failed to appear before the Ethics Committee. The Ethics Committee decided to give them one last chance to appear before the Ethics Committee. They may be called in the second next meeting of the Ethics Committee."

As per above decision, Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested vide Council's letter dated 26/07/2008 to appear before the Ethics Committee on 11/08/2008 at 12.30 P.M.

The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted that Dr. R.D. Pathak and Dr. Ajay Aggarwal had been asked to appear before the Ethics Committee today i.e. on 11.08.2008 but only Dr. R.D. Pathak appeared before the Ethics Committee and gave the following statement:

"Statement of Dr. R.D. Pathak"

I Dr. R.D. Pathak did my MBBS from G.R. Medical College, Gwalior in 1974-75. I did my DLO and MS from MGM Medical College, Indore in the year 1979 & 84 respectively. I am now registered with Chhattisgarh Medical Council and previously I was registered with Mahakaushal Medical Council with registration no. 5841 in the year 1976. My date of birth is 08.12.1952.

The patient named Sh. Radhey Krishna Aggarwal reported as outdoor patient on 03.01.2006 with the complaints of pain in throat, heaviness and cold for one and half years. He was examined accordingly and indirect laryngoscopy was done. The patient was uncomfortable so the direct laryngoscopy was advised under local anaesthesia. During the direct laryngoscopy the tongue was tender which was confirmed by palpation otherwise. So keeping in view his complaints the initial treatment to combat the presenting problem was started in form of antibiotics, serratiowith pain killer, antiallergic, b com. & betadine gorgles with a request to report after 10 days so that he can be managed accordingly as per the symptoms. But the patient did not turn up after the stipulated period and what transpired afterwards its difficult for me to comment. The patient initially was treated as per my clinical acumen and was given only ten days medicine. So that investigations could have been done in form of CT/MRI if deemed essential.

He was advised to come after 10 days if no significant improvement was there in the condition as the patient was related to a medico the probabilities were discussed with him and advised to inform as and when required.

Q.: Any investigations were done or advised in the first visit.

Ans.: Indirect and direct laryngoscopy was attempted.

Q.: Whether there was any advise to come back after 10 days.

Ans.: Yes.

(Dr. R.D. Pathak)

11.08.2008"

The Ethics Committee considering above, decided that Dr. Ajay Aggarwal may be given another chance to appear before the Ethics Committee at one of its next meetings."

As per above decision, Dr. Ajay Aggarwal was requested vide Council's letter dated 05.09.2008 to appear before the Ethics Committee on 15.09.2008 at 10.30 A.M.

The Ethics Committee at its meeting held on 15.09.2008 (in continuation to its decision at its meeting held on 11th & 12th August, 2008) considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted:

- (I) The decision of meeting Ethics Committee at its meeting held on 6th & 7th December, 2007 (after the complainant Dr. Ajay Aggarwal informed vide his letter received on 29.10.2007 that there has been no progress on the part of Maharashtra Medical Council after earlier referral from MCI) and decided as under:

"The Ethics Committee after going through the details of the case has decided to take this case under section 8.7 of Ethics Regulation.

The Ethics Committee decided to call the complainant Dr. Ajay Aggarwal in its second next meeting in the forenoon and Dr. R.D.Pathak against whom the complaint is lodged in its second next meeting in the afternoon. In the meantime the copy of the original complaint should be sent to Dr. R.D. Pathak with the request to send his para- wise comments within 15 days of the receipt of the letter."

- (II) Dr. R.D. Pathak and Dr. Ajay Aggarwal were asked to appear before the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the Ethics Committee decided as under:

"The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 22.01.2008 but they did not appear. Therefore, the Ethics Committee decided to give them another chance to appear before the Ethics Committee in its next meeting."

- (III) Dr. R.D. Pathak and Dr. Ajay Aggarwal were again asked to appear before the Ethics Committee at its meeting held on 12.02.2008 and the Ethics Committee decided as under:

"The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. R. D. Pathak and Dr. Ajay Aggarwal were called on 12.2.2008 at 11.45 a.m. and 2.30 p.m. respectively. But they have failed to appear before the Ethics Committee. The Ethics Committee decided to give them one last chance to appear before the Ethics Committee. They may be called in the second next meeting of the Ethics Committee.

IV) The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter and decided as under:

"The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted that Dr. R.D. Pathak and Dr. Ajay Aggarwal had been asked to appear before the Ethics Committee today i.e. on 11.08.2008 but only Dr. R.D. Pathak appeared before the Ethics Committee and gave the following statement:

"Statement of Dr. R.D. Pathak

I Dr. R.D. Pathak did my MBBS from G.R. Medical College, Gwalior in 1974-75. I did my DLO and MS from MGM Medical College, Indore in the year 1979 & 84 respectively. I am now registered with Chhattisgarh Medical Council and previously I was registered with Mahakaushal Medical Council with registration no. 5841 in the year 1976. My date of birth is 08.12.1952.

The patient named Sh. Radhey Krishna Aggarwal reported as outdoor patient on 03.01.2006 with the complaints of pain in throat, heaviness and cold for one and half years. He was examined accordingly and indirect laryngoscopy was done. The patient was uncomfortable so the direct laryngoscopy was advised under local anaesthesia. During the direct laryngoscopy the tongue was tender which was confirmed by palpation otherwise. So keeping in view his complaints the initial treatment to combat the presenting problem was started in form of antibiotics, serratiowith pain killer, antiallergic, b com. & betadine gorgles with a request to report after 10 days so that he can be managed accordingly as per the symptoms. But the patient did not turn up after the stipulated period and what transpired afterwards its difficult for me to comment. The patient initially was treated as per my clinical acumen and was given only ten days medicine. So that investigations could have been done in form of CT/MRI if deemed essential.

He was advised to come after 10 days if no significant improvement was there in the condition as the patient was related to a medico the probabilities were discussed with him and advised to inform as and when required.

Q.: Any investigations were done or advised in the first visit.

Ans.: Indirect and direct larynogoscopy was attempted.

Q.: Whether there was any advise to come back after 10 days.

Ans.: Yes.

*(Dr. R.D. Pathak)
11.08.2008"*

The Ethics Committee considering above, decided that Dr. Ajay Aggarwal may be given another chance to appear before the Ethics Committee at one of its next meetings."

As per above decision, Dr. Ajay Aggarwal was requested vide Council's letter dated 05.09.2008 to appear before the Ethics Committee on 15.09.2008 at 10.30 A.M. and the Ethics Committee on 15.09.2008 considered the matter & decided:

The Ethics Committee noted that the complainant Dr. Ajay Aggarwal has been called thrice including today i.e. on 15.09.2008 but he has failed to appear all the three times. In view of this, the Ethics Committee after discussing all the relevant aspects of the case decided to take an ex-parte decision.

The Ethics Committee after going through all the documents including the statement given by Dr. R.D. Pathak before the Ethics Committee and also interrogation carried out by the Hon'ble Members regarding the various aspects

of the treatment and investigation of the patient, the Ethics Committee is of the considered opinion that Dr. R.D. Pathak has taken a very casual approach in the management of this case and his dealing with the case is not satisfactory. This is raising genuine doubts of negligence in dealing with this case.

Keeping the above in mind, the Ethics Committee decided to issue a strict warning to Dr. R.D. Pathak in this case. Facts shall be recorded against his name in the IMR available with the Council. The Ethics Committee pursuant to the decision already taken by the General Body of the Council prescribing remedial measures in such cases decides that a mark against his name in the IMR shall not be put during six months after confirmation of this penalty provided that Dr. R.D. Pathak attends a day long CME of minimum five hours, at his own costs, conducted at national level pertaining to the speciality concerned within six months. He may approach the Secretary, Medical Council of India with proof of attending the CME personally and the Secretary may decide not to put mark permanently against his name in the IMR.”

280. Complaint against Dr. Jaspal Badpagga, Medical Jurist, Govt. Hospital, Hanumangarh (Raj.) as alleged by Mr. Prithviraj.

Read: The matter with regard to complaint against Dr. Jaspal Badpagga, Medical Jurist, Govt. Hospital, Hanumangarh (Raj.) as alleged by Mr. Prithviraj.

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

“The Ethics Committee at its meeting on today i.e. 15.09.2008 considered the various aspects of this case, examined all the documents available, went through the statements of Mr. Prithviraj, the complainant, as well as Dr. Jaspal Badpagga, the doctor concerned, also has taken into account the opinion given by Dr. L. Filmate, Hon'ble Member of Ethics Committee, and keeping everything in mind, the Ethics Committee is of the unanimous opinion that there is definite evidence of medical negligence by doctor Dr. Jaspal Badpagga. Since this case is also of medico-legal in nature, the charge of medical negligence becomes more serious. Therefore, the Ethics Committee has unanimously decided to recommend removal of name of Dr. Jaspal Badpagga from IMR for one year. The file may be treated as closed”.

281. Matter with regards to Dr. Madhao G. Raje for working at more than one Medical College, simultaneously – Action taken in view of Code of Medical Ethics – Appeal by Dr. Madhao G. Raje for re-consideration of the earlier decision of General Body.

Read: The matter with regard to Dr. Madhao G. Raje for working at more than one Medical College, simultaneously – Action taken in view of Code of Medical Ethics – Appeal by Dr. Madhao G. Raje for re-consideration of the earlier decision of General Body.

The members of the General Body observed that the following recommendations of the Ethics Committee has been approved by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council in the matter of Dr. Madhao G. Raje, medical teacher who has worked at more than one medical college simultaneously:-

“After the consideration of the matter by Ethics Committee in August, 2008; since Dr. Madhao G. Raje has supplied documents to the Ethics Committee as a proof that he was not present at the time of inspection in Dr. D.Y. Patil Pratisthan Medical College, Pune, the Ethics Committee decided to review this case.

Dr. Madhao G. Raje, has been accused of being present at MCI inspection at Dr. D.Y.Patil Medical College, Pimpri, Pune on 25.02.2005 two days after joining N.K. P Salve of Medical Sciences, Nagpur. On the basis of information his name was forwarded to the Executive Committee with the recommendations that his name may be removed from the IMR and the Executive Committee and General Body had already approved this recommendation and action has already taken.

Dr. Madhao G. Raje subsequently made an appeal and thereafter appeared and produced 3 documentary proofs in support of his claim of being innocent. These 3 documents are :-

- (i) A document from Coal India, WCL Headquarter, District, Nagpur which has shown that Dr. Madhao G. Raje, who was allowed to see patients after his duty hour in the hospital run by Coal India Ltd. (A Public Sector Undertakings) which states that on 25.02.2005 he examined 5 patients and was physically present there in Nagpur and not at Dr. D.Y.Patil Medical College, Pimpri, Pune*
- (ii) A monthly Master book/attendance register of the department of Forensic Medicine of N.K. P Salve of Medical Sciences, Nagpur wherein his presence was marked on 25.02.2005.*
- (iii) A letter from Sh. P.D. Patil, Trustee & Director of Dr. D.Y. Patil Pratishthan, dt. 28.03.2005, which is an acceptance of resignation wherein it is clearly written that Dr. Madhao G. Raje has been relieved from Dr. D.Y.Patil Medical College, Pimpri, Pune on 15.02.2005 after working hours. Lastly he has produced 2 documents, both from N.K.P. Salve of Medical Sciences, Nagpur (i) experience certificate dt. 13.04.2007 which states that on 23.02.2005 he has joined and continued as a Professor of Forensic Medicine in the said college and the (ii) a letter issued dt. 12.08.2008 by the Dean, Dr. S. Das Gupta of N.K.P. Salve of Medical Sciences, Nagpur which clearly states that Dr. Madhao G. Raje, Professor of Forensic Medicine was present at the college during the working hours from 10.00 a.m. to 4.00 p.m. on 25.02.2005.*

The Ethics Committee decided to enquire about the authenticity of the letter dt. 12.08.2008 and the Dean was asked whether the Dean has actually issued this letter or not? And the Dean vide letter dt. 15.09.2008 has confirmed by fax that the letter dt. 12.08.2008 is genuine.

The Ethics Committee after consideration of these documents is of the opinion that there is real ground to think that Dr. Madhao G.Raje was not present simultaneously in 2 medical colleges and that his case needs reconsideration. Therefore the Ethics Committee decided that the Secretary, Medical Council of India should be apprised of this fact alongwith the file for taking necessary and appropriate action at his end. This may be placed before the Secretary considering the urgency of the matter even before approval of the minutes."

After due deliberations, the members of the Council decided to direct the Ethics Committee to decide in the light of fresh documentary evidence submitted by the candidate, as indicated above.

282. Removal of name of Dr. Deepak Vyas from the Indian Medical Register.

Read: The matter with regard to removal of name of Dr. Deepak Vyas 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 15.09.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Deepak Vyas, bearing Regn. No. 7599 dated 12.11.1979, had expired on 12.09.2008 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.”

283. Removal of name of Dr. P.Ravichandran from the Indian Medical Register.

Read: The matter with regard to Removal of name of Dr. P.Ravichandran 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 29.08.2008 received from the Registrar, Tamilnadu Medical Council, Chennai intimating that Dr. P.Ravichandran bearing Regn. No. 45634, dated 20.06.1989 alleged to have been involved in Kidney Transplantation racket and under detention in the criminal case and his name has been removed from the Register of Registered Medical Practitioners until further orders. 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.”

284. Removal of name of Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra from the Indian Medical Register.

Read: The matter with regard to Removal of name of Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra 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 15.09.2008 received from the Registrar, West Bengal Medical Council, Kolkatta intimating that Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra bearing registration No. 39887 dated 03.10.1981 & Regn. No. 36212, dated 03.08.1977 respectively have been found guilty of infamous conduct in a professional respect and their names have been removed from the register of Registered Medical Practitioners for the year 1981 and 1977 respectively, for a period of two years w.e.f. 09.09.2008 (afternoon). The Committee decided to remove the name of above-mentioned doctors from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.”

285. Extension of services of Dr. S.B. Aggarwal as Additional Inspector on consolidated salary.

Read: The matter with regard to extension of services of Dr. S.B. Aggarwal as Additional Inspector.

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

"The members of the Adoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. S.B. Aggarwal, Additional Inspector of the Council for a further period of one year w.e.f. 30/11/2008."

286. Extension of services of Dr. C.A. Desai as Additional Inspector on consolidated salary.

Read: The matter with regard to extension of services of Dr. C.A. Desai as Additional Inspector.

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

"The members of the Adoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. C.A. Desai, Additional Inspector of the Council for a further period of one year w.e.f. 02/11/2008."

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

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

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

"The members of the Adoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. Malti Mehra, Whole Time Inspector of the Council for a further period of one year w.e.f. 14/11/2008."

288. Madurai University, Madurai Kamraj University & The Tamilnadu Dr. MGR Medical University, Chennai – Recognition of MD (Forensic Medicine) qualification in respect of students being trained at Madurai Medical College, Madurai.

Read: The Council inspector report (September, 2008) on the standard of examination and other teaching facilities available at Madurai Medical College, Madurai for purpose of recognition of MD (Forensic Medicine) qualification earlier granted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. MGR Medical University, Chennai.

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

"The Postgraduate Committee considered the Council inspector report (September, 2008) and decided to recommend that MD (Forensic Medicine) qualification earlier granted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. MGR 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 admission to 1 (One) student per year."

289. Madurai University, Madurai Kamraj University & The Tamilnadu Dr. MGR Medical University, Chennai – Recognition of MD (Physiology) qualification in respect of students being trained at Madurai Medical College, Madurai.

Read: The Council inspector report (September, 2008) on the standard of examination and other teaching facilities available at Madurai Medical College, Madurai for purpose of recognition of MD (Physiology) qualification earlier agranted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. MGR Medical University, Chennai.

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

“The Postgraduate Committee considered the Council inspector report (September, 2008) and decided to recommend that MD (Physiology) qualification earlier granted by the Madurai University, Madurai Kamraj University & now by Tamilnadu Dr. MGR 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.”

290. Baba Farid University of Health Sciences, Faridkot – Approval of Guru Gobind Singh Medical College, Faridkot for the award of M.D. (Psychiatry) qualification.

Read: The compliance verification report (September, 2008) togetherwith the compliance and the Council Inspector's report (November, 2002) on the standard of examination and other teaching facilities available at Guru Gobind Singh Medical College, Faridkot for purpose of approval of the college for the award of M.D. (Psychiatry). qualification granted by Baba Farid University of Health Sciences, Faridkot.

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

“The Postgraduate Committee considered the compliance verification report (September, 2008) togetherwith the compliance and the Council Inspector's report (November, 2002) and noted that promotion of Dr. Ranvir Singh, Assoc. Prof. is not as per MCI norms. However, teaching complement is complete even without him and decided to recommend that Guru Gobind Singh Medical College, Faridkot be approved for the award of M.D. (Psychiatry) qualification granted by Baba Farid University of Health Sciences, Faridkot restricting the number of admissions to 2 (Two) students per year.”

291. B.P. Koirala Instt. of Health Sciences, Dharan, Nepal (Autonomous University) - Recognition MD (Paediatrics) qualification in respect of B.P. Koirala Institute of Health Sciences, Dharan, Nepal.

Read: The compliance verification report (September, 2008) togetherwith the compliance and the inspection report (September, 2005) for recognition of MD (Paediatrics) qualification in respect of B.P. Koirala Institute of Health Sciences, Nepal.

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

“The Postgraduate Committee considered the compliance verification report (September, 2008) togetherwith the compliance and the inspection report (September, 2005) and decided to recommend that MD (Paediatrics) qualification granted by B.P. Koirala Instt. of Health Sciences, Dharan, Nepal (Deemed

University) in respect of students being trained at B.P. Koirala Institute of Health Sciences, Nepal be recognized and included in the Second Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 4 (four) students per year."

292. The Tamilnadu Dr. MGR Medical University, Chennai – Approval of Christian Medical College, Vellore for the award of M.Ch. (Plastic Surgery) qualification.

Read: The Council inspector report (August, 2008) on the standard of examination and other teaching facilities available at Christian Medical College, Vellore for purpose of approval of the college for the award of M.Ch.(Plastic Surgery) qualification granted by The Tamilnadu Dr. MGR Medical University, Chennai.

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

"The Postgraduate Committee considered the Council inspector report (August, 2008) and decided to recommend that Christian Medical College, Vellore be approved for the award of M.Ch.(Plastic Surgery) qualification granted by The Tamilnadu Dr. MGR Medical University, Chennai restricting the number of admissions to 2 (Two) students per year."

293. Andhra University, Nagarajuna University, Andhra Pradesh University of Health Sciences, Vijayawada & N.T.R. University of Health Sciences, Vijayawada – Recognition of M.D.(T.B. & Chest Dise./ T.B. & Resp. Dise.) qualification in respect of students being trained at Guntur Medical College, Guntur – reconsideration regarding.

Read: The compliance report submitted by the Additional Director/Principal, Guntur Medical College, Guntur together with inspection reports (May, 2001 & July, 2008) for purpose of recognition of MD (T.B. & Chest Dise./T.B. & Resp. Dise.) qualification earlier granted by Andhra University, Nagarajuna University, Andhra Pradesh University of Health Sciences, Vijayawada & now by NTR University of Health Sciences, Vijayawada in respect of student being trained at Guntur Medical College, Guntur.

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

"The Postgraduate Committee considered the compliance together with inspection report (July, 2008) and decided to recommend that MD (T.B. & Chest Dise./ T.B. & Resp. Dise.) qualification earlier granted by Andhra University, Nagarajuna University, Andhra Pradesh University of Health Sciences, Vijayawada & now by NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur 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."

294. Kakatiya University, Osmania University & Dr. NTR University of Health Sciences, Vijayawada– Recognition of MD (Dermatology, Vene. & Leprosy/ Dermatology) qualification in respect of students being trained at Rangaraya Medical College, Kakinada in respect of increased intake.

Read: The compliance together with the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Rangaraya Medical College, Kakinada for purpose of approval of the college for the award of MD (DVL) qualification granted by Dr. NTR University of Health Sciences, Vijayawada for the increased intake.

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

“The Postgraduate Committee considered the compliance together with the Council inspector report (July, 2008) and decided to recommend that MD (DVL) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake at Rangaraya Medical College, Kakinada be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions from 1 (One) to 2 (Two) students per year.”

295. Maharashtra University of Health Sciences and MGM University of Health Sciences (Deemed University) – Recognition of D.G.O. qualification in respect of students being trained at MGM Medical College, Navi Mumbai.

Read: The compliance submitted by the Dean, MGM Medical College, Navi Mumbai togetherwith the Council Inspector's report (June, 2008) on the standard of examination and other teaching facilities available at M.G.M. Medical College, Navi Mumbai for purpose of recognition of D.G.O. 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 compliance together with the Council Inspector's report (June, 2008) and decided to recommend that D.G.O. qualification granted by Maharashtra University of Health Sciences and MGM University of Health Sciences (Deemed University) in respect of students being trained at M.G.M. Medical College, 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.”

296. Mumbai University and MGM University of Health Sciences (Deemed University) – Recognition of MD (Anatomy) qualification in respect of students being trained at MGM Medical College, Navi Mumbai.

Read: The compliance verification report (August, 2008) togetherwith the Council Inspector's report (Jan., 2006) on the standard of examination and other teaching facilities available at M.G.M. Medical College, Navi Mumbai for purpose of recognition of M.D.(Anatomy) qualification granted by Mumbai University.

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

“The Postgraduate Committee considered the compliance verification report (August, 2008) togetherwith the Council Inspector's report (Jan., 2006) and noted that promotion of Dr. Narpat Singh Ujjwal, Professor is not as per MCI norm and Dr. Anuprita Panse, Professor, was absent on the day of inspection. However, even without him the teaching complement is complete; and decided to recommend that M.D.(Anatomy) qualification granted by Mumbai University in respect of students being trained at M.G.M. Medical College, Navi Mumbai be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 5 (Five) students per year.”

297. Punjab University, – Recognition of MD(Psychiatry) qualification in respect of students being trained at Govt. Medical College, Chandigarh

Read: The compliance submitted by the Principal, Government Medical College, Chandigarh togetherwith the Council inspector report (May, 2008) on the standard of

examination and other teaching facilities available at the college for purpose of recognition of MD (Psychiatry) qualification granted by Punjab University.

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

“The Postgraduate Committee considered the compliance togetherwith the Council inspector report (May, 2008) and decided to recommend that MD (Psychiatry) qualification granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh 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.”

298. Sant Gadge Baba Amravati University – Recognition of MD (Pediatrics) qualification in respect of students being trained at Shri Vasantarao Naik Govt. Medical College, Yavatmal.

Read: The compliance report submitted by the Principal, Shri Vasantarao Naik Govt. Medical College, Yavatmal togetherwith the Council Inspector's report (June, 2007 and April, 2008) for purpose of recognition of MD (Paediatrics) qualification granted by Sant Gadge Baba Amravati University.

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

“The Postgraduate Committee considered the Compliance verification report (April, 2008) togetherwith the compliance and the Council Inspector's report (June, 2007) and decided to recommend that MD (Pediatrics) qualification granted by Sant Gadge Baba Amravati University in respect of students being trained at Shri Vasantarao Govt. Medical College, Yavatmal 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.”

299. Sant Gadge Baba Amravati University, Amravati – Recognition of MS (Ophthalmology) qualification in respect of students being trained at Sh. Vasantrao Naik Govt. Medical College, Yavatmal.

Read: The compliance togetherwith the Council Inspector's Report (May, 2008) on the standard of examination and other teaching facilities available at Sh. Vasantrao Naik Govt. Medical College, Yavatmal for purpose of recognition of MS (Ophthalmology) qualification granted by Sant Gadge Baba Amravati University, Amravati.

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

“The Postgraduate Committee considered the compliance togetherwith the Council Inspector's Report (May, 2008) and decided to recommend that MS (Ophthalmology) qualification granted by Sant Gadge Baba Amravati University, Amravati in respect of students being trained at Sh. Vasantrao Naik Govt. Medical College, Yavatmal 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.”

300. Rajiv Gandhi University of Health Sciences, Bangalore – Recognition of DM (Neurology) qualification in respect of students being trained at KLE Society's Jawaharlal Nehru Medical College, Belgaum.

Read: The compliance submitted by Principal, KLE Society's Jawaharlal Nehru Medical College, Belgaum togetherwith the Council inspector report (July, 2008) on the

standard of examination and other teaching facilities available at KLE Society's Jawaharlal Nehru Medical College, Belgaum for purpose of recognition of DM (Neurology) 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 togetherwith the Council inspector report (July, 2008) and decided to recommend that DM (Neurology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at KLE Society's Jawaharlal Nehru Medical College, Belgaum 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."

301. Dr. NTR University of Health Sciences, Vijayawada – Approval of Andhra Medical College, Vishakapatnam for the award of MS (Orthopaedics) qualification in respect of increased intake.

Read: The compliance submitted by the Principal, Andhra Medical College, Vishakapatnam togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Andhra Medical College, Vishakapatnam for purpose of approval of the college for the award of MS (Orthopaedics) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake.

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

"The Postgraduate Committee considered the compliance togetherwith the Council inspector report (July, 2008) and noted that Andhra Medical College, Vishakapatnam already stands approved for the award of MS(Orthopaedics) qualification with 2 (two) seats and now the matter is under consideration for approval of the college against the increased intake; decided to recommend that Andhra Medical College, Vishakapatnam be approved for the award of MS (Orthopaedics) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake restricting the number of admission to 4 (four) students per year."

302. Dr. NTR University of Health Sciences, Vijayawada – Approval of Osmania Medical College, Hyderabad for the award of MS (ENT) qualification in respect of increased intake.

Read: The compliance submitted by the Principal, Osmania Medical College, Hyderabad togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Osmania Medical College, Hyderabad for purpose of approval of the college for the award of MS (ENT) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake.

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

"The Postgraduate Committee considered the compliance togetherwith the Council inspector report (July, 2008) and noted that Osmania Medical College, Hyderabad already stands approved for the award of MS(ENT) qualification with 2 (two) seats and now the matter is under consideration for approval of the college against the increased intake; decided to recommend that Osmania Medical College, Hyderabad be approved for the award of MS(ENT) qualification

granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake restricting the number of admissions to 3 (three) students per year."

303. Sri Venkateshwara University, Tirupati /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.S. (Orthopaedics) qualification.

Read: The compliance submitted by the Principal, S.V. Medical College, Tirupati togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at the college for purpose of recognition of M.S. (Orthopaedics) qualification earlier granted by Sri Venkateshwara University, Tirupati, Andhra Pradesh University of Health Sciences, Vijayawada and 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 Council inspector report (July, 2008) and decided to recommend that S.V. Medical College, Tirupati be approved for the award of M.S. (Orthopaedics) qualification granted by Sri Venkateshwara University, Tirupati, Andhra Pradesh University of Health Sciences, Vijayawada and now by NTR University of Health Sciences, Vijayawada restricting the number of admissions to 2(two) students per year."

304. Nagpur University - Recognition of MS(Orthopaedics) and D.Ortho. qualifications in respect of students being trained at Mahatma Gandhi Instt. of Medical Sciences, Sevagram, Wardha.

Read: The compliance submitted by the Dean, Mahatma Gandhi Instt. of Medical Sciences, Sevagram, Wardha togetherwith the Council Inspector's report [November, 99 & August, 2008] and decided not to recommend recognition of MS (Ortho.) & D.Ortho. qualifications granted by Nagpur University in respect of students being trained at Mahatma Gandhi Instt. Of Medical Sciences, Sevagram, Wardha granted by RTM Nagpur University.

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

"The Postgraduate Committee considered the compliance togetherwith the Council Inspector's report [November, 99] and noted that Dr. K.R. Patond, Professor, Unit –II, is not having recognized postgraduate qualification; however, even without him the teaching complement is complete and decided to recommend that MS (Ortho.) & D.Ortho. qualifications granted by RTM Nagpur University in respect of students being trained at Mahatma Gandhi Instt. Of Medical Sciences, Sevagram, Wardha be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admissions to 2(two) students in MS (Ortho.) & 2 (two) students for D.Ortho. courses per year."

305. Panjab University and Baba Farid University of Health Sciences, Faridkot – Recognition of DO / DOMS qualification in respect of students being trained at Christian Medical College, Ludhiana.

Read: The Council inspector report (July, 2007) on the standard of examination and other teaching facilities available at Christian Medical College, Ludhiana for purpose of recognition of DO/DOMS qualification earlier granted by Panjab 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 report (July, 2007) and decided to recommend that DO/DOMS qualification earlier granted by Panjab University and now 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 admission to 1(one) student per year.”

306. University of Kashmir – Recognition of MS (ENT) qualification in respect of students being trained at Government Medical College, Srinagar.

Read: The Council inspector report (October, 2008) on the standard of examination and other teaching facilities available at Government Medical College, Srinagar for purpose of recognition of MS (ENT) qualification granted by the University of Kashmir.

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

“The Postgraduate Committee considered the Council inspector report (October, 2008) and decided to recommend that MS (ENT) qualification granted by the University of Kashmir in respect of students being trained at Government 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 prospectively from the academic session 2009-2010.”

307. The Tamilnadu Dr. MGR Medical University, Chennai – Approval of Christian Medical College, Vellore for the award of MS (ENT) qualification in respect of increased intake.

Read: The Council inspector report (September, 2008) on the standard of examination and other teaching facilities available at Christian Medical College, Vellore for purpose of approval of the college for the award of MS (ENT) qualification granted by The Tamilnadu Dr. MGR Medical University, Chennai in respect of increased intake.

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

“The Postgraduate Committee considered the Council inspector report (September, 2008) and noted that Dr. Regi Thomas, Assistant Professor, Unit –I, is not having prescribed academic qualification; Dr. Kuldeep Morns, Asst. Prof., is not having recognized postgraduate qualification & promotion of Dr. John Mathew, Professor, Unit –II and Dr. Mercy George, Associate Professor, Unit-II, are not as per MCI norms; even without them the Unit –I & Unit –II teaching components are complete and decided to recommend that M.S.(ENT) qualification granted by The Tamilnadu Dr. MGR Medical University, Chennai in respect of students being trained at Christian Medical College, Vellore be approved for the increased numbers of seats from 02 (Two) to 04 (Four) students per year.”

308. Dr. D.Y. Patil University, Navi Mumbai – Recognition of MS (Ophthalmology) qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (November, 2008) togetherwith the earlier inspection report (May, 2008) on the standard of examination and other teaching facilities available at Dr. D.Y. Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of MS (Ophthalmology) 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 report (November, 2008) togetherwith the compliance and the Council inspector's report (May, 2008) and decided to recommend that MS (Ophthalmology) qualification granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. D.Y. 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 1 (one) student per year."

309. Dr. D.Y. Patil University, Navi Mumbai – Recognition of MS (Orthopaedics) qualification in respect of students being trained at Dr. DY Patil Medical College Hospital & Research Centre, Navi Mumbai.

Read: The compliance verification report (November, 2008) togetherwith the earlier inspection report (June, 2008) on the standard of examination and other teaching facilities available at Dr. D.Y. Patil Medical College Hospital & Research Centre, Navi Mumbai for purpose of recognition of MS (Orthopaedics) 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 report (November, 2008) and decided to recommend that MS (Orthopaedics) qualification granted by Dr. D.Y. Patil University, Navi Mumbai in respect of students being trained at Dr. D.Y. 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) student per year."

310. Consideration of eligibility criteria – relaxation to be provided for physically handicapped persons having locomotory disability of lower limb.

Read: The letter dated 08.09.2007 from the Chief Commissioner for persons with disabilities with regard to the matter of Md. Shah Afzal along with the affidavit filed in July, 2008 by the Central Govt. in W.P. (Civil) No. 184 of 2005, Dr. Sourav Kumar Vs. Union of India and Anrs.

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 Council vide Circular dated 14th July, 2003 had issued detailed guidelines for filling up of reserve seats for persons having locomotive disabilities for admission in medical courses wherein it was reiterated that it is only with person of lower limbs between 50% to 70% should be allowed the benefit of reservation under the Disabilities Act for admission in all the medical courses.

The Central Govt. vide letter bearing No. F. No.U.12021/8.2002-MEC/ME III, dated 12.5.2004 sent to all States and Union Territories, bringing their notice of the above-mentioned stipulations of considering candidates for the 3% quota having regard to disability of lower limbs between 50% to 70%. By the said letter, the Central Government has inter alia directed various authorities to ensure that the admission of physically handicapped candidates would be as per MCI norms as had been provided for in the communication dated 14.7.2003 of the MCI.

On 24.08.2006 while hearing the SLP (C) Nos. 7952-53/2005 – MCI –Vs.- D.S. Rashmi Ranjan & Ors., the Hon'ble Supreme Court had observed that the Council should consider for 3% seats in the medical courses for the persons with disabilities if in the event candidates with locomotory disability of lower limbs between 50-70% did not fill up all the 3% quota, the remaining seats in the 3% quota should be made available to the persons with locomotory disability of lower limbs between 40 to 50%. The relevant part of the order dated 24.8.2006 is reproduced hereunder:-

“After some arguments, we have asked Mr. Maninder Singh, learned counsel for the Medical Council of India, as to why candidate suffering from locomotive disability of lower limb of less than fifty per cent but more than forty percent should not get permission in the medical courses in case sufficient number of candidates for three per cent quota seats with disability of seventy percent are not available. Mr. Maninder Singh prays for a short adjournment to take instructions.”

In pursuance of the Hon'ble Supreme Court order dated 24.8.2006, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 7.9.2006 had decided as under:

“..... with reference to the provision of Section 2(t) of the Disabilities Act wherein it was laid down that the eligibility for persons with disabilities entitling them for consideration for benefits under the Act, should not be less than 40%, the prescription of the disability between 50% to 70% i.e. locomotory disability of lower limbs was neither arbitrary nor illegal. It was also observed that persons with really minor injury etc. were receiving the benefits of admissions in the medical courses in this 3% quota by being granted certificate of locomotory disability of lower limbs of more than 40% and therefore the General of the Council had brought this change by substituting the degree of locomotory disability of lower limbs as between 50% to 70%. It was also observed that modification had been made out entirely for the reasons that it is the most deserving candidates belonging to this category who should get benefit of reservation under the Act.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated and discussed upon the matter at length and taking cognizance of the material on record decided as under:-

1. The present prescription of disability between 50% to 70% i.e. locomotory disability of lower limbs for receiving the benefits of admission in the medical courses should continue subject to modifications that in the event when there are not sufficient number of candidates having locomotory disability of lower limbs of 50% to 70%, the unfilled seats should be filled up by the candidates having locomotory disability of lower limbs to the extent of 40% to 50% before they are converted into the open category seats.....”.

The matter alongwith the above recommendation of the Executive Committee was placed to all the members of General Body of the Council by circular on 29.11.2006 for its consideration and their opinion/observation within 10 days upon receipt of the said communication.

Since, no option/observation was received from the members of the General Body, their deemed approval/ratification on the recommendations of the Executive Committee is treated.

This decision of the Council was communicated to the Central Government vide letter dated 18th January, 2007.

In this view of the matter, this issue has been placed before the Hon'ble Supreme Court for passing appropriate directions / orders in relation to the decision of the General body of the Council in terms of the order dated 24.08.2006 passed by the Hon'ble Supreme Court and communicated to the Ministry of Health, Govt. of India vide MCI's letter dated 18.01.2007 – stipulating that 3% of the total sanctioned seats in medical courses shall be filled-up by persons having locomotory disability between 50% to 70% of lower limbs and in the event any seat in this 3% quota remains vacant then the vacant seat within the quota of 3% be filled up with persons having locomotory disability of lower limbs between 40% to 50%, from the academic year 2008-09.

It was further observed that the Chief Commissioner for persons with Disabilities in the matter of Md. Shah Afzal Vs. MCI & Anr. Vide order dated 8.9.2007 had directed to extend relaxations in marks etc. at par with SCs and STs to all persons with disabilities irrespective of their vertical categories in the Delhi PMT and other such examination (if admissions is still in progress) from the current academic year”.

It was further observed that meanwhile in the matter of Dr. Kumar Sourav Vs. Union of India & Ors. in W.P. (Civil) No. 184 of 2005, the Central Government vide its affidavit filed in July, 2008 had stated that the Government is of the view that a relaxation of marks to the extent of 5% for persons with disabilities falling in the unreserved category only would serve the avowed objective of the 1995 Act and proposes to issue requisite directions in this behalf.

After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the eligibility criteria for physically handicapped candidates in the general category be also lowered to 45 % for all medical courses to serve the above objectives of the Disabilities Act, 1995 in true spirit”.

311. Registration of candidates acquiring foreign medical qualifications – CWP No. 8056/2007 – Yash Ahuja & Ors. Vs. UOI & Ors. and Writ Petition © No. 8352/2007 – Avadesh Ahuja & Ors. Vs. MCI & Ors. and applicability of Screening Test Regulations, 2002 to Indian candidate who acquire foreign medical qualification u/s. 12 similar to section 13 of the IMC Act, 1956.

Read: The matter with regard to registration of candidates acquiring foreign medical qualifications – CWP No. 8056/2007 – Yash Ahuja & Ors. Vs. UOI & Ors. and Writ Petition © No. 8352/2007 – Avadesh Ahuja & Ors. Vs. MCI & Ors. and applicability of Screening Test Regulations, 2002 to Indian candidate who acquire foreign medical qualification u/s. 12 similar to section 13 of the IMC Act, 1956.

The members of the General Body noted that the Hon'ble High Court of Delhi in W.P. (C) No. 8056/2007-Yash Ahuja & Ors. Vs. UOI & Ors and a bunch of petitions has decided as under on the issue of applicability of the screening test to the two medical colleges in Nepal i.e. Manipal College of Medical Sciences, Pokhara, Nepal and Universal College of Medical Sciences, Bhairahwa, Nepal- covered under the scheme of reciprocity:-

“.....17. We have examined the pleas of the parties and the judgments cited at the Bar. At the threshold itself we are firmly of the view that it cannot be lost sight of that the standards of medical education must be maintained at all costs. The registered medical practitioners who practice in India cannot be unleashed on the public without ensuring that they have the requisite level of education as the consequences would otherwise be disastrous. It is this salutary motive which persuaded the Supreme Court in MCI Vs. Indian Doctors from Russia Welfare

Associations and Ors. (2002) 3 SCC 696 to issue directions. The guidelines incorporated in the order were approved by exercising powers under Article 142 of the Constitution of India and were made applicable to persons whether they were before the Court or not. No doubt the Court was at that time seized with educational institutions under section 13 of the said Act. It is in the same direction that in Ms. Anuradha Saini & Ors. case (supra) a Division Bench of this Court repelled the contention raised that Sub-Section 4A of Section 13 of the said Act and all emendments carried out in Section 13(3) of the said Act could not be given retrospective effect on account of alleged vested or accrued rights of the petitioners and the Screening Test Regulations, 2002 be declared ultra vires under Article 14 of the Constitution of India. The said judgement also records the statement of objections and reasons with which the amendment was carried out in the following terms:-

“The Indian Medical Council Act, 1958 contains provisions in Section 12, 13 and 14 with a view to recognizing medical qualifications granted by medical institutions in foreign countries.

2. Over a period of time it has come to the notice that a large number of private agencies sponsor students for medical studies in institutions outside India for commercial considerations. Such students also include the students who did not fulfill the minimum eligibility requirements for admission to medical courses in India. Serious aberrations have been noticed in the standards of medical education in some of the foreign countries which are not at par with the standards of medical education available in India. Due to lack of uniformity in the standards of medical education in various foreign countries, it has been decided that a provision should be made in the Indian Medical Council Act, 1956 to enable the Medical Council of India to conduct a screening test in order to satisfy itself with regard to the adequacy of knowledge and skills acquired by citizens of India who obtain medical qualifications from universities or medical institutions outside India before they are granted registration to practice medicine in India.

3. Further, issue of prior eligibility certificate by the Medical Council of India would ensure that only those candidates who conform to the Council norms of admission to the medical college in India would go for undergraduate medical education outside India”

18. In Sanjeev Gupta & Ors case (supra) the Supreme Court made reference to both section 12 & 13 of the said Act by recognizing the concept of reciprocity contained in Section 12 of the said Act. The thrust of the arguments advanced on behalf of the petitioners is noted in para 35 of the said judgment, which reads as under:-

“35. Main thrust of the submissions made on behalf of the petitioners is that all the petitioners have studied full length of the course from medical institutes/universities which are recognized by the MCI. They did not suffer from any disqualification or ineligibility and therefore they cannot be subjected to any condition of screening test. That the judgment of this court in Medical Council of India (supra) was in respect of those Indian students from Russia who had suffered one or the other kind of disqualification or ineligibility. There was not a single case as of the petitioners herein who do not suffer from any disqualification and/or ineligibility. The petitioners who did not suffer from any disqualification or ineligibility and have studied their entire course of M.D. Physician (which is equivalent to MBBS in India) from Medical Institute or University recognized by the MCI under the Act could not be subjected to qualifying screening test. That the law laid down by this court in Medical Council of India (supra) is not applicable to the petitioners. Another submission made on their behalf is that the amended Act was to come into force from the date to be notified by the Central Government and since the Central Government has not notified the date by publishing it in the official Gazette the same has not come into force. That the Central Government did not have any jurisdiction to further delegate the power to publish the notification in the official Gazette to the MCI. A delegate of the power under the Act could not further delegate its functions unless so authorized under the Act.”

19. The aforesaid plea did not find favour with the Supreme Court and the following observations would show the thought process of the Supreme Court:

“46. Suggestion of the petitioners that they should be allowed to join the internship by grant of provisional registration without qualifying the screening test whereby they can involve themselves in the patient care and management cannot be permitted in the larger public interest. Besides the above this suggestion is contrary to the Regulation 3 of the Screening Test Regulations, 2002 and to the observations in para 4 of the judgment in Medical Council of India.

47. *Regulation 3 of the Screening Test Regulations, 2002 provides that provisional registration can be granted to the candidate enabling him to start internship for practical training involving patient care and management only after qualifying the screening test. It is not permissible to grant provisional registration to a candidate who has not undertaken internship at the recognized medical institution abroad after completion of six years of medicine course without qualifying the screening test.*
48. *MCI is the expert body which can lay down the criteria for grant of the permanent registration to a person to practice medicine and involving himself in the patient care and management. Otherwise also we are not inclined to permit the petitioners to practice medicine overriding the provisions of the Act as the Court has to take into consideration the interest of the public at large as well. A person who is not duly qualified as prescribed by the MCI cannot be permitted to involve himself in public health care and play with the lives of human beings. It is not for this Court to decide as to who is duly qualified to practice medicine. MCI being the expert body is the best judge to do so. After a thorough examination of the entire issue the MCI has come to the conclusion that after disintegration of USSR serious aberrations in the system of recruitment and admission of student in institutions located in Russia, there was a decline in the standards of medical education in these countries. in this backdrop the MCI keeping in view the interest of the public at large and the students passing from these institutions decided that the students would be required to do interenship for one year as well as to qualify the screening test before they could be given a permanent registration involving themselves in the public health care.*
49. *Petitioners are not being debarred from starting medical practice in India but they are merely to undergo screening test as provided in the statutory regulation. The policy decision to subject the students to undergo a screening test has been upheld by this court in Medical Council of India (supra).*

20. *There is really no dispute that in case of institutes covered under section 13 of the said Act provision of screening test is an issue which is no more res integra. The exception is, thus, sought to be carved out only account of the fact that MCOMS is an institute registered under section 12 of the said Act and thus reciprocity itself is sufficient and there can be no provision for further scrutiny by the MCI. This plea is further supported by reference to the affidavits of the Ministry of Health & F.W. in which it is stated that notification issued by the said Ministry on 26.9.2001 recognizing the MBBS degree is still in force and thus, Indian citizens who obtained qualifications from MCOMS are eligible for registration under the said Act. The issue of the de-recognition of the MBBS degree is stated to be a separate matter receiving consideration and that no qualifying screening test is necessary to be conducted.*

21. *We may also notice that there are certain candidates who had already appeared in the examination and qualified the same while others have sought permission to appear for the said examination.*

22 *In our considered view, there is no doubt that there is a certain distinction between recognition of medical qualifications under section 12 of the said Act and in Section 13 of the said Act. The medical institutions covered under section 12 of the Act are based on a scheme of reciprocity by their inclusion in the II Schedule. It is, however, preceded by a proper verification of the facilities in the institute and the kind of education being imparted. This is also obvious from the fact that the MCI had carried out an inspection before such recognition was granted. Section 13 of the said Act deals with recognition of medical qualifications of institutes who are not included in the I or II Schedule. The screening test has been made mandatory under Sub-Section 4A of Section 13 of the said Act.*

23. *The peculiar problem faced in the present cases by the MCI, which is responsible for maintaining the standard of medical education, is that despite the instructions received from the Govt. of India by the MCI and the repeated requests of the MCI for inspection of the college, the MCOMS, refused to oblige. The inspection has been not fully possible on account of excuses extended by MCOMS on one pretext or the other. The inspection team of the MCI was,*

however, permitted to visit the MCOMS when a number of deficiencies were found. The most fundamental aspect is that the institution was recognised keeping in mind the facilities for 100 students to be educated which figure jumped upto 150 students in the year 2003 without any intimation to the MCI. The infrastructure and facilities which are good for 100 students may not be necessarily good for 150 students. Not only that a decline in the infrastructure facilities was found by the team even for 100 students. It cannot be expected that once recognition is granted under section 12 of the said Act, the MCI is denuded of all authority to even verify whether the educational institution is maintaining its standards. It may not be mandatory for the MCI to inspect such an institute but it would certainly be desirable and in larger public interest that a feedback is obtained of the maintenance of standards by such an educational institution. It is this fact which possibly persuaded the Central Government to issue a letter to the MCI to cause inspection. The stand of the Central Government, thus, in the present context, to say the least appear very peculiar. The Central Government having asked the MCI to carry out the inspection and the MCI being denied inspection but on visit finding a number of deficiencies apart from increase in number of student strength, the Central Government cannot be permitted to plead that it is not concerned with any kind of these aspects. The Central Government was bound to have taken appropriate action in view of the report given by the visiting team of the MCI.

24. If the matter is looked upon from the point of view of interests of the students it is not as if the MCI has disqualified the students who obtained the degrees from MCOMS to practice in India. In view of statutory regulations providing for a screening test which would certainly cover cases of registration of institutes under section 13 of the said Act, the MCI has taken the interest of the students in mind by providing for such a screening test even for the MCOMS which is an institute registered under section 12 of the said Act. If the students who have gone through their education from MCOMS plead that they had quality education and that they are taking examinations for enrollment as doctors and successfully at that, in England and US one can see no reason why they should shy away from such a screening test in India to ensure that the quality of doctors is maintained. If the standards in MCOMS had been found up to the mark there would have been no occasion to provide for a screening test but this innovation became necessary because of the obdurate stand of the institute in failing to give an inspection and the large number of deficiencies found on the visit of the inspection team. The student strength had been increased by 50 per cent with no upgradation of facilities and it can hardly be expected that a college meant for 100 students could provide education to 150 students without enhancement and upgradation of the infrastructural facilities.

25. We especially draw strength from the observations made in Sanjeev Gupta & Ors. case (supra) referred to aforesaid that a larger public interest must be kept in mind as a person who does not have proper medical education cannot be permitted to involve himself in public healthcare and play with the lives of human beings. The MCI is the expert body and is the best judge to do so and to prevent any injustice to the students the screening test provided for institutes under section 13 of the said Act has been extended to the students who have passed out from MCOMS being the institute registered under section 12 of the said Act.

26. We are, thus, of the view that there is no reason why this Court should exercise extraordinary jurisdiction under Article 226 of the Constitution of India to interfere with the decision of the MCI to provide for such a screening test for the petitioners.

27. The Writ Petitions are dismissed leaving the parties to bear their own costs.”

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

Read: The matter with regard to proposal of amendment of MCI Screening Test Regulations, 2002.

The Council noted 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 alongwith the report of the sub-committee and decided to approve the following report of the Sub-Committee:-

"Report of the Sub-Committee with regard to proposal for amendment of MCI Screening Test Regulation, 2002.

Minutes of the Meeting held on 22.09.2008 at the office of Medical Council of India, Dwarka, New Delhi.

Members Present –

*Dr. D. K. Sharma
Chairman, Registration & Equivalence Committee*

*Dr. Indrajit Ray
Chairman, Postgraduate Committee*

The Sub-Committee considered the matter with regard to proposal for amendment to MCI Screening Test Regulations, 2002. It was noted that the General Body of the Council at its meeting held on 20.10.2003 approved the recommendation of the Executive Committee for amendment in Regulations 4(1) pertaining to Eligibility criteria of the Screening Test Regulations, 2002 by deleting the Provision of Institution as per World Directory of Medical School from the Eligibility Criteria.

The above amendment in Regulation 4(1) of the Screening Test Regulations, 2002 along-with justification was sent to the Central Government, Ministry of Health & Family Welfare for necessary notification. But in reference to above the Council office has received a letter dated 13.06.2008 from the Government of India, Ministry of Health & Family Welfare requesting to review all the provision of MCI Screening Test Regulations, 2002 and confirm whether any amendments are required to make it contemporary or suitable to existing demands of Medical Education in the Country.

The Sub-Committee further noted that the matter was considered by the Executive Committee at its meeting held on 02.07.2008 and decided as under:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme court and of the Executive committee of the Council decided to constitute a Sub-Committee comprising of Dr. D.K. Sharma, Chairman, Registration & Equivalence Committee and Dr. Indrajit Ray, Chairman, PG Committee to look into the matter and to submit its report at the earliest."

Accordingly, the Sub-Committee considered/reviewed the existing section 4 of the Screening Test Regulations, 2002 with regard to Eligibility Criteria as under:-

No person shall be allowed to appear in the Screening Test unless:

- 1. he/she is a citizen of India and possesses any primary medical qualification, either whose name and the institution awarding it are included in the World Directory of Medical Schools, published by the World Health Organisation; or which is confirmed by the Indian Embassy concerned to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;*

2. *he/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the 'Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002'. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002.*

The Sub-Committee unanimously opined and proposed the suggestions/modification in section 4 of the Screening Test Regulations, 2002 as under:-

No person shall be allowed to appear in the Screening Test unless:

1. *he/she is a citizen of India and possesses any primary medical qualification, whose name is confirmed by the Indian Embassy concerned to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;*
2. *he/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the 'Eligibility Requirement before taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002'. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002."*

After due deliberations, the Council decided as under:-

"Section 4 of the Screening Test Regulations, 2002 be modified as under:-

1. He/she is a citizen of India and possesses any primary medical qualification, whose name is confirmed by any competent statutory authority or from the website of the Ministry of Health or National Medical Council of the respective country to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;
2. He/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the 'Eligibility Requirement before taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002'. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002."

313. Appointment of Peons in the Council office.

Read: The matter with regarding appointment of Peons in the Council office.

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 Selection Committee as under:-

“(A) General Candidates:

The Selection Committee for the post of Peon (Gen.) in the Council office consisting the following members met w.e.f. 31.05.2008 to 03.06.2008 as under:-

<i>Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)</i>	-	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	-	<i>Member</i>
<i>Shri Ashok Kr. Harit</i>	-	<i>Member</i>
<i>Mrs. Madhu Handa</i>	-	<i>Member</i>

Three Eighty One (381) candidates were called for interview. Out of which, Two Ninety One (291) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (General):

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	112	Rajesh
2	249	Naeem Hyder

(ii) Waiting List:

#	Sr. # in the List	Name of the Candidate
1	207	Roshan
2	25	Manoj K.C.
3	105	Rishabh Jain

“(B) S.C. Candidates:

The Selection Committee for the post of Peon (S.C.) in the Council office consisting the following members met w.e.f. 03.06.2008 to 06.06.2008 as under:-

<i>Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)</i>	-	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	-	<i>Member</i>
<i>Shri Ashok Kr. Harit</i>	-	<i>Member</i>
<i>Mrs. Madhu Handa</i>	-	<i>Member</i>

Four Twenty (420) candidates were called for interview. Out of which, Three Fifty Three (353) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (SC):-

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	288	Bijender Kumar

“(C) O.B.C. Candidates:

The Selection Committee for the post of Peon (OBC) in the Council office consisting the following members met w.e.f. 06.06.2008 to 07.06.2008 as under:-

<i>Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)</i>	-	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	-	<i>Member</i>
<i>Shri Ashok Kr. Harit</i>	-	<i>Member</i>
<i>Mrs. Madhu Handa</i>	-	<i>Member</i>

Two Seventy Six (276) candidates were called for interview. Out of which, Two Twenty (220) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (OBC):-

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	77	Gyanender Singh
2	39	Rajesh Kumar

It was further decided by the members of the Council to appoint the candidates from the Select List and the Waiting List to the extent of the vacancies in the Office of the Council including the posts created at vide Item No. 126 of this meeting of the General Body.

314. Ranchi University – Recognition of MD (Forensic Medicine) qualification in respect of students being trained at Rajendra Institute of Medical Sciences, Ranchi.

Read: The compliance togetherwith the Council inspector report (May, 2008) on the standard of examination and other teaching facilities available at Rajendra Institute of Medical Sciences, Ranchi for purpose of recognition of MD (Forensic Medicine) qualification granted by Ranchi University.

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

“The Postgraduate Committee considered the compliance togetherwith the Council inspector report (May, 2008) and decided to recommend that MD (Forensic Medicine) qualification granted by the Ranchi University in respect of students being trained at Rajendra Institute of Medical Sciences, Ranchi be recognized and included in the 1st Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1(one) students per year prospectively commensurate with the available postgraduate teacher.”

315. Dr. NTR University of Health Sciences, Vijayawada – Approval of Osmania Medical College, Hyderabad for the award of MS (General Surgery) qualification in respect of increased intake.

Read: The compliance togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Osmania Medical College, Hyderabad for purpose of approval of the college for the award of MS (General Surgery) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake.

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

“The Postgraduate Committee considered the compliance togetherwith the Council inspector report (July, 2008) and noted that Osmania Medical College, Hyderabad already stands approved for the award of MS(General Surgery) qualification with 8 (eight) seats and now the matter is under consideration for approval of the college against the increased intake; decided to recommend that Osmania Medical College, Hyderabad be approved for the award of MS(General Surgery) qualification granted by Dr. NTR University of Health Sciences,

Vijayawada in respect of increased intake restricting the number of admissions to 14 (fourteen) students per year”.

316. Dr. NTR University of Health Sciences, Vijayawada – Approval of Osmania Medical College, Hyderabad for the award of MD (Biochemistry) qualification in respect of increased intake.

Read: The compliance togetherwith the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Osmania Medical College, Hyderabad for purpose of approval of the college for the award of MD (Biochemistry) qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of increased intake.

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

“The Postgraduate Committee considered the compliance togetherwith the Council inspector report (July, 2008) and noted that Osmania Medical College, Hyderabad already stands approved for the award of MD (Biochemistry) 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 Osmania Medical College, Hyderabad be approved for the award of MD (Biochemistry) qualification granted by Dr. NTR University of Health Sciences, Vijayawada restricting the number of admissions to 6 (six) students per year.”

317. Dr. NTR University of Health Sciences, Vijayawada – Recognition of DCH qualification in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

Read: The compliance verification report (October, 2008) togetherwith the compliance and the Council inspector’s report (July, 2008) on the standard of examination and other teaching facilities available at Deccan College of Medical Sciences, Hyderabad for purpose of recognition of DCH 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 (October, 2008) togetherwith the compliance and the Council inspector’s report (July, 2008) and decided to recommend that DCH qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad 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.”

318. A.P./NTR University of Health Sciences, Vijayawada – Recognition of MD(Radio-Diagnosis) qualification in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

Read: The compliance verification report (October, 2008) togetherwith the compliance and the inspection report (July 2006) carried out to assess the standard of examination and other teaching facilities available at Deccan College of Medical Sciences, Hyderabad for purpose of recognition of MD(Radio-Diagnosis) qualification granted by A.P./NTR University of Health Sciences, Vijayawda.

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

“The Postgraduate Committee considered the compliance verification report (October, 2008) togetherwith the compliance and the inspection report (July 2006) and decided to recommend that MD(Radio-diagnosis) qualification granted by Andhra Pradesh University of Health Seicnes/NTR University of Health Sciences, Vijayawada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad be recognized and included in the 1sat Schedule to the I.M.C. Act, 1956 restricting the number of admission to 1 (one) student per year.”

319. N.T.R. University of Health Sciences, Vijayawada- Approval of Gandhi Medical College, Secundrabad for the award of D.M. (Nephrology) qualification.

Read: The compliance verification report (October, 2008) togetherwith the compliance and the Council Inspector's report (Jan., 2006) on the standard of examination and other teaching facilities available at Gandhi Medical College, Secundrabad for purpose of approval of the College for the award of D.M. (Nephrology) qualification granted by N.T.R. University of Health Sciences, Vijayawada.

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

“The Postgraduate Committee considered the compliance verification report (October, 2008) togetherwith the compliance and the Council Inspector's report (Jan., 2006) and noted that Dr. Pradeep Deshpande, Professor does not possess prescribed academic qualification. However, even without him the teaching component is complete and decided to recommend that Gandhi Medical College, Secundrabad be approved for the award of D.M. (Nephrology) qualification granted by Dr. NTR University of Health Sciences, Vijayawada restricting the number of admission to 1 (one) student per year.”

320. Dr. NTR University of Health Sciences, Vijayawada – Recognition of DO qualification in respect of students being trained at Narayana Medical College, Nellore.

Read: The compliance verification report (November, 2008) togetherwith the compliance and the Council inspector report (July, 2008) on the standard of examination and other teaching facilities available at Narayana Medical College, Nellore for purpose of recognition of DO 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, 2008) and decided to recommend that DO qualification granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Narayana Medical College, Nellore 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.”

321. Rajiv Gandhi University of Health Sciences, Bangalore – Approval of Sri Devraj Urs Medical College, Tamaka, Kolar for the award of M.D. (Pharmacology) qualification.

Read: The compliance verification report (October, 2008) togetherwith the compliance and the Council Inspector report (May, 2006) on the standard of examination and other teaching facilities available at Sri Devraj Urs Medical College,

Tamaka, Kolar 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 (October, 2008) togetherwith the compliance and the Council Inspector report (May, 2006) and decided to recommend that Sri Devraj Urs Medical College, Tamaka, Kolar be approved for the award of M.D. (Pharmacology) qualification granted by Rajiv Gandhi University of Health Sciences, Bangalore restricting the number of admissions to 2(two) students per year.”

322. Regarding reduction in duration of Postgraduate Speciality Courses.

Read: The letter dated 17.08.2008 received from Govt. of India, Ministry of Health & F.W., along with a copy of communication received from Dr. Chinta Mohan, Member of Parliament (Lok Sabha) together with the report of Study Group regarding reduction in duration of Specialty courses, as approved by the Postgraduate Committee.

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

“The Postgraduate Committee considered the letter dated 17.08.2008 from the Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi along with a copy of communication received from Dr. Chinta Mohan, Member of Parliament (Lok Sabha) and approved the report of the Study Group. The report of the Committee is as under:-

“The present Study Group came to be constituted by the President (Acting) of the Medical Council of India for rendering its considered opinion in regard to -

- *Feasibility of increasing seats at PG level for doctors.*
- *Whether the long duration of super-speciality courses (DM and MCH) of Cardiology, Gastroenterology, Nephrology and others could be reduced without compromising on high quality training.*

Accordingly, the Study Group had its meetings on 20.08.2008, 30.09.2008 and 14.10.2008. Upon perusal of the relevant papers that were brought before the Committee and the critical appraisal thereto, the Study Group is pleased to observe as under:-

Feasibility of increasing seats at PG level for doctors:

In this regard the Study Group noted that the Central Govt. in its communications dated 20.06.2008 and 28.08.2008 has stated that the seats in different postgraduate medical courses may be increased by relaxing the teacher student ratio at 1:3 for pre clinical, para clinical and 17 clinical subjects and 1:2 in the remaining clinical subjects.

The Council in its communication dated 05.09.2008 has conveyed its observations regarding such blanket relaxation of the teacher student ratio which is illogical and beyond comprehension.

The ratio of 1:1 which is being prescribed by the Council is with reference to yet another important ratio i.e. between student: number of beds which has been worked out by the Council as 1:3, and 80% occupancy thereof. The other ratio taken note of is the number of patients for training: postgraduate students. All these three ratios cater to desired levels of learning including hands on training. Any compromise thereat in the opinion of the Council would result in of the dilution of the desired standards of the postgraduate medical education and in the name of increase in quantity, the quality would get significantly marginalized.

For example it has been observed in the past that in so many institutions, the number of teachers in one unit are 4-5. In such an eventuality if the recommendations of ratio of 1:3 as proposed by the Govt. is effected, then it would result into 12-15 resident students per year in that one unit, and at the end of 3 years which is the duration of any postgraduate degree course there will be

40-45 postgraduate students with 5 postgraduate teachers in a unit of 30 beds leading to utter chaos. Resultantly, the number of doctors shall be more than the number of patients which is an unacceptable proposition and would dilute the standards of postgraduate education to a great extent.

Going by the ratio of 1 teacher : 3 students, the duration of course being 3 years of each postgraduate course, at every point of time each postgraduate teacher shall have 9 registered postgraduate students with him. The postgraduate studies contemplate compilation of a thesis as a minimum academic requirement. It would be difficult for any postgraduate teacher to be able to do justice to academic teaching, training including guiding this number of students for thesis as a result of such an unmanageable teacher student ratio.

It is stated that at present approximately 23,000 students pass out in various medical colleges across the country for whom approx. 11,600 seats are available in different postgraduate courses out of which nearly 9,600 seats are available for clinical disciplines. Further the National Board of Examination is also providing educational facilities in its various DNB courses of which nearly 5,000 seats are available annually as per the information provided by the National Board. Even if the ratio of postgraduate students/teachers is increased from 1:1 to 1:2, then this would lead to availability of nearly 23,000 seats for postgraduate courses which will ultimately mean that every student who is passing out MBBS course will have a chance to get admission in the postgraduate courses. This will lead to a disastrous situation because there will be very few MBBS doctors available for providing health services in rural areas which will lead to total collapse of health services in rural areas. Further, if the 9,600 seats available for clinical disciplines are increased to 19,000 because of dilution of ratio to 1:2 from 1:1, then almost everybody who aspires to have postgraduate education will get admission in a clinical discipline and consequentially nobody will go to pre and para clinical course. This will further lead to a severe shortage of trained faculty holding postgraduate degrees in already starved pre clinical and para clinical departments. As a result thereof, there would hardly be any MBBS graduate left who would not be getting admitted to a clinical postgraduate course whereby the availability towards the rural health manpower of MBBS graduates to man the community health centers, primarily health centers and sub-centres will be further eroded and the required manpower for National Rural Health Mission consequently would not be available.

As such the Study Group would like to recommend as under on the basis of certain recommendations having already been made by the Council from time to time. Cumulatively, they are:-

“....

1. That the ratio of recognised postgraduate teacher to the number of students to be admitted for the degree and diploma courses shall be 1:2 for Professor and 1:1 for an Associate Professor in each unit per year subject to a maximum of 4 PG seats including Diploma per unit per academic year in the subject/ speciality where Diploma is prescribed, provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit.
2. The ratio of recognised postgraduate teacher to the number of students to be admitted for the degree course where Diploma is not prescribed shall be 1:2 for a Professor and 1:1 for Associate Professor in each unit per year subject to a maximum of 4 PG seats for the degree per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit

The aforesaid provisions would result in an increase of one seat (from 3 to 4) per unit for each Professor available as against the existing provision of the Postgraduate Regulation in subjects where Degree and Diploma are provided, whereas in subjects where Diploma is not provided and a Professor is available in the unit, it would result in increase of 2 postgraduate seats (from 2 to 4) per unit provided an additional component of 10 beds is added to the existing bed strength of 30 of a teaching unit.

The augmentation in bed strength is proposed to ensure that the ratio of the student:beds and clinical material thereof is maintained, so as to ensure maintenance of academic standards which is vital to the postgraduate training resulting in conferment of postgraduate Degree or Diploma, as the case may be.

3. It be noted that the amendments proposed by the Council to the Postgraduate Regulations, in January, 2004 that are pending consideration by the Govt. of India in respect of the 'waiver' of the requirement of additional teaching faculty (1 Assoc.Prof. & 1 Asstt.Prof.) for the postgraduate courses in the subjects (Anatomy, Physiology, Biochemistry, Pharmacology, Forensic Medicine, Microbiology, Radio-therapy and

Community Medicine) be approved so that the same can be notified by the Medical Council of India.

4. Likewise the amendment in regard to proposed reduction in the faculty specially in the pre and para clinical subjects in the Regulation on Minimum Requirements for a Medical College for 50/100/150 seats in January, 2004, are pending consideration by the Govt. of India may also be approved, so that it could be notified by Medical Council of India for its operational effect.

Both these approvals by the Govt. of India (i.e. recommendations 3 & 4 above) and subsequent notification thereof by the Council is bound to facilitate adding up to the existing matrix of postgraduate seats in the concerned subjects.

5. It would be appropriate if public institutions in a timely manner commensurate with the infrastructural requirements and available personnel are promoted to take required initiative in respect of starting of the new postgraduate courses including augmentation of the existing intake so that the students who otherwise because of the inhabiting factor of the cost of postgraduate education in private sector, inspite of the accruable merit stand deprived of the same. Subsidized postgraduate education in public institutions, undoubtedly has demonstrably been a boon to the poor and deserving students.
6. The above-stated 5 (five) recommendations by the Committee are subject to the condition that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other streams like National Board of Examinations, College of Physicians & Surgeons etc. are permitted."

Whether the long duration of super-speciality courses (DM and MCH) of Cardiology, Gastroenterology, Nephrology and others could be reduced without compromising on high quality training:

The Study Group in its meeting held on 20.08.2008 had proposed that in order to conclude in regard to the aspect of evaluation of long duration of super-speciality courses (DM and MCH) and reduction of the period of study thereof without compromising with the high quality training had observed that opinion needs to be sought from the experts in the respective super speciality fields for an appropriate recommendation in this regard.

Accordingly, Director, PGIMER, Chandigarh; Director, SGPGI, Lucknow and representative from AIIMS were extended invitation. In response to the same, a meeting was convened on 14.10.2008, which was attended by Dr. Indrajit Ray, Chairman, Postgraduate Committee, MCI; Dr. Ved Prakash Mishra, Member, Executive Committee, MCI; Dr. K.K. Talwar, Director, PGIMER, Chandigarh; Dr. Sita Naik, Director, SGPGI, Lucknow and Dr. N.P. Gupta, Professor & Head, Department of Urology, AIIMS, New Delhi.

It was categorically brought out by all the 3 learned experts that there was variability in the duration of super speciality courses till late 1990's, wherein some super speciality courses were of 2 years duration as against some courses of 3 years duration.

In order to bring parity, the Council in its Postgraduate Regulations had categorically provided for a uniform duration for all the super speciality courses as of 3 years. It was also decided that but for the certain super speciality courses in AIIMS, New Delhi, which are of 5 years duration wherein a student is admitted directly after his MBBS qualification, all other super speciality courses were brought within the ambit of the Postgraduate Regulation whereby the duration of study was prescribed to be of 3 years.

It was further observed by the learned experts that the "Reasons, the Grounds and the Basis" by virtue of which the super speciality courses of 2 years duration were altered to 3 years duration exist even today. Reverting back to the same situation would definitely amount to a "Retrograde Step".

The informational expansion of the various super specialities in last 10 years has been mind boggling. The spate with which new "Dimensions, Techniques and Informational Inputs" have been added up, it is imperative that the same is provided within the curricular framework of the super speciality courses. In the teeth of expansion of the "Informational Inclusions" in the curriculum, the period of training is expected to be commensurate with the same.

It was also observed that the aim of a super speciality course is to generate a “Competent and Confident Consultant Super Specialist, who is expected to be “On his own” pertaining to the various “Advanced Competencies” in his speciality. He is expected to be the “Last Word” when it comes to dispensation by virtue of “Knowledge, Skill and Application” at his disposal in terms of the super speciality qualification gained/possessed by him.

Keeping this in mind, the experts were of the considered opinion that any alteration in terms of reduction of the time schedule would definitely lead to a compromise with the desired levels of quality education and also the expected outcomes thereof.

It was further observed that although there is no “Thesis” prescribed in the super speciality curricular frame, it should be prescribed that every student during his 3 years academic tenure for the concerned super speciality course shall at least publish/acceptance for publication of one research paper in an “Indexed Journal” as the first author. This should be the condition precedent for him/her to be eligible for his/her appearance at the university examination including theory, practical, clinical and viva voce. It would be almost akin to the condition, which is included pertaining to the M.D./M.S. examinations, wherein unanimous approval of thesis by all the examiners is a “Minimal Must” for a candidate to be eligible for the university theory, practical, clinical and viva voce examination.

In view of the aforesaid observations, it was unanimously proposed that –

1. *The duration of the super speciality study in respect of the students directly admitted after MBBS should be 6 years for the purposes of parity.*
2. *The duration of super speciality courses in respect of the students admitted after MD/MS courses for the cogent reasons brought out by the Committee should be maintained as 3 years.*
3. *It should be further stipulated that every student eligible for a super speciality course shall be required to publish/acceptance for publication of one research paper in an indexed journal, only upon which he would be eligible for his/her appearance at the university theory, practical, clinical and viva voce examination.*

It was also proposed that in order to provide wider entry to the super speciality courses, an alternative avenue of having admissions to super speciality courses directly after MBBS may be thought of. The duration of such course should be kept of 5 years primarily on the basis that such a student shall be getting only one degree i.e. of his super speciality as against the student who is admitted to the super speciality degree after his postgraduate qualification, wherein the duration is 3 years, gets two degrees.

The other logic brought out is to the effect that a student directly admitted to the super speciality course after his MBBS qualification is totally focused on to the inclusions pertaining to his super speciality as against a student on his admission after the postgraduate degree qualification is required to spend 3 years in the “General Broad Speciality”. It was also brought out that such a curtailment of duration by one year would act as an incentive for the students who avail this mode for acquiring super speciality degree.

It was also suggested that with the advent of newer and newer areas out of these super specialities, it would be appropriate if 2 years “Fellowship Programmes” are structured out in respect of the same. Feasibility should also be worked out, whereby such Fellowships are included as scheduled qualifications in the appropriate Appendix appended to the Indian Medical Council Act, 1956.

The Study Group records its sense of gratitude to the learned experts who responded to the request made by the Council and rendered their valuable expert advice in the matter.”

After due deliberations, the Council unanimously decided as under:-

1. *The duration of the super speciality study in respect of the students directly admitted after MBBS should be 6 years for the purposes of parity.*
2. *The duration of super speciality courses in respect of the students admitted after MD/MS courses for the cogent reasons brought out by the Committee should be maintained as 3 years.*

3. It should be further stipulated that every student eligible for a super speciality course shall be required to publish/acceptance for publication of one research paper in an indexed journal, only upon which he would be eligible for his/her appearance at the university theory, practical, clinical and viva voce examination.

323. Change of affiliation to the University from 'Maharashtra University of Health Sciences, Nashik' to 'Pravara Institute of Medical Sciences, Loni' in respect of Rural Medical College, Loni for the award of MBBS degree.

Read: The matter with regard to change of affiliation to the University from 'Maharashtra University of Health Sciences, Nashik' to 'Pravara Institute of Medical Science, Loni' in respect of Rural Medical College, Loni for the award of MBBS degree.

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

"The Executive Committee considered the matter along with the letter of the Central Govt. for change of affiliation of University of Rural Medical College, Loni and inclusion of MBBS medical qualification under Pravara Institute of Medical Sciences, Loni (Deemed University) in the schedule to the IMC Act, 1956 and observed that the Executive Committee at its meeting held on 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 Executive Committee decided that the name of the University "Pravara Institute of Medical Sciences, Loni" in respect of 'Rural Medical College, Loni be recognized and included in the first scheduled in the IMC Act, 1956 and forwarded to the Govt. of India for appropriate notification of the same."

The meeting ended with vote of thanks to the chair.

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

Place: New Delhi,
Dated: 13th November, 2008.

A P P R O V E D

(DR. P.C.KESAVANKUTTY NAYAR)
PRESIDENT (ACTING)

Dr. Vasant N. Pawar

Motion of thanks to Hon'ble President and all the Executive Committee members and the Hon'ble Adhoc Committee members for having a good leadership in this Platinum Jubilee Year of the Council. I must congratulate our President for this keeping high standards of the health care delivery system. Few important points I would like to mention is the amendments what you have taken over and amended regulations where consensus is given to the Govt. of India as well as the Council. I must appreciate that for compliance of this gigantic task. I must congratulate the Study Group and the Adhoc Committee members of Dr. P.N. Tandon, Dr. Ved Prakash Mishra, Dr. Indrajit Ray and Dr. Bhargava for creating out to be and my congratulations to all the members of the Study Group.

I propose a motion of thanks to Hon'ble President for his transparent execution of MCI with a sense of gratitude and I propose a motion of thanks on behalf of all the members.

Dr. Ved Prakash Mishra

I seconded motion of thanks. All the contentions which have been brought in the motion of thanks. I seek the attention of two important consideration which perhaps covered in the Presidential Address. In this behalf, I am submitting this House what has come from the Notification of 20th October, 2008 is something which was remitted on 14th October, 2004

115. Matter is subjudice. All the inputs be recorded. Relevant details must be incorporated. It is only for information and incorporation in the minutes of the General Body.

Dr. P.N. Tandon:

There should be a formal item of the agenda and not taken as an existing note. A proper note should be prepared. 3-4 members will look into it expressing concern of this college.

132. In view of the dedicated commitment, the General Body of the Council recorded Displeasure and it be communicated to Dr. S.M. Tuli and the decision to be modified accordingly.

133. Dr. G.B. Gupta – my submission is Sir that this insurance cover be broaden to all the members of the Council. Such coverage will be co-terminus with the period of membership of the member.

Dr. P.N. Tandon

During the last 3-4 the Government wants to revamp the MCI and the Govt. does not have to consolidate theoretically. Only last two weeks, there has been a news item. They want to take away all the powers. I think the medical professionals in general wake up to form responsibility and not play in the hands of those who want to destroy it. It is our responsibility that we do produce our recommendations that we are not talking out of context, we are talking with proper deliberations which was discussed. We must make more pro-active efforts if the medical profession really takes up. I am very worried out it. There should be a corrective efforts on the part of the people who are willing to take action and coming out from specific recommendation. I think we need a Public Relation Officer (P.R.O.) in the Council which we do not have, a strong voice in the public , otherwise we will not succeed if we do not have a P.R.O.

Dr. Vijay Prakash

We must a Image Building Cell in the MCI, great lack of communication. Members sitting there outside State cannot get information because of lack of communication on most of the issues but if any member wants a particular information from MCI sitting in his town can he get it? I suggest that two people with two telephone lines be executed for this specific purpose.

Dr. Rani Bhaskaran

I feel that the members of the MCI should also reflect image of the MCI in the States