

No.MCI-5(3)/2003-Med./**MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on Monday the 2nd June, 2003 at 11.00 am in the Council office at New Delhi where the member of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 was also present .

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Present:

Dr. P.C.Kesavankutty Nayar - President (Acting)
 Prof. P.N. Tandon] Adhoc Committee Member
 Dr. K.S. Chugh
 Dr. F.U. Ahmed
 Dr. B.P. Dubey
 Dr. P.M. Jadhav
 Dr. M.K. Sharma
 Dr. V.K. Puri
 Dr. Nitin S. Vora
 Dr. Ajay Kumar

Dr. K.K. Arora - Joint Secretary I/C of Secretary

Apologies for absence were received from Prof. N. Rangabashyam, Dr. (Mrs.) S. Kantha, members of the Adhoc Committee and Dr. D.K. Sharma.

1. Minutes of the Executive Committee meeting held on 5.5.2003 – Confirmation of.

The minutes of the Executive Committee meeting held on 5/5/2003 were confirmed.

2. Minutes of the last meeting of the Executive Committee – Action taken thereon.

The Executive Committee and member of the Adhoc Committee noted the action taken by the office on the various items included in the minutes of the Executive Committee meeting held on 5.5.2003 with following modifications and updation:-

- (a) On page No. 3 para 5 - A letter dated 26.5.2003 from Prof. Rangabashyam received by President was read out and after hearing the same Dr. P.N. Tandon informed that he is not aware of the contentions made in the letter. The President (Acting) informed the Committee that Dr. (Mrs.) S. Kantha another member of Adhoc Committee who was in the office on 01.06.2003 expressed that she was not aware of the said letter written by Prof. Rangabashyam. At this, Dr. P.N. Tandon desired that a clarification should be sought

since neither he nor anybody else is entitled to attribute motives. Members also expressed that since the letter was addressed to Dr. K.K. Arora, he should send an appropriate suitable reply to Prof. Rangabashyam. President (Acting) Dr. P.C.Kesavankutty Nayar further informed that the inspectors are being appointed only from the panel approved by the members of the Adhoc Committee and no inspection carried out so far as any inspector being appointed from outside the panel.

Dr. P.C.Kesavankutty Nayar, President (Acting) informed the members of the Executive Committee and member of the Adhoc Committee regarding the letter by Prof. Rangabashyam addressed to him in which he has suggested to annul the inspection reports of following 4 inspectors only who had carried out the inspection at Santosh Medical College, Ghaziabad-

Dr. S.N. Motilal, Chennai.
 Dr. K.C. Saravanan, Chennai
 Dr. Geetha Lakshmipathy, Chennai
 Dr. R. Rajendran, Chennai

It was decided to seek further clarification from Prof. Rangabashyam regarding the inspection reports of remaining 3 inspectors namely Dr. P.M. Hari, Dr. N. Chakravarthi and Dr. Sudha Seshaiyam who had carried out the inspection at Santosh Medical College, Ghaziabad. He also further informed that this decision of the Executive Committee and Adhoc Committee members has been conveyed to the Chairman, Postgraduate Committee to consider accordingly.

- (b) On page 7 item No. 6 - name of Dr. (Mrs.) S.S. Deshmukh be read as included in the Task Force Committee.
- (c) Two Executive Committee meetings were held in camera. One EC meeting was held on 19.04.2003 in which the decision was taken for requesting the Central Govt. for grant of extension for a period of 6 months or till alternative arrangements are made to Dr. (Mrs.) M. Sachdeva who was due to retire as Secretary on 30.4.2003 on superannuation.

The second EC meeting was held in camera on 05.05.2003 in which it was noted that no communication was received from the Central Govt. regarding the extension of the services of Dr.(Mrs.) M. Sachdeva who was retired as the Secretary of the Council on reaching superannuation on 30.4.2003. It was decided to fill the post by selection for which it was further decided to advertise for the post by giving wide publicity by releasing the advertisement in all India editions.

3. Establishment of medical college at Chinoutpally, A.P. (Dr. Pinnamaneni Siddhartha Instt. of Medical Sciences & Research Foundation) by Siddhartha Academy of General & Technical Education, Vijayawada.

Read : The Council Inspectors report (16th May, 2003) for grant of letter of permission for establishment of medical college at Chinoutpally, A.P. by Siddhartha Academy of General & Technical Education, Vijayawada.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (16th May, 2003) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of medical college at Chinoutpally, A.P. by Siddhartha Academy of General & Technical Education, Vijayawada u/s 10A of the I.M.C. Act, 1956 with an annual intake of 150 students for the academic session 2003-04.

4. Navodaya Medical College at Raichur - renewal of permission for admission of 2nd batch of students.

Read : The Council Inspectors report (15th & 16th May, 2003) for renewal of permission for admission of 2nd batch of students at Navodaya Medical College at Raichur.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (15th & 16th May, 2003) and noted the following:-

1. Shortage of staff:

{a} Faculty: 6.94 % (5 out of 72)

{i} Associate Professor - 2 (Pathology-1, Paediatrics-1)

{ii} Assistant Professor - 3 (Physiology-1, M.O. cum Lecturer at R.H.T.C./U.H.C.-1, TB & Chest-1)

{b} Tutor/Residents: 2.35% (2 out of 85)

{i} Tutor/Sr.Residents:2 {L.M.O.at R.H.T.C./U.H.C.-1, Anaesthesiology-1)

{c} Dr. M.G. Basavrajiah, Assistant Professor of Physiology, has not been considered as a teaching staff member as he was absent on both the days of inspection.

{d} Dr. G. Manjunath, though shown as Associate Professor of Paediatrics, is considered as Assistant Professor only as he has only 3 years 8 months experience as Assistant Professor.

4- Professors, 1 - Associate Professor, 3 - Assistant Professors, 1 - Tutor and 3 - Residents have joined the institution within the last 3 months.

3 - Professors and 2 - Assistant Professors have left the institution within the last 3 months.

2. In the departments of Surgery, Orthopaedic and ENT, the regular beds for the patients needs to be made available in the wards against

the beds shown as post operative beds. The beds need to be properly reorganised and beds of a particular department need to be placed together.

3. Ward census is not maintained while the OPD attendance and bed occupancy are adequate. Number of surgeries and deliveries need to be increased. Histopathology and Cytopathology investigations and x-ray investigations also need to be increased.
4. Blood Bank is non-functional.
5. Septic labour room is not available.
6. C.T. Scan and Colour Doppler are not available. Protective measures as per BARC specifications are not provided.
7. No separate Medical, Obstetric or Paediatric ICU is available. 3 bed surgical ICU is available which has 1 monitor, 1 defibrillator and 1 O₂ cylinder. No other resuscitation or monitoring equipment is available. Central O₂ and central suction are not available. Medical, Surgical and Paediatric ICU facilities need to be augmented as per norms.
8. The O.P.Ds. for Skin & V.D. and TB & Chest have not been provided with examination or washing facilities. Examination trays, patient couches & x-ray viewing boxes etc. have not been provided in all the rooms. Privacy for patients, particularly females needs to be ensured by having proper partitions/curtains. Dressing room for males and females are common which needs to be segregated. Plaster room and plaster cutting room are common which need to be separated. Water supply and washing facilities are not available in some areas on one floor which need to be provided. No audiometric technician/speech therapist is available in ENT O.P.D. The O.P.D. set up needs to be reorganised and proper furniture and equipment for teaching facilities need to be provided.
9. Departmental O.P.D. registers are maintained but they show only case number and diagnosis and do not contain any details like name, age, address etc. O.P.D. case sheet is handed over to the patient and the hospital has no record of clinical examination and investigation findings of O.P.D. O.P.D. needs to be computerised totally and reorganised particularly for outdoor cases. The hospital needs to devise a system wherein the OPD record is retained or maintained in the hospital.
10. Record keeping in Central Clinical Laboratory needs to be augmented. There is a common collection centre. Only routine investigation equipment is available and auto analyzers or automated cell counters are not available in the laboratory. Routine haematology, microbiology and biochemistry investigations are done in this laboratory. Histopathology and Cytopathology investigations are done in the department of Pathology. Thyroid function tests are done but other hormonal assays are not done anywhere, either in this laboratory or in the department. The equipment also needs to be

augmented. The set up of the central laboratory needs to be revamped and augmented.

11. No separate departmental offices and staff rooms have been provided in Departments of T.B. & Chest Diseases, Dermatology, Psychiatry, Surgery, Ophthalmology, ENT, Obst. & Gynae. and Radio-diagnosis.
12. Electrification, plumbing, furnishing and fitting of fixtures is still incomplete in some of the areas at the college as well as hospital building.
13. Separate statistical unit is not established.
14. Boys hostel is still on a leased accommodation which is about 2 kms. away from the college campus. Accommodation of residents is also half km. away from the college campus. Construction for nursing hostel is incomplete. Residential accommodation of teaching staff is on leased accommodation which is 1 km. away from the college campus. Accommodation for non-teaching staff is also in leased accommodation which is half km. away from the college campus.
15. Teaching facilities are yet to commence at Urban Health Centre.
16. In wards no other teaching area is provided. At least 4 teaching areas with proper equipment and furniture need to be provided.
17. Emergency monitoring and treatment facilities need to be augmented in casualty area.
18. Dialysis unit is not available.
19. In CSSD only 1 staff nurse, 2 technicians and 4 other staff are available which is inadequate.
20. Furnished and equipped examination hall of 150 capacity is available which is smaller than the norms.
21. Infrastructural and facilities of preclinical departments are adequate except for the following:-
 - (a) Dissection microscopes need to be provided in department of Anatomy.
 - (b) Separate laboratories for Mammalian and Amphibian Physiology need to be set up as per norms.
22. Infrastructure of paraclinical departments is deficient in the following:
 - (a) Service laboratories of Pathology & Microbiology departments need to be set up in the respective departments with proper equipment.
 - (b) Museums of Pathology, Microbiology, Pharmacology & Forensic Medicine need to be augmented in terms of area and teaching material.
 - (c) Demonstration room of Microbiology needs to be set up with proper furniture.

(d) Research laboratories of Microbiology and Forensic Medicine need to be set up with proper equipment.

23. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of students at Navodaya Medical College at Raichur for the academic session 2003-04.

5. Mahatma Gandhi Medical College and Research Instt., Pondicherry - renewal of permission for admission of 3rd batch of students.

Read : The Council Inspectors report (20th & 21st May, 2003) for renewal of permission for admission of 3rd batch of students at Mahatma Gandhi Medical College and Research Instt., Pondicherry.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (20th & 21st May, 2003) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100 students at Mahatma Gandhi Medical College and Research Instt., Pondicherry for the academic session 2003-04.

6. Increase of MBBS seats from 50 to 100 at NKP Salve Instt. of Medical Sciences, Nagpur – Renewal of permission for admission of 3rd batch of students.

Read : The Council Inspectors report (5th & 6th May, 2003) for renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 50 to 100 at NKP Salve Instt. of Medical Sciences, Nagpur.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (5th & 6th May, 2003) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of students against the increased intake from 50 to 100 at NKP Salve Instt. of Medical Sciences, Nagpur for the academic session 2003-04.

7. Increase of MBBS seats from 50 to 100 at Sri Vasant Rao Naik Govt. Medical College, Yavatmal – renewal of permission for admission of 5th batch of students.

Read : The Council Inspectors report (7th & 8th May, 2003) for renewal of permission for admission of 5th batch of students against the increased intake i.e. from 50 to 100 at Vasant Rao Naik Govt. Medical College, Yavatmal.

The Executive Committee and the member of the Adhoc Committee considered the Council Inspectors report (7th & 8th May, 2003) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of students against the increased intake i.e. from 50 to 100 at Vasant Rao Naik Govt. Medical College, Yavatmal for the academic session 2003-04.

8. Increase of MBBS seats from 100 to 150 at MR Medical College, Gulbarga – renewal of permission for admission of 3rd batch of students.

Read : The Council Inspectors report (19th & 20th May, 2003) for renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 at MR Medical College, Gulbarga.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (19th & 20th May, 2003) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 at M.R. Medical College, Gulbarga for the academic session 2003-04.

9. Increase of MBBS seats from 50 to 100 at Karnataka Instt. of Medical Sciences, Hubli – renewal of permission for admission of 3rd batch of students.

Read : The Council Inspectors report (13th & 14th May, 2003) for renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 50 to 100 at Karnataka Instt. of Medical Sciences, Hubli.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (13th & 14th May, 2003) and noted the following:-

1. Shortage of teaching staff:

{a} Faculty: 5.51% {7 out of 127}

{I} Professor: 1 {Skin & V.D.: 1}

{ii} Associate Professor: 3 {Biochemistry: 1, Forensic Medicine: 1, Ophthalmology: 1}

{iii} Assistant Professor: 3 {M.O. cum Lecturer at U.H.C./R.H.T.C.: 1, Tb & Chest: 1, Surgery: 2, Radio diagnosis: 1}.

{b} Tutor / Residents: 3.13% {4 out of 128}

{a} Tutor / Senior Resident: Nil.

{b} Junior Resident: 6 {Tb & Chest: 3, Psychiatry: 1, Surgery: 2}.

{c} Many teachers who are holding only M.B.B.S. qualifications are appointed as Lecturers which is against the norms as the post of Lecturer requires post-graduate qualifications of M.D./M.S. in the respective subjects. All such teachers have been considered as Tutors only in the respective subjects which should have been their designations considering the educational qualifications.

{d} Dr. K. Hanumanthayya, shown as Professor of Skin & V.D., is considered as Associate Professor only as he has only 2 yrs. 8 mths. Experience as Associate Professor.

{e} Dr. V.G. Kulkarni, shown as Professor of Psychiatry, is considered as Associate Professor only as he has only 1 year's experience as Associate Professor.

{f} Dr. V.N. Gore, though present and shown as Professor of Radiodiagnosis, has not been considered as a teaching staff member as the declaration form clearly mentions that he is an honorary teacher and he is attending only twice a week as admitted by him.

{g} 6 – Assistant Professors, 2 – Tutors and 3 residents have joined the institute within the last 3 months.

{h} 1 – Associate Professors, 2 – Assistant Professors joined the institution within the last 3 months.

2. As the hospital is having 654 teaching beds and 30 non-teaching beds, the nursing staff is deficient by 44.26 %.
3. Though the teaching beds in the affiliated hospital are adequate, the unit distribution is not as per Council norms considering the requirements of UG and PG courses. The second unit in Ophthalmology is headed by Assistant Professor. The teaching beds are deficient as shown below:-

#	Subject	Required	Available	Deficiency	Remarks
1	Skin & V.D.	30	22	8	Full unit of 30 beds required as P.G. courses are run
2	Ophthalmology	60	40	20	2 units created by the college; hence $2 \times 30 = 60$ beds required
3	ENT	60	40	20	2 units created by the college; hence $2 \times 30 = 60$ beds required

4. A combined ICU having 6 beds with central O₂, central suction, 3 bedside monitors, 2 pulse oxymeters, 1 infusion pump, 3 multiparameter monitors, 3 ventilators and 1 defibrillator is available which functions as a common ICU for all the departments. This ICU caters to all the departments and no separate ICU for Surgery or Obstetrics is available.
5. 6 beds PICU is available but not properly equipped.
6. NICU has 14 bassinets and is provided with 4 radiant warmers, 2 phototherapy units, 1 pulse oxymeter & 2 incubators. Central O₂ and central suction are not available. There is overcrowding and two babies are kept in the same bassinet which is not desirable.
7. There are 10 O.Ts. available. However, major emergency operations are still being performed in the elective theatres only as emergency

O.T. is not functional. All the theatres have more than 1 table which practice needs to be discouraged. Ceiling light is available only in a few theatres. Air-conditioning is not functioning. Some theatres are not having pulse oxymeters and ventilators. Post-operative recovery room with resuscitation equipment is not available in the O.T.s. Viewing gallery for students is not available in any theatre. O.T. set up, including post-operative care area, needs reorganization.

8. In O.P.D. 3-4 examination rooms/cubicles have been provided for all the departments except Psychiatry which has only one room. Waiting space is inadequate for some departments and there is overcrowding. Examination trays, patient couches & X-ray viewing boxes, etc. have not been provided in all the rooms. Washing facilities are inadequate. Clinical demonstration areas have been provided but they are very small and not conducive for teaching. The teaching area for Obstetrics & Gynaecology is combined with USG room which needs to be separated. Audiometry room is available but no audiometric technician / speech therapist is available. Separate plaster cutting room is not available in Orthopaedics. O.P.D. case sheet is thin sheet of paper. It needs to be replaced with bigger and thicker paper which would facilitate the record keeping. The O.P.D. setup needs to be reorganized and proper furniture for teaching activities need to be provided.
9. Casualty runs round the clock. Central O₂ supply and central suction are available only in emergency area but not available in casualty area. No ventilator is available. 1 defibrillator, 1 monitor and 1 disaster trolley are available. Resuscitation equipment is available for only one patient. USG is provided in dark room which needs to be set up in a separate room. Mobile X-ray unit is common for all the departments of the hospital. Emergency O.T. is not functional. Another minor O.T. is attached to the casualty but it is only a dressing room and not a proper O.T. at all. Investigative facilities are common with all the departments. Emergency treatment facilities need to be augmented in casualty area.
10. Registration is manual. Different counters maintain separate registers and there is no master register. Departmental O.P.D. registers are maintained but they do not contain any details like diagnosis, etc. O.P.D. case sheet is handed over to the patient and the hospital has no record of clinical examination and investigation findings of O.P.D. cases. ICD X classification is followed. Records are kept date wise in serial order. It is partially computerized only for indoor cases as the O.P.D. cases are not computerized at all. There are 1 Medical Record Officer, 1 Statistician, 6 Clerks & 5 other staff available. It needs to be computerized totally and reorganized, particularly for outdoor cases.
11. Central laboratory works for 24 hours. However, all the departments work independently. The collection centers are separate for different investigations. Microbiology, Histopathology and Cytopathology investigations are not done in this laboratory at all and they are done

in the college department. Special tests like Thyroid function tests are not done anywhere, either in this laboratory or in the department. Only routine investigation equipment is available and auto analyzers or automated cell counters are not available in this laboratory. The equipment also needs to be augmented. Autoanalyzers and automated cell counters need to be provided. The setup of the central laboratory needs to be revamped and augmented. A common collection center also needs to be set up.

12. In CSSD receiving and distribution points are not defined separately. The central unit only caters to the wards and laboratories. However, each O.T. does its own sterilization independently in the same area. The whole setup needs reorganization and the CSSD needs to function as a central unit.
13. No common room for boys is available.
14. Statistical unit is not established as a separate unit.
15. Teaching & outreach activities at R.H.T.C. / U.H.C. need to be organized by the P.S.M. department on a regular basis. Students should be posted at R.H.T.C. / U.H.C. on regular basis rather than periodical visits.
16. Postgraduate admissions are not as per Council regulations.
17. C.T. Scan is not available, colour doppler is not available. Work load needs to be augmented.
18. Department of Anatomy:
 - Research laboratory needs to be set up.
 - Cooling cabinet needs to be shifted to the department.
 - Dissection hall set up needs to be reorganised in the bigger dissection hall.
19. Museums of departments of Microbiology and Pharmacology need to be upgraded both in terms of area and teaching material.
20. (a) Practical laboratory for the students needs to be set up with proper furniture and equipment in the departments of Forensic Medicine and Community Medicine.
 (b) Research laboratory also needs to be set up with appropriate equipment in Forensic Medicine and Community Medicine departments.
21. Department of Psychiatry:
 - Psychiatric services in the affiliated teaching hospital need to be expanded.
 - Departmental library needs to be set up with minimum 80 books.
22. The departmental library of Anaesthesia department needs to be set up with minimum 80 books.
23. No audiometric technician/speech therapist is available.
24. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students against the increased seats i.e. 50 to 100 at Karnataka Instt. of Medical Sciences, Hubli for the academic session 2003-04.

10. Co-operative Medical College, Kochi – Renewal of permission for admission of 3rd batch of students.

Read : The Council Inspectors report (5th & 6th May, 2003) for renewal of permission for admission of 3rd batch of students at Co-operative Medical College, Kochi.

The Executive Committee and member of the Adhoc Committee considered the compliance verification inspection report (5th & 6th May, 2003) carried out on receipt of compliance on the deficiencies pointed out in the inspection report (2nd & 3rd Sept., 2002) and noted the following:-

1. The college does not have university affiliation for the academic year 2003-04.
2. Shortage of Staff:

Professor – 2 (Radiology-1, Orthopaedics-1)

Associate Professor – 5 (Physiology-1, Biochemistry-1, Pharma-1, Pathology-1, Radiology-1)

Assistant Professor – 4 (Anatomy-1, Lecturer in Biophysics-1, Physiology-2)

Tutor/Sr. Resident – 1 (Pharmacology-1)

Total – 12

1 – Professor, 1 – Associate Professor, 3 – Assistant Professors and 8 – Tutors joined the institution in the month of Feb., 2003.

4 – Professors, 1 – Associate Professor, 9 – Assistant Professors and 36 – Tutors/Residents joined the institution in the month of April, 2003.

3 – Professors, 3 – Associate Professors, 1 – Assistant Professor and 1 – Tutor joined the institution in the month of May, 2003.

3. The Medical College (JNI Stadium), Indira Gandhi Co-operative Medical College Hospital and Government General Hospital are not in the same campus. The distance between the medical college and Indira Gandhi Hospital is 3 kms. and the distance between the Govt. General Hospital and Medical College is 4 kms.
4. Though the number of teaching beds are adequate but the distribution of the same is not as per Council recommendations. There is shortage of 15 beds in Paediatrics and 12 beds in Orthopaedics.

The division of beds as per speciality is not seen in the wards of both the hospitals. In the medical wards, patients of TB & Chest,

Dermatology and Psychiatry along with general medical patients are admitted. Even in Surgery ward patients of General Surgery, Orthopaedics, Ophthalmology and ENT are put together. As such the distribution of beds in each ward is not speciality-wise. The beds are not numbered and labelled. There is over crowding of inpatients. Patients of different departments are admitted in the same ward according to the convenience and availability of beds.

5. The number of clinical units are not as per Council recommendations. There are only two units in Medicine, two units in Surgery, one in Paediatrics and one in Orthopaedics. Unit composition is on paper. In the wards all the patients of different departments/units are put together.
6. Out of the total 520 beds of Indira Gandhi Co-operative Hospital, 172 beds are with Medical College as teaching beds. The remaining beds of the hospital are non-teaching beds of the IGCH Hospital which are managed by Consultants/Honararies appointed by the Co-operative Society on fixed honorarium. The 172 beds of the medical college are free beds. 125 beds of the medical college have been placed for various departments in the top floor of the hospital with a tin roof, which is not very conducive for patient care and teaching. There is over crowding of beds, and there are no bedside lockers. Though on paper units have been shown, however, in practice in the wards it has not been implemented. The division of beds as per speciality is not there completely. The operation theatre laboratory, intensive care area and other services of the hospitals are shared by the doctors of the medical college and the doctors of the Co-operative Society (consultants/honoraries). The space provided for various OPDs and Casualty is grossly inadequate. Even the basic facilities required for examining the patients like x-ray view boxes are not available. Casualty also needs more beds and resuscitation facilities.
7. The space provided for casualty, OPDs and the wards at Govt. General Hospital, Ernakulam is grossly inadequate. The units in most of the departments are not as per MCI requirements in terms of beds and staff.
8. The wards of both the hospitals are not organised as per Council guidelines.
9. Examination hall has capacity for 100 students as against the required 250.
10. The common rooms for boys and girls are yet to be furnished.
11. At present the boys and girls hostels available in the college campus have accommodation for 164 students only as against the required accommodation for 350 students.
12. There is no hostel for Resident doctors.
13. Nurses hostel in the campus of IGCH has accommodation for 85 nurses only.

14. Residential quarters are not available for any category of staff.
15. Central oxygen supply is not available in the operation theatre of IGCH Hospital.
16. Incinerator is not available in IGCH Hospital.
17. In the departments of Anatomy, Physiology and Biochemistry, the office accommodation for staff is inadequate.
18. In Anatomy, Dissection hall space is inadequate. There is no cold room or cooling cabinet.
19. Students practical laboratories of Physiology, Pharmacology, Pathology and Microbiology departments do not have required seats in each.
20. Clinical Material – In the Indira Gandhi Co-operative Hospital and Govt. General Hospital, separate records for all the services are not maintained.
 - Clinical material of Medical College Hospital is inadequate.
 - It is also necessary to keep the separate record of the clinical work done by the staff of the Medical College and staff of the Govt. Hospital.
 - It is necessary to keep the separate record of all clinical work done by the staff of the medical college and the consultant/honorarys of the Co-operative Hospital.
21. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students at Co-operative Medical College, Kochi for the academic session 2003-04.

11. Continuance of recognition of MBBS degree in respect of students being trained in the medical colleges in Madhya Pradesh.

Read : The compliance report received from the authorities of Medical Colleges in Madhya Pradesh in response to the show cause notice issued as per decision of the Executive Committee held on 13/3/2003 in the above matter.

The Executive Committee and member of the Adhoc Committee noted that the inspection of 4 medical colleges was conducted in the year 1998 and for G.R. Medical College, Gwalior it was conducted in Oct., 1995. The compliance report submitted by these colleges is not proper. The Committee, therefore, decided to carry out immediate inspection of these

colleges and the inspection report be placed before the Executive Committee.

12. Proposal for procurement of Toyota Qualis Vehicle for the Council.

Read : The proposal for procurement of Toyota Qualis Vehicle for the Council and creation of two more posts of Staff Car Drivers.

The Executive Committee and member of the Adhoc Committee considered the proposal and noted that two Ambassador cars available in the office were purchased on 5.10.1996 and 1.3.2001 respectively and that the Maruti Van on 29.1.1992, which the latter has outlived its life. The Committee was of the opinion that the Maruti Van be disposed off after following the laid down procedure of obtaining a condemnation certificate etc.

The Committee after considering that the office has proposed requirement of a vehicle of a larger capacity, decided to approve the purchase of a Toyota Qualis with power steering after following the laid down procedure.

The Committee also decided that 2(two) posts of staff car drivers be created in the office of the Council over and above the already sanctioned strength of two existing in the office, from own resources.

13. Proposal for procurement of Digital Photocopier machine.

Read : The matter with regard to procurement of Digital Photocopier machine.

The Executive Committee and member of the Adhoc Committee approved the procurement of a Digital Photocopier machine of brand Canon Model No. IR-1600 at a cost of 78,400/- along with specified voltage stabilizer of two KVA capacity costing Rs. 5,000/- plus applicable taxes and the trolley through the DGS&D Rate Contract.

14. Accreditation of the Medical Degree Programme.

Read : The report of the Task Force on accreditation of the Medical degree programme held in the Council office on 17th April, 2003.

The Executive Committee and member of the Adhoc Committee considered the report of the Task Force on accreditation of the medical degree programme held on 17.4.2003 and further details provided by the Special Invitee to the Executive Committee, Dr. L.S. Chawla, Chairman of the Sub-Committee and noted that the details of the accreditation scheme have already been approved by the Executive Committee and the General Body of the Council respectively. The action plan so proposed by the Sub-Committee was approved and the relevant details of the accreditation programme be circulated to all the members of the Executive Committee.

15. To note the order dated 25/4/2003 passed by Hon'ble Supreme Court in Civil Appeal No. 599-600/2002 – Dr. P.C. Kesvankutty Nayar – Vs. Harish Bhalla & Ors.

The Executive Committee and member of the Adhoc Committee noted the order dated 25.4.2003 passed by Hon'ble Supreme Court in Civil Appeal No. 599-600/2002 – Dr. P.C.Kesavankutty Nayar – Vs. – Dr. Harish Bhalla & Ors. with respect to selection of Secretary of the Medical Council of India.

16. Maharaja Agrasen Instt. of Medical Research & Education, Agroha (Hisar) – Renewal of permission for admission of 2nd batch of students.

Read : The Council Inspectors report (13th & 14th May, 2003) for renewal of permission for admission of 2nd batch of students at Maharja Agrasen Instt. of Medical Research & Education, Agroha (Hisar).

The Executive Committee considered the Council Inspectors report (13th & 14th May,2003) and noted the following:-

1. The college does not have university affiliation for the academic year 2003-04.
2. 13 – Professors, 2 – Associate Professors, 8 – Assistant Professors, 9 – Tutors, 14 – Senior Residents and 21 – Junior Residents have joined the institution within the last 3 months.
3. Statistical unit is not established.
4. There are no animals in the animal house.
5. The hostel should have accommodation for 100 students. At present available accommodation is for 54 students. Construction of the hostel block should be completed as early as possible.
6. Nursing hostel has accommodation for 27 nurses at present. As per the Council norms 40% of the nurses should be provided accommodation.
7. In OPD all the examination rooms of the Consultant should be provided examination tray, x-ray view box etc.
8. In certain teaching area of OPD, black board, examination cot, examination tray, x-ray view box etc. are not available. They should be provided in all the teaching area.
9. Audiometry room is not airconditioned.
10. There is over crowding in most of the wards. In some wards, bed side lockers are not provided. In some wards male & female patients are put together. In the Medicine ward patients of General Medicine,

Psychiatry and Dermatology are put. In most of the wards nursing station is away from the wards. The toilets are away from the ward. It is necessary to reorganise the ward structure as per Council guidelines.

11. Medical Record Section needs computerisation.
12. In casualty minor operation theatre needs airconditioned and water supply.
13. Microbiology Section must be kept in the Central Laboratory.
14. The emergency operation theatre and O.T. of Gynae. & Obst. Are not airconditioned. The post operative ward should have resuscitation.
15. There is no dietician.
16. Departmental library of various departments should have 80 books.
17. Museum of Anatomy, Pharmacology, Microbiology, Forensic Medicine needs catalogue. There is no provision of artificial light in the Histopathology practical laboratory of the Pathology department. The practical laboratory of Community Medicine is having only two microscopes.
18. In the Autopsy room water connection and drainage system should be completed.
19. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of students at Maharaja Agrasen Instt. of Medical Research & Education, Agroha (Hisar) for the academic session 2003-04.

17. Medici Instt. of Medical Sciences, Ghanpur - renewal of permission for admission of 2nd batch of students.

Read : The Council Inspectors report (26th & 27th May, 2003) for renewal of permission for admission of 2nd batch of students at Medici Instt. of Medical Sciences, Ghanpur.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (26th & 27th May, 2003) and noted the following:-

1. Shortage of staff:

Professors - 2 (Orthopaedic - 1, Paediatric - 1)

Associate Professor - 3 (Biochemistry - 1, Surgery-1, Radiology-1)

Assistant Professor - 2 (Anatomy-2)
Tutor/Sr. Resident - 1 (Pharmacology-1)

2. Clinical material is inadequate.
3. The college does not have University affiliation for the academic year 2003-2004.
4. The Principal office which is housed in the college building is without electric supply, water supply and drainage facilities.
5. The furniture in the girls common room is not adequate.
6. There is one examination hall with 100 seats and furniture. Construction of the another examination hall for 150 students is in progress.
7. There is no water supply and drainage facilities in the animal house.
8. The central library needs 2800 books. At present available books are 2172. There is no medlar and internet facilities.
9. The Medical Superintendent does not possess qualifications as per MCI norms.
10. In OPD some chambers of the consultants are not provided with basic requirements like examination tray, x-ray view box etc. Most of the areas in OPD are not having continuous water supply/wash basins.
11. The audiometry room is not sound proof and air-conditioned.
12. Except male orthopaedic, male surgery and male medicine wards, patients of other specialities are put in separate rooms having 3-6 patients. For these patients nursing stations are away, hence supervision by the nursing staff is not possible. In some of the wards there is over crowding of the beds.
13. Registration and Medical Record Section is not computerized. On checking it is found that most of the registers of OPD are having same handwritings through out giving an impression that registers are written by one person in one sitting. ICD - classification is not followed.
14. In the emergency ward of the casualty department, male and female patients are kept together. The help of Forensic Medicine is not available. There is no x-ray machine.
15. Intensive care area which is common for Medicine, Surgery patients has only 4 beds. It needs improvement.
16. Cooling Cabinet of Anatomy department needs immediate repairing.

17. Amphibian experimental laboratory of physiology needs 60 work places.
18. In para clinical departments civil work is under progress. In most of the areas of the various departments the flooring, water supply, electrical connections, drainage facilities are incomplete.
19. The seating accommodation for the staff members, demonstration rooms, students practical laboratories the museum, the research room of Pharmacology department, Pathology department, Microbiology department, Forensic Medicine department and Community Medicine department needs completion of civil work, electric supply, water supply and drainage facilities. All these departments should be made functional in all respects.
20. The Mortuary block should be constructed as early as possible.
21. Resident hostel should have accommodation for 75 doctors.
22. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of students at Mediciti Instt. of Medical Sciences, Ghanpur for the academic session 2003-04.

18. Fr. Muller Medical College at Mangalore - renewal of permission for admission of 5th batch of students.

Read : The compliance report in respect of above medical college received through the Central Govt. on the deficiencies pointed out in the inspection report (19th & 20th March, 2003) for renewal of permission for admission of 5th batch of students.

The Executive Committee and member of the Adhoc Committee considered the compliance report received through the Central Govt. and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100 students at Father Muller Medical College, Mangalore for the academic session 2003-04.

19. Starting of Sree Balaji Medical College & Hospital, Chennai by Sree Lakshmi Amal Education Trust, Chennai – Permission of Central Govt. – regarding.

Read : The matter with regard to starting of Sree Balaji Medical College & Hospital, Chennai along with the legal opinion obtained from the Council Advocate on the decision of the Executive Committee at its meeting held on 19/4/2003.

The Executive Committee and member of the Adhoc Committee noted that the UGC has not responded to this office letter dated 1.5.2003 followed by a reminder dated 22.5.2003 in connection with clarification regarding notification u/s 3 of the U.G.C. Act. The Committee also noted the legal opinion given by the Council Advocate vide his letter dated 22.5.2003 the operative part of which reads as under:-

“The letter of the UGC dated 11/11/2002 purporting to convey an ‘in principle’ approval of the UGC to the proposal of the Trust for opening a new college viz. Sree Balaji Medical College & Hospital, Chennai subject to fulfilment of conditions/requirements of the concerned statutory bodies makes it more than clear that the applicant Trust is duty bound to fulfil the mandatory pre-conditions on having a consent of affiliation from an appropriate university for enabling the Central Govt. and the MCI to consider its application under section 10A of the Act.

I am clearly of the view that the letter dated 11/11/2002 of the UGC addressed to the applicant Trust, is not a notification under section 3 of the UGC Act by the Central Govt. and further the UGC itself enjoins upon the institution /Trust to fulfill all statutory conditions/requirements of the concerned statutory bodies which, in the present case, is the MCI.

I am therefore, prima facie of the opinion that the notification dated 4/7/2002 issued by the Central Govt. under section 3 of the UGC Act restricting it to the opening up of a dental college only read with UGC letter dated 11/11/2002 requiring the applicant Trust to fulfill all the mandatory preconditions of the statutory bodies including MCI, clearly renders, the contention of the applicant Trust that it has fulfilled the mandatory pre-condition of obtaining a consent of affiliation from appropriate university, is completely unsustainable. The above mentioned position may be brought to the notice of the Central Govt. and also the applicant Trust further clarifying to the Trust that unless and until it obtains a consent of affiliation from an appropriate university, its application under section 10A would not be a complete application obliging the Central Govt. and the MCI to further evaluation and process the application of the Trust in accordance with its rules and regulations.”

The Committee in view of above decided to follow the advise given by the Council Advocate in his legal opinion and that the same may be sent to the Central Govt. for their consideration.

20. Ruxmaniben Deepchand Gardi Medical College, Ujjain - renewal of permission for admission for 3rd batch i.e. 2002-2003.

Read : the compliance report received through the Central Govt. in respect of above medical college for admission of 3rd batch of students.

The Executive Committee and member of the Adhoc Committee upon consideration of the report of inspection carried out on 4-5 Feb., 2003 and noting the various deficiencies pointed out therein, recommend not to renew the permission of 3rd batch of students in the academic year 2002-2003.

The compliance submitted by the college authorities forwarded by the Central Govt. vide its letter dated 08-05-2003 was placed for consideration before the Executive Committee. The Committee noted that the nature of the compliance submitted by the college authorities was un-satisfactory and not up to the mark. Moreover the academic year 2002-2003 by now is already over. There is no relevance of conducting inspection for verification of an un-satisfactory compliance.

Further in case the college has admitted any student in absence of the permission of the renewal in the academic year 2002-2003, then, necessary action u/s 10 B of the Act shall be initiated.

The Executive Committee further decided that Govt. of India may direct the authorities of the college to make application for a regular inspection as per the provisions of the Regulation for renewal of the 3rd batch of students in the year 2003-2004 at the earliest so as to be within the notified cut out date by the Govt. of India.

21. Status of Medical/Dental colleges eligible for taking admission in MBBS/BDS during the academic session 2003-2004.

Read : The Central Govt. letter dated 23rd May, 2003 with regard to status of the medical colleges eligible for taking admissions in MBBS/BDS during the academic session 2003-2004.

The Executive Committee and member of the Adhoc Committee noted the contents of the letters sent to authorities of the colleges requesting for postponement of inspection informing them about the Hon'ble Supreme Court order dated 11.9.2002 in the matter of MCI Vs. Madhu Singh & Ors. and that the consequences of postponement will be entirely on the risk and responsibility of such colleges.

22. To consider the matter with regard to carrying out the inspection for renewal of permission for admission of the subsequent batch for the academic session 2003-2004 where the permission for 2002-2003 has not been granted.

Read : The matter with regard to carrying out the inspection for renewal of permission for admission of the subsequent batch for the academic session 2003-2004 where the permission for 2002-2003 has not been granted.

The Executive Committee and member of the Adhoc Committee noted that the Central Govt. has not yet communicated their decision on the recommendations of the Council for admission of the students for the year

2002-03 in respect of following colleges in the batches mentioned against each:-

- | | | | |
|----|---|---|-----------------------|
| 1. | Khaja Banda Nawaz Medical College, Gulbarga | - | 3 rd batch |
| 2. | Basaveshwara Medical College, Chitradurga | - | 2 nd batch |
| 3. | Ruxmaniben Deepchand Gardi Medical College,
Ujjain | - | 3 rd batch |
| 4. | K.J. Somaiya Medical College, Mumbai | - | 4 th batch |
| 5. | Govt. Medical College, Anantapur | - | 3 rd batch |
| 6. | Rangaraya Medical College, Kakinada | - | 5 th batch |
| 7. | Kakatiya Medical College, Warangal | - | 5 th batch |
| 8. | S.V. Medical College, Tirupathi | - | 3 rd batch |
| 9. | Kurnool Medical College, Kurnool | - | 4 th batch |

The Committee after considering the matter decided that another reminder be sent to the Central Govt. informing them about non-receipt of communication regarding their decision in the above matters for the year 2002-03 and further decided that in the absence of such a decision the Council will not carry out inspection for the academic session 2003-04 in respect of the above mentioned medical colleges.

23. Continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Guntur Medical College, Guntur.

Read : The compliance report received from the authorities of Guntur Medical College, Guntur in response to the show cause notice issued as per the decision of the Executive Committee dt.13/3/2003.

The Executive Committee and member of the Adhoc Committee considered the compliance report received from the authorities of Guntur Medical College, Guntur and decided to verify the same by way of an inspection.

24. Continuance of recognition of MBBS degree granted by Calicut University in respect of students being trained at Government Medical College, Kozhikode.

Read : The compliance report received from the authorities of Govt. Medical College, Kozhikode on the deficiencies pointed out in the inspection report carried out in Jan., 1998.

The Executive Committee and member of the Adhoc Committee considered the compliance received from the authorities of Govt. Medical College, Kozhikode and noted that they have requested the authorities of the State Govt. to rectify the shortage of staff. The Committee, therefore, decided to consider the matter on receipt of clarification/compliance regarding rectification of the deficiencies and shortage of staff.

25. Continuance of recognition of MBBS degree granted by Ravishankar University, Raipur in respect of students being trained at Pt. J.N.M. Medical College, Raipur.

Read : The compliance report received from the authorities of Pt. J.N.M. Medical College, Raipur in response to the show cause notice issued as per the decision of the Executive Committee dt.13/3/2003.

The Executive Committee and member of the Adhoc Committee considered the compliance report received from the authorities of Pt. J.N.M. Medical College, Raipur and decided to verify the same by way of an inspection.

26. Continuance of recognition of M.B.B.S. Degree in respect of students being trained in the Medical Colleges in Uttar Pradesh.

Read : The compliance report received from the authorities of Medical Colleges in the State of Uttar Pradesh on the deficiencies pointed out in the periodical inspection report.

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

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

The Committee further decided that the authorities of B.R.D. Medical College, Gorakhpur be reminded for furnishing their say if any in respect of the show cause notice issued to them.

27. Continuance of MBBS degree granted by Dibrugarh University, Dibrugarh in in respect of students being trained at Assam Medical College, Dibrugarh.

Read : The request received from the Principal-cum-Chief Supdt., Assam Medical College, Dibrugarh for extension of time for submission of the compliance as per the decision of the Executive Committee dated 13/3/2003.

The Executive Committee and member of the Adhoc Committee considered the letter dated 05.05.2003 received from the Principal-cum-Chief Supdt., Assam Medical College, Dibrugarh and decided to accede to his request and granted one month's time for submission of the compliance.

28. Continuance of recognition of MBBS degree granted by Devi Ahilya Vishwavidyalaya, Indore in respect of students being trained at M.G.M. Medical College, Indore.

Read : The compliance received from the authorities of M.G.M. Medical College, Indore requesting to consider the matter for continuance of recognition of MBBS degree and permit them to admit 140 students for the academic session 2003-2004.

The Executive Committee and member of the Adhoc Committee considered the compliance report received from the authorities of M.G.M. Medical College, Indore and decided to verify the same by way of an inspection.

29. Continuance of recognition of MBBS degree granted by Amravati University in respect of students being trained at Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati.

Read : The compliance report received from the authorities of Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati in response to the show cause notice issued as per the decision of the Executive Committee dt.13/3/2003.

The Executive Committee and member of the Adhoc Committee considered the compliance report received from the authorities of Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati and decided to verify the same by way of an inspection.

30. To consider the matter where the students of Govt. Medical College, Amritsar were permitted to appear in the 1st Prof. MBBS examination only after completion of 5 months of study; comments of Baba Farid University of Health Sciences, Faridkot.

Read : The reply received from the Registrar, Baba Farid University of Health Sciences on the subject mentioned above.

The Executive Committee and member of the Adhoc Committee noted the clarification furnished by the Registrar, Baba Farid University of Health Sciences, Faridkot stating therein that the students were allowed to appear in the first professional examination after they completed the full requisite course of study in the specified duration of time.

31. Time schedule for completion of admission process for undergraduate & postgraduate medical courses as finalised by the Central Govt. in pursuance of the direction given by the Hon'ble Supreme Court of India in its judgement dt.11/9/2002 in case of MCI Vs. Madhu Singh and ors.

Read : The letter dated 14.5.2003 received from the Central Govt., Ministry of Health & F.W. along with Time Schedule for completion of the admission process for medical and dental courses.

The Executive Committee and member of the Adhoc Committee noted the time schedule for completion of the admission process for medical courses rectifying the correction of date in the "NOTE @" which be read as "18th July" instead of "15th July" and decided that the same be notified in the Gazette of India as regulation u/s 33 of the I.M.C. Act,1956.

The Executive Committee also took cognizance of the letter No.V.12025/9/2000-PMS, dated 23.5.2003 received from the Central Govt., Ministry of Health & F.W. To meet the exigency of carrying out the inspections before the date prescribed by the Central Govt., it was decided to utilise the services of 2 retired Whole-time Inspectors – i.e. Dr.J.K.Tandon and Dr. R.D. Bansal to conduct the inspections of the medical colleges so that the deadline set by the Central Govt. can be met with and the inspections for grant of LOP/Renewal of permissions can be completed before 30.6.2003 i.e. the date prescribed by the Central Govt. in the above said letter.

32. W.P. No.24236/2003 – Venkatesha Education Society, Bangalore vs. U.O.I. & Ors. in the Hon'ble High Court of Karnataka.

Read : The e.mail letters dated 20.5.2003 and 21.5.2003 received from Shri N. Khetty, Advocate appearing on behalf of Council before the Hon'ble High Court of Karnataka at Bangalore.

The Executive Committee and member of the Adhoc Committee noted that on the advise of Advocate Shri N. Khetty vide his e.mail letter dated 20.5.2003 and 21.5.2003, the office has already filed a statement of objections and an application for vacating the ex-parte interim order dated 13.5.2003 passed by the Hon'ble High Court of Karnatak in the W.P. No.24236/2003 – Venkatesha Education Society, Bangalore vs. U.O.I. & Ors.

33. Unauthorised registration of candidates with Tamilnadu Medical Council from Medical College not recognised by the MCI i.e. KAP Vishwanathan Govt. Medical College, Trichy.

Read : The matter with regard to unauthorised registration granted by Tamilnadu Medical Council to the students passing from a college KAP Vishwanathan Govt. Medical College, Trichy, not recognised by the MCI.

The Executive Committee and member of the Adhoc Committee considered the matter with regard to unauthorised registration granted by Tamilnadu Medical Council to the students passing from a college KAP Vishwanathan Govt. Medical College, Trichy, not recognised by the MCI along with legal opinion obtained from the Council Advocate, the operative part of which is recorded as under:-

“As per regulations of the Council it is a statutory precondition that for considering grant of permission, annual renewals and finally the recognition, the college must possess the necessary affiliation from the affiliating university. Without there being any affiliation, it would not be permissible to grant recognition to any medical college. Without the grant of recognition by the MCI to any medical college and issuance of appropriate notification u/s 11(2) of the Central Govt., in view of the clear scheme of the Act, it would not be permissible for any State Medical Council to grant registration to any candidate of the said college.”

In his concluding remarks the Council Advocate has suggested the following:-

- a) The college and the University be immediately informed of the legal position as explained above that the affiliation is a statutory precondition for the MCI for considering and granting recognition to any medical college. The college and university should be requested to immediately complete all the formalities for granting affiliation to this college and preferably, full affiliation so that no student of this college faces any problem at any time in future.

The moment the grant of affiliation by the University to this college is received, the MCI should consider the case of the college without any delay for making suitable recommendations to the Central Govt. for issuance of necessary notification u/s 11(2) of the Act.

- b) Call upon the State Medical Council to forthwith desist from granting any registration to any candidate who does not possess a recognised medical qualification in accordance with the provisions of the Indian Medical Council Act, 1956.
- c) In the event of failure of the University and the above-mentioned college in not completing the formalities of grant of affiliation, the Council may consider taking an appropriate view whether in the absence of affiliation the college should be permitted any further batch of admissions or not.

The Committee decided that the legal advise given by the Council Advocate be followed for taking necessary action.

34. Uniform procedure in Medical Institutions for examining visually handicapped students in light of experience of AIIMS in the case of CSP Anka Toppo.

Read : The matter with regard to reconstitution of Sub-Committee for admission of physically handicapped students as desired by the National Human Rights Commission.

The Executive Committee and member of the Adhoc Committee noted that it at its meeting held on 9.1.2003 constituted a Sub-Committee consisting of the following members to work out the modalities and submit its report to place the same before the Hon'ble National Human Rights Commission:-

Dr. J.N. Pandey, AIIMS, New Delhi
 Dr. K. Ananda Kannan, Chennai
 Dr. H.K. Tiwari, AIIMS, New Delhi

The Committee further noted that the report of the Sub-Committee meeting held on 24.1.2003 duly approved by the Executive Committee and the General Body was sent to National Human Rights Commission.

The Committee also noted that while discussing the matter on 19.5.2003 in National Human Rights Commission, on the recommendations of the MCI, Chairman of the Commission observed that an endeavour should be made to help more people rather than putting more & more restrictions. The Director, AIIMS suggested that the matter could be reconsidered by a Sub-Committee including Neurologist, Psychiatrist, Orthopaedic Surgeon, Rehabilitation Specialist, ENT Specialist, General Physician, Neuro Surgeon besides the Eye Specialists alone.

In view of above, the Committee decided to reconstitute the Sub-Committee as under:-

1. Dr. N.K. Wig, Psychiatrist, Chandigarh
2. Dr. Madhuri Bihari, Neuro-Surgeon, AIIMS, New Delhi
3. Dr. P.K. Dave, Orthopaedic Surgeon, AIIMS, New Delhi
4. Dr. K.K. Singh, Rehabilitation Specialist
5. Dr. R.C. Deka, HOD, ENT, AIIMS, New Delhi
6. Dr. J.N. Pandey, AIIMS, New Delhi
7. Dr. H.K. Tiwari, AIIMS, New Delhi
8. Dr. Sambasivan, Neuro-Surgeon

35. Inclusion of record of research in the proforma of inspection – regarding.

Read : The suggestions given by the Professor P.N. Tandon for inclusion of record of research in the proforma of inspection.

The Executive Committee approved the following suggestions given by Prof. P.N. Tandon one of the members of the Adhoc Committee for inclusion of record of research in the proforma of inspection:-

1. Individual faculty member:-

The proforma currently being used for individual faculty members should include the following information.

- (i) number of full papers published during the last five years.
 - In International Journals
 - In National Journals (excluding state.local/institutional Journal)
 - Others.
- (ii) Text Books, Monographs
- (iii) Chapters in Text Books
- (iv) Research Projects
 - completed
 - ongoing

2. The inspectors may ascertain comprehensive information for:-

- (i) Individual Departments
- (ii) For institutional as a whole

36. MCI Zonal Inspector Post – Application called for – conduct of Interview – Certain grievances – regarding.

Read : The letter of Dr. A.D. Nageswari addressed to members of the Adhoc-Committee – Prof. P.N. Tandon and Dr. N. Rangabashyam regarding conduct of interview for the post of Zonal inspector.

The Executive Committee and member of the Adhoc Committee considered the letter dated 07.05.2003 from Dr. A.D. Nageswari, Chennai regarding the conduct of interview for the post of Zonal Inspector and opined that selection of the Zonal Inspectors by the Selection Committee were strictly as per the rules and regulations of the Council.

37. Panel of Council Inspectors – request for additional names in certain specialities regarding.

Read : The matter for panel of Inspectors for certain specialities.

The Executive Committee and member of the Adhoc Committee noted that the existing Panel of Inspectors already stands approved by the Executive Committee. However, in the following specialities for which postgraduate courses have been prescribed & included in the Council regulations on Postgraduate Medical Education, 2000, Inspectors have either not been named or only one name is there which is not sufficient for

good number of inspections which are presently awaiting/required to be carried out u/s 10A of the I.M.C. Act, 1956:-

1. Family Medicine
2. Sports Medicine
3. Nuclear Medicine
4. Geriatrics
5. Gynaecological Oncology

The Committee decided to write letter to the Adhoc Committee members requesting them to provide names of inspectors for the above mentioned specialities for inclusion in the Panel of Inspectors.

38. Clarification regarding reinforcing ethical standards in clinical medical practice, including laboratory.

Read : The matter along with the decision of the Ethical Committee dated 23rd & 24th April, 2003 on the subject noted above.

The Executive Committee and member of the Adhoc Committee decided to defer the consideration of the matter.

39. Clarification of rules of Medical Council of India regarding illegal Allopathic Medical Practices.

Read : The matter with regard to clarification of rules of Medical Council of India regarding illegal Allopathic Medical Practice along with recommendations of the Ethical Committee dated 23rd & 24th April, 2003.

The Executive Committee and member of the Adhoc Committee decided to defer the consideration of the matter.

40. Registration for opening Retail Medical Shop by qualified doctors – clarification regarding.

Read : The matter with regard to registration for opening retail medical shop for qualified doctors along with the recommendations of the Ethical Committee dated 23rd & 24th April, 2003.

The Executive Committee and member of the Adhoc Committee decided to defer the consideration of the matter.

41. SLP No.1273/2003 – University of Rajasthan –vs Indian Medical Trust – regarding permission to the students of National Institute Medical Sciences and Research, Jaipur to sit in the examination.

Read : The SLP No.1273/2003 University of Rajasthan –vs Indian Medical Trust – regarding permission to the students of National Institute Medical Sciences and Research, Jaipur to sit in the examination.

The Executive Committee and member of the Adhoc Committee noted the Medical Council of India was not a party in the SLP No. 1273/2003 University of Rajasthan –vs Indian Medical Trust, yet a short reply affidavit was filed by the MCI and that the matter was well argued by Sr. Advocate on behalf of MCI. The Hon'ble Supreme Court in the said matter passed the following order:-

"We heard the counsel for the applicants, counsel for the University and the counsel for the MCI.

The applicants are permitted to submit their application forms for the first phase of MBBS Examination and University may receive the applications and it would be without prejudice to the rights of the parties.

List the matter after Summer Vacations".

42. To note the Letter of Permission/Renewal of permission/Disapproval of the Scheme issued by the Central Govt. for establishment of medical college.

The Executive Committee noted the following Letter of Intent/Permission/Renewal of permission/Disapproval of the Scheme issued by the Central Govt. for establishment of medical college:

Name of the Medical College	Date of letters issued by the Central Govt..
Govt. Medical College at Latur by Govt. of Maharashtra.	The E.C. at its meeting held on 9/1/2003 recommended to the Central Govt. to issue Letter of Permission for establishment of medical college at Latur for the academic session 2003-2004. However, the Central Govt. vide its letter dated 30 th Jan., 2003 had first issued LOI and subsequently vide its letter dated 11 th March, 2003 issued LOP for establishment of medical college, Latur from the academic session 2002-2003. Now, the Central Govt. vide its letter dated 17 th April, 2003 addressed to the Secretary, Medical Education & Drugs Deptt., Mumbai has informed that the admission process for the academic session 2002-2003 is over as informed by the State Govt, the Permission granted by the Central Govt. be treated as permission for the academic year 2003-2004.
A.J. Instt. of Medical Sciecnas, Mangalore.	As per recommendations of the Executive Committee Letter of renewal of permission for admission of 2 nd batch of 100 students for the academic session 2003-2004 issued by the Central Govt. on 14.5.2003.
Vardhman Mahavir Medical College, Safdarjung Hospital, New Delhi.	The Central Govt. vide its letter dated 28/10/2002 had conveyed its approval for admission of 2 nd batch of 100 students at the college during the academic session 2002-2003. Now, the Central Govt. vide its letter dated 21/4/2003 has issued modification of the above letter stated that it was considered necessary to synchronize the admission in Vardhman Mahavir Medical College with other colleges in the country, the admissions for 2 nd batch of students

	in the said college will be made in the academic year 2003-2004.
Amrita Instt. of Medical Sciences & Research Centre, Elamakkara, Kochi.	As per recommendations of the Executive Committee Letter of renewal of permission for admission of 2 nd batch of 100 students for the academic session 2003-2004 issued by the Central Govt. on 20.5.2003.
C.U. Shah Medical College, Surendranagar, Gujrat.	As per recommendations of the Executive Committee Letter of renewal of permission for admission of 4 th batch of 100 students for the academic session 2003-2004 issued by the Central Govt. on 7.5.2003.
Yenepoya Medical College, Mangalore.	As per recommendations of the Executive Committee Letter of renewal of permission for admission of 5 th batch of 100 students for the academic session 2003-2004 issued by the Central Govt. on 19.5.2003.
Medical College at Mahboobnagar by SVS Educational Society, Hyderabad.	As per recommendations of the Executive Committee Letter of renewal of permission for admission of 5 th batch of 100 students for the academic session 2003-2004 issued by the Central Govt. on 14.5.2003.
Establishment of Christian Medical College, Dichpally, Nizamabad Distt., A.P. by Church of South India Trust Association Medak Diocesan Education Society, Secunderabad.	As per recommendations of the Executive Committee Letter of Permission with annual intake of 100 students with prospective effect i.e. from the academic year 2003-2004 has been issued by the Central Govt. on 20 th May, 2003.
Establishment of new medical college at Cuddapha by Mohammadiya Educational Society, Cuddapah, Andhra Pradesh.	The proposal for establishment of the medical college received through the Central Govt., vide its letter dated 30/9/2002 was deficient in terms of qualifying criteria, the same was returned to the Central Govt. vide MCI letter dt. 25/4/2003. Now the Central Govt. vide its letter dated 8/5/2003 has also returned the proposal to the applicant authority.

43. Establishment of medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad u/s 10A of the IMC Act, 1956.

Read : The Council Inspectors report (29th & 30th May, 2003) for establishment of new medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad.

The Executive Committee and member of the Adhoc Committee considered the inspection report (29th & 30th May, 2003) and noted the following:-

1. Principal/Dean: Appointment letter to Dr. V.S. Reddy has been issued with effect from 1st May, 2003 but there is no joining report from Dr. V.S. Reddy. There is no office for the Principal nor place to work in the proposed college.

2. Anatomy Deptt:

Assoc.Prof./Reader: Consent letter has been obtained but no appointment is made yet.

Demonstrator: Yet to be appointed.

3. Physiology Deptt.

Assoc.Prof./Reader: Consent letter has been obtained but no appointment is made yet.

Demonstrator: Yet to be appointed.

4. Biochemistry Deptt.

Assoc.Prof./Reader: Consent letter has been obtained but no appointment is made yet.

Demonstrators: Yet to be appointed.

5. Medical Superintendent Hospital: Appointment letter to Dr. M.Ram Mohan Rao as Medical Supdt. has been issued w.e.f. 1st May, 2003. However, there is no joining report nor there is an office in the hospital.

6. Clinical Material:

OPD Attendance: 70 to 100 patients attend as out patients per day. Out Patients services need to be improved.

Bed Occupancy: Wards are non-functional and it should be made functional.

Clinical Lab. Facilities: 20-30 blood samples are being collected daily for clinical investigations. More Technicians should be appointed for full time job.

Radio-Diagnostic facilities: There is one portable x-ray machine without any proper dark room or washing facilities. Ultra sound machines has been brought only today and no previous records are available. Further improvement needs to be made.

Casualty Services: There is a space allotted for casualty with 3 beds. There is no oxygen cylinder nor emergency drugs for treatment. Basic necessary equipment and drugs are to be provided.

Operation Theatres: There is one minor TO in the Outpatient area for doing Biopsies and D&C. TO should be made functional.

Central Sterilization Deptt. is not available.

7. Para Medical Staff : Appointment order has been issued for one administrator, one store keeper, one Lab. Asstt., One Senior Accountant, one Clerk, one Sanitary Inspector and two Drivers. There are no Nursing Staff or other para medical personal on full time duty. Full time nurses and other Technicians are to be appointed.

8. Clinical Labs: Approx. 29 blood samples are being collected daily for clinical laboratory investigations.

9. Radiology Services: Only one portable x-ray machine is available and the deptt. is yet to be made functional.

10. Bed Occupancy: All the in-patients wards remains non-functional as staff nurses and other maintenance staff are yet to be appointed.
11. Surgeries: Only minor surgical procedures are being carried out.
12. Deliveries: No delivery is being conducted.
13. The hospital building is under various stages of construction. The beds are non-functional at present since the nursing staff is yet to be appointed. Only out-patient deptt. is functioning. College building construction is yet to be started.
14. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to issue Letter of Intent for establishment of medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad u/s 10A of the IMC Act,1956.

44. Request of Shri A.K. Ahluwalia, Accounts Officer in the Council office for fixation of pay.

Read: Request of Shri A.K. Ahluwalia, Accounts Officer in the Council office for fixation of pay.

The Executive Committee and member of the Adhoc Committee after going through the request of Shri A.K. Ahluwalia and details furnished therein decided to follow the applicable rules in the matter.

45. Creation of two posts of L.D.C. in the Council office.

Read: the matter with regard to creation of two posts of L.D.C. in the Council office.

The Executive Committee and member of the Adhoc Committee agreed for creation of two posts of L.D.C. in the Council office, in view of increasing workload especially after creation of separate IMR/Ethical Section from own resources of the Council.

46. Establishment of G.S.L. Medical College, Rajahmundry by G.S.L. Education Society, Rajahmundry – Grant of LOP.

Read : The inspection report (28th & 29th May, 2003) for grant of LOP for establishment of GSL Medical College, Rajahmundry by GSL Education Society, Rajahmundry.

The Executive Committee and member of the Adhoc Committee considered the inspection report (28th & 29th May,2003) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of GSL Medical College, Rajahmundry, A.P. u/s 10A of the I.M.C. Act.,1956 with an annual intake of 150 students for the academic session 2003-04.

47. Prathima Instt. of Medical Sciences, Nagannur, AP - Renewal of permission for admission of 2nd batch of students.

Read : The Council Inspectors report (27th & 28th May, 2003) for renewal of permission for admission of 2nd batch of students at Prathima Instt. of Medical Sciences, Nagannur, AP.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (27th and 28th May, 2003) and noted the following:-

1. The college is yet to obtain University affiliation for the year 2003-04.
2. Accommodation for non-teaching staff has to be provided.
3. Steps are required to be taken to obtain foreign journals. Demonstration rooms in the OPD is required to be expanded so as to accommodate 30 students for clinical discussions.
4. Laboratory services are not commensurate with actual number obtained from the respective registers.
5. Bed occupancy has to be further improved as on the date of inspection it was only 70.9%. Number of deliveries have to be improved from the present status of 1-2 per day. More number of gynae operations needs to be performed. Male medical ward is crowded with cots and there is less space in between 2 cots. Female orthopaedic ward is partially occupied by male patients. Male orthopaedic ward does not have plaster cutting and applying facilities. 15 beds in TB ward remain non-functional. None of the 28 cots in paediatric ward have got side railings. Ophthalmic ward is common for both pre and post operative.
6. Number of surgeries both major and minor have to be improved.
7. One more O.T. which remains non-functional has to be made functional. Casualty O.T. should be used exclusively for emergency purposes. Ophthalmology O.T. has to be shifted to the main theatre complex.
8. Inmates in the girls hostels need to be provided with tables and lockers facility.
9. Nurses being accommodated in 2nd and 3rd floor of the girls hostel have to be provided with cots and locker facility to keep their belongings.
10. Boys hostel should have mess and students should be provided with tables and lockers.

11. There is no defibrillator, ventilator, pulse oxymeters available in the casualty ward operation theatre.
12. There is no hospital kitchen and canteen and there is no dietician.
13. Clinical lab. facilities - There is no register to identify between inpatient and outpatient services.
14. Urban Health Centre - Records are not maintained at the centre. Arrangements for PHC is yet to be finalised.
15. Department of General Surgery - X-ray lobby to be provided for one of the cubicle and demonstration room is to be expanded.
16. Department of Orthopaedics - Wash basin has to be provided in the demonstration room.
17. Exhaust fans need to be provided in the examination hall.
18. There are certain discrepancies noted with reference to the acquaintance register maintained by the college regarding the teaching staff:
 - (a) In the deptt. Of Anatomy signature of the staff given in the declaration form and acquaintance register do not tally.
 - (b) One Tutor by name Siva Naga Raja is entered as Sivaram Raja and being signed in the same way repeatedly on every month.
 - (c) In the deptt. of Pathology acquaintance for Dr. Bheerbhadra Rao though he has joined on 1st Feb.2003 as per the declaration signed by him he has been claiming salary since Jan.2003 and the signatures look different every month.
 - (d) Prof. & HOD of Pathology Dr. B. Sekhar Reddy though he claims to have joined on 1st Jan.2003 as per the declaration form signed by him has started claiming salary only from the month of April, 2003.
 - (e) Signatures of Asstt. Professor Dr. Girish Achalkar and Dr. Nanda Kumar do not tally with their signatures in the declaration forms and appear differently each month.
19. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of students at Prathima Instt. of Medical Sciences, Nagannur, AP for the academic session 2003-04.

48. Increase of MBBS seats from 75 to 150 at Govt. Mohan Kumar Mangalam Medical College, Salem u/s 10A of the IMC Act, 1956.

Read : The Council Inspectors report on (26th & 27th May, 2003) for increase of MBBS seats from 75 to 150 at Govt. Mohan Kumarmangalam Medical College, Salem.

The Executive Committee and member of the Adhoc Committee considered the Council Inspector's report (26th & 27th May, 2003) and noted the following:-

1. The distance between medical college and teaching hospital is 14 Kms. There is great inconvenience caused to the movements of the students and teaching faculty and also transportation of clinical material to the college.

2. Shortage of staff:

(a) Professors - 3 (Anaesthesia- 1, Radio-diagnosis - 1, Paediatrics-1)

(b) Associate Professors/Readers - 2 (Community Medicine-1, Radio-Diagnosis -1)

(c) Assistant Prof./Lecturers - 4 (TB & Chest -1, Radio-diagnosis - 1, Epidemiologist-cum Lecturer - 1, Statistician-cum-Lecturer -1)

(d) Tutors- 14 : (Physiology - 1, PSM- 4, Anaesthesia- 5, Radio diagnosis - 3, Dentistry - 1)

(e) Junior Resident – Except two Junior Residents posted recently in Obst. & Gynea., no other clinical department has the normal prescribed compliment of Junior Residents.(as per the Council's norm the total number for 150 students admission – 1st phase inspection) is 53.

In different departments non-subject specialist are posted as tutors against the available vacancies. The department may not derive, desired benefits from these specialist tutors. The matter needs careful consideration.

3. The number of seats of the Examination hall to be increased to 375.
4. PSM Department needs to be provided with separate vehicles to facilitate students to visit RHC/UHC and field visit. At present the students are reaching the centre of their own. The department is headed by the person not duly qualified. The department comes under the directorate of health services. The transfer of staff from health to medical education department and vice-versa will result in discontinuity in the teaching experience of the faculty. Hence in the interest of students such frequent movement of staff from health to education department should be avoided.

5. In some of the pre-clinical departments the departmental corridors adjacent to practical laboratories have been modified to accommodate extra capacity of students should be rectified.
6. The college library needs additional space to accommodate another 100 students and staff members. A separate section for self book reading to be provided.

The subscription of major index journals of various specialities is to be made in view of commencement of PG Courses.

7. The OPD space in general for various facilities & waiting area is inadequate. Each OPD needs to have 1 consultation room for HOD/Reader 1, for lecturer 1, for the residents and 1 for the teaching with adequate space for examination of the patients and examination instruments including X-ray view boxes.
 - (a) The registration system is not yet computerised.
 - (b) The teaching rooms in each department are provided as makeshift arrangement and are grossly inadequate with respect of facilities, space and equipment.
 - (c) There is no staff nurse posted to out-patient department.
 - (d) The audiometry room is to be air-conditioned.
8. Casualty services - The stomach wash room is not properly maintained and adequately equipped. Only one bed is provided in the casualty.
9. O.T. block - There is no proper pre operative rooms in any of the blocks.
10. Adequate emergency equipments are not available in the labour rooms.
11. There is no specialist posted in intensive medical care unit.
12. There is no qualified staff available for emergency investigations after the hospital hours.
13. Adequate radiation precautions are to be adopted by the Radiology department.
14. Forensic Medicine department - Gallery for medical students to observe postmortems is not available. The department also needs to be further equipped with more specimens and photographs.
15. Dental Department - There are 2 dental chairs available in this department out of which one dental chair needs to be replaced immediately.

16. Pathology department - There is no CCTV in the department. Department is presently not having automatic tissue processor, hence, the tissue processing is done manually.
17. The research laboratories of Pharmacology and Microbiology departments need to be equipped. The virology, mycology, serology and parasitology labs of Microbiology department also need to be further strengthened and made functional.
18. The Professor and Head of the department of Community Medicine is not possessing postgraduate degree and requisite teaching experience.
19. The upkeep of the indoor wards is poor which needs immediate attention. Adequate teaching space in indoor wards, nursing station, duty rooms (both Male & Female Staff), staff rooms, departmental officers be created and equipped.

Adequate space between 2 teaching beds needs to be maintained as per norms to facilitate teaching and minimize infection rate.

20. The indoor patients need steel racks by the bedside to be provided for storing their belongings.
21. Central diagnostic service needs to be reorganized incorporating departments of Biochemistry, Pathology and Microbiology to be provided in a single complex to facilitate patient's needs. The qualified staff be made available round the clock.

The X-ray department needs sufficient staff to cater to the patient's needs as per Council's norms.

22. There is need for providing intercom facilities in hospital and college.
23. The capacity of the existing generator is to be increased.
24. The CSSD unit needs to be setup in a separate block with additional staff and equipment with provision for receiving and issuing of the sterilized materials.
25. The incinerator facility is non-existent needs to be attended on priority basis as per Pollution control and Council's norms.
26. The central workshop facility which is so far non existent, needs to be established for repair and maintenance work.
27. The Kitchen facility needs to be improved by providing steam cooking. A post of dietician to be created.
28. The construction of surgery block is completed. It has not yet been commissioned due to non-availability of equipments and basic infrastructure at the time of inspection. As per the undertaking given

by the Dean the unit will be commissioned by the end of September 2003. Further the Dean has given an undertaking that the construction of auditorium, additional hostel facility, 2 gallery type lecture hall accommodating 375 students each will be functional by the end of September 2003.

29. Blood bank to be brought under the control of department of Pathology. And the staff members to manage the blood bank to be posted on rotation to ensure 24 hour functioning.
30. Record room: The computerization of the records to be completed at the earliest and the section needs to be strengthened with additional facilities and trained manpower.
31. The capacity of demonstration rooms in some of the pre and Para clinical departments are insufficient for the proposed increase admission. Hence adequate provisions to be made as per MCI norms.
32. A separate common room for recreation and relaxation is to be provided separately for boys and girls at college and hospital.
33. Hostel: The facility for the students in the hostel to be improved by providing required furniture, cupboards, common room, recreational facilities.
34. Adequate space is available for the play ground but needs to be developed. Separate indoor sports complex has to be provided.
35. Residential quarters: The staff residential quarters is not available either at the hospital or at the college except for the Dean, hostel wardens and few staff nurses. The matter needs to be urgently attended.
36. Animal house: There were no animals in stock at the time of inspection. Steps to be initiated to maintain important animals required for research and experiments by providing necessary facilities and infrastructure.
37. Frequency of transportation between college and hospital to be increased with supplementation of additional buses in view of long distance between the college and hospital.
38. The medical education unit needs to be strengthened and equipped with permanent staff and AV facilities & books. It should conduct periodic training programme to the teaching faculty as per MCI norms.
39. Central photographic section should be started with necessary staff and equipment as per MCI norms.

40. (a) There are no separate resident hostel facilities and no hostel facilities are available at Rural Health Centre.
(b) There is no hostel facility for the interns in the PHCs.
41. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Government not to issue Letter of Intent for increase of seats from 75 to 150 at Govt. Mohan Kumar Mangalam Medical College, Salem u/s 10A of the IMC Act, 1956.

49. Establishment of Medical College at Enathur by Meenakshi Ammal Trust, Chennai.

Read : The Council Inspectors report (29th & 30th May, 2003) for grant of letter of Permission for establishment of new medical college at Enathur by Meenakshi Ammal Trust, Chennai.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (29th & 30th May, 2003) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of Meenakshi Medical College & Research Institute, Enathur, Chennai u/s 10A of the I.M.C. Act, 1956 with an annual intake of 100 students for the academic session 2003-04.

50. Municipal Corporation Medical College, Surat - renewal of permission for admission of 4th batch of students.

Read : The Council Inspectors report (29th & 30th May, 2003) for renewal of permission for admission of 4th batch of students at Municipal Corporation Medical College, Surat.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (29th & 30th May, 2003) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 students at Municipal Corporation Medical College, Surat for the academic session 2003-04.

51. Peoples Education Society Instt. of Medical Sciences, Kuppam - renewal of permission for admission of 2nd batch of students.

Read : The Council Inspectors report (26th & 27th May, 2003) for renewal of permission for admission of 2nd batch of students at Peoples Education Society Instt. of Medical Sciences, Kuppam.

The Executive Committee and member of the Adhoc Committee considered the inspection report (26th and 27th May, 2003) and noted the following:-

1. Shortage of teaching staff:

- (a) Faculty: 7.45% (7 out of 94)
 - (i) Assoc.Professor: 2 (Pharmacology-1, Obst.& Gynae-1)

(ii) Asstt.Prof-5 (Anatomy-1, Pharma-1, M.O. cum Lecturer at RHTC/UHC-2, Radio-Diagnosis-1)

2. The following teachers of Pharmacology though present have not been considered as staff members as they have claimed to have joined within last three months but have not been able to produce relieving order from the previous employer:

Sl.No.	Name	Designation	Joining Date	Previous employer.
1.	Dr. Ratnakar S. Wali	Professor	1.3.2003	B.M. Patil Medical College
2.	Dr. Shivalingappa	Asstt.Professor	15.5.2003	K.I.M.S.

3. Dr.(Ms) Aruna E. Prasad, though shown as Professor of Obst. & Gynae. is considered as Asstt.Professor only as she has worked at Kidwai Memorial Instt. of Oncology, Bangalore and no breakup of her teaching experience is shown. As experience of 4 years as Assoc. Professor in a medical college is not available, she can only be considered as Asstt.Prof.

4. The following staff have joined in last 3 months:

Principal
Professors-3
Asstt.Professors-14
Lecturer-1
Tutor/Sr. Residents-17
Junior Residents-7

5. The following staff have left the institution after last inspection:

Professors-11
Assoc.Professors-2
Asstt.Professor-1

6. TDS credit and Professional Tax Credit Challans for last three months in respect of salary paid to the teachers have not been shown to the inspection team. As per the statement of the college authorities, no income tax or professional tax has been deducted from the salary of any employee.
7. Paramedical and technical staff is inadequate and not provided as per norms particularly in paraclinical and clinical departments.
8. Perusal of case papers and registers maintained in the respective departments reveal a picture which is sharply different than claimed by the college as shown below:

- (a) Departmental OPD registers do not tally with total outdoor attendance and show attendance, which is less than what is claimed as exemplified below:

Department	Daily Average Attendance	
	Claimed	Registered
Surgery	246.40	188.67
Paediatrics	148.00	75.67
Obst. & Gynae.	145.40	78.67
ENT	80.33	64.33

- (b) The register maintained in Histopathology shows examination of 1-2 specimens/day and that in Cytopathology shows 1 slide/day. On many days, there has been no specimen or slide which has been examined at all.

- (c) Anaesthesia registers in OT show much less operations than claimed.

- (d) Ward censuses are not maintained. The original census data have not been shown either in wards or in medical record section inspite of persistent enquiry.

- (e) Many patients have been admitted for trivial reasons and are not teaching material at all. The case records are not written properly. In some instances, history and examination findings have not been written and even provisional diagnosis has not been entered at all even though treatment is shown to have been given to the patients. A few such examples are shown on the table below:

Sl.No.	Patient	Regn.#	Ward	D.O.A.	Diagnosis	Remarks
1.	S.Bhoopaini	13979	Medical	25.5.03	Rheumatoid spondylitis	
2.	V. Ramesh	12663	Medical	25.5.03	-	No diagnosis
3.	Jayamma	14013	Surgical	27.5.03	-	Blank OPD card
4.	Mahalakshmi	14943	Surgical	26.5.03	U.T.I.	
5.	Shantamma	13798	Medical	26.5.03	Otitis media	
6.	Chinnakka	14006	Medical	26.5.03	Injury to back & neck	
7.	Somappa	-	Ortho.	26.5.03	-	Blank case
8.	Nagaraj	13950	Ortho.	26.5.03	-	Blank case
9.	Rajsekhar	-	ENT	25.5.03	-	Vague complaints
10.	Venkatesh	-	Ophthal.	27.5.03	-	Blank case
11.	Chandrappa	-	Ophthal.	?	-	Blank case
12.	Noorduislam	-	ENT	?	-	Blank case
13.	Shankarappa	-	ENT	?	-	Blank case

9. Blood bank is not available.

10. Number of deliveries needs to be increased.

11. In OPD, privacy of the female patients is not properly maintained. Examination trays, patient couches & x-ray viewing boxes etc. have not been provided in all the rooms. Laboratory has not been provided for the OPDs of Skin & VD and TB & Chest. Audiometer was not available on the day of inspection. There is a common plaster room

and plaster cutting room. Clinical demonstration areas are yet to be made functional. The OPD set up needs reorganization.

12. In Central laboratory, clinical pathology investigations are done manually and automatic equipment or cell counters are not available. Histopathology and Cytopathology investigations are done in the college deptt. Special tests like Thyroid function tests are not done anywhere either in the laboratory or in the deptt. The equipment also needs to be augmented. The setup of the central laboratory needs to be revamped and augmented.
13. Registration of OPD and indoor cases is partly computerized. Departmental OPD registers do not contain any details like diagnosis etc. In many instances, data in these registers do not match those with the central records. As regards indoor patients wards census is not maintained. Records are not computerized.
14. In Radiology department, workload needs to be increased.
15. In casualty- resuscitation equipment is available only for one patient. Minor OT is merely a procedure room and needs to be properly set up.
16. In Central Laboratory there is no auto analyzer. Automatic tissue processor or cryostat are not available. Special tests like Thyroid function tests are not done anywhere, either in this laboratory or in the department. The equipment also needs to be augmented. The set up of central laboratory needs to be revamped and augmented.
17. In the OTs, anaesthetic charts during operation are not maintained . Monitoring and resuscitation equipment are partially available in the post-operative ward and are inadequate. Post-operative setup needs reorganization and properly equipped with adequate resuscitation and monitoring equipment.
18. ICCU is located in a big room and the cots of the patients needs to be partitioned or screened. Proper monitoring and resuscitation equipment for each patient needs to be provided.
19. In Surgical and Neonatal ICU, pulse oxymeters, infusion pump, ventilator are not available. All the ICUs are like wards with better facilities and not proper ICU. ICUs need to be set up properly with adequate monitoring and resuscitation equipment.
20. Registration of OPD and indoor cases, only number of patients are entered in the computer and no further analysis is done. ICD X classification is not followed. System of indexing is manual. Many case records are incomplete and kept in a haphazard manner.
21. CSSD is available but inadequate. Receiving and distribution points are not defined separately. The whole system of CSSD needs to be

reorganized and equipment needs to be upgraded and 24 hours functioning needs to be established.

22. Central kitchen is provided but is not functional as it has been closed down for repairs.
23. Toilets are not provided in the common rooms for boys and girls.
24. Examination hall is smaller than the required as per norms. It is partially furnished as all the chairs and tables have not been provided.
25. Statistical unit is not established as a separate unit.
26. Research Laboratory in Anatomy and Biochemistry needs to be set up with proper equipment.
27. Electrification & fitting of fixtures is yet to be completed in the new premises where Biochemistry has been shifted.
28. Demonstration rooms of Pathology, Microbiology, Pharmacology and Forensic Medicine need to be made functional with proper furniture and equipment.
29. Practical laboratories for clinical Pathology, Microbiology and Forensic Medicine are yet to be functional.
30. Departmental library in the departments of Pathology needs to be set up with minimum 80 books.
31. Research laboratories of Pathology, Microbiology & Forensic Medicine need to be set up with proper equipment.
32. Service laboratories of Pathology & Microbiology need to be set up with proper equipment in the respective departments.
33. Museum of Pathology, Microbiology and Forensic Medicine need to be upgraded.
34. Outreach activities at RHTC/UHC need to be organized by the PSM department on a regular basis.
35. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of students at Peoples Education Society Instt. of Medical Sciences, Kuppam for the academic session 2003-04.

52. Establishment of new Medical College at Institute of Postgraduate Medical Education & Research, Kolkata

Read : The Council Inspectors report (26th & 27th May, 2003) for establishment of new medical college at Institute of Postgraduate Medical Education & Research, Kolkatta.

The Executive Committee and member of the Adhoc Committee considered the Council Inspectors report (26th and 27th May, 2003) and noted the following:

1. Teaching and training facilities: In out patient departments of Medicine, Surgery, Gynae. and Obstetrics, Orthopaedics, Ophthalmology – the teaching area has not been earmarked.
2. As there is over crowding, all OPDs need to be more spacious.
3. Indoor Facilities: As there is over crowding, more space is to be provided in the wards.
4. Casualty Services: There is an emergency room available in the ward for critical patients. The size of the room is 5 ft. by 5 ft. It is small and ill ventilated. Emergency trollies, disaster trollies were not readily available. Some drugs in the emergency tray were expired. Laryngoscope Ambubags, Endotracheal Tubes of various sizes could not be provided. Emergency ward should be near casualty. Well equipped prompt services are expected in casualty.
5. Central Laundry: The hospital doesn't have a central laundry.
6. The hospital does not have incinerator.
7. Medical Records: Record keeping is done manually.
8. One proposed examination hall of 250 sq.mt. area with capacity for 150 students is being constructed.
9. Hostels:
Nurses Hostel: There are 3 nurses hostel in the campus which are nearby. Hostel capacity is 295 but there is over crowding.
Girls Hostel: Girls hostel is not yet ready. A 250 capacity girls hostel (4 stories) is under construction. The first phase would have 100 seats.
Boys Hostel: No boys hostel in the campus. One building of approx. 40 seats in nearby area has been acquired.
10. Deptt. of Anatomy:
 - (i) Number of students that can accommodate in dissection hall is meagre (50). It is proposed to modify the dissection hall to 250 sqm.
 - (ii) Histopathology practical hall can accommodate only 30 students at a time. There is a programme for further enhancement of

accommodation for the department, which will take about 2 months for completion. The present laboratory and dissection hall is inadequate.

(iii) An order of posting of one Prof. is issued. However, he has not joined in the post.

(iv) Space for dissection Hall various laboratories is grossly inadequate.

11. Deptt. of Biochemistry:
One Demonstrator and one Junior Resident reported absent.
12. Deptt. of Pharmacology:
The department laboratory can accommodate 30 students only. The accommodation in pharmacy lab is also inadequate. The proposed expansion plan has been provided which is expected to be completed within two months period.
13. Deptt. of Microbiology:
The student laboratory is yet to be furnished.
14. Deptt. of Forensic Medicine:
(i) The museum – 8.5 sqm. The demonstration room can accommodate only 25 students. The students' lab is not available and is proposed to be constructed.
(ii) Medical legal cases and post mortem center is yet not available as the permission is awaited.
15. Deptt. of Pathology:
There is also small Genetic Lab. The students' lab. space is earmarked in the present microbiology department which will be ultimately shifted to another building.
16. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. not to issue Letter of Intent for establishment of new medical college at Institute of Postgraduate Medical Education & Research, Kolkatta.

53. Establishment of medical college at Amalanagar (Amala Instt. of Medical Sciences, Amalanagar) by Amala Cancer Hospital Thrissur.

Read : The matter with regard to establishment of medical college at Amalanagar (Amala Instt. of Medical Sciences, Amalanagar) by Amala Cancer Hospital, Thrissur along with the legal opinion obtained as per decision taken by the Executive Committee at its meeting held on 19/4/2003.

The Executive Committee and member of the Adhoc Committee considered the inspection report along with the letter dated 07.04.2003 wherein it has been stated that at the time of inspection, the inspection team raised an objection to the certificate issued by the Secretary, Adat grama

panchayat dated 19.09.2002 stating therein that the total extent of land (33.45) acres held by Amala Cancer Society in Re-survey Nos. 16 & 17 is not in order. The document pertaining to 6.6967 H.(16.6 Acres) of land assigned by the government as per the G.O. No. M.S. No. 286/2002/RD, dated 05.09.2002 and subsequently under assignment registry and Patta issued by the Tahsildar, Thrissur on the contention that the title is not in proper manner, authorities of the institution approached the Hon'ble High Court of Kerala and obtained a direction to Medical Council of India to proceed with processing of the application for starting a Medical College as the title to the above mentioned land i.e. exhibit P6 to P8 in order.

The Committee further noted the aims and objectives of the Society as under:-

1. To establish, administer, maintain or came to be established administered or maintained facilities for detection, treatment of cancer and to provide general medical services to the public.
2. To conduct, promote or cause to promote research and development activities in different branches of medical and related sciences for the benefit of the public.

As per the Qualifying Criteria for establishment of new medical college - medical education should be one of the objectives of the applicant in case the applicant is an autonomous body, registered society or charitable trust.

In view of above, the Committee decided to obtain a legal opinion whether the aims and objectives as laid down are in conformity with the laid down Qualifying Criteria for Establishment of Medical College Regulations and also the Hon'ble High Court order with regard to possession of the land by the applicant.

Accordingly, legal opinion was obtained from the Council Advocate.

Upon considering the legal opinion, the Executive Committee and member of the Adhoc Committee decided to recommend to the Central Govt. to issue Letter of Intent for establishment of medical college at Amalanagar (Amala Instt. of Medical Sciences, Amalanagar) by Amala Cancer Hospital, Society, Trissur u/s 10A of the I.M.C. Act, 1956 with an annual intake of 100 (Hundred) students for the academic session 2003-04.

54. Admission Policy – Medical Colleges in the State of Tamilnadu – Regarding.

Read : The report of the Sub-Committee constituted by the Executive Committee at its meeting held on 5/5/2003 to go into the details of the admission policy being followed in the State of Tamilnadu.

The Executive Committee and member of the Adhoc Committee decided to defer the consideration of the matter.

55. Draft Application for recognition of centre for internship training: received from Dean, B.J. Medical College, Ahmedabad : Approval of.

Read : The draft application for recognition of centre for internship training: received from Dean, B.J. Medical College, Ahmedabad.

The Executive Committee and member of the Adhoc Committee approved the draft application for recognition of centre for internship training: received from Dean, B.J. Medical College, Ahmedabad.

56. To consider the matter with regard to award of Security Contract for Security in the Council Premises.

Read : The matter with regard to award of Security Contract for Security in the Council Premises.

The Executive Committee and member of the Adhoc Committee considered the matter and approved the award of Security Contract to M/s. United Security Organisation Pvt. Ltd., 207, MRG Chamber, 2nd Floor, 16/867, Joshi Road, Karol Bagh, New Delhi being L-1 of the tenderers.

57. Date & venue of the next meeting.

The Executive Committee and member of the Adhoc Committee decided to hold its next meeting on 30th June, 2003 at 11.00 a.m. in the Council Office at New Delhi.

**(Dr. K.K. Arora)
Joint Secretary
I/C of Secretary**

**New Delhi, dated the
2nd June, 2003.**

A P P R O V E D

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