

No.MCI-5(3)/2007-Med./MEDICAL COUNCIL OF INDIAEXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on 2nd April, 2007 at 1.00 P.M in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr.P.C. Kesavankutty Nayar] President (Acting),] Former Dean,] Govt. Medical College,] Trivandrum.
Prof. P.N.Tandon	] Former Prof. & Head of Neuro-] Surgery,A.I.I.M.S,NewDelhi and] Member, Adhoc Committee] appointed by the Hon'ble Supreme Court.
Dr. (Mrs.) S. Kantha	] Former Vice-Chancellor,] Rajiv Gandhi University of Health] Sciences, Bangalore and] Member, Adhoc Committee] appointed by the Hon'ble Supreme] Court.
Dr. Ketan D. Desai	] Prof. & Head, Deptt. of Urology,] BJ Medical College, Ahmedabad.
Dr. K.P. Mathur	] Former Medical Superintendent,] Dr. Ram Manohar Lohia Hospital,] 77, Chitra Vihar,] Delhi-110092.
Dr. Mukesh Kr. Sharma	] Deptt. of General Surgery,] S.M.S. Medical College,] Jaipur.
Dr. P.K. Sur	] Director,] I.P.G.M.E.R.,] Kolkatta.
Dr. Bhanu Prakash Dubey	] Prof. & Head of department of]Forensic Medicine, Gandhi]Medical College, Bhopal.
Dr. S.D. Dalvi	] Prof. & Head, Department of PSM,] Govt. Medical College,] Nanded (Maharashtra).
Dr. V.N. Jindal	] Dean, Goa Medical College,] Bombolim-403202, Goa.

Dr. P.K. Das	] Head of the Department of]General Medicine,] SCB Medical College, Cuttack.
Dr. G.K. Thakur	] Head of the department of Radiology,] S.K.Medical College, Muzaffarpur.
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	] Secretary, MCI.

The apology for absence was received from Dr. N. Rangabashyam, member, Adhoc Committee.

1. Minutes of the Executive Committee Meetings held on 03/03/2007 - Confirmation of.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the Executive Committee meeting held on 03.03.2007.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the Executive Committee meeting held on 03/03/2007.

The Secretary informed the members of the Adhoc Committee and of the Executive Committee that the Council has introduced the system of asking the institutes to submit the declaration forms of the teaching faculty in the office of the Council for scrutiny and verification and the inspection is carried out only after the declaration forms are received in the office of the Council. The members of the Adhoc Committee and of the Executive Committee thereupon unanimously decided that the present system of informing the institutes two days in advance of inspection may be dispensed of as they have been asked to submit the declaration forms of the teaching faculty employed by them before 15 days and the institutes may be informed about the inspection only a day prior to the date of inspection.

3. Pondicherry Institute of Medical Sciences, Pondicherry – Renewal of permission for admission of 6th batch of students for the academic session 2006-07.

Read: The Council Inspectors report(8th & 9th March, 2007) for renewal of permission for admission of 6th batch of students for the academic session 2007-2008 at Pondicherry Institute of Medical Sciences, Pondicherry.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (8th & 9th March, 2007 and 26th March,2007) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The following teaching faculty who have been shown for both DNB & MBBS teaching but are not in excess than the requirement for UG as prescribed under the Regulations cannot be counted and hence have been excluded:

S.No.	Name of Teacher	Department	Designation
1.	Dr.Ramchandran	Anaesthesia	Professor
2.	Dr.P.Panda	C.M.	Professor
3.	Dr.V.Saradha	Pathology	Professor
4.	Dr.R.G.Verghese	Pathology	Professor
5.	Dr.Anna Mani	General Medicine	Professor
6.	Dr. S. Jaykumar	General Medicine	Professor
7.	Dr.Nalini	Paediatrics	Professor

8.	Dr.S.Dasaiah	Gen.Surgery	Professor
9.	Dr.P.K. Sharma	Gen. Surgery	Professor
10.	Dr.Kanagasabai	Orthopaedics	Professor
11.	Dr.M.Srinivasan	Ophthalmology	Professor
12.	Dr.Vedavalli	O.G.	Professor
13.	Dr.Kuppulakhmi	O.G.	Professor
14.	Dr.J.R.Daniel	Radiodiagnosis	Professor
15.	Dr.T.A.Churian	ENT	Professor

(b) The following teaching faculties are not available:-

- i) Assoc. Professor; 2 (For.Med.-1, TB & Chest-1)
- ii) Asstt. Professor: 5 (Pathology-1, Comm.Med.-1, Gen.Surg.-1, Orthopaedics-1, Radio-diagnosis-1)
- iii) Tutor: 5 (Pathology-1, Comm.Med.-2, Anaesthesia-2).

© In view of above, the shortage of teaching faculty is nearly 20% as under:-

- i) Professor 5 (C.M.-1, Pead.-1, Gen.Surg.-1, Ortho.-1, Anaesthesia-1)
- ii) Assoc.Prof. 5 (Forensic-1, TB & Chest.-1, Patho-1, Gen.Med.-1, Ophthalmology-1)
- iii) Asstt. Prof. 7 (Patho-1, Comm.Med.-1, Gen.Surg.-1, Ortho.-1, Radio-diag.-1, OBG-2)
- iv) Tutor 5 (Patho-1, Comm.Med.-2, Anaest.-2)

(d) The shortage of Residents is 30% as under:-

- i) Sr.Resident 9 (Gen.Med.-3, TB&Chest-1, Gen.Surg.-4, Ortho-1)
- ii) Jr.Resident 16 (Gen.Med.-6, Pead.-3, Derma-1, Ortho-4, Ophthal-2).

2. Clinical material is inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	848		587	
Bed occupancy%	83%		39.2%	
<u>Radiological Investigations</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>
X-ray	72	52	63	26

- The Clinical material is low in terms of OPD attendance and bed occupancy on the day of the inspection.

3. Distribution of beds:-

Speciality	Required Beds/Units	Present Beds/Units.	Deficiency if any
General Surgery	120/4	106/4	Deficiency of 14 beds in Gen.Surg.
Ophthalmology	20/1	18/1	Deficiency of 2 beds in Ophthal.

- The number and distribution of beds is not as per Council norms.
- The Medicine beds are scattered in OPD Block and ETC block. The Super Speciality beds viz. Nephrology-15, Neurology-6 & Cardiology-5 are located in Male Medical Ward No.6
- Dermatology and TB Chest beds are located in Surgery Ward 10.
- ENT beds are located in Surgical Ward No.9.
- There are 25 male and 5 female plastic surgery beds are excluded from general surgical teaching beds shown in surgical Unit IV.

4. Veterinary officer is part time.

5. Cooling cabinet is shared between Anatomy & Forensic Medicine departments which is not as per Regulations.

6. Books in the departmental libraries of Skin & VD, Psychiatry, ENT, Ophthalmology, Radio-diagnosis & Anaesthesia are inadequate.
7. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 6th batch of MBBS students for the academic session 2007-08 at Pondicherry Institute of Medical Sciences, Pondicherry.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the institute be directed to stop the DNB courses with immediate effect and obtain an undertaking of the same from the institute before the compliance is considered.

4. S.S. Davangere Institute of Medical Sciences and Research Centre, Davangere, Karnataka -Renewal of Permission for admission of 2nd batch of students for the academic session 2007-08.

Read: The Council Inspectors report(8th & 9th March, 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at S.S. Davangere Institute of Medical Sciences and Research Centre, Davangere, Karnataka.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (8th & 9th March, 2007) and decided that the institute be advised to re-organise the units in terms of the requirements for the present stage and further decided to defer the consideration of the matter till then.

5. Katuri Medical College & Hospital, Guntur - Renewal of permission for admission of 6th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (14th & 15th March, 2007) for renewal of permission for admission of 6th batch of students for the academic session 2007-2008 at Katuri Medical College & Hospital, Guntur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (14th & 15th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100 MBBS students for the academic session 2007-08 at Katuri Medical College & Hospital, Guntur.

6. Adesh Institute of Medical Sciences & Research, Bathinda - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report(21st & 22nd March, 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Adesh Institute of Medical Sciences & Research, Bathinda.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (21st & 22nd March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 150 MBBS students for the academic session 2007-08 at Adesh Institute of Medical Sciences & Research, Bathinda.

7. Establishment of a new medical college at Ramnagar, Patiala by Gian Sagar Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report(21st & 22nd March, 2007) for establishment of a new medical college at Ramnagar Patiala by Gian Sagar Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (21st & 22nd March, 2007) and noted the following:-

1. The Medical College occupies a 3 storied building in which the construction activity is nearing completion in the ground and first floor. Rest of the area construction activity is still on.
2. The hospital is located in a separate 4 (four) storied building in which the construction activity is going on in a different floors. Provision for 6 elevators is available but none is fixed yet.
3. Boys and Girls hostels are in an advanced stage of construction but not yet ready for occupation.
4. Residents are provided accommodation in the college of Nursing located across the road at a distance of less than 0.5 kms which is not as per Regulations.
5. Clinical material in terms bed occupancy was 57% on the day of inspection which is not adequate.
6. Total number of journals subscribed are 5 Indian and 9 foreign which is inadequate as per Regulations.
7. The residential quarters are in an advanced stage of construction but not yet ready. However, 8 houses are reported to have been rented for which the rental agreement is available for three flats which is not as per Regulations.
8. Dr. Hardev Singh is the Medical Superintendent of the hospital is reported to be having 25 years of administrative experience out of which proof is available for 8 years only i.e. from 26.10.196 to 22.10.2003. Hence he is not eligible for the post.
9. In the OPD, there are no computers and three people are working for manual registration. There is a separate admission counter available with one person and no computer.
10. Registration & Medical Record Section is not computerized. It does not have adequate staff as there is no trained MRO available.
11. Nursing staff is inadequate as under:-

Nursing Superintendent	01
Deputy Nursing Superintendent	01
Matron	01
Asstt.Nursing Superintendent	01
Nursing Sisters	04
Staff nurses	98
12. In the department of Anatomy, there are no cadavers.
13. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for establishment of new medical college at Ramnagar, Patiala by Gian Sagar Educational & Charitable Trust u/s 10A of the I.M.C. Act, 1956.

8. Kamineni Institute of Medical Sciences, Narketpally - Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-08.

Read: The inspection report (24th & 25th January, 2007) and additional information verification report (9th March, 2007) for renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Kamineni Institute of Medical Sciences, Narketpally .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (24th & 25th January, 2007) and additional information verification inspection report (9th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of students

against the increased intake i.e. from 100 to 150 for the academic session 2007-08 at Kamineni Institute of Medical Sciences, Narketpally.

9. Bharati Vidyapeeth Deemed University Medical College, Pune - Renewal of permission for admission of 4th batch of students against the increased intake i.e. from 120 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (14th & 15th March, 2007) for renewal of permission for admission of 4th batch of students against the increased intake i.e. from 120 to 150 for the academic session 2007-2008 at Bharati Vidyapeeth Deemed University Medical College, Pune.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (14th & 15th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of students against the increased intake i.e. from 120 to 150 for the academic session 2007-08 at Bharati Vidyapeeth Deemed University Medical College, Pune.

10. K.J. Somaiya Medical College, Mumbai- Renewal of permission for admission of 9th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008.

Read: The Council Inspectors report (16th & 17th March, 2007) for renewal of permission for admission of 9th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at K.J. Somaiya Medical College, Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (16th & 17th March, 2007) and noted the following:-

1.(a) The shortage of teaching staff is 14.7% is as under:-

- | | | |
|-------|-----------------|---|
| (i) | Professors-3 | (Biochemistry-1, PSM-1, Orthopaedics-1) |
| (ii) | Assoc.Profs.-3 | (Physiology-1, Forensic Medicine-1, Orthopaedics-1) |
| (iii) | Asstt.Profs.-12 | (Anatomy-2, Pathology-1, Forensic Medicine-1, PSM-2, General Medicine-3, Paediatrics-1, General Surgery-1, Radio-Diagnosis-1) |
| (iv) | Tutors-2 | (Anaesthesia-2) |

(b) The shortage of Residents is less than 5% as under:-

Sr. Resident-1 (General Surgery-1)

2. Clinical material is grossly inadequate even for existing intake of 50 students as under:-

	Daily Average		Day of Inspection 16.3.2007	
O.P.D. attendance	450		418	
Casualty attendance	09		03	
Bed occupancy%	60%		60%	
<u>Operative work</u>				
Number of major surgical operations				
Number of minor surgical operations	08		05	
Number of normal deliveries	04		02	
Number of caesarian Sections	05		04	
	0.5		-	
<u>Radiological Investigations</u>				
	OP	IP	OP	IP
X-ray	35	18	42	13
Ultrasonography	20	12	15	09
Special Investigations	-	01	-	01
C.T. Scan	-	-	-	-
<u>Laboratory Investigations</u>				
Biochemistry	135		65	16
Microbiology	130		06	06

Serology	100	18	04
Parasitology	14	01	02
Haematology	150	108	28
Histopathology	8	03	07
Cytopathology	6-8	02	04
	0-1	01	01

3. OPD: There is no registration counter separate for male & female patients. There are no separate teaching areas. There is no plaster cutting room.
4. Wards: There is no separate pantry, examination/procedure room, teaching area and the side laboratory. There is no seminar hall in the major departments. Teaching facilities are not as per Council norms.
5. Medical Education Unit is located in a small room. It is an empty room with one computer.
6. There is no separate OPD block. OPDs are conducted on different floors of the hospital building. Space is not adequate for all teaching activities in all the departments and also for central facilities.
7. Auditorium is available as a plain hall with a capacity of 350 seats which is not adequate and not as per Regulations.
8. There is no separate examination hall. Examinations are conducted in Lecture Theatres which is not as per Regulations.
9. In the animal house, air-conditioner is provided but was not found to be in use. The hygiene of the room in which the animals are kept is very poor and is stinking. Animals not available in the animal house are Rats & Large animals. Facilities for experimental work are not available.
10. The casualty has only 12 beds which is inadequate as per Regulations. There were no patients in the casualty on the day of inspection.
11. Health Centre: Bhayandar, RHTC is under the control of the State Govt. and the college is allowed to use its facilities for teaching purposes which is not as per norms. The PSM department organizes only teaching programmes and no field visits. Other clinical departments like Medicine, Pediatrics and Obst. & Gynae. Do not participate in the outreach teaching programmes. No lecturer cum Medical Officer having MD (PSM) is available. No hostel and messing facilities are available. Lecture hall cum seminar room is not available. Audiovisual aids have not been provided. Other basic investigations like HB, urine, x-ray & ECG are not available. Family welfare activities are not carried out. Field visits are carried out under the supervision of the Medical Officer off and on.
UHC: The PSM department does not organize teaching programmes and field visits. No lecturer cum medical officer having MD (PSM) is posted. Students visit only twice during their PSM posting and interns are posted in batches.
12. Two of the lecture theatres in the college have a capacity of only 80 each which is inadequate as per Regulations. Lecture theatres in the hospital is of level type with capacity of 60 which is not as per Regulations.
13. Hostel accommodation for boys & girls are grossly inadequate as under:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	Two	15	15x3=45	Yes	Yes
Girls	One	12	12x3=36	Yes	Yes

- Accommodation is available only for 81 students against the requirement of 500 students at this stage. Hostels for students are located outside the campus at a distance of 4 kms. which is not as per Regulations.

14. Nurses accommodation is grossly inadequate as under:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Nurses	One	4	20	Yes	Yes

- On the 4th floor of the college building, 37 wooden partitioned rooms are provided for the interns and residents with a capacity of 111. Only cots have been provided. There is no other furniture.

- There is a combined hostel for interns & residents with a capacity of 1,1,1 which is grossly inadequate.
15. In the department of Radio-Diagnosis, CT scan is not available. There are only two mobile units against the requirement of six as per Regulations.
 16. In the CSSD, glove inspection machine and instrument washing machine are not available. The receiving and distribution are not separate. Mixtures are not available. Adequate CSSD facilities are not available.
 17. There is no separate ICCU, Medical & Surgical ICCU, and Burns ICU. There is a combined ICU with 8 beds which is not as per Regulations.
 18. Total 6 quarters are available within the campus and two are available outside the campus at a distance of two kms. for the teaching faculty which are inadequate.
 19. There are 7+1 (minor) operation theatres having total 9 tables which is inadequate for the present stage. There is no separate earmarked post operative ward; each OT has its own 2 -3 post operative beds.
 20. In the department of Anatomy, the demonstration rooms do not have adequate seating arrangements. MRI, CT & X-rays are not displayed. The research laboratory is not equipped.
 21. In the department of Physiology, there is no artificial light source in the Hematology laboratory. The clinical physiology laboratory is located in two different rooms and lacks required equipments. The research laboratory is not equipped.
 22. In the department of Biochemistry, gas cylinders need to be kept away in a separate enclosure outside the laboratory with proper copper tubing. The research laboratory is not equipped.
 23. In the department of Pharmacology, museum is located in a small room (150 sft.). There is over-crowding of samples and display of samples needs to be reorganized. The department entrance is through the department of Microbiology.
 24. In the department of Pathology, there is no seminar room.
 25. In the department of Microbiology, the space for the museum is very small. There is no research laboratory.
 26. In the department of Community Medicine, there is no preparation room for the laboratory. The research laboratory is not equipped. The museum needs to be upgraded and reorganized with new models, charts and catalogues. The capacity of the demonstration room is only 25 which is inadequate as per Regulations.
 27. In the department of Forensic Medicine, there is no Research Laboratory. The mortuary is not as per Council norms. It is located in one room only.
 28. Books in the departmental libraries of Skin & VD, Ophthalmology & ENT are not adequate.
 29. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 9th batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-08 at K.J. Somaiya Medical College, Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to disapprove the scheme and return the application to the Central Government as the institution has failed to provide adequate facilities required as per Regulations inspite of numerous attempts over a period of 8(eight) years and the same deficiencies have been observed consecutively for a period of more than 4 years.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act,1956 and further decided to place the inspection report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

11. Increase of MBBS seats from 50 to 100 at Christian Medical College, Ludhiana.

Read: The Council Inspectors report (14th & 15th March, 2007) alongwith additional information supplied by the Inspectors for increase of MBBS seats from 50 to 100 at Christian Medical College, Ludhiana.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (14th & 15th March,2007) and additional information supplied by the Inspectors and noted the following:-

1. The shortage of teaching staff required at present stage is as under:
 - (a) Faculty 16.6% as under:-
 - i) Professor : 3 (Pharmacology-1, Forensic Medicine-1, Obst. & Gynae.-1)
 - ii) Associate Prof.: 10 (Anatomy-2, Physiology-1, Biochemistry-2, Community Medicine-1, General Medicine-1, T.B. & Chest-1, Genl.Surg.-1, Radio-Diagnosis-1)
 - iii) Assistant Prof.:6 (Physiology-1, Lect.Bio-1, Pharmaceutical Chemist-1, Community Medicine-2, Statistician-1)
 - iv) Tutor – 2: (Anatomy-2)
 - (b) Residents 12% as under:
 - i) Sr. Resident – 3 (General Medicine-1, Psychiatry-1, Ophthalmology-1)
 - ii) Jr. Resident – 6 (T.B. & Chest-3, Dermatology-2, Psychiatry-1)
 - [c] Dr. Molly Paul Professor in Anatomy was found to be suffering from advanced Parkinsonism. She was not able to hold the pen because of sever physical incapacity.
2. Clinical material is inadequate as under:-

	Daily average	Day of inspection
O.P.D. attendance	416	340
Bed occuopancy%	42%	37%

3. (a) Teaching beds are deficient by 57 beds as under:-

Department	Required	Available	Deficiencies
General Surgery	96	49	47
Ophthalmology	30	20	10

- (b) There are no female beds in the department of Skin & VD.
4. Auditorium has capacity of only 350 seats which is inadequate as per Regulations.
5. An examination hall having capacity of 108 seats is available which is inadequate as per Regulations.
6. One veterinary officer (Part time basis) is available.
7. No lecturer cum medical officer having M.D.(P.S.M.) is available at R.H.T.C.or at U.H.C. No audiovisual aids have been provided at RHTC.
8. Hostel accommodation is inadequate as it is available only for 273 students against the requirement of 350. The boys hostel is located outside the campus which is not as per regulations. There is no hostel for interns.
9. There are clusters of buildings of old college block, new college block, library hospital, hostels and residential block spread over in an area of 47 acres through which many thorough fares (L shape Public Road) are passing. On this public road there are few commercial/private houses, which do not belong to the institution. This public road is quite busy and the students have to cross this road several times in a day to attend the classes and the hospital.

10. Dr. John Abraham, Medical Superintendent has five years of administrative experience hence he is not qualified to hold the post.
11. Registration and Medical Record Section: Registration counter for O.P.D. cases is not computerized. Indoor registration is not computerized and cross linked with outdoor registration numbers. Medical record department is not computerized. The manual entry of OPD attendance does not tally with the OPD attendance available in the MRD section or in the respective OPD registration record. It was very difficult to make out number of OPD attendance; both new and old cases.
12. Only 8 beds are available in casualty area which is inadequate as per regulations. 10 stretchers were placed outside the casualty area, which were shown as casualty beds.
13. Operation theatre unit: There are two blocks of operation theatres having total 10 tables which is not as per regulations. Institute needs to develop pre-operative patients care area near O.T.
14. Protective measures as per BARC specification are not provided.
15. Glove inspection machine and instrument washing machine are not available in CSSD. Manual instrument washing is done which is not as per norms.
16. There is no cooling cabinet in Anatomy department. No MRI, CT and x-rays are displayed in the museum. The students lockers were found to be insufficient.
17. The number of work places in each laboratory is for 35 students in Physiology department which is not as per regulations.
18. No gas cylinders are provided instead, spirit lamps are being used in Biochemistry department.
19. In Microbiology department, the museum is not properly arranged. The capacity of demonstration room is 25 seats which is inadequate.
20. There is only one microscope available in the department of Forensic Medicine. It borrows microscopes from other department when required. The capacity of the demonstration room is 35 seats which is inadequate.
21. In the department of Pathology, the Haematology and Histopathology laboratories have seating capacity of only 35 each which is not as per norms. The total number of microscopes for both the laboratories is 35 seats which is inadequate. The capacity of the demonstration room is 35 seats which is inadequate.
22. Community Medicine department is located in the old college building adjacent to Administrative Block. The other parts of this building is used as Dental College.
23. Books in the departmental libraries of Skin & V.D., Psychiatry, ENT, Anaesthesia are inadequate.
24. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for increase of seats in MBBS course from 50 to 100 at Christian Medical College, Ludhiana u/s 10A of the I.M.C. Act,1956 for the academic session 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act,1956 and further decided to place the inspection report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the institute be directed to stop the DNB courses with immediate effect and obtain an undertaking from the institute for the same before the compliance is considered.

12. Increase of MBBS seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar.

Read: The Council Inspectors report(21st & 22nd March, 2007) for increase of MBBS seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (21st & 22nd March, 2007) and noted the following:-

1. The shortage of teaching staff is as under:

- (a) Faculty more than 5% as under:-
 i) Professor : 1 (PSM-1)
 ii) Associate Prof.: 02 (Anaes.-1, Radiology-1)
 iii) Assistant Prof.:4 (Pharmaceutical Chemist-1, PSM-1 Statistician-cum-Lecturer-1, Orthopaedics-1)
 (b) Resident 53.3% as under:
 i) Sr. Resident – 7 (2 –Medicine, 1- Skin & VD, Psychiatry-1, Radiology-3)
 ii) Jr. Resident – 33 (Medicine-5, 4-Paed., T.B.-3, Skin & VD-1, Psychiatry-2, 4 – Surgery, 5 – Ortho., 3 ENT, 2 – Ophthalmology, 4 OBG)

2. Clinical material is grossly inadequate even for the existing intake as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	410		330	
<u>Operative work</u>				
Number of major surgical operations	07		04	
Number of minor surgical operations	06		03	
Number of normal deliveries	0.7		-	
Number of caesarian Sections	01		-	
<u>Radiological Investigations</u>				
	OP	IP	OP	IP
X-ray	22	16	21	14
Ultrasonography	20	15	18	10
Special investigations	-	-	-	-
C.T. Scan	4	5	3	2
<u>Laboratory Investigations</u>				
Biochemistry	40	53	40	36
Microbiology	09	05	08	04
Serology	03	04	04	02
Parasitology	02	02	01	02
Haematology	100	80	105	78
Histopathology	05	07	-	01
Cytopathology	02	01	-	-
Others	-	-	-	-

3. Separate hostels for interns, residents and nurses are not available. They are shared with undergraduate students. Accommodation is available only for 30 residents and 40 nurses which is grossly inadequate.

4. Only 19 quarters are available for the faculty which is inadequate.

5. Animals available in the Animal House are inadequate as under:-

Rats	-	Nil
Guinea Pig	-	Nil
Mice	-	Nil

Veterinary Officer is not available.

6. Indoor Registrations are done manually.

7. The installation of sterilization units in Central Sterilization department are yet to be done.

8. Central laundry is not available.

9. Mortuary is not available.

10. CT Scan is not available in the new hospital.

11. Gymnasium is not available.
12. There is no lecture theatre in the hospital.
13. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for increase of MBBS seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar u/s 10A of the IMC Act, 1956.

13. Sikkim Manipal Institute of Medical Sciences, Gangtok – Recognition of medical degree to be awarded by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

Read: The Central Govt. letter dated 9.3.2007 and letter dated 12.3.2007 from the Vice-Chancellor, Sikkim Manipal University with regard to recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 09.03.2007 received from the Institute which reads as under:-

“As you are aware, the LOP to Sikkim Manipal Institute of Medical Sciences was issued for 100 admissions in 2001. Thereafter in 2002 & 2003, it was renewed for 100 admissions for 1st and 2nd renewal respectively. As the institute was not able to meet the requirements for 100 admissions, the 3rd & 4th renewal of permissions by the Central Govt. for 2004 & 2005 were granted for 50 admissions.

The inspection for recognition under Section 11(2) of IMC Act, 1956 of SMIMS was carried out in April, 2006, when the first batch appeared in IIIrd MBBS Part II examination. Again, as the institute was not able to meet the requirements for recognition for 100 admissions, the MCI had not recommended recognition to this institute. The compliance was submitted by the institute for which verification inspection was carried out in September, 2006. However, due to deficiencies still persisting, we have not been able to get recognition. Further, many meetings on this matter have taken place, the last one under the Chairmanship of Hon'ble Minister for DONER during which we have realized that there is no provision under the IMC Act to grant conditional recognition for a particular batch.

It is thus evident that, it is difficult to meet all the requirements for recognition u/s 11(2) of IMC Act, 1956 for 100 admissions at present. We have therefore decided to make our application for recognition u/s 11(2) of IMC Act for 50 admissions only. Further, we request you to grant recognition of all the admissions made till date. We undertake to admit only 50 students from the academic year 2007-08 onwards. We shall make application for increase of seats as per provisions of IMC Act upon fulfillment of requirement of increase from 50 to 100 admissions.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to verify the same by way of an inspection for recognition u/s 11(2) of the Indian Medical Council Act, 1956 for 50 admissions.

14. Establishment of new Medical College at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad.

Read: The Central Govt. letter dated 15.3.2007 alongwith the letter dated 23.2.2007 received from the Chairman, Bhagwan Mahavir Memorial Trust, Vikarabad with the request to arrange inspection for LOP between 29th March, 2007 to 4th April, 2007 in light of the letter dated 4.10.2006 received from the Principal Secretary in regard to Essentiality Certificate.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the application received through the Central Government for establishment of a new medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad for the academic year 2007-08 and the letter dated 04.10.2006 from the Principal Secretary, Govt. of A.P. addressed to the Chairman, M/s Bhagwan Mahavir Memorial Trust, Hyderabad and copy to the Council and other concerned authorities wherein the State Govt. has rejected the request of the Chairman, M/s Bhagwan Mahavir Memorial Trust, Hyderabad for revalidation of the Essentiality Certificate issued earlier, for establishment of medical college at Vikarabad, R.R. District. Thus, the Committee observed that no Essentiality Certificate is available with the institute and the application is deficient in terms of the following qualifying criteria 2(3) wherein a valid Essentiality Certificate in the prescribed format and 2(4) are mandatorily required to be submitted along with the application laid down in the Establishment of Medical College Regulations, 1999:-

“2(3) that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council regulations, have been obtained by the person from the concerned State Government/Union Territory Administration.”

In view of above, whereby it has been found that the applicant has failed to fulfill the Qualifying Criterion of having a valid Essentiality Certificate in the prescribed format as laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the Scheme for establishment of a new medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad for the academic year 2007-08.

15. Establishment of new medical college at Walayar, Kerala by V.N. Public Health & Educational Trust.

Read: The Central Govt. letter dated 12.1.2007 with regard to Establishment of new medical college at Walayar, Kerala by V.N. Public Health & Educational Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 12.01.2007 with regard to establishment of new medical college at Walayar, Kerala by VN Public Health & Educational Trust and observed that in the 'Essentiality Certificate' dated 24.1.2004 issued by the Govt. of Kerala at point (d) it is mentioned that **“the applicant proposes to make available adequate clinical materials as per the norms of Medical Council of India.”** This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that **“adequate clinical material as per Medical Council of India norms is available.”**

Thus, the Committee observed that Essentiality Certificate available with the institute is deficient in terms of the following qualifying criteria 2(3) wherein a valid Essentiality Certificate in the prescribed format is mandatorily required to be submitted along with the application laid down in the Establishment of Medical College Regulations, 1999:-

“2(3) that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council regulations, have been obtained by the person from the concerned State Government/Union Territory Administration.”

In view of above, whereby it has been found that the applicant has failed to fulfill the Qualifying Criterion of having a valid Essentiality Certificate in the prescribed format as laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 30.12.2006 to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at Walayar, Kerala by V.N. Public Health & Educational Trust for the academic year 2007-08.

16. Establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust.

Read: The Central Govt. letter dated 11.1.2007 with regard to Establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 11.01.2007 with regard to establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust and observed that in the 'Essentiality Certificate' dated nil issued by the Govt. of Kerala at point (d) it is mentioned that **"the applicant proposes to make available adequate clinical materials as per the norms of Medical Council of India ."** This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that **"adequate clinical material as per Medical Council of India norms is available"** and also that **"No consent of affiliation as prescribed in Format - 3 under the Regulations is attached, however in its place a 'No Objection Certificate' issued by the concerned University was attached with application. Consent of Affiliation was not made available to the Council on or before 30.09.2006 i.e. the last date prescribed under the Regulations for receipt of application complete in all respects, from the Central Govt.**

Thus, the Committee observed that Essentiality Certificate available with the institute is deficient in terms of the following qualifying criteria 2(3) wherein a valid Essentiality Certificate in the prescribed format and criteria 2(4) wherein Consent of Affiliation in the prescribed format are mandatorily required to be submitted along with the application laid down in the Establishment of Medical College Regulations, 1999:-

"2(3) that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council regulations, have been obtained by the person from the concerned State Government/Union Territory Administration.

2(4) that Consent of affiliation in Form-3 for the proposed medical college has been obtained by the applicant from a University."

In view of above, whereby it has been found that the applicant has failed to fulfill the Qualifying Criterion of having a valid Essentiality Certificate & consent of affiliation in the prescribed format as laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 30.12.2006 to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust for the academic year 2007-08."

17. Establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust.

Read: The Central Govt. letter dated 19.1.2007 with regard to Establishment of new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 19.01.2007 with regard to establishment of new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust and observed that 'Essentiality Certificate' dated 3.4.2006 issued by the State Govt. of Kerala at point (d) it is mentioned that **"the applicant proposes to make available adequate clinical materials as per the Medical Council of India norms"**. This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that **"adequate clinical material as per Medical Council of India norms is available"**.

Thus, the Committee observed that Essentiality Certificate available with the institute is deficient in terms of the following qualifying criteria 2(3) wherein a valid Essentiality Certificate in the prescribed format is mandatorily required to be submitted along with the application laid down in the Establishment of Medical College Regulations, 1999:-

“2(3) that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council regulations, have been obtained by the person from the concerned State Government/Union Territory Administration.

In view of above, whereby it has been found that the applicant has failed to fulfill the Qualifying Criterion of having a valid Essentiality Certificate in the prescribed format as laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 30.12.2006 to return the application to the Central Govt. for establishment of a new medical college at Poonambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust for the academic year 2007-08.”

18. Shortage of faculty members in the Medical Education Section – Request for raising the retirement age from 65 to 70 years.

Read: The Central Govt. letter dated 22.3.2007 with regard to raising the retirement age from 65 to 70 years.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Central Govt.’s letter dated 22.03.2007 and observed that in pursuance of its earlier decision dated 14th & 15th June,2006 a circular was sent to the Health Secretaries/D.M.Es. of all the State Governments with regard to age of retirement of medical teachers. However, no response has been received.

It was also decided that a Sub-Committee comprising of Dr. K.P. Mathur, New Delhi and Dr. Mukesh Kumar Sharma, Jaipur be formed who would analyze the responses received from the various State Governments and present the report before the Executive Committee at its next meeting.

Office Note: The office was directed to communicate with the Health Secretaries/Directors of Medical Educations of major States to obtain this information as expeditiously as possible.

19. Recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at MCOMS, Pokhara, Nepal u/s 12(2) of the IMC Act, 1956.

Read: The fax letter dated 11.3.2007 from Dr. K.P. Singh, Vice-Chairman, Nepal Medical Council, Kathmandu with regard to recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at MCOMS, Pokhara, Nepal u/s 12(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council perused the letter dated 11.03.2007 received from Dr. K.P. Singh, Vice-Chairman, Nepal Medical Council and after due deliberations observed as under:-

1. That a similar letter was received from the Registrar, Nepal Medical Council dated 26.02.2007 which was considered by the Executive Committee at its meeting held on 03.03.2007.
2. The Committee also perused Section 12(2) & 12(3) of the Indian Medical Council Act,1956 pertaining to recognition of medical qualifications granted by medical institutions abroad which reads as under:-
Section 12(2)& (3)

- “(2) *The Council may enter into negotiations with the Authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications and in pursuance of any such scheme, the Central Government may, by notification in the official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognised and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.*
- (3) *The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by directing that an entry be made therein in respect of any medical qualification declaring that it shall be recognised medical qualification only when granted before a specified date.”*

The perusal of the sub clause 2 of Section 12 of the Act envisages as under:-

- i) The Council is required to enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of the medical qualification.
- ii) The Council is required to take a decision, after holding the negotiations, whether the medical qualification should be recognised or not under Section 12 of the Act.
- iii) On taking a decision that the medical qualification should be recognised under Section 12 of the Act, the MCI is required to forward its recommendations to the Govt. of India for notification in the Official Gazette amending the 2nd Schedule so as to include therein the said medical qualification.

The negotiations by the Council with the authority in the other country having similar jurisdiction, would relate to all such aspects for ensuring the minimum standards of medical education to be maintained in those medical institutions abroad so as to ensure that candidates securing medical qualifications from those institutions abroad are adequately exposed to proper teaching and training in the field of medicine. It is required to be ensured that the minimum required infrastructural, teaching and other facilities and the minimum eligibility conditions for teaching and training of MBBS students have been provided in the college. The Council would be required to get fully satisfied in relation to minimum norms towards eligibility conditions for admissions, minimum laid down norms for teaching faculty, well-equipped teaching hospital with the minimum required infrastructural and other facilities.

This aspect is to be viewed in the light of the fact that the reciprocity under Section 12 of the Act would mean that the citizens of that country with medical qualification from those medical institutions/colleges abroad would be entitled to get registered and practice in the territory of India and vice versa.

It is reiterated that since the students passing out from a college recognized u/s 12 can practice medicine in India without any further restriction or limitation or without undergoing the screening test, it has to be necessarily ensured that all the required facilities are available in such colleges and they would produce the quality doctors. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, teaching beds, clinical material, library facilities, health centers, para medical & nursing staff and other infrastructural facilities in almost all the departments, the quality of the education

provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards to be applied to an institute in India and yet because of the recognition u/s 12 would be entitled to practice in India without any restriction or limitation or without the necessity of having to pass the screening test.

3. That the inspection of MCOMS, Pokhara, Nepal was carried out at the request of the Central Govt. vide letter dated 16.01.2007.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the Nepal Medical Council be informed that the inspection of MCOMS, Pokhara, Nepal was carried out at the request of the Central Govt. and to reiterate its decision taken at its earlier meeting dated 03.03.2007 that the request of Nepal Medical Council to recognize the degree on the basis of reciprocity without conducting the inspection by the Council cannot be accepted and further directed the office to communicate to the Ministry of Health & F.W., Ministry of External Affairs and to other competent authorities accordingly.

20. Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai – Increase of seats in MBBS course from 150 to 200.

Read: The minutes of Sub-Committee with regard to framing the regulations for allowing the colleges(Sri Ramachandra Medical College & Research Institute(Deemed University), Chennai) to increase the intake capacity beyond 150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the report of the Sub-Committee which reads as under:-

“A Sub-Committee was constituted by the Executive Committee at its meeting held on 5.2.2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present with the following members to go through the matter regarding increase of seats in MBBS course from 150 to 200 at Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai:-

1. Dr. Indrajit Ray
2. Dr.V.K. Jain

The Sub-Committee met in the office of the Council at 10.00 a.m. on 2.3.2007 where both Dr.Indrajit Ray & Dr. Jain were present.

While deliberating on this matter, the Sub-Committee considered the letter dated 4th January, 2007 from Mr.S.K. Mishra, Under Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhavan, New Delhi addressed to the Secretary, Medical Council of India; the letter dated 4.5.2006 of Registrar, Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai addressed to the Secretary to the Govt. of India, Ministry of Health & F.W.; the judgement of the Hon'ble Supreme Court dated 19th April, 2001 in the Civil Appeal No.4747 of 2000 in the case of J.N. Medical College, Belgaum –vs- MCI & Ors. and also the Regulations on Graduate Medical Education, 1997.

The Sub-Committee deliberated into the General considerations and Teaching Approach as recommended in the Regulations on Graduate Medical Education, 1997. The relevant portion of the recommendations is reproduced below:-

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(11) Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort should be made to encourage the use of active

methods related to demonstration and on first hand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

(12) The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.

(13) Clinics should be organised in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.

(16) Every attempt is to be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group should not have more than 20 students.”

The Sub-Committee also considered Section 10A alongwith Section 33 of the I.M.C. Act, 1956 as amended from time to time and noted that since promulgation of Section 10A in the Act, the New Medical Colleges are being established with the annual intake capacity of 50 or 100 or 150 students at the time of starting the course or where the existing intake capacity is sought to be increased and further noted that accordingly the Minimum Standard Requirements for the Medical College for 50/100/150 admissions annually Regulations, 1999 were notified and are in force.

The Sub-Committee considered the proposal submitted by MCI for amendment of Graduate Medical Education Regulations, 1997 alongwith Minimum Standard Requirements for the Medical College for 50/100/150 admissions annually Regulations, 1999 in the year 2004 (the proposals were submitted after holding 3 regional conferences with the Vice-Chancellors of the Health Universities, Director of Medical Education of the States, Deans of Medical Colleges and other Senior Academicians at Mumbai, Kolkata and Bangalore followed by a National Workshop at New Delhi).

In the proposed amendment the intake capacity other than 50/100/150 was not proposed.

The Sub-Committee also noted the orders passed by the Hon'ble Supreme Court, 2001 which states as follows:-

“It is not disputed that the Medical Council of India, constituted under the Indian Medical Council Act, 1956 (hereinafter referred to as “the Act”) is a statutory body which is charged with an obligation to ensure maintenance of highest standards of medical education in the country. Whereas prior to 1993, a medical college could be established without seeking any permission from any central authority or the MCI, but with a view to check unregulated and uncontrolled mushroom growth of medical colleges and institutions in the country certain amendments came to be made by the Parliament in the Act through Medical Council of India (Amendment) Act, 1993 and Sections 10A, 10B and 10C were introduced. Regulations were also amended. Explanation 2 to Section 10A (1) of the Act provides that for the purposes of Section 10A “admission capacity” in relation to any course of study or training (including postgraduate courses of study or training) in medical courses means the maximum number of students that may be fixed by the Council from time to time for being admitted to such courses or training. Section 10A of the Act

further lays down that no medical colleges can be opened or higher courses of study or training introduced which would enable a student of such course or training to qualify himself for the award of any recognized medical qualification and further that no medical college shall increase its admission capacity, except with the previous permission of the Central Govt. obtained in accordance with the provisions of the Act.

The Medical Council of India being an expert body, after applying its mind to all relevant considerations, has come to the conclusion that admissions upto 150 only would be in the interest of object sought to be achieved under the Act i.e., for maintenance of the highest standards of medical education in the country. It was after taking all these factors into consideration that the Division Bench of the High Court in the impugned judgement upheld the decision of the Medical Council to fix the intake capacity at 150 under Section 10A of the Act. The Division Bench has further observed by way of a safeguard for the appellant.

“It is also to be noticed that the fixation of 150 as maximum capacity is not a permanent feature. As and when the MCI comes to conclusion or brought to its notice that the requirement for increase of seats is necessary, in the interest of medical education. It is empowered to amend the regulation to suit the future situation.”

The Division Bench rightly did not sit in ‘appeal’ over the expert opinion of MCI, to fix the intake capacity of the appellant after taking note of only relevant factors into consideration. The opinion of the MCI is based on cogent grounds and is in accordance with the mandate of the statute. No fault can be found with the order of the MCI.

After hearing learned counsel for the parties and going through the record and for what we have said above, we are not persuaded to take a view different than the one taken by the Division Bench of the High Court.

The Sub-Committee after due deliberations and taking into consideration the aforesaid factors, was of the opinion that it is not only the infrastructural facilities or proportionate prorata increase of beds or teaching faculty, other factors like the training of the students specially the quality of the teaching is the most important factor. The teaching imparted in a medical college is usually didactic lectures, tutorial classes, demonstration classes in the form of micro teaching, bed side clinics for proper teaching and training. In case the number of students are increased, there is every likelihood of compromising the quality of teaching and the very purpose of micro teaching and the hands on training would be affected. The Clinical material is also an important component to be taken into consideration for training of the students.

The Sub-Committee, in view of above, was of the opinion that the proposal of Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai for increase of seats in MBBS course from 150 to 200 may not be permitted.”

21. Inspection of the medical colleges for permission/renewal of permission for establishment of new medical colleges/increase of seats – utilization of services of Retd. Inspectors of the Council/Senior Professors as members of Inspection team.

Read: The matter with regard to utilization of services of Retd. Inspectors of the Council/Senior Professors as members of Inspection team.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that as per the present statutory scheme prescribed under the Establishment of Medical College Regulations, the application for establishment of a new medical college has to be submitted by the applicant to the Central Govt. between 1st August to 31st August and the last date of recommendation of the Medical Council of India to the Central Govt. for issue of letter of permission, has been prescribed as 15th June. The letter of permission/renewal for MBBS course is to be granted by the Govt. of India on the

recommendation of the MCI latest by 15th July. Similar schedule has been prescribed for the applications for increase intake in MBBS course in the existing medical colleges.

As per the directions passed by the Hon'ble Supreme Court in its order dated 12.01.2005 in Mridul Dhar's case all the authorities are required to strictly adhere to the time schedule prescribed in the regulations. This has also been reiterated by the Central Govt. vide letter dated 15.03.2005.

It may please be noted that for the current academic session 2007-2008, approximately 150 inspections are pending for LOP/Renewal of Permission for establishment of new medical college and for increase of seats as the colleges have requested for inspection during April-June, 2007. The Council has also to carry out inspections to verify the compliance if received by the colleges through the Central Govt. which were not recommended for Grant of LOP/Renewal of Permission in view of the deficiencies pointed out in the inspection report which would increase the workload of inspections even still further. It was further observed that many institutions which have initially proposed for inspection in March/April, subsequently proposed for inspection in May/June as they are not in a position to fulfil the required teaching faculty, clinical material and other infrastructure facilities in line with the dates of inspection originally proposed by them. This leads to concentration of many inspections in a very narrow spectrum of time period.

At present the Council has three Zonal Inspectors and three Whole-time Inspectors.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that senior teachers of Govt. Medical Colleges who have very wide experience of conducting the inspections on behalf of the Council may be appointed as Council Inspectors for the purpose of carrying out the inspections to cater to such a situation as under:-

1. Dr. D.J. Borah, Principal, Jorhat Medical College, Jorhat (Assam) & Joint Director of Medical Education, Govt. of Assam.
2. Dr. Sanjay Bijwe, Officer on Special Duty, Govt. of Maharashtra.
3. Dr. A.K. Dutta, Vice-Principal & Professor & HOD Paediatrics, Lady Hardinge Medical College, New Delhi.
4. Dr. Anup Raj, Professor & Head of ENT, Maulana Azad Medical College, New Delhi.
5. Dr. Indrajit Ray, Principal, Medical College, Kolkata.
6. Dr. J.V. Hardikar, Professor & Head, Department of Surgery, Seth G.S. Medical College, Mumbai.
7. Dr. Achal Gulati, Professor of ENT, Maulana Azad Medical College, New Delhi.

22. Upholding the standard and standards of Medical Education in the Country.

Read: The letter dated nil from Dr. Manish Patel and letter dated 7.10.2005 from Dr. C.V. Bhirmanandham, Chairman, T.E.Q. alongwith the recommendations of the T.E.Q. Sub-Committee dated 27.4.2006 with regard to upholding the standard and standards of Medical Education in the Country.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the TEQ Sub-Committee which reads as under:-

"The TEQ Sub-Committee considered the letter written by Dr. Manish Patel of Surat is really causing concerned to all those who are interested in maintaining the quality of teaching and the standard of teachers as prescribed by the Medical Council of India.

The Sub-Committee further noted that lot of confusions prevail now in the country due to the following reasons;

- 1. Many Universities are offering unrecognized postgraduate teaching courses.*
- 2. The number of intake of students is more than the number prescribed by the Medical council of India.*

In view of the above, the Sub-Committee feel, the best way to sort out the problem is by introducing Faculty Numbers in the respective specialty to all teachers working in the medical colleges recognised by the Medical Council of India. This can be done easily by the following way.

When the postgraduate students acquire his/her qualification from a particular college, recognized by the Medical Council of India, he/she should apply to the State Medical Council to get separate Registration Number in the specialty and inform it to the MCI. Only after obtaining this register number he/she can be employed in any of the colleges recognised by the MCI in those specialties. The candidate should also obtain the faculty number from MCI in that particular specialty. The MCI will verify whether the candidate has obtained the Degree from the recognised medical college and whether it is within the sanctioned strength and then can allot the "Teaching Faculty Card with number in that specialty" to the candidate, Just like PAN Card issued by the Income - Tax Department. This card will have the Photo of the individual, degrees obtained by him, Signature of the individual and faculty number in that specialty allotted by MCI duly signed by the Authority of MCI. The expenses for this work can be collected from the individual concerned and the entire job can be outsource.

- 1. This will avoid teachers with unrecognized postgraduate qualification getting employed as teacher.*
- 2. This particular system of issuing teaching faculty number in those specialties issued by the MCI just like issuing PAN Card by the Income-tax Department will also eliminate a particular teacher being shown in more than one college.*
- 3. This will also help the MCI inspectors to check and verify whether they are really qualified teachers from a recognised medical college.*

This is the only way by which, the Sub-Committee feel, the problem highlighted by Dr. Manish Patel could be eliminated.

However, the TEQ Committee for further decided to place the above facts before the Executive Committee and General Body of MCI for approval."

The office was further directed to prepare a proposal for preparation of Faculty ID Smart Card in respect of the teachers employed in all the medical colleges across the country in consultation with M/s Rasilant Technologies, A-309, Crystal Plaza, Link Road, Andheri (W), Mumbai-400 053 who have been approved by Dental Council of India for preparation of Faculty ID Smart Card and submit the detailed proposal before the Executive Committee for its consideration at its next meeting.

23. Proposal for enactment of legislation entitled the Recognition of New System of Medicines Bill 2005.

Read: The Central Govt. letter dated 13.3.2007 with regard to Proposal for enactment of legislation entitled the Recognition of New System of Medicines Bill 2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 13.3.2007 with regard to proposal for enactment of legislation entitled the Recognition of New System of Medicines Bill 2005 and decided to form a Sub-Committee comprising of Dr. Ved Prakash Mishra, Chairman, Postgraduate Committee; Dr. D.J. Borah, Chairman, Ethics Committee and Dr. V.K. Jain, Professor & HOD of Skin & VD Deptt., Pt. B.D. Sharma Postgraduate Instt. of

Medical Sciences, Rohtak, Haryana to go through the matter in detail and to submit its report before the next meeting of the Executive Committee.

24. HRC – Petition – Recommendation of the Commission forwarding of – reg.

Read: The letter dated 28.2.2007 from the Secretary, Kerala State Human Rights Commission for comments of the Council on the report of Kerala State Human Rights Commission including action taken.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 28.02.2007 from the Secretary, Kerala State Human Rights Commission and deliberated upon the matter at length. After due deliberations, it was decided that the subject matter of restructuring the service and wage conditions of Government Doctors and introducing the scheme of compulsory service of two years in Government Hospitals particularly in the rural areas are beyond the purview of the Council as per the various provisions of IMC Act, Rules & Regulations..

25. Installation of Computerised Finger Print Based Attendance Recorder Machine in the Council Office.

Read: The matter with regard to Installation of Computerised Finger Print Based Attendance Recorder Machine in the Council Office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the purchase and installation of Computerised Finger Print Based Attendance Recorder Machine in the Council office and directed the office to procure the same in accordance with the prescribed rules for purchase of such items.

26. Award of Annual Maintenance Contracts for AC Plants, DG Set, Lifts and other furniture & fixtures in the Council building and Guest House.

Read: The matter with regard to Award of Annual Maintenance Contracts for AC Plants, DG Set, Lifts and other furniture & fixtures in the Council building and Guest House.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the Annual Maintenance Contracts in respect of following items be placed to the manufacturers/authorized distributors/agencies who have supplied the same to the Council office:-

Sl.No.	Item	Name of agency	Date of expiry of AMC
01	DG Set	M/s OVN Trading Company	31.03.2007
02	Siemens Telephone Systems (EPBAX)	M/s Gurusons Communications Pvt. Ltd.	31.03.2007
03	Lifts	M/s Kone	12.05.2007
04	Horticulture	M/s Garden Paradise	30.11.2007
05	Fountain	M/s Garden Paradise	30.11.2007
06	Indoor Plants	M/s Garden Paradise	30.11.2007
07	Fire Fighting Equipments	M/s Am-Tech Fire Systems	14.11.2007

It was further decided to place the annual maintenance contract for these items with the manufacturers/suppliers of these equipments so that quality maintenance by trained personnel is available. The office was further directed to negotiate with the respective agencies for reduction in the AMC charges to the extent feasible and resubmit to the Executive Committee at its next ensuing meeting.

27. Purchase of colour scanner for Council office.

Read: The matter with regard to Purchase of colour scanner for Council office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the purchase of colour scanner for the Council office from M/s Hind Digital Solutions, New Delhi as per the DGS&D rate contract.

28. Rohilkhand Medical College & Hospital, Pilibhit, Bareilly – Renewal of permission for admission of 2nd batch of students for the academic session 2007-08.

Read: The Council Inspectors reports (19th & 20th March, 2007) & 02.04.2007 for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Rohilkhand Medical College & Hospital, Pilibhit, Bareilly.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (19th & 20th March, 2007 & 02.04.2007) and noted the following:-

The shortage of teaching staff is 28% as under:-

- (a) (i) Professor – 9 (Biochem.-1, Pharma-1, Pathology-1, PSM-1, Medicine-1, Paed.-1, Surgery – 1, Orthopaedics – 1, Radiology-1)
- (ii) Associate Prof. – 16 (Anatomy-1, Physiology-2, Biochem.-1, Pharmacology –1, Pathology – 2, Microbiology – 1, Forensic Medicine –1, Medicine – 1, Paediatrics – 1, Surgery – 1, Orthopaedic – 1, Gynae.-1, Anaes.-1, Radiology-1)
- (iii) Assistant Prof. – 2 (Pharmacology-1, PSM – 1(UHC))

2. Clinical material is inadequate as under:-

	Day of Inspection	
O.P.D. attendance	609	
Casualty attendance	28	
Number of admissions/discharge	53/42	
Bed occupancy%	45%	
<u>Operative work</u>		
Number of major surgical operations	07 21	
Number of minor surgical operations	Nil Nil	
Number of normal deliveries		
Number of caesarian Sections		
<u>Radiological Investigations</u>	OP	IP
X-ray	84	53
Ultrasonography	31	24
Special Investigations	05	
C.T. Scan	Not Available	
<u>Laboratory Investigations</u>		
Biochemistry	98	37
Microbiology	08	03
Serology	38	06
Parasitology	07	01
Haematology	204	78
Histopathology	01	-
Cytopathology	01	-
Others	0	0

Number of units of blood issued per month is not commensurate with the operative work claimed by the institute as only about 17 units of blood are issued per month.

3. Glove inspection machine and mixers are not available in CSSD.
4. Clinical Pathology/Haematology laboratory has 60 work places but 15 microscopes. Considering the number of specimens, the museum is over crowded and needs to be expanded.
5. The museum has only 4 mounted and Nil unmounted specimens which is inadequate.
6. Number of books in the departmental libraries of T.B. & Chest, Skin & V.D. and Psychiatry are inadequate.
7. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of 100 MBBS students for the academic session 2007-2008 at Rohilkhand Medical College & Hospital, Pilibhit, Bareilly.

29. Santhiram Medical College, Nandyal – Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (19th & 20th March, 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Santhiram Medical College, Nandyal.

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

1. Clinical material is inadequate in terms of surgical workload and deliveries as under:-

	Daily Average	Day of Inspection
<u>Operative work</u>		
Number of major surgical operations	04-11	01
Number of minor surgical operations	15-22	20
Number of normal deliveries	01-2 (42 per month)	01
Number of caesarian Sections	0-2 (28 per month)	0

2. No Lecturer cum medical officer having M.D.(PSM) qualification is available at RHTC.
3. The roads connecting the college, hostels and residential areas connecting to hospital are kachha which needs to be corrected.
4. ICU and ICCU to be separated and the entry point to be relocated. Presently both are located together.
5. SICU needs a partition from the adjacent ward and to be provided necessary resuscitation equipments.
6. Resident quarters to be provided separately for the Residents, as presently these are shared with the Boys' and Girls' Hostels.
7. OP department which is located in the 1st floor of the Hospital to be shifted to the ground floor for the benefit of the patients as there is no provision of any lifts.
8. Casualty needs to be reorganized especially in terms of rearranging the observation ward and the procedure room and the necessary resuscitation equipments to be provided in the emergency ward.
9. The computers of Central OPD & IPD Registration counters are not cross-linked with MRD and other areas which should be attended.
10. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of 100 MBBS students for the academic session 2007-2008 at Santhiram Medical College, Nandyal.

30. Removal of name of Dr. Bal Kishan Vyas from the Indian Medical Register.

Read: The matter with regard to removal of name of Dr. Bal Kishan Vyas from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 23.06.2006 received from the Registrar, Rajasthan Medical Council intimating that Dr. Bal Kishan Vyas bearing Regn. No. 645, dated 13.02.1961 has expired and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

31. Establishment of a new medical college at Ragolu, Srikakulam Distt., Andhra Pradesh by Aditya Educational Society.

Read: The application with regard to Establishment of a new medical college at Ragolu, Srikakulam Distt., Andhra Pradesh by Aditya Educational Society where the Essentiality Certificate is not as per format-2 prescribed in the regulations.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the application with regard to Establishment of a new medical college at Ragolu, Srikakulam Distt., Andhra Pradesh by Aditya Educational Society and observed that in the *Essentiality Certificate dated 29.9.2005 issued by State Govt. of A.P. at point (d) it is mentioned that "the adequate clinical material as per the Medical Council of India norms is said to be available."* This is at variance with the format of the Essentiality Certificate wherein at point (d) it is required to be certified that "adequate clinical material as per Medical Council of India norms is available".

Thus, the Committee observed that Essentiality Certificate available with the institute is deficient in terms of the following qualifying criteria 2(3) wherein a valid Essentiality Certificate in the prescribed format is mandatorily required to be submitted along with the application laid down in the Establishment of Medical College Regulations, 1999:-

"2(3) that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council regulations, have been obtained by the person from the concerned State Government/Union Territory Administration.

In view of above, whereby it has been found that the applicant has failed to fulfill the Qualifying Criterion of having a valid Essentiality Certificate in the prescribed format as laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Government recommending disapproval of scheme for establishment of a new medical college at Ragolu, Srikakulam Distt., Andhra Pradesh by Aditya Educational Society for the academic year 2007-08.

32. Inclusion of D.Y. Patil Education Society, Kolhapur(Deemed University) in the schedule to the I.M.C. Act, 1956.

Read: The letter dated 14.9.2005 from the President, D.Y. Patil Education Society, Kolhapur with regard to Inclusion of D.Y. Patil Education Society, Kolhapur(Deemed University) in the schedule to the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 14.9.2005 from the President, D.Y. Patil Education Society, Kolhapur and decided that the University be advised to request the Council through the Central Government for recognition u/s 11(2) of the Indian Medical Council Act,1956 when the first batch admitted appears in the final MBBS Part-II examination and final examination for various postgraduate degree/diploma courses under this University.

33. Rehabilitation of Electropathy & Electro-Homeopathy Permission to conduct training course and allow practice as “Gram Swastha Rakshak”.

Read: The letter dated 2nd Dec., 2006 from the Principal Secretary to the Govt. of Maharashtra, Medical Education & Drugs Department Mantralaya, Mumbai with regard to Rehabilitation of Electropathy & Electro-Homeopathy Permission to conduct training course and allow practice as “Gram Swastha Rakshak”.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 2nd December, 2006 from the Principal Secretary to the Govt. of Maharashtra, Medical Education & Drugs Department Mantralaya, Mumbai and observed that as per Graduate Medical Education Regulations, 1997 which are statutory Regulations and binding & mandatory in character, the duration of MBBS course is 5½ years including one year compulsory rotating internship. It may further be noted that the Regulations did not provide for any medical course at undergraduate level except the one specified above.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that approval of the Rehabilitation of Electropathy & Electro-Homeopathy to conduct training course and allow practice is beyond the purview of the Council.

34. To attend the 95th Annual Meeting in San Francisco, California on 3rd May, 2007.

Read: The fax letter dated 3rd February, 2007 from Sh. James N. Thompson, M.D., President and Chief Executive Officer, Federation of State Medical Boards of the United States with regard to attend the 95th Annual Meeting in San Francisco, California on 3rd May, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the fax letter dated 3rd February, 2007 from Sh. James N. Thompson, M.D., President and Chief Executive Officer, Federation of State Medical Boards of the United States and decided that Dr. P.C. Kesvankutty Nayar, President (Acting) and Dr. Ved Prakash Mishra, Chairman, Postgraduate Committee be nominated to attend the 95th Annual meeting in San Francisco, California on 3rd May, 2007.

35. Establishment of a new medical college in North Eastern States, hilly and tribal areas in the country – Permission to utilize the facilities of Government/District hospitals for the purpose of clinical materials and condonation of vacancy of faculty to a certain extent for recognition of the medical college.

Read: The Central Govt. letter dated 26th March, 2007 with regard to Establishment of a new medical college in North Eastern States, hilly and tribal areas in the country – Permission to utilize the facilities of Government/District hospitals for the purpose of clinical materials and condonation of vacancy of faculty to a certain extent for recognition of the medical college.

The members of the Adhoc Committee & Executive Committee deliberated upon the letter dated 26th March, 2007 of the Central Govt. wherein the suggestions for alteration/modification in the minimum statutory requirements to be fulfilled by the medical colleges in the North East, hilly and tribal regions.

It was noted that all medical colleges/institutions, owned privately or by the Govt. authorities in the country - in accordance with statutory regulations framed by the MCI with the prior approval of the Govt. of India - are required to fulfil the statutorily prescribed minimum requirements in every respect. The MCI has prescribed, under the provisions of the Indian Medical Council Act, 1956 and the statutory regulations made thereunder, only the **minimum requirements** to be fulfilled by all medical colleges/ institutions irrespective of the fact whether they are privately owned or are being run by Govt. authorities. These **minimum requirements** laid down u/s 33 of the Act are to be fulfilled by each medical college/institution for imparting medical education.

It was noted that the suggestions on behalf of the Govt. of India as mentioned in the above-mentioned letter dated 26.03.2007 in relation to the North East, hilly and tribal regions medical colleges are to the following effect : -

- (a) For permitting applicants u/s 10A proposing to start new medical colleges in the North-Eastern, hilly and tribal areas, to utilise the facilities of other Govt./District Hospitals for clinical material for teaching purposes upto ten years from the date of permission for establishment of medical colleges;
- (b) For condoning upto 15% deficiency of teaching faculty available at the time of recognition of the medical college; and
- (c) For permitting upto 65% bed occupancy in hospitals attached to private medical colleges in such areas;

MINIMUM STATUTORY REQUIREMENTS

The statutory regulations of the MCI framed u/s 10A and Section 33 of the Act lay down the minimum infrastructural, teaching and other requirements to be fulfilled by each of the medical colleges/institutions. They, inter-alia, relate to providing **minimum** number of medical teachers, manpower, hospital with required **minimum** number of beds and the stipulated **minimum** bed occupancy etc.

Provision for a hospital of minimum of 300 beds - owned and managed by the college authorities, in the same campus, to be gradually developed in a phased manner, as provided in the statutory regulations, upto a minimum of 500 beds hospital – during the total period of 4-½ years - is the **minimum** statutory requirement as per the MCI regulations.

This hospital owned and managed by the college authorities in the same campus has to fulfil all the **minimum** prescribed norms as per the statutory regulations and should be complete in all respects when the 1st batch admitted in the MBBS course undergoes the final examination at the end of 4-½ years of teaching and training and when the college is inspected for that purpose and for recommendation for grant of recognition.

Any new applicant opening the proposed new medical college, alongwith its application has to mandatorily submit the Essentiality Certificate from the respective State Govt. under Establishment of New Medical College Regulations, 1999 without which the application for opening of new medical college is not processed further. It was noted that in the Essentiality Certificate prescribed in Statutory Form-2 of Establishment of Medical College Regulations, 1999, the following certificate has to be given by the respective State Govt.:-

It is certified that –

“.....(a) the applicant owns and manage a 300 bedded hospital which was established in

.....(d) adequate clinical material as per the MCI norms is available.”

In this context, it was observed that Regulation B.1.8 of the Minimum Standard Requirements for the Medical College Regulations for 50/100/150 admissions, 1999 read with Establishment of Medical College Regulations, 1999 prescribes that the average occupancy of indoor beds shall be a minimum of 80% per annum in the hospital owned and managed by the college and located in the unitary campus. This minimum requirement and essentiality certificate has been upheld by the Hon'ble Supreme Court through its various pronouncements including its judgement in the case of Govt. of A.P. & Anr. Vs. Medwin Educational Society and Ors. – (2004) 1 SCC 86 held as under:

".....23. It is not in dispute that one of the qualifying criteria to render an association eligible for permission to set up a new medical and dental college is to the following effect:

'Essentiality certificate regarding the desirability and feasibility of having the proposed medical college/ dental college at the proposed location has to be obtained by the applicant from the respective State Governments or the Union Territory Administration and that the adequate clinical material is available as per Medical Council of India's requirements.'

24. The statutory requirements as laid down in the Act and the Regulations are, therefore, required to be complied with before application filed by the person or association for setting up medical college is taken up for consideration.

Thus it is difficult to comprehend that an institute which is having 80% bed occupancy at the time of application, as certified by the respective State Govt. in its Essentiality Certificate, which is to be made one year prior to the date of commencement of academic session as per the time schedule, will fail to create and maintain the required clinical material in the same hospital after starting of the college.

However, it was only with a view to tide over the shortage of patients, in the light of minimum prescribed numbers of outdoor and indoor patients not being available in the case of certain colleges, in the initial stage of setting up of their own hospital - reliance upon the patients/clinical material for the training of the students, within the close vicinity Govt. hospitals had been temporarily permitted for a very short period. Needless to emphasise that this was obviously - in addition and besides the stipulation of setting up of a 500 beds hospital (for 100 MBBS admissions annually) owned and managed by the college authorities.

There is no permissibility for any college to not to provide a full fledged well equipped hospital with minimum of 500 beds and with the required outdoor and indoor patients and for seeking recognition when the 1st batch admitted in the college is undertaking the final examination of MBBS.

It was only for this purpose that in certain cases where the colleges, after setting up of their own hospital of 300 beds at the inception and to be developed upto 500 beds hospital in a period of 4 ½ years that for initial problems in providing the minimum required patients/clinical material for the training of medical students that for a maximum period of 3 years for additional patients/clinical material, arrangements only for that purpose and for that period of 3 years alone, with district and other Govt. hospitals was being permitted. The relevant portion of the Govt. of India letter dated 4th May, 2000 is quoted below:-

“In the interest of teaching and training of students, Govt. has decided that the authorities of new medical colleges may be permitted to utilize facilities of other Govt./District hospitals for the purpose of clinical material for teaching where beds of these hospitals should be under the total administrative control of medical college. The facilities of clinical material thus utilized shall be over and above the minimum beds stipulated under regulations of MCI. It is emphasized that any applicant for starting a medical college should own and manage 300 bedded hospital.

Further, such an arrangement of training of students be permitted for a period of three years from the date of grant of permission by the Central Govt. for establishment of a new medical college and during this period the concerned medical college should take

necessary steps to make the clinical material available in its own hospital.”

It was vide letter of the Central Govt. dated 4th May, 2000, new medical colleges in the country, after they had shown that they have established their own hospital of 300 beds at the inception itself and the hospital is in the same campus and managed by the college - were permitted to utilize the additional clinical material of other Government/District hospitals for a **period of three years from the date of grant of permission** by the Central Govt. for establishment of a new medical college mainly for utilization of clinical material for teaching purposes.

This period of utilization of the additional clinical material at Govt. hospitals for teaching purposes for three years now suggested to be increased to 10 years is without any proper justification or reason and is not permissible under the statutory regulations whereby and whereunder no medical college/institution can be permitted any consideration for grant of recognition u/s 11(2) of the IMC Act, 1956 unless, within the period of 4 ½ years, after it had satisfied the requirement of its own 300 beds hospital at inception in its campus and which is developed to 500 beds hospital – that this hospital is complete in all respects as per the statutory regulations providing the minimum requirements including the required number of medical teachers, staff, clinical material outdoor, indoor, 80% bed occupancy and 8 OPD patients/students.

The consideration for grant of recognition, as per the statutory scheme, is not at all permissible in the absence of the college authorities having its own hospital in its campus fulfilling all the requirements and without having reliance on the clinical material from any other hospital not owned and managed by the college authorities and which is also not located within the campus.

Any proposal/suggestion in increasing the period of utilization of Govt. hospitals arbitrarily to 10 years, will lead to a situation that the institute may be claiming recognition/approval for the award of MBBS students even when adequate clinical material is not available in its own hospital and which would apparently mean that the institute is not fully compliant in respect of the minimum standard requirements as prescribed under the Regulations. This would be not only contrary to the scheme of the Act and Regulations but would also be detrimental to the growth and development of medical education and health services in such areas.

The second issue relates to the deficiencies of the teaching faculty. As per the joint decision arrived at between the Council and the Central Govt., a maximum of 5% of deficiencies in the teaching faculty in the Govt. medical colleges was being permitted because of the administrative delay which was taking place in filling the vacancies in the Govt. medical institutions as the recruitment of medical teachers in the Govt. medical institutions have to be routed through the Public Service Commission(s) which is a time consuming process.

Vide letter dated 15th July, 2004, the Central Govt. had requested the Council for further relaxation in respect of the Govt. Medical Institutions whereby the Council is permitting 10% deficiency in teaching faculty in the Govt. medical institutions since then. The Council is of the firm view that no further relaxation in this regard is permissible. Any further impermissible relaxation contrary to the statutory scheme, would inevitably lead to impermissible dilution in the **minimum** standards of medical education as qualified faculty in sufficient strength would not be available to train the students for hands-on teaching, which is the essential component of medical education.

COLLEGES IN NORTH-EASTERN STATES

Similarly, the suggestion that the medical colleges especially in North Eastern State are unable to draw the faculty required as per Regulations because of terrain condition, non-availability of basic facilities etc. is not at all tenable in

view of the fact that these are **minimum** statutory requirements to be fulfilled by all medical colleges and further that two newly established medical colleges in Tripura – one in the Govt. sector and one in the private sector have been able to attract the teaching faculty as prescribed under the Regulations both at the time of the initial LOP and subsequent renewal. In the case of Regional Instt. Of Medical Sciences, Imphal which is conducting many postgraduate courses as well, the deficiency of teaching faculty has been observed to be 6.7%, after considering the enhanced requirement for postgraduate courses, at the last inspection conducted by the Council on 6th & 7th October, 2006.

Even in the case of the Sikkim Manipal Instt. Of Medical Sciences, as has been claimed by the Institute, due to its persistent efforts, it has been able to reduce the deficiencies of its teaching faculty to 11.5% at the time of its inspection in September, 2006 and below 10% since then because of the active recruitment drive by the Institute.

Thus it is evident that the teaching faculty is available within permissible limit even in the North East when the concerned colleges have made active efforts to recruit the same.

STATUTORY REQUIREMENT OF MINIMUM 80% BED OCCUPANCY

The members of the Adhoc Committee and Executive Committee further noted that the indoor bed occupancy in a teaching hospital has been fixed at 80% on the basis of 1 student:1 bed:1 patient principle. This has been derived from the fact that in any medical college having 100 admissions, at any given point of time, there will be approximately 400 students undergoing studies in different clinical departments.

The prescribed bed strength for a college having 100 admissions is 500 and 80% of bed occupancy would mean that at any given point of time 400 beds would be filled with patients. With the average patient turnover period of around seven days, the patients would be changing at a cycle of 7 days which would ultimately result in each student getting one new patient on one bed allotted to him for his clinical studies, after a week.

Any dilution, not permissible in law, in any case would inevitably result in deterioration of the **minimum** standards and the quality of medical education. As the ratio of one student to one bed would be disturbed leading to inadequate patients/clinical for hands-on training which is a statutory imperative for conduct of undergraduate medical course and for proper teaching and training of MBBS students. There is neither any justification nor any permissibility for any further reduction in the minimum statutory requirement of 80% bed occupancy.

The most crucial and significant aspect which cannot be ignored by anyone is that the function of a teaching hospital is not only to provide health services but also to teach medical students and in the absence of **minimum prescribed** clinical material, practical training which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant with all the aspects of clinical medicine. This scenario is not desirable in a teaching hospital. It is in this context, the Hon'ble Supreme Court was pleased to recognize and enforce the following crucial and significant aspects of medical education by observing in its judgement in the case of MCI –Vs. State of Karnataka – (1998) 6 SCC 131, as under:-

“.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked

medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study....”

The claim that any new hospital in North East with its peculiar terrain and residential patterns, unique morbidity profiles and socio-cultural practices needs time to develop towards a patient level easily achievable in towns in other parts of the country is not tenable particularly in view of the fact that a general non-teaching hospital is able to attract clinical material in a great abundance. **It would be relevant in this context to mention that since the enforcement of minimum prescribed requirements is an imperative for each medical college/institution that in similar circumstances, the MCI and the Ministry of Health had insisted for compliance in the case of Dr. Rajendra Prasad Medical College, Tanda which had been established by the State of Himachal Pradesh. On similar pleas raised by the State of Himachal Pradesh, when the Hon'ble Himachal Pradesh High Court had granted permission for admissions to the State Govt. for this new medical college, in the appeals filed by the MCI and the Govt. of India, the Hon'ble Supreme Court had stayed the judgement of the Hon'ble High Court. It was on the State of H.P. subsequently providing the minimum prescribed infrastructural, teaching and other facilities that the permission u/s 10A had been granted.**

It also deserves to be noted that the fundamental parameter of good quality medical education, inter-alia, is availability of the minimum required clinical material and qualified teaching faculty prescribed through the statutory regulations and held to be binding and mandatory on all concerned. To achieve this purpose it has been the practice of all the medical institutions all over the world including India that the treatment of the patients who are being utilized as a source of clinical material by the medical teachers has to be undertaken by the teachers themselves at the teaching institution, because they have to demonstrate and train the medical students on all aspects of clinical practice including examination, investigation and treatment.

Another aspect to be considered is that the concerned college may be admitting students not only from Northeast or hilly area but from other regions of the country and NRI as well. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of 5 years or in an institute where teaching faculty is not available in adequate proportion would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. It is also pertinent to note that the graduates of this institute may not necessarily settle in the North East, hilly or tribal areas only but would spread all over the country or the world in the years to come.

Exposing the population at large to treatment by such students who have not been adequately trained because of absence of minimum statutorily prescribed clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that compliance with the minimum stipulated requirement of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution and has also been unexceptionally provided through the statutory regulations and the provisions of the Indian Medical Council Act, 1956.

It is also to be noted that the Regulations of the Council are statutory and binding & mandatory in character. The recommendations of the Council to the Central Govt. are based upon the regulations framed by the Council u/s 33 of the Act. The Minimum Standard Requirements for 100 Admissions Annually Regulations, 1999, are uniformly applicable all over the country and there is no difference insofar as the fulfilment of minimum prescribed infrastructural, teaching and other facilities are required to be provided by each medical

college/institution notwithstanding factors such as different areas of the country as the Regulations prescribe the minimum norms it is neither appropriate nor permissible to contend any dilution or relaxation of minimum norms which have universal applicability.

For providing and fulfilling the minimum norms in the field of medical education, no plea of any hardship or lack of resources should and/or can ever be permitted to come in the way in the enforcement of the minimum norms laid down by the statutory regulations, in the larger public interest.

In view of above, the members of the Adhoc Committee and Executive Committee were firmly of the view that it is not only unjustifiable, undesirable but unethical to permit any institute in any part of the country with the compromised teaching faculty, clinical material and infrastructure attainment, which are the three most important components of medical education resulting into degradation of the standards of medical education as the graduates from such institute will be dealing with lives of human beings. Hence considering all the factors in totality, the members of the Adhoc Committee and Executive Committee decided to refer the letter back to the Central Govt. requesting and re-emphasising to the Central Govt. regarding **non-permissibility** under the provisions of the Act and the statutory regulations of any such reduction/dilution in the minimum statutorily prescribed requirements for hospital to be owned and managed by the college in its campus, minimum number of medical qualified medical teachers and minimum prescribed outdoor, indoor patients and minimum of 80% bed occupancy etc.

36. SC/STDD – Admission to Medical Courses – 40% marks in Entrance Examination – Relaxation – Reg.

Read: The letter dated 15.3.2007 from Sh. J. Sudhakaran, Secretary to Government, SC & ST Dev(A) Department, Thiruvananthapuram with regard to SC/STDD – Admission to Medical Courses – 40% marks in Entrance Examination – Relaxation.

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

As per clause 5(ii) of the Medical Council India Regulations, on Graduate Medical Education, 1997, notified in the Gazette of India, dt. 17th May, 1997 the eligibility criteria for the selection of students for MBBS course shall be as under:-

“5 Procedure for selection to MBBS course shall be as follows:-

ii) In case of admission on the basis of competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum 50% marks taken together in Physics, Chemistry & Biology at the qualifying examination as mentioned in Clause (2) of Regulation 4 and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry & Biology taken together in the competitive examination. In respect of candidates belonging to Schedules Casts, Scheduled Tribes or other Backward Classes the marks obtained in Physics, Chemistry & Biology taken together in qualifying examination and competitive entrance examination by 40% instead of 50% as stated above.

Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he may be provisionally permitted to take up the competitive entrance examination and in case of selection for admission to the MBBS course, he shall not be admitted to that course until he fulfils the eligibility criteria under Regulation 4.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that these Regulations being notified under Section 33 of the IMC Act, 1956 are statutory regulations, binding and mandatory in character. These Regulations have to be followed by all the authorities.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the Hon'ble Supreme Court in WP(C)No.290 of 1997 – Dr. Preeti Srivastava and Anr. Vs. State of M.P. and Ors. and also observed as under:-

“It is for the Medical Council India to prescribe any special qualifying marks for the admission of the reserved category candidates to the postgraduate medical courses. However, the difference in the qualifying marks should be at least the same as for admission to the undergraduate medical courses, if not less”.

It was also further noted that the judgement of the Hon'ble Supreme Court of India dt. 28.7.2003, the State of Madhya Pradesh & Ors. Vs. Gopal D. Tirthani & Ors. and observed as under:-

“The requirement of minimum qualifying marks cannot be lowered or relaxed contrary to Medical council of India Regulations framed in this behalf”.

In view of the above, as per Clause 5(ii) of the Regulations on Graduate Medical Education, 1997 and pronouncement of the Hon'ble Supreme Court in various judgements as shown above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it is neither permissible nor open for the Council or any other authority to re-consider or to relax the norms and the criteria of eligibility for admission to MBBS course.

37. Complaint against Management of Dayanand Medical College and Hospital, Ludhiana as alleged by Executive Members, Society for Medical Ethics(Regd).

Read: The matter with regard to Complaint against Management of Dayanand Medical College and Hospital, Ludhiana as alleged by Executive Members, Society for Medical Ethics (Regd).

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002 and the responses received from various agencies on the subject matter and observed as under:-

Regulations 6.4.1 & 6.4.2 under the heading “Rebates and Commission” of the Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002 states as under:-

“6.4.1 A physician shall not give, solicit or receive nor shall he offer to give, solicit or receive, any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. A physician shall not directly or indirectly, participate in or be a party to act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

6.4.2 Provisions of para 6.4.1 shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic purposes or other study/work. Nothing in this section, however, shall prohibit payment or salaries by a qualified physician to other duly qualified person rendering medical care under this supervision.”

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the Regulations 6.4.1 and 6.4.2 pertain to a situation wherein a physician receives any gift, gratuity, commission or bonus in consideration of or return, recommending or procuring of any patient for medical, surgical or other treatment to another physician whenever such a referral takes place. Regulations 6.4.1 & 6.4.2 do not pertain to a situation wherein a physician receives his salary/emoluments partly

through a fixed amount and partly through a percentage of the amount charged by the hospital in respect of the patients treated by him.

It was also observed that this is more relevant when payment of such a percentage is in lieu of salary either in full or in part payable to a doctor. It was also observed that the total emoluments/pay-package available to a doctor has to be commensurate with the pay and allowances payable to a doctor of similar standing and experience, if such a package includes a small fixed monthly payment coupled with part payment by way of percentage of the fee charged by the hospital to a patient treated by the same physician.

In the instant case, it was observed that Dr. Nilanjana was paid a total salary of Rs.14,500/- per month which includes Basic Pay, DA & NPA which is very low as compared to the present pay and allowances of the consultants with the same degree of expertise. To compensate for payment of such reduced amount of salary, she has been allowed a share from the hospital at 12% on all the procedures and 15% of all the operations in respect of patients treated by her.

It was also observed that under the regulations, viz. Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002, it is conduct of individual physician/registered medical practitioner who fall within its purview and under the regulations the medical institutions as such do not get covered. In any case, in the facts of the present issue pertaining to Dayanand Medical College, it is observed that the individual physician is being paid a portion of her salary/pay package partially by a fixed monthly payment and partially through a percentage of the revenue being generated by the Hospital and to be paid to the physician treating the patients.

In view of above and after due deliberations, the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that payment to Dr. Nilanjana by way of salary plus a fixed percentage of the fee charged by the hospital for the patients, when paid in a transparent manner, it would not amount to unethical practice as per Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2002. However, the institution be advised not to use terminology of "commission" in its pay package and ensure that this methodology is carried-out in a completely transparent manner and there is no exploitation of patients.

38. Approval of Minutes of the Teachers Eligibility Qualifications Sub-Committee held on 2nd February, 2007.

Read: The minutes of the Teachers Eligibility Qualifications Sub-Committee held on 2nd February, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Teachers Eligibility Qualifications Sub-Committee held on 2nd February, 2007 except item no. 10 "*Starting of DM (Neonatology) course at Seth G.S. Medical College, Mumbai-regarding*", which was decided to refer back to Teachers Eligibility Qualifications Sub-Committee.

39. Approval of Minutes of the Registration & Equivalence Committee held on 22nd March, 2007.

Read: The minutes of the Registration & Equivalence Committee held on 22nd March, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Registration & Equivalence Committee held on 22nd March, 2007 with the following modifications:-

The members of the Executive Committee in its meeting held on 2.4.2007 where the members of the Ad hoc Committee appointed by the Hon'ble Supreme Court were also present while considering the minutes of meeting of Registration and Equivalence

Committee dated 23.03.2007 in relation to the issue of registration of certain candidates, referred to the opinion given by the Id. Additional Solicitor General of India, the relevant portions of the legal opinion reads as under:-

“My opinion has been sought in regard to the fate of 14 candidates, who had applied for registration prior to 15th of March 2001. It has been pointed out that they were given provisional registration pending inquiry into the matter and the inquiry from the Embassy has revealed that these students had given a false declaration and had not completed their studies in the recognized colleges. Since they were covered by the judgement of the Hon’ble Supreme Court reported in (2002) 3 SCC 696, MCI Vs. Indian Doctors from Russia, therefore as far as they are concerned they were entitled to the one-time relaxation in their education in unrecognized institutions provided they carry on internship for further period to cover up for education in unrecognized institutions. It is true that these period have given false declaration. Obviously these declarations must have been made before the judgement of the Hon’ble Supreme Court. They may have been misled to give this declaration. Either they themselves may not have known these institutions be recognized and themselves be victim of cheating at the hands of unscrupulous educational shops. In view of the fact that the Supreme Court has given one-time relaxation, MCI could consider on registration after they complete the further period of internship. It would be harsh to deny them registration. The institution should take a liberal view in the matter. The case of Raj Kamal will also have to be decided on the lines of the other 14 candidates in view of the judgement of Hon’ble Supreme Court referred to above.”

After perusing the orders of the Hon’ble Supreme Court and the relevant provisions of the I.M.C. Act, 1956 & the Regulations framed thereunder, the members of the Executive Committee & Adhoc Committee decided as under:-

- i) The Hon’ble Supreme Court in its judgement dated 8.3.2002 in the case of MCI Vs. Indian Doctors from Russia Welfare Association & Ors had noticed various irregularities in the admissions of candidates in the medical courses in medical institutions in the erstwhile States of USSR. One of the category which had been considered by the Hon’ble Supreme Court was whether the candidates had either taken admission in an unrecognized medical colleges or did not undergo the complete duration of 6 years of the medicine course after undergoing language training for a period of 1 year.
- ii) It is to be observed that the Screening Test Regulation had come into force w.e.f. 13.02.2002. It has been laid down by the Hon’ble Supreme Court in its judgement dated 8.3.2002 that the candidates who had come back with their medical qualifications from the medical institutions of erstwhile States of USSR and make their applications to the MCI for grant of registration **after 15.3.2001**, they shall additionally be obliged to qualify in the Screening Test. The candidates who had applied for grant of registration before 15.3.2001, were not under any obligation to qualify the Screening Test.
- iii) Having regard to the relevant facts that some of which are mentioned above, the Hon’ble Supreme Court in para 6A(i) to 6(C) of the judgement laid down as under:-

“ 6(A) The case of all persons who applied for registration to MCI prior to 15.3.2001 shall be dealt with according to the provisions of the Act as existing prior to the commencement of the IMC (Amendment) Act, 2001 subject to the following:-

(i) Those students who obtained degrees where the total duration of study in recognised institutions is less than six years (i.e. where a part of the study has been in unrecognised institutions, or the total length of study in a recognised institution is short of six years), shall be granted registration by MCI provided that the period of shortfall is covered by them by way of additional internship over and above the regular internship of one year. In other words, for such categories of students, the total duration of study in recognised institution plus the internship, would be seven years, which is the requirement even otherwise.

(ii) Where students who did not meet the minimum admission norms of MCI for joining undergraduate medical course, were admitted to foreign institutes

recognised by MCI, this irregularity be condoned. In other words, the degrees of such students be treated as eligible for registration with MCI.

(B) All students who have taken admission abroad prior to 15.3.2002 and are required to qualify the Screening Test for their registration as per the provisions of the Screening Test Regulations, 2002 shall be allowed to appear in the Screening test even if they also come in the categories of circumstances contained in A(ii) above, as the relaxation contained therein would also be applicable in their case. In other words, any person at present undergoing medical education abroad, who did not conform to the minimum eligibility requirements for joining an undergraduate medical course in India laid down by MCI, seeking provisional or permanent registration on or after 15.3.2002 shall be permitted to appear in the Screening Test in relaxation of this requirement provided he had taken admission in an Institute recognised by MCI. This relaxation shall be available to only those students who had taken admission abroad prior to 15.3.2002. From 15.3.2002 and onwards all students are required to first obtain an Eligibility Certificate from MCI before proceeding abroad for studies in Medicine.

(C) The categories of students not covered in A(i) & (ii) above and whose entire period of study has been in medical college not recognised by MCI, will be allowed to appear in the Screening test for the purpose of their registration provided they fulfil and the conditions laid down in the IMC (Amendment) Act, 2001. In other words, the qualification obtained by them must be qualification recognised for enrolment as medical practitioner in the country in which the institution awarding the same is situated and they must be fulfilling the minimum eligibility qualification laid down by MCI for taking admission in an undergraduate medical course in India. They shall not be entitled for any relaxation.”

ADDITIONAL INTERNSHIP IS AN IMPERATIVE

- iv) Through para 6A(i) the Hon'ble Supreme Court has clearly laid down that a candidate who had made an application for grant of registration **before 15.3.2001** but had not undergone the complete duration of 6 years of teaching and training of the medicine course in a recognized medical college, each of such candidate shall be obliged to undertake an additional internship equivalent to the period spent in an unrecognized medical college. There is no requirement under the Screening Test Regulations for any such candidate who had made an application for registration **before 15.3.2001** to qualify in the Screening Test.
- v) With reference to such candidates the Id. Additional Solicitor General of India has opined that when any such candidate had made an incorrect declaration to the MCI in his application for grant of registration prior to 15.3.2001 - the candidate may be considered for grant of registration with the stipulation for additional internship i.e. over and above the prescribed internship of 12 months - equivalent to the period spent in an unrecognized medical college.

For example, if a candidate has undergone one year of teaching and training in the medicine course out of total period of 6 years, in an unrecognized medical college – such a candidate who had made an application for grant of registration **prior to 15.3.2001** – shall be obliged to undertake internship for a total period of 2 years i.e. 1 year being the period of normal internship and extra period of 1 year equivalent to the period spent in an unrecognized medical college.

- vi) The Executive Committee decided that it is not permissible for the MCI to suggest any candidate who had taken admission in an unrecognized medical college apply for registration **before 15.3.2001** of being given an option to qualify the Screening Test and not to take an additional internship equivalent to the period spent in an unrecognized medical college. It is reiterated and reemphasized that as per the judgement of the Hon'ble Supreme Court dated 8.3.2002 all such candidates who had applied for grant of registration before 15.3.2001 – had not undergone the complete teaching and training for

the duration of 6 years of medical course in a recognized medical college, it is absolutely obligatory for them to undergo the additional internship equivalent to the period spent in an unrecognized medical college notwithstanding whether they have qualified in the Screening Test or not.

ADDITIONAL INTERNSHIP IS AN IMPERATIVE NOTWITHSTANDING THE CANDIDATE QUALIFYING IN THE SCREENING TEST

- vii) It has also been observed by the Id. Additional Solicitor General of India in his opinion that additional internship for such a candidate is a must notwithstanding that any such candidate has qualified in the Screening Test. With reference to the case of one candidate namely Raj Kamal the Id. Additional Solicitor General of India has opined that his case also be decided by the MCI on the basis that he shall be required to undergo the additional internship equivalent to the period spent in an unrecognized medical college i.e. in the same manner for which the opinion has been given for 14 other candidates.

APPLICATIONS FOR REGISTRATION BY SUCH CANDIDATES MADE TO MCI AFTER 15.3.2001

- viii) It was also considered in relation to similarly placed candidates i.e. who had not undergone the duration of 6 years of the medicine course in recognized medical college – had submitted their applications to the MCI for grant of registration **after 15.3.2001**, besides and in addition to the requirement of undergoing additional internship equivalent to the period spent in an unrecognized medical college, such candidates shall also be statutorily required to qualify in the Screening Test.
- ix) In other words, a candidate who had applied for registration to the MCI **after 15.3.2001** and had spent 2 years in an unrecognized medical college, such a candidate shall be required to (i) qualify the Screening Test and also (ii) undertake a minimum of 3 years of internship i.e. one year regular internship of additional internship for a period of 2 years equivalent to the period spent in an unrecognized medical college.

CASES WHERE REGISTRATION CANNOT BE GRANTED BY THE MCI

- x) It was also considered that there are certain candidates, members of Indian Doctors from Russia Welfare Association, who had taken admission in unrecognized medical colleges and had also made applications to the MCI **prior to 15.3.2001**. However, pursuant to the orders of the Hon'ble Supreme Court dated 17.4.2000, they had submitted false affidavits before the Hon'ble Supreme Court/Council regarding the time they had spent in an unrecognized medical colleges. These candidates were declined registration on account of filing false affidavits to the MCI / the Hon'ble Supreme Court.
- xi) They had filed an application being IA No.8/2003 in CA No.2779/2000 before the Hon'ble Supreme Court. Their applications for grant of registration by quashing the MCI letter dated 20.6.2002 had been dismissed by the Hon'ble Supreme Court by an order dated 4.4.2003. Thereafter, this association had filed writ petition being WP(C) No.426/2003 – Indian Doctors from Russia Welfare Association Vs. MCI before the Hon'ble Supreme Court for grant of relief for registration. This writ petition was dismissed by the Hon'ble Supreme Court on 15.9.2003.
- xii) Thereafter, the MCI had issued communications to all such candidates informing them that in the light of the orders passed by the Hon'ble Supreme Court dismissing IA No.8 on 4.4.2003 and WP(C) No.426/2003 on 15.9.2003, it is not permissible for the MCI to grant registration to them at all. Such decision by the office of the Council is according to the orders passed by the Hon'ble Supreme Court on 4.4.2003 and 15.9.2003. These candidates are not at all entitled for grant of registration by the MCI.”

40. Award of House Keeping Contract for the Council Building.

Read: The matter with regard to award of House Keeping Contract for the Council Building.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the award of House Keeping Contract for the Council Building as per the terms & conditions of the tender to the lowest qualifying bidder (L-1) i.e. M/s. Vigilant Security, Placement & Detective Services for a period of 6(six) months extendable by another period of 6 (six) months if the work is found satisfactory.

Office Note: Office was directed to insert the clauses for penalty/termination of the contract in case of non-fulfillment of the conditions while awarding the contract. The Office was further directed to carry out the random checking on different days to verify whether the House Keeping services are being provided as per the terms & conditions of the tender.

41. Award of Security Contract for the Council Building.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the award of Security Contract for the Council Building as per the terms & conditions of the tender to the lowest qualifying bidder (L-1) i.e. M/s. Vigilant Security, Placement & Detective Services for a period of 6(six) months extendable by another period of 6 (six) months if the work is found satisfactory.

Office Note: Office was directed to insert the clauses for penalty/termination of the contract in case of non-fulfillment of the conditions while awarding the contract. The Office was further directed to carry out the random checking on different days to verify whether the Security services are being provided as per the terms & conditions of the tender.

42. M.R. Medical College, Gulbarga – Approval of college against increased intake from 100 to 150 and renewal of permission for admission of 7th batch of MBBS students against the increased intake i.e. 100 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (12th & 13th March, 2007) for approval of college against increased intake from 100 to 150 and renewal of permission for admission of 7th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at M.R. Medical College, Gulbarga.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (12th & 13th March, 2007) and noted the following:-

1. Clinical material is inadequate as under:

	Daily Average	Day of Inspection
Bed occupancy%	77.3%	64.5%
<u>Operative work</u>		
Number of normal deliveries		
Number of caesarian Sections	02 01	00 02
<u>Radiological Investigations</u>		
X-ray	85	55

2. Teaching beds are deficient by 42 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
<u>Medicine & Allied Specialities</u>			
General Medicine	180/6	164/6	16 beds
Paediatrics	90/3	60+21=81/3	09 beds
Skin & VD	30/1	23/1	07 beds
<u>Surgery & Allied Specialities</u>			
General Surgery	180/6	170/6	10 beds

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3. Health Centers: It is under the control of the Govt. of Karnataka and the college is allowed to use its facilities for teaching purposes. No audio-visual aids have been provided.
 4. Hostel accommodation is inadequate as it is available only for 637 students against the requirement of 750. A&B Block hostel meant for boys is overcrowded as it has capacity to accommodate only 2 students in each room. Only 52 rooms of Girls Hostel are spacious enough to accommodate 3 per room and others are over crowded. There is no indoor games or Gymanisum available for Boy's Hostel. 20 rooms in the Boy's Hostel are under renovation.
 5. Residents accommodation is inadequate as it is available only for 63 residents against the requirement of 250. Maulana Azad Memorial Hostel located at a distance of 3 kms. away from the college which accommodates mostly Engineering College students has been identified as an additional hostel facility for 200 male resident doctors which is not as per Regulations. These rooms are yet to be allotted.
 6. Nurses accommodation is grossly inadequate.
 7. Accommodation available for teaching faculty is inadequate.
 8. Dr. H. Veerabhadrapa, 58 years is the Medical Superintendent of Sangameshwar Hospital but not qualified to hold the post as he has only 7 years of administrative experience which is not as per Regulations.
 9. Audiometry room is not adequately soundproof.
 10. In the department of Forensic Medicine, no postmortem is being done at present, though there is a permission available from the State Govt.
 11. Books in the departmental libraries of TB & Chest and Psychiatry are inadequate.
 12. In clinical departments, adequate teaching area is not provided in the wards. Psychiatry ward and skin ward are located in a common area. There is no special protection provided for Psychiatry ward.
 13. In x-ray department, only 02 mobile (60 & 20mA) machines are available which is inadequate.
 14. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to approve M.R. Medical College, Gulbarga against the increase intake from 100 to 150 and further decided not to renew the permission for admission of 7th batch of MBBS students against the increased intake i.e. 100 to 150 for the academic session 2007-2008.

43. Midnapore Medical College, Midnapore - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (26th & 27th March, 2007) for renewal of permission for admission of 4th batch of students for the academic session 2007-2008 at Midnapore Medical College, Midnapore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 MBBS students at Midnapore Medical College & Hospital, Midnapore for the academic session 2007-08.

44. Institute of Postgraduate Medical Education & Research, Kolkata - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (28th & 29th March, 2007) for renewal of permission for admission of 4th batch of students for the academic session 2007-2008 at Institute of Postgraduate Medical Education & Research, Kolkata

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (28th & 29th March, 2007) and decided to recommend to the Central Govt. to renew the permission for

admission of 4th batch of 100 MBBS students at Institute of Postgraduate Medical Education & Research (IPGMER), Kolkata for the academic session 2007-08.

45. Rajarajeshwari Medical College & Hospital, Bangalore- Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (28th & 29th March, 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Rajarajeshwari Medical College, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (28th & 29th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students at Rajarajeshwari Medical College & Hospital, Bangalore for the academic session 2007-08.

46. Introduction of "Centrally Co-ordinated Bioethics Education for India" –attending the meeting of National Advisory Committee (NAC) to be held on 17.04.2007 at Bangalore at 2:00 p.m. –regarding.

Read: The email dt. 29.03.2007 from Dr. Nandini K. Kumar, DDG regarding introduction of "Centrally Co-ordinated Bioethics Education for India"-attending the meeting of National Advisory Committee (NAC) to be held on 17.04.2007 at Bangalore at 2:00 p.m.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the email dt. 29.03.2007 from Dr. Nandini K. Kumar, DDG regarding introduction of "Centrally Co-ordinated Bioethics Education for India" and decided the name of Dr. V.N. Jindal, Dean, Goa Medical College, Goa to attend the meeting of National Advisory Committee (NAC) to be held on 17.04.2007 at Bangalore.

47. Recognition of K.G. Hospital, Coimbatore for Compulsory Rotational Internship.

Read: The Council's Inspector report (March, 2007) for recognition of K.G. Hospital, Coimbatore for Compulsory Rotational Internship.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council's Inspector report (March, 2007) and noted that there are no separate wards for different departments and decided to advise the hospital for organizing the beds/wards as per unit pattern and defer the consideration till then.

48. Upgradation of Siemans Hipath 3750 Digital ISDN EPABX for PRI & Voice Mail.

Read: The letter dt. 09.03.2007 received from M/s Gurusons Communications (P) Ltd., New Delhi regarding Upgradation of Siemans Hipath 3750 Digital ISDN EPABX for PRI & Voice Mail.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dt. 09.03.2007 received from M/s Gurusons Communications (P) Ltd., New Delhi and directed the Secretary to call for the supplier and negotiate and finalize the proposal dated 9.3.2007 received M/s Gurusons Communications (P) Ltd., New Delhi for supply and installation of the Expansion Cabinet, PRI Card, Voice Mail for Upgradation of Siemans Hipath 3750 Digital ISDN EPABX and submit the revised proposal to the Executive Committee at its next meeting.

49. Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune - Renewal of permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 .

Read: The Council Inspectors report (28th & 29th March, 2007) for renewal of permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (28th & 29th March, 2007) and noted the following:-

1. The shortage of teaching faculty is 7.07% as under:
 - (i) Assoc.Profs.-5 (Physiology-3, Biochemistry-1, Forensic Medicine-1)
 - (ii) Asstt.Profs.-11 (Anatomy-2, Physiology-1, Lecturer in Bio-physics-1, Pharmacology-4, Forensic Medicine-1, Anaesthesia-1, Surgery-1.)
2. Total 24 flats for teaching faculty are available which is inadequate.
3. Accommodation available for undergraduate students hostel is 672 against the requirement of 750.
4. Resident Doctors Hostels are outside the campus which is not as per Regulations. There is no signboard in any of the hostels. No register of room allotment was available during inspection. Accommodation available for Resident Doctors is 192 against the requirement of 300.
5. In the female Intern Hostel, there is no warden room, visitor room, kitchen or recreation room. No check on the entry of outsiders. No register of allotment of the rooms. There is no hostel for male interns. Accommodation available for intern is 99 as against the requirement of 150.
6. The capacity of the demonstration room in the Forensic Medicine department is 40 each which is inadequate.
7. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune.

50. Hi-Tech Medical College & Hospital, Bhubaneswar - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 .

Read: The Council Inspectors report (28th & 29th March, 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Hi-Tech Medical College & Hospital, Bhubaneswar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (28th & 29th March, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100 (one hundred) MBBS students at Hi-Tech Medical College & Hospital, Pandara, Bhubaneswar for the academic session 2007-2008.

51. Establishment of new medical college at Bhubaneswar by Sikshya "O" Anusandhan Charitable Educational Society, Bhubaneswar, Orissa.

Read: The Council Inspectors report (07th & 08th February, 2007) together with verification of additional information inspection report 30th March, 2007 for establishment of a new medical college at Bhubaneswar by Sikshya "O" Anusandhan Charitable Educational Society, Bhubaneswar, Orissa u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (07th & 08th February, 2007) together with verification of additional information inspection report 30th March, 2007 and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Bhubaneswar by Sikshya "O" Anusandhan Charitable Educational Society, Bhubaneswar, Orissa u/s 10A of the I.M.C. Act, 1956 with an annual intake of 100 (Hundred) students for the academic session 2007-08.

52. Krishna Instt.of Medical Sciences, Karad - Renewal of permission for admission of 3rd batch of students against the increased intake i.e. 100 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (29th & 30th March, 2007) for renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Krishna Instt.of Medical Sciences, Karad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors reports (29th & 30th March, 2007) and noted the following:-

1(a) The shortage of teaching faculty is more than 5% as under:-

- | | | |
|-------|----------------|---|
| (i) | Assoc.Profs.-4 | (Anatomy-1, Biochemistry-1, Forensic Medicine-1, TB & Chest Diseases-1) |
| (ii) | Asstt.Profs.-5 | (Anatomy-3, Lecturer(Bio)-1, Medicine-1) |
| (iii) | Tutors-2 | (Anatomy-1, Microbiology-1) |

(b) Shortage of Residents is 11.20% as under:-

- | | | |
|------|----------------|---|
| (i) | Sr.Resident-3 | (Surgery-1, Anaesthesia-1, Ophthalmology-1) |
| (ii) | Jr.Resident-10 | (Medicine-3, Surgery-6, OBGY-1) |

2. Bed occupancy was 72% on the day of inspection which is inadequate. Only 2 major surgeries were performed on the day of inspection i.e. laprotomy-1, hernioplasty-1 which is also inadequate. On the day of inspection there were only 4 patients in the casualty. Out of these 4 patients only one patient of a haematuria required casualty admission.

3. Interns Hostel is inadequate. These 6 flats were closed at time of inspection, no segregation between boys and girls interns. There is no separate hostel for interns.

4. Accommodation is available for 96 residents which is inadequate as per Regulations.

5. Accommodation is available only for 72 nurses which is inadequate as per Regulations.

6. Separate hostels for interns is not available. There are 6 flats each having a capacity of 4. Thus, total accommodation available for 24 interns which is grossly inadequate. These flats are not furnished and no mess is available.

7. There is no lecture theatre in the hospital.

8. 800 nmA x-ray machine is not available.

9. Auditorium is not available.

10. Nursing staff is inadequate as under:-

Nursing Superintendent	01
Nursing Supervisors	17
Staff Nurses	169

11. In the department of Anatomy, cooling cabinet is available but is non-functional. There is no separate embalming room.

12. In the department of Forensic Medicine, Mortuary is non-functional. A two room asbestos roofing structure is available having an inbuilt stone autopsy table. A cooling cabinet for 3 bodies is available and functional. There is no gallery. It is not fly proof.

13. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Krishna Institute of Medical Sciences, Karad.

53. Establishment of a new Medical College at Pondicherry by the Govt. of Pondicherry – Request received from the Director, Puducherry Medical College Society, Puducherry to consider their application for the next academic session 2008-09.

Read: The letter dated 28/03/2007 from the Director, Puducherry Medical College Society, Perunthalaivar Kamaraj Medical College & Research Institute with regard to consideration of their application for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 28/03/2007 from the Director, Puducherry Medical College Society, Perunthalaivar Kamaraj Medical College & Research Institute and noted that the college has requested to keep the application alive for issue of letter of permission for the academic year 2008-09.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application recommending disapproval of scheme for establishment of new medical college at Pondicherry by the Govt. of Pondicherry u/s 10A of the IMC Act, 1956 and to return the file to the Central Government.

54. Establishment of new medical college/increase in seats in MBBS courses/renewal of permission for the academic year 2007-2008. and pending proposals for starting of new medical colleges – recommending regarding.

Read: The Central Govt. letter dated 16th March, 2007 alongwith letters dated 14th September, 2006, & 5th October, 2006, with regard to new application received for academic year 2007-08 and the pending applications (2004 and 2005) for establishment of new medical college/increase in seats in MBBS courses/renewal of permission for the academic year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 16th March, 2007 alongwith letters dated 14th September, 2006 and 5th October, 2006 with regard to new application received for academic year 2007-08 and the pending applications (2004 and 2005) for establishment of new medical college/increase in seats in MBBS courses/renewal of permission for the academic year 2007-2008 and observed that the present status of the applications covered under the letters of the Central Government cited above is as under:-

1. Applications for 2007-2008

S.No.	College	Compliance received before 15 th March, 07	Compliance received after 15 th March, 07	Remarks
1	Establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust.	Yes – 22.1.2007	-	Application is in order.
2	Establishment of new medical College at Azamgarh, U.P. by All India Children Care & Educational Development Society.	Yes – 12.2.2007	-	Application is not in order. Land documents deficient. The application has already been returned to the Central Government vide letter dated 21.3.2007 as the land documents are not in order.
3	Establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society.	Yes – 28.2.2007	-	Application is in order.
4	Establishment of new medical college at Nettayam, Thiruvananthapuram by T.S. Arunachalam Pillai Memorial Educational and Charitable Trust	-	-	Application is not in order. E.C. not in format.
5	Establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University	-		
6	Establishment of new medical	Yes – 19.1.2007	-	Application is not in

	college at Ponnambi, Vellarada, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust			order. E.C. not in format. The matter is placed before E.C
7	Establishment of new medical college at Sheikhpura, Patna by Indira Gandhi Institute of Medical Sciences(Autonomous Institute of Govt. of Bihar).	-	-	Application is in order.
8	Establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society.	Yes – 14.2.2007	-	Application is in order.
9	Establishment of new medical college at Jamuhar, Distt. Rohtas, Bihar Deo Mangal Memorial Trust, Rohtas, Bihar.	Yes – 15.3.2007	-	Application is in order.
10	Establishment of new medical college at Villupuram, Tamilnadu by Govt. of Tamilnadu	Yes – 8.1.2007	-	Application is in order.
11	Establishment of new medical college at Ragolu, Srikakulam Distt., Andhra Pradesh by Aditya Educational Trust	Yes – 25.1.2007	-	Application is not in order. E.C. not in format. The matter is placed before E.C.
12	Establishment of Rama Medical College Hospital and Research Centre at Rama Educational City, Mandhana, G.T. Road, Kanpur.	-	-	Placed before Executive Committee meeting held on 2.12.2006 and the application has already been returned to the Central Government vide letter dated 13.12.2006 as the Essentiality Certificate not in format.
13	Establishment of new medical college at Ramnagar, Patiala, Punjab by Gian Sagar Educational & Charitable Trust.	Yes – 2.1.2007	-	Inspection carried out. Report placed before Executive Committee.
14	Establishment of new medical college at Walayar, Kerala by V.N. Public Health & Educational Trust.	Yes - 12.1.2007	-	Application is not in order. E.C. not in format. The matter is placed before E.C.
15	Establishment of new medical college at Calicut, Kerala by Kunhitharuvai Memorial Charitable Trust	Yes – 19.1.2007	-	Application is in order.
16	Establishment of Fathima Institute of Medical Sciences at Kadapa, A.P. by Mohammadiya Educational Society.	Yes – 18.1.2007	-	Application is in order.
17	Establishment of Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust	Yes – 11.1.2007	-	Application is not in order. E.C. not in format. The matter is placed before E.C.

2. PENDING PROPOSALS OF 2005 -

S.No.	College	Compliance received before 15 th March, 07	Compliance received after 15 th March, 07	Remarks
1.	New Medical College at Beed by Aditya Educational Society	Yes – 25.1.2007	-	Application is in order.
2	New Medical College at Sardar Patel Instt. of Medical Sciences & Research Centre by Sardar Patel Shikshan Samiti, Lucknow	Yes – 7.9.2005	-	Application is in order.
3.	New Medical College at Barpeta,	Yes – 17.8.2006	-	Requested for 2008-2009

	Assam by Society for Medical Education			
4.	New Medical College at Amethi by Sanjay Gandhi Memorial Trust, New Delhi	Yes – 8.7.2006	-	Application is not in order. E.C. not in format. Also requested for 2008-2009
5.	New Medical College at Tirupati, Andhra Pradesh by SVIMS, University	-	-	Application is not in order E.C. not in format.
6.	New Medical College at Warangal by Medicare Educational Trust.	Yes – 4.10.2006 & 18.1.2006	-	Inspection carried out. Report is being placed before Executive Committee.
7.	New Medical College at Jorhat by Society for Medical Education	Yes – 20.7.2006	-	Requested for 2008-2009
8.	New Medical College at Shimoga by Govt. of Karnataka	Yes – 1.3.2007	-	Application is in order.
9.	New Medical College at Srinagar, Pauri Garhwal, Uttranchal by Govt. of Uttranchal	Yes – 21.9.2006 and 25.10.2006.	-	Application is in order.
10.	New Medical College at Pondicherry by Pondicherry Medical College Society, Pondicherry	Yes – 13.6..2006	-	Application is not in order. E.C. not in format. Also requested for 2008-2009
11.	New Medical College at Jadcherla by Governing Council of the Conference of Mennonite Brethren Church of India	Yes – 22.1.2007	-	Application is in order.
12.	Establishment of new medical college at Jadavpur, Kolkata by K.P.C. Medical College and hospital Society, Kolkata.	Yes – 7.7.2006	-	Application is in order.

3. PENDING PROPOSALS OF 2004 -

S.No.	College	Compliance received before 15 th March, 07	Compliance received after 15 th March, 07	Remarks
1.	New Medical College at Arogyavaram by CSI Arogyavaram Medical Centre, Chittor Distt. A.P.	Yes – 1.8.2005	-	Application is not in order University Affiliation deficient.
2.	New Medical College at Panikhati, Kumrup by Down Town Charity Trust, Guwahati, Panikhaiti, Assam	Yes - 8.6.2006	-	Application is in order.
3.	New Medical College at Bidar by Govt. of Karnataka	Yes – 22.2.2007	-	Application is in order.
4.	New Medical College at Raichur by Govt. of Karnataka	Yes – 22.2.2007	-	Application is not in order. University Affiliation deficient.
5.	New Medical College at Bhubaneswar by Kalinga Institute Industrial Technology (Deemed University), Bhubaneswar	Yes – 5.9.2006	-	Application is in order.
6.	New Medical College at Sitapur, Lucknow, U.P. by Career Convenent Educational & Charitable Trust, U.P.	Yes – 24.7.2006	-	Application is in order.
7.	New Medical College at Vikarabad, A.P. by Bhagwan Mahavir Memorial Trust, A.P.	Yes – 24.8.2006 & 15.3.2007	-	Application is not in order. E.C. not renewed & Affiliation

				deficient. Item is being placed before Executive Committee.
8.	New Medical College at Bishnpur Distt. by college of Medical Sciences Society, Manipur.	Yes – 30.8.2006	-	Application is in order.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed the statutory time schedule as per Regulations which is as under:-

SCHEDULE FOR RECEIPT OF APPLICATIONS FOR ESTABLISHMENT OF NEW MEDICAL COLLEGES AND PROCESSING OF THE APPLICATIONS BY THE CENTRAL GOVERNMENT AND THE MEDICAL COUNCIL OF INDIA.

<u>Stage of processing</u>	<u>Last date</u>
.....	
6. Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission.	15 th March
7. Recommendation of Medical Council of India to Central Government for issue of Letter of Permission.	15 th June.
8. Issue of Letter of Permission by the Central Government.	15 th July.

Note: (1) The information given by the applicant in Part-I of the application for setting up a medical college that is information regarding organization, basic infrastructural facilities, managerial and financial capabilities of the applicant shall be scrutinized by the Medical Council of India through an inspection and thereafter the Council may recommend issue of Letter of Intent by the Central Government.
(2) Renewal of permission shall not be granted to a medical college if the above schedule for opening a medical college is not adhered to and admissions shall not be made without prior approval of the Central Government....."

The members of the Adhoc Committee and of the Executive Committee also observed the judgement dated 12.1.2005 delivered by the Hon'ble Supreme court in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. in W.P. © Nos. 206 of 2004 wherein it was directed that:-

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

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

In view of above and in view of the directions of the Hon'ble Supreme Court to strictly adhere to the Time Schedule prescribed in the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return those applications to the Central Government recommending disapproval of the scheme wherein the eligibility criteria which are mandatorily required to be fulfilled under the Establishment of Medical College Regulations, 1999 are not fulfilled as the required documents in the prescribed format have not been provided for inspection for LOP after the cut-off date i.e. 15th March, 2007.

Office Note:- The Office was directed to communicate to the Central Government the decision of the Adhoc Committee & Executive Committee for each college separately.

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

Read: The compliance verification inspection report (14th & 15th March, 2007) to assess the undergraduate teaching and training facilities available at Kempegowda Instt. of Medical Sciences, Bangalore for continuation of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (14th & 15th March, 2007) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

a) The shortage of teaching faculty is 8% as under:-

- i) Professor 2(Biochem-1, TB & Chest-1)
- ii) Assoc. Prof. 4 (Anatomy-1, FMT-1, Pead.-1, Anaest-1)
- iii) Asstt. Prof. 7(FMT-2, Gen.Med.-2, Pead-1, TB & Chest-1, OBG-1)
- iv) Tutor 3 (Biochem-1, RD-2).

b) The shortage of Residents is 14% as under:-

- i) Sr.Resident 3 (Gen.Med.-1, Pead.-1, TB & Chest-1).
- ii) Jr.Resident 10 (TB & Chest-2, Derm.-1, Gen.Surg.-5, Ophthal-2).

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	904	570
Bed occupancy%	80%	60%

3. Hostel accommodation is available for 469 students against the requirement of 600.
4. There is no separate hostel for interns. Interns are accommodated in the Boys & Girls hostel respectively in 19 rooms with a capacity of 38 which is not as per the regulations.
5. There is no hostel for residents. Accommodation is available for 60 postgraduate students on the Ist & 3rd floor of the hospital which is inadequate.
6. There are total of 10 O.T with 26 tables which is not as per norms.
7. There is no Burns ICU.
8. Instrumentation for emergency care is inadequate as no defibrillator in the emergency operation theatre.
9. There are total 16 quarters for different categories of staff are nearing completion in the old college BSK campus in a G+3 stories building. These are also 4.5 kms away from the existing hospital.
10. The Medical College is located in 2 blocks. One campus is called Banashankari and the other block is in the North wing of the Engineering college building separated by a distance of 4.5 kms. The Banashankari campus houses the departments of Anatomy, Physiology, Biochemistry and Pharmacology while the north wing of the Engineering college building houses the departments of Pathology, Microbiology, Community Medicine and Forensic Medicine.
11. The new campus (Banashankari 2nd stage) building construction has been completed. The civil work is in progress. The furnishing remains to be done. As per the undertaking given by the Principal, KIMS in the previous inspection of November, 2006, pre and para clinical departments were to be shifted to the new premises by the end of Jan/Feb 2007, which has not been complied with.
12. In the Anatomy Department, there are 2 demonstration rooms each having 50 and 25 seats which is inadequate.
13. In Pathology Department, there are 2 demonstration rooms with capacity of 35 and 15 seats which is inadequate.
14. Other deficiencies as pointed out in the inspection report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act, 1956 and further decided that the institute be asked to submit its compliance within a period of one month.

Office Note:- The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the Office to place the inspection report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

56. Establishment of New Medical College at Dhamtari, Chhatisgarh by Mennonite Medical Board Trust, Dhamtari, Chhatisgarh.

Read: The Central Govt. letter dated 28th Feb., 2007 with regard to establishment of new medical college at Dhamtari, Chhatisgarh by Mennonite Medical Board Trust, Dhamtari, Chhatisgarh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 28th Feb., 2007 and decided to carry out inspection of Chhatisgarh by Mennonite Medical Board Trust, Dhamtari, Chhatisgarh at Dhamtari.

57. Extension of service of Dr. M.C.R. Vyas as Whole Time Inspector.

Read: The matter with regard to extension of service of Dr. M.C.R. Vyas as Whole Time Inspector.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the services of Dr. M.C.R. Vyas as a Whole Time Inspector is going to expire on 09.04.2007. The Committee decided to extend the services of Dr.M.C.R. Vyas for a period of one year i.e. upto 08.04.2008.

58. Continuance of Recognition of MBBS degree in respect of students being trained at Sree Siddhartha Medical College, Tumkur- Compliance verification inspection thereof.

Read: The compliance verification inspection report(16th & 17th March, 2007) for continuance of recognition of MBBS degree in respect of students being trained at Sree Siddhartha Medical College, Tumkur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (16th & 17th March, 2007) and noted the following:-

1. The shortage of Residents is 22.58% as under:-
 - i) Sr. Resident – 10 (3-Med.,1-Pead.,1-TB, 1-Psy.,1-OBG, 3 Anaesthesia).
 - ii) Jr. Resident - 18 (5-Med.,1-Pead, 3-TB, 3-Skin 1-Surg.,1-ENT,3-Ophthal, 1-Gynae.).
2. (a) Clinical material in the hospital owned and managed by the college is inadequate as under:-

SSMCH

	Daily Average		Day of Inspection	
O.P.D. attendance	366		304	
Bed occupancy%	62%		65%	
<u>Deliveries</u>				
Number of normal deliveries	01		01	
Number of caesarian Sections	01		-	
<u>Radiological Investigations</u>	OP	IP	OP	IP
X-ray	7	9	12	10
Ultrasonography	1	5	5	6
Special Investigations	-	1	-	-

C.T. Scan	1	1	1	-
<u>Laboratory Investigations</u>				
Biochemistry	33	32	50	23
Microbiology	2	2	2	1
Serology	7	5	8	3
Parasitology	1	1	1	1
Haematology	7	3	28	15
Histopathology	1	1	-	1
Cytopathology	1	1	1	2
	17	8	30	3

- (b) Bed occupancy is 62% out of the beds earmarked to the medical college by the district hospital. The clinical material is inadequate in the District Hospital, Tumkur as under:-

District Hospital-Tumkur

	Daily Average		Day of Inspection	
Bed occupancy%	65%		62%	
<u>Radiological Investigations</u>	OP	IP	OP	IP
X-ray	29	10	30	12
Ultrasonography	22	02	26	-
Special Investigations	-	-	-	-
C.T. Scan	-	-	-	-
<u>Laboratory Investigations</u>	Nil		Nil	
Biochemistry				
Microbiology				
Serology				
Parasitology				
Haematology				
Histopathology				
Cytopathology				

- The RHTC, Nagavalli works from 9 a.m. to 5 p.m. No deliveries are conducted. No surgical procedures are performed. No investigations are done. No Indoor admission, no students are posted. No hostel is available. No lady medical officer is available. No refrigerator is available.
- At UHC, no students are posted. Immunization services, antenatal care & MCH services are not provided. Family welfare activities are not carried out. Activities under the national programmes are not carried out. Duty rosters and records of various activities and investigations are not maintained. No out patients/in patient's records are available except their names in one register.
- There are only 18 beds available in the casualty area which is inadequate.
- There are 6 Major operation theatres in Sree Siddhartha Medical College & Hospital, Tumkur. Five operation theatres are in district hospital. The district hospital theatres are managed by the State Govt. The college can use the operation theatres only on Tuesday & Friday for routine surgeries.
- There is no 800 MA machine in Radio-diagnosis department.
- Nursing staff is inadequate as under:-

Nursing Superintendent	1
Dy.Nursing Superintendent	1
Matron	1
Asstt.Nursing Supdt.	15
Staff nurses	120

- There are no separate interns hostel. It is available only for 84 interns. Even though the annual intake is 130.
- Nurses hostels are not adequately furnished. There are no cupboards with doors available.
- In Forensic Medicine department Catalogues are not available in the museum. The laboratory has a capacity of only 30 seats having 8 microscopes which is inadequate.

12. In Pathology department clinical pathology/Haematology laboratory has 40 workplaces and microscopes are shared with histopathology lab.
13. In Community Medicine Department, there is a practical laboratory with capacity of 16 workplaces and having 4 microscopes and preparation room.
14. Books in the departmental library in TB & Chest, Skin & VD are inadequate.
15. Other deficiencies as pointed out in the inspection report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act, 1956 and further decided that the institute be asked to submit its compliance within a period of one month.

Office Note:- The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the Office to place the inspection report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

59. Medical Education in China – Visit of Indian Delegation to China.

Read: The letter dated 4th April, 2007 received from the Central Government, Ministry of Health & F.W., New Delhi regarding visit of Indian Delegation to China.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 4th April, 2007 received from the Central Government, Ministry of Health & F.W., New Delhi and nominated the following senior teachers to assess the standards of medical education for Indian students in China on behalf of the Medical Council of India:-

Sl.No.	Name	Designation	Mobile No.
1.	Dr. D.J. Borah	Principal, Jorhat Medical College, Jorhat (Assam) & Joint Director of Medical Education, Govt. of Assam	09435046004
2.	Dr. Indrajit Ray	Principal, Medical College, Kolkatta	09433059507
3.	Dr. B.P. Dubey	Professor & Head, Department of Forensic Medicine, Gandhi Medical College, Bhopal	09827243757
4.	Dr. J.N. Soni	Professor & Head, Deptt. of Forensic Medicine & Toxicology, G.R. Medical College, Gwalior	09301102024
5.	Dr. Sharad Vyas	Professor & Head, Department of Surgery, B.J. Medical College, Ahmedabad.	09824096298
6.	Dr. Bakul Leuva	Professor of Obst. & Gynae., B.J. Medical College, Ahmedabad.	09825029572

60. Indira Gandhi Govt. Medical College, Nagpur - Increase of MBBS seats from 60 to 100.

Read: The compliance submitted by the Dean, Indira Gandhi Medical College, Nagpur vide its letter dated 20.02.2007 with inspection report of the inspection carried out by the Council Inspectors on 27th & 28th April, 2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council reviewed the compliance submitted by the Dean, Indira Gandhi Medical College, Nagpur vide its letter dated 20.02.2007 with inspection report of the inspection carried out by the Council Inspectors on 27th & 28th April, 2006 and observed as under:-

Sr. No.	Deficiency pointed out in the	Compliance submitted by the	Remarks
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	inspection report	college authorities	
1.	Building:- Space is inadequate for all teaching activities in all departments and also for central facilities.	Adequate space will be available in vertical expansion project of this college.	The space is inadequate. No time frame has been given for providing the space. Deficiency remains as it is.
2.	UHTC:- No indoor facility is available. Delivery services are not available.	The UHTC is only 2 Km. Away from IGGMC Nagpur and patients of delivery are shifted to IGGMC hospital as and when required.	Deficiency partially rectified.
3.	OPD:- Teaching area in each specialty is inadequate and practically with no furniture.	Adequate space will be made available in vertical expansion project of this college. Required furniture provided.	The space is still inadequate. No time frame has been given for providing the space. Deficiency remains as it is.
4.	Wards:- Practically no furniture in teaching area.	Required furniture provided.	Deficiency partially rectified.
5.	Casualty:- 1. Central oxygen supply, central suction and monitoring facilities are not available. 2. The casualty area is dirty and unhygienic.	Will be made available in vertical expansion project of this college. Casualty area will be maintained clean, neat and hygienic.	No rectification has been made. Deficiency remains as it is.
6.	O.T. Unit:- 1. No ceiling lights in OT except orthopedics OT. 2. None of the OT is having central oxygen, nitrous oxide supply and central suction.	4 ceiling lights sanctioned. Order placed. Central oxygen, nitrous oxide supply and central suction will be made available in vertical expansion project of this college.	No equipment is available. Deficiency remains as it is.
7.	CSSD:- No bowl sterilizer, no glove inspection machine and no instrument washing machine in CSSD.	Purchase procedure is in progress.	No equipment is available. Deficiency remains as it is.
8.	Anatomy:- 1. There is no cooling cabinet. 2. Band saw is unserviceable.	Proposal for purchase of cooling cabinet is submitted to Vidarbha development board, sanction awaited. Band saw has been procured.	No equipment is available. Deficiency remains as it is.
9.	Teaching staff deficiency:- Professor-1 Pathology-1	Post already filled. Professor was on earned leave and was abroad at the	The deficiency of Associate Professors and Assistant Professors remain as it is as no appointment has been

	<p><u>Associate Professor:-2</u> Pediatrics-1, Orthopaedics-1</p> <p><u>Lecturer:-3</u> Radiology-1, Biophysics-1, Pharmaceutical chemist-1</p> <p><u>Tutor:-11</u> Anatomy-1, Physiology-1, Pharmacology-2, Microbiology-1, PSM-1, Anaesthesia-4, Dental-1</p> <p><u>Sr. Residents:-7</u> Psychiatry-1, Surgery-2, ENT-1, Ophthalmology-1, Obs. & Gynae.-2</p>	<p>time of last MCI inspection now professor is on duty.</p> <p>Proposal for creation of post of Associate Professor in pediatrics, Orthopaedics is submitted to Govt.</p> <p>Tutors are available.</p> <p>Medical officers with requisite PG qualification will be designated as Sr. Residents.</p>	<p>made. No details have been given in respect of Professors of Pathology and Tutors stated to have been appointed in the compliance. The declaration forms of new appointees have not been submitted. Deficiency remains as it is.</p>
10.	Hostel accommodation is available only for 291 students which is inadequate against the requirement of 500. No hostel for interns is available.	Compliance not submitted by the college	Deficiency remains as it is.
11.	Nurses accommodation is available for 18 nurses which is inadequate.	Compliance not submitted by the college	Deficiency remains as it is.
12.	Registration counters in the OPD are operated manually. They are not computerized.	Compliance not submitted by the college.	Deficiency remains as it is.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to disapprove the scheme and return the application to the Central Government as the institution has failed to provide adequate infrastructural facilities required as per Regulations for increase of seats from 60 to 100 inspite of numerous attempts over a period of 9 (nine) years and ever after 9 years no definite time frame has been committed by the institute for rectification of deficiencies.

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

New Delhi, dated the
2nd April, 2007

APPROVED

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

