

**No.MCI-5(3)/2002-Med./**

**Medical Council of India**

**Executive Committee**

Minutes of the meeting of the Executive Committee held on Monday, the 9<sup>th</sup> Sept.,2002 at 11.00 a.m. in the Council office, Aiwan-E-Galib Marg, Kotla Road,New Delhi-110 002.

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**Present:**

Dr. P.C.Kesavankutty Nayar - Vice-President  
Dr. Ajay Kumar  
Dr. Nitin S. Vora  
Dr. V.K. Puri  
Dr. Mukesh Kumar Sharma  
Dr. B.P. Dubey  
Dr. F.U. Ahmed  
Dr. D.K. Sharma

Dr.(Mrs.) M. Sachdeva - Secretary

Maj Gen (Retd.) SP Jhington, Kirti Chakra, VSM, Administrator, MCI being on leave for the day, the meeting was chaired by Dr.P.C.Kesavankutty Nayar, Vice-President of the Council.

1. **Minutes of the Executive Committee meeting held on 05.08.2002 – Confirmation of.**

The minutes of the last meeting of the Executive Committee held on 05.08.2002 were confirmed.

The Executive Committee members expressed their concern about non-circulation of the minutes of the meeting of the Executive Committee held on 28.08.02.

The Secretary informed the members that the draft minutes had been prepared and submitted to the Administrator. However, the Administrator desired to compare the same with the transcription of the audio tapes before approving the same. As the complete transcription of the audio tapes was not available by that time, the minutes could not be approved and circulated to the members/placed before the Committee for confirmation of the same.

Secretary further informed that as soon as the minutes are approved by the Administrator the same shall be circulated and will be placed before the next Executive Committee for confirmation.

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

The Executive Committee noted the action taken by the office on the various items included in the minutes of the last meeting of the Executive Committee held on 05.08.2002 with the following observations:-

1. On page 3 under the action taken report of the Executive Committee meeting held on 22.05.2002 against the paragraph reading as “The Executive Committee at its meeting held on 24.04.2002 informed that the matter was also discussed in the General Body meeting held on 30<sup>th</sup> April/1<sup>st</sup> May,2002 where the decision taken by the Executive Committee that “the lawyers who were appointed by the Administrator will not be paid by the Council and will be paid by the Administrator”. The Committee directed the Secretary to write a letter in this reference to the Administrator and to the Govt. of India and further decided to recover the fees paid to the lawyers engaged by the Administrator in personal capacity.

Under the Action taken report it was recorded that “Bills to the Advocates engaged by the Administrator are being paid as directed”. The members desired to know the name of the person on whose directions the bills were being paid. It was informed the Bills were being paid as directed by the Administrator.

The members further inquired whether the Secretary will follow the directions of the Executive Committee or the Administrator. They further stated that the Secretary is ignoring the decision of the Executive Committee and as per the Act, the Secretary is to take action on the decisions taken by the Executive Committee.

The Secretary invited the attention of the members regarding the clarification given by her in the Executive Committee meeting held on 05.08.2002 which is recorded in the minutes i.e. “all the decisions taken by the Executive Committee as per Rules & Regulations are placed on the file to the Administrator for execution of the same. However, if they are not agreed upon by the Administrator, in that case the Secretary had reported and will continue to report to the Executive Committee about the same”.

The Executive Committee passed a unanimous resolution that any decision taken by majority shall be binding on the office as per the provisions of the Indian Medical Council Act, 1956. The execution of all the decisions shall be taken keeping in light the rules and regulations prescribed for the same. Hence, Administrator has no power to over-rule the decisions thus taken by the Executive Committee. In the event of any such situation arising, the matter may be brought back to the Executive Committee for its directions before execution of the orders of the Administrator over-ruling the decisions taken by the Executive Committee in majority.

2. On page 18 under item No. 19 Appointment of Inspectors – Postgraduate Medical courses.

One of the members informed that Dr. A.K.Hamel, AIIMS, who was appointed to carry out the inspection of M.Ch.(Urology/Genito-Urinary Surgery) at Osmania Medical College, Hyderabad, has gone abroad for one year.

The Committee appointed Dr. D.N.Kalla, Professor, Department of Urology, S.M.S. Medical College, Jaipur in place of Dr.A.K.Hamel for carrying out the above inspection

3. On page 26 item No. 30 last para reading as “The Committee decided that the Administrator is required to submit the report of his visit to the different institutions. The Committee further decided that is such wasteful expenditures incurred on travel and legal cases are declared illegal afterwards then what will be the modality of recovery to such expenditures. It was decided that a legal opinion may be obtained in this regard”.

Under the action taken report it was recorded that “Legal opinion is being obtained”.

The members observed that no such letter has been sent by the office for obtaining legal opinion in the matter. The Committee took a serious note of the fact that no action has been initiated on the decision of the Executive Committee and decided that the legal opinion be sought immediately without any further delay from the Additional Solicitor General of India.

#### **Action taken on the minutes of the meeting held on 31.1.2002**

The Executive Committee noted the action taken on the minutes of the Executive Committee meeting held on 31/1/2002 which were confirmed by the Executive Committee at its meeting held on 5/8/2002 and circulated to the members of the Committee on 7/8/2002.

3. **Establishment of Medical College at Raichur, Karnataka by Navodaya Educational Trust, Raichur u/s 10A of the I.M.C. Act,1956.**

Read : The compliance verification inspection report 13<sup>th</sup> & 14<sup>th</sup> August,2002 for establishment of Medical College at Raichur, Karnataka by Navodaya Educational Trust, Raichur u/s 10A of the I.M.C. Act,1956.

The Executive Committee considered the compliance verification inspection report (13<sup>th</sup> & 14<sup>th</sup> August,2002) carried out on receipt of the compliance on rectification of the deficiencies pointed out in the inspection report (Dec.,2001) for establishment of Medical College at Raichur, Karnataka by Navodaya Educational Trust, Raichur and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of the above proposed Medical College u/s 10A of the I.M.C. Act,1956 with an annual intake of 100 (one hundred) students for the academic session 2002-03.

4. **Establishment of B.V.V. Sangha's Medical College at Bhagalkot u/s 10A of the I.M.C. Act,1956.**

Read : The compliance verification inspection report (8<sup>th</sup> & 9<sup>th</sup> August,2002) for grant of Letter of Permission for establishment of B.V.V. Sangha's Medical College at Bhagalkot u/s 10A of the I.M.C. Act,1956.

The Executive Committee considered the compliance verification inspection report (8<sup>th</sup> & 9<sup>th</sup> August,2002) carried out on receipt of the compliance on rectification of the deficiencies pointed out in the inspection report (30<sup>th</sup> & 31<sup>st</sup> August,2001) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of B.V.V. Sangha's Medical College at Bhagalkot u/s 10A of the I.M.C. Act,1956 with an annual intake of 100 (one hundred) students for the academic session 2002-03.

5. **Dr. Rajendra Prasad Govt. Medical College, Tanda – Renewal of permission for admission of 4<sup>th</sup> batch of students.**

Read : The Council Inspectors report (5<sup>th</sup> & 6<sup>th</sup> August,2002) for renewal of permission for admission of 4<sup>th</sup> batch of students at Dr. Rajendra Prasad Govt. Medical College, Tanda.

The Executive Committee considered the Council Inspectors report (5<sup>th</sup> & 6<sup>th</sup> August,2002) and noted the following:-

1. The basic and para clinical departments have been located at Dr.Rajendra Prasad Government Medical College, Tanda and the clinical departments are located at Medical College Hospital at Dharamshala which is about 15 kms. away from the college.
2. Teaching hospital in the campus of the medical college at Tanda has not yet been constructed. As per the project plan, submitted along with the application a 375 bedded hospital was required to be constructed and shown to the present inspection team in the medical college campus at Tanda. However so far no construction of any component of the teaching hospital has been done.

District hospital at Dharamsala which is about 15 kms. from the college campus is still being utilised. It has been reported that the completion of the hospital in the medical college campus which will start in Dec.,2002 will be completed in 18 months from that date which amounts to change in the project report as far as construction of the hospital in the medical college campus at Tanda is concerned.

A proper approach road needs to be constructed for the newly coming up medical college and hospital complex at Tanda.

3. There is a need to add equipments in operation theatres, intensive care areas, department of Medicine, department of Surgery and allied specialities.

4. Seven faculty members joined the college on promotion/new appointment from I.G.Medical College, Shimla.

Three Professors, Four Associate Professors and Two Assistant Professors joined this college in last three months on transfer from Indira Gandhi Medical College, Shimla.

It is not known that how the resultant vacancies arising out of these transfers and promotions have been filled up at Indira Gandhi Medical College, Shimla.

In all the clinical departments of Medicine and Surgery with allied specialties, the junior residents and senior residents are general duty medical officers, and nearly 20 of them joined the institution on 3.8.2002 i.e. two days before the inspection, after transfer from various peripheral institutions of the state.

Some of the posts of paramedical staff are vacant/still not created.

5. Other observations/deficiencies pointed out in the report.

In view of above, the Executive Committee decided to recommend to the Central Govt. not to renew the permission for admission of 4<sup>th</sup> batch of students at Dr. Rajendra Prasad Govt. Medical College, Tanda for the academic session 2002-03.

6. **Goa Medical College, Goa- Renewal of permission for admission of 2<sup>nd</sup> batch of students against the increased intake (70 to 100).**

Read : The Council Inspectors report for renewal of permission for admission of 2<sup>nd</sup> batch of students against the increased intake i.e. from 70 to 100 at Goa Medical College, Goa.

The Executive Committee considered the Council Inspectors report and decided to recommend to the Central Govt. to renew the permission for admission of 2<sup>nd</sup> batch of students against the increased intake i.e. from 70 to 100 at Goa Medical College, Goa for the academic session 2002-03.

However, the attention of the authorities concerned be drawn towards implementation of various observations made in the inspection report.

7. **Admission to 1<sup>st</sup> MBBS course – Relaxation in age limit in respect of M.C. Shyamala.**

Read : The representation of Shri M. Chinnamani, father of M.C. Shyamala for relaxation in age limit as prescribed in the regulations of the Council for admission to MBBS course in medical colleges in India.

The Executive Committee considered the representation of Shri M. Chinnamani for relaxation in age for Ms. M.C. Shyamala along with a copy of the order dated 17.7.2002 of the Hon'ble High Court at Madras.

The Committee noted that as per Regulations of the Council on Graduate Medical Education 1997 amended in 1999 – the candidate for admission to MBBS course shall complete the age of 17 years on or before 31<sup>st</sup> December of the year of admission to the MBBS course.

The Committee further noted that Ms. M.C. Shyamala is falling short of age by 3 months 17 days. The Committee upon consideration of all the facts and the order of the Hon'ble High Court of Madras did not find itself in a position to agree to relax the age limit as prescribed in the Regulations which are duly notified by the Central Govt.

8. **Appointment of Inspectors for carrying out the inspections at undergraduate level.**

The Executive Committee appointed following inspectors for carrying out the inspection of undergraduate course:-

1. MNR Medical College, Sangareddy, A.P. – renewal of permission for admission of 2<sup>nd</sup> batch of students:
  1. Dr. R.N. Kalgadge, Professor of Anatomy, Kolhapur
  2. Dr. Chander Shekhar, Vice-Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore
  3. Dr. R.D. Bansal, Whole-time Inspector
2. Establishment of new medical college at Latur – 1<sup>st</sup> inspection for establishment of the college:-
  1. Dr. (Mrs.) S. Kantha, Bangalore
  2. Dr. Veer Babu, Principal, JSS Medical College, Mysore
  3. Dr. C.A. Desai, Ahmedabad
3. Era's Lucknow Medical College, Lucknow – Renewal of permission for admission of 3<sup>rd</sup> batch of students:-
  1. Dr. V.K. Bhargava, Amritsar
  2. Dr. A.N. Gaikwad, Professor & Head, Deptt. of Medicine, Medical College, Kolhapur
  3. Dr. R.D. Bansal, Whole-time Inspector
4. Subharti Medical College, Meerut – Renewal of permission for admission of 3<sup>rd</sup> batch of students:-
  1. Dr. S.C. Shetty, Ex-Vice Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore
  2. Dr. Kalpana Sulhain, Miraj
  3. Dr. C.A. Desai, Ahmedabad
5. Establishment of Swami Vivekanand Instt. of Medical Sciences & Research at Valia by Sitaram Seva Trust, Valia – Compliance verification inspection for LOP:-
  1. Dr. T. Madan, Hyderabad

2. Dr. A.B. Solepure, Aurangabad
  3. Dr. R.D. Bansal, Whole-time Inspector
6. Maharashtra Instt. of Medical Sciences, Talegaon – Compliance verification inspection for recognition:-
1. Dr. K. Anand Kannan, Chennai
  2. Dr. V.B. Bhatnagar, Professor & Head, Department of Surgery, L.L.R.M. Medical College, Meerut
  3. Dr. C.A. Desai, Ahmedabad

9. **Appointment of Inspectors for conducting the inspections for postgraduate medical courses.**

The Executive Committee appointed following inspectors for carrying out the inspection of various postgraduate courses:-

<u>Institution</u>	<u>Subject</u>	<u>Name of Inspector</u>
1. Govt. Medical College, Rajkot. (for compliance verification)	M.D.(Paediatrics)	Dr.Madhur Kulkarni, Mumbai
	M.D.(Microbiology)	Dr. Pratibha Dalal, Mumbai
	M.D.(Anaesthesia)	Dr. Urmila Sathe, Mumbai
	M.D.(Psychiatry)	Dr.Rajiv Hardikar, Mumbai
2. Rangaraya Medical College, Kakinada (for compliance verification)	M.S.(Ophthalmology) & D.O.	Dr.Bharat Godbara
	M.D.(Forensic Medicine)	Dr.A.P. Dongre, Nagpur
	M.D.(Paediatrics) & D.C.H.	Dr. Sanjeev Rai, Mangalore
3. Gandhi Medical College, Hyderabad (for compliance verification)	M.D.(Paed.) & D.C.H.	Dr.Anjana Shah, B.J.Medical College, Ahmedabad
	M.D.(SPM/Com. Medicine) & D.P.H.	Dr. A.N.Setalwad, Dean, Surendernagar

10. **Selection of Law Officer – Approval of.**

Read : The bio-data of Law Officers as recommended by the Selection Committee.

The Executive Committee noted the bio-data of the following two candidates placed on panel in order of merit for the post of Law Officer in the Council office:-

1. Shri Vipon Sanduja
2. Shri A.P. Sharma

The Committee on perusal of the bio-data placed before it noted that these two advocates had been dealing mainly with criminal cases, hence, they may not be suitable to deal with the type of cases which are required to be defended on behalf of the Medical Council of India. In light of this observation, the Committee decided that the post be readvertised so that the suitable candidate who can deal with the cases of the MCI be appointed.

11. **To note the LOI/LOP/Letter of renewal of permission issued by the Central Govt.**

The Executive Committee noted the letter of Intent/letter of Permission/Renewal of permission for establishment of medical college/ Increase of seats issued by the Central Govt. as under:-

<u>Name of the Medical College</u>	<u>Date of LOI/LOP/ Renewal of permission</u>
1. Fr.Muller Medical College, Mangalore	Letter of renewal of permission for admission of 4 <sup>th</sup> batch of 100 students during 2002-03 dated 29 <sup>th</sup> May,2002.
2. Mamtha Medical College, Khammam	Letter of renewal of permission for admission of 4 <sup>th</sup> batch of 100 students during 2002-03 dated 29 <sup>th</sup> May,2002.
3. Maharaja Agrasen Medical College, Agroha	LOP dated 29 <sup>th</sup> July, 2002 for 50 students during 2002-03.
4. Establishment of Medical College – A.J. Instt. of Medical Sciences at Mangalore by Laxmi Memorial Education Trust, Mangalore	LOI dated 19 <sup>th</sup> July, 2002
5. Establishment of Medical College – P.E.S. Instt. of Medical Sciences, at Kuppam By People Education Society, Bangalore.	LOP dated 6 <sup>th</sup> Aug.,2002 for 100 students during 2002-03
6. Establishment of Prathima Instt. of Medical Sciences at Nagunnur, Karimnagar	LOP dated 1st Aug.,2002 for 100 students during 2002-03

7. Establishment of Medicity LOP dated 6<sup>th</sup> August, 2002 for  
Institute of Medical Sciences 100 students during 2002-03  
At Ghanpur, A.P. by Medicity  
Share Medical Care, Hyderabad

**Deferred items of the Executive Committee meeting held on 05.08.2002.**

12. **Membership and functioning of the Sub-Committees in the Council office – regarding.**

Read : The matter with regard to appointment of members on the Sub-Committees whose terms has expired and who had not attended the meeting on many occasions.

The Executive Committee considered the statement showing the names of Sub-Committees & Membership and appointed members in place of those whose term has expired and ceased as a member of the Council as under:-

1. Finance Committee:

Dr. Jindal, Goa in place of Dr. B.N. Reddy who ceased to be a member of the Council on 24.12.2001.

2. Teachers' Eligibility Qualification Sub-Committee:

1. Dr. S.P. Singh, Darbhanga in place of Dr. S.K. Mittal who ceased to be a member of the Council on 26.03.2002. Dr.S.P.Singh has to act as a Chairman of the Committee.

2. Dr. S.N. Mishra, Cuttack, Orissa, in place of Dr. G.K. Thakur who ceased to be a member of the Council on 01.03.2002.

3. Migration Sub-Committee:

Dr. Rani Bhaskaran in place of Dr. C.S. Shetty who ceased to be a member of the Council on 31.05.2002.

Dr. Ajay Kumar and Dr.V.V.Puri, members of the Executive Committee desired to resign from the membership of the Migration Sub-Committee in light of they being now occupied with the work of the Executive Committee. As such following two members were appointed in their place as members of the Migration Sub-Committee:-

1. Dr. S.N. Mishra, Cuttack, Orissa

2. Dr. Shahja Nand Pratap Singh

4. Ethical Committee:

The Executive Committee decided to reconstitute the Ethical Committee in view of the new Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 and following members were appointed:-

1. Dr. K.M. Rameshchandra Babu
2. Dr. K.M. Singh, Lucknow

5. Registration & Equivalence Committee:

1. Dr. P.K. Patel in place of Dr. Jayshree P. Mehta who ceased to be a member of the Council on 02.11.2001.
2. Dr. F.U.Ahmed, member of the Executive Committee desired to resign from the membership of Registration & Equivalence Committee in light of he being now occupied with the work of the Executive Committee. Dr.J.R. Kher was appointed in his place.

6. Condemnation Committee:

Dr. S.S. Yadav, New Delhi in place of Dr. S.K. Mittal who ceased to be a member of the Council on 26.03.2002.

7. Task Force for implementation of Accreditation Sub-Committee recommendations:

Dr. G.Shamsunder, Vijayawada in place of Dr. C.S.Shetty who ceased to be a member of the Council on 31.05.2002.

8. Building Committee:

The Executive Committee decided to consider the matter with regard to reconstitution of the Building Committee at its next meeting.

13. **Appointment of Advocate Shri Vivek Singh as Adhoc Retainer as Legal Advisor.**

Read : The matter with regard to appointment of Advocate Vivek Singh as Adhoc Retainer as Legal Advisor.

The Executive Committee noted that Shri Vivek Singh, Advocate was appointed to act as Adhoc Retainer in the Council office. The Executive Committee further decided that Ms. Kavita Wadia be appointed as Retainer of the Council in place of Shri Vivek Singh she having represented Council in many of its legal cases, hence, is well versed with Council affairs.

14. **Complaint against Dr. Ruchi Gupta of Adarsh Hospital – To consider the recommendations of the Ethical Committee with regard to removal of her name from the Medical Register for a period of six months.**

Read : The complaint against Dr. Ruchi Gupta of Adarsh Hospital along with the recommendations of the Ethical Committee.

The Executive Committee considered the following recommendations of the Ethical Committee with regard to removal of name of Dr. Ruchi Gupta from the Medical Register for a period of six months and decided that the matter be discussed in the General Body as referred by the Ethical Committee:-

“The Ethical Committee has deliberated on the complaint of Dr. Ruchi Gupta of Adarsh Hospital in several meetings of the Ethical Committee and she was called on 28.06.2002 to physically appear before the Committee wherein she has deposed before the Committee in person. The Committee have also consulted with an expert in the speciality. After pursuing the complaint, the documents submitted by the complainant, documents submitted by the Adarsh Hospital, documents submitted by Dr. Ruchi Gupta herself as well as her deposition in person before the Ethical Committee on 28.06.2002, the Committee arrived at the unanimous conclusion that there was an evidence of gross negligence on the part of Dr. Ruchi Gupta, bearing Regn.No. 7677 of MCI in the year 1989. Hence, this Committee recommends to the General Body of the MCI that her name may be erased from the medical register for a period of six months.

The Committee decided that the aforesaid decision along with relevant file may please be placed before the General Body of the MCI in its next meeting.”

15. **Complaint against Dr. Praveen Garg, Karnal as alleged by Mr. Vuikra Raheja due to causing death of Sandeep Kumar Raheja – To consider the recommendations of the Ethical Committee with regard to removal of his name from the Medical Register for a period of three months.**

Read : The complaint against Dr. Praveen Garg, Karnal as alleged by Mr. Vuikra Raheja along with the recommendations of the Ethical Committee.

The Executive Committee considered the following recommendations of the Ethical Committee with regard to removal of name of Dr. Praveen Garg from the Medical Register for a period of three months and decided that the matter be discussed in the General Body as referred by the Ethical Committee:-

“The Ethical Committee considered on several occasions the complaint against Dr. Praveen Garg made by Mr. Vikram Raheja which led to the death of Mr. Sandeep Kumar Raheja.

The Committee perused the available records and have heard Dr.Praveen Garg in person on 28.06.2002. The Committee arrived at a unanimous conclusion that there is evidence of medical negligence by Dr.Praveen Garg bearing Regn.No.MCI-5577 dated 21.4.96 whereby he failed to take prompt remedial measures during the post operative period while the patient had recovered fully from Anaesthesia, which every diligent doctor is expected to do. The Committee also noted that Dr. Praveen Garg does not possess resuscitation equipment within precincts of his hospital.

The Committee therefore unanimously recommends to the General Body of the Medical Council of India that his name be temporarily erased from the medical register for a period of 3 months.

The Committee further recommends that this decision of the Ethical Committee may be placed before the next meeting of the General Body of the MCI for its consideration.”

16. **Complaint against Dr. M.M. Bagati, Shivaji Medical Centre, Delhi as alleged by Shri Nihal Singh due to gross negligence and death of three months old male child – To consider the recommendations of the Ethical Committee with regard to removal of his name from the Medical Register for a period of one year.**

Read : The complaint against Dr. M.M. Bagati, Shivaji Medical Centre, Delhi as alleged by Shri Nihal Singh along with the recommendations of the Ethical Committee.

The Executive Committee considered the following recommendations of the Ethical Committee with regard to removal of Dr. M.M. Bagati, Shivaji Medical Centre, Delhi from the Medical Register for a period of one year and decided that the matter be discussed in the General Body as referred by the Ethical Committee:-

“The Ethical Committee has taken cognizance of the complaint against Dr. M.M. Bagati made by Shri Nihal Singh which resulted in gross negligence and death of his 3 months old male child.

The Committee noted that Dr. M.M. Bagati was convicted by the District Consumer Disputes Redressal Forum and he had filed an appeal before the State Commission.

The Ethical Committee perused the available records of the hospital treatment as well as opinion given by the Pediatric Nephrologist wherein he opined that “Dr. M.M. Bagati had definitely committed negligence in prescribing over dosage of the various medicines given to the 3 months old male child. The Committee had called Dr. M.M. Bagati on two occasions i.e. 28.06.2002 at 2.30 p.m. and on 25.07.2002 at 12.00 noon and remained absent on both the occasions without any intimation whatsoever.

The Committee has again perused all the available records, relevant documents and opinion of the experts and has arrived at the unanimous conclusion that Dr. M.M. Bagati has committed gross medical negligence while treating the 3 months old male child which eventually led to his death.

The Committee therefore recommends that the name of Dr. M.M. Bagati be removed from the medical register for a period of one year.

The decision of the Committee may please be placed before the General Body of the Council in its ensuing meeting for consideration.”

17. **Consideration of Scheme for Continuing Medical Education approved by Ethical Committee as part of Ethics Regulations & Proposal for its implementation.**

Read : The Scheme for Continuing Medical Education approved by the Ethical Committee as part of Ethics Regulations & proposals for its implementation.

The Executive Committee considered and approved the proposed Scheme for Continuing Medical Education for implementing the provisions of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as approved by the Ethical Committee as under. However, the Committee decided that the same be placed before the next General Body meeting of the Council for consideration:-

**“Scheme for continuing medical education programme for implementing the provisions in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations,2002**

**Introduction:**

Tremendous advances are taking place in the field of medical sciences, which are continuously changing the concept, approach to management and the outcome of several diseases. The rapid pace of these advances makes it mandatory for doctors to keep themselves updated so that they may apply this information to their patient’s well being and improve the quality of care rendered to them. A doctor must never be satisfied with his/her current level of proficiency and must always strive to enhance his/her competence and knowledge by keeping abreast with the latest developments in the field. Medical Science is dynamic and there is no end of learning for a doctor. This is in essence the concept of continuing medical education (CME).

**Background**

The Parliamentary Committee on Subordinate Legislation (10<sup>th</sup> Lok Sabha) had made a recommendation (in May, 1996) that Medical Council of India should frame regulations to make it compulsory for every medical practitioner to attend CME programme and that minimum of 30 credit hours should be made necessary for renewal of registration of a doctor after every

5 years. A national workshop on medical education conducted under the auspices of the MCI in May 1996, made a recommendation for renewal of registration after every 5 years alongwith compulsory CME with atleast 30 credit hours in each year. The General Body of the Medical Council of India, at its meeting held on 27<sup>th</sup> February, 1997, recommended the renewal of registration after every 5 years for which purpose Indian Medical Council Act should be amended as there is no provision in the Act for such renewal. The Council also recommended that the renewal of registration should be linked with compulsory CME attendance with a minimum of 30 credit hours every year. The decision of the Council was circulated to all State Governments and State Medical Councils with the request to identify the bodies/authorities/organisations who will provide CME to all medical practitioners, both general physicians and specialists (including those in Govt. service or in private Hospitals/Nursing Homes/Dispensaries or in private practice) with structured curriculum for each programme and also issue certificate of credit to medical practitioners indicating the number of credit hours etc.

### **New Ethics Regulations**

While the question of amending the Act for periodical renewal of registration is pending with the Central Government, the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, approved by the Central Government has been notified in the Gazette of India, dated 6<sup>th</sup> April, 2002. Regulation No. 1.2.3. provides that “ A Physician should participate in professional meetings as part of Continuing Medical Education Programmes, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organisations. The compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils as the case may be” Since the above provisions have become mandatory, it has become necessary for the Council to consider the whole matter and issue necessary guidelines in regard to its implementation.

### **Authorities/bodies/organisations who may conduct CME Programmes**

Various organisations which are already undertaking CME programmes through workshops, seminars or short term CME courses etc. have not been accredited either by the Medical Council of India or State Medical Councils, authorising them to issue certificates of credit hours to the participants attending CME programmes conducted by them. With the coming into force of the new Ethics Regulations, it has become necessary to accredit identified organisations so that the certificates of attendance at CME issued by them can be taken as valid for the purpose of fulfilling the requirements of the new Regulations.

The following organisations are considered for authorization to conduct CME programmes and issue certificates of attendance. The authorization may be done by the State Medical Council, where the organisation is situated or by the Medical Council of India in respect of All India Organisations.

1. All recognized Medical Colleges (with full fledged Medical Education Units who will organize CME programmes).
2. Indian Medical Association or the State Chapters of the Indian Medical Association.
3. National Academy of Medical Sciences.
4. Specialists Associations (only National level Associations or their State Chapters).
5. All recognized Postgraduate Medical Institutions.
6. Central Govt. and State Govts. Hospitals (including Districts Hospitals) and training centres in health field including Ministry of Health and FW, Defence, Railways & Open University Systems(IGNOU).

### **Modalities for accreditation**

All State level organisations conducting CME Programmes at present should approach the State Medical Council concerned for accrediting these organisations for issue certificate of attendance in CME programmes conducted by them. Medical Colleges, Postgraduate Institutions and National level Organisations should approach the Medical Council of India for such accreditation. On receipt of such request, MCI/State Medical Councils shall consider the following factors for being granted accreditation for conducting CME programmes and award of credit hours.

1. Organizational structure including the availability of resource personnel who will deliver lectures, demonstrations etc.
2. Location where CME programme will be conducted.
3. The category of doctors (whether general physicians/specialists/doctors in Govt. Service/private practitioners etc.)
4. The schedule and transcripts of each CME activity proposed to be conducted during 1 year ahead.
5. The fee to be charged from each participant (according to the no. of hours and according to the material to be collected and provided to the participants).
6. Arrangements for advance publicity to the targeted group of participants.
7. Availability of educational materials, handouts, audio-visual equipments, slides and transparencies.
8. CME programme meant for graduate doctors should have a brief session on national health programmes on relevant subjects alongwith adequate exposure to recent advances, changing modalities of treatment, adequate exposure of consumer protection and medical insurance Laws, record keeping and medical audit.
9. The organisation should have arrangement for conducting CME programme throughout the year so as to cover large no. of medical practitioners.
10. Accommodation for conducting the CME should be arranged by the organisation to accommodate about 25 to 50 participants. In case of conferences or workshops arranged by Medical College, Postgraduate Institutions and National level Bodies, accommodation should be commensurate with the no. of invitees.
11. The methodology of feed back evaluation programme should be intimated in advance.
12. After every CME programme the accredited organisation should submit a report of the State Medical Councils /Medical Council of India,

indicating the number and category of participants and including a report of the evaluation of the impact of the CME participants.

### **Consideration of accreditation of the organisations by the Council**

The Medical Council of India/State Medical Councils shall consider the applications for accreditation of organisation for holding CME programmes and convey their approval if the organisation fulfils all the above requirements and subject to the following conditions:-

1. The Organisation has all the requisites and demonstrated ability to plan and implement CME programmes to cover the targeted group (to be specified as general practitioners, specialists (disciplines to be specified), teachers (specialists to be specified), Vertical National Health Programme officials etc.
2. Each CME programme of two days (5-6 hours daily) shall be eligible for a maximum of four(4) credit hours. If it is only for one day of 5-6 hours, the credit hours shall be two(2).
3. In case of distance education or CME certificate course of one year, the credit hours may be twenty (20) and in case of six months courses the credit hour may be ten(10).
4. The organisation should undertake to publish handouts, bring out a brief report of each CME and also prepare a list of participants and send to State Medical Councils/MCI as the case may be immediately after the CME programme.
5. Whether the transcript of each CME programme is considered to be relevant to the updating of the knowledge of the medical practitioners by way of latest medical advances, National Health Programmes, and the local needs of the area/zone/State.
6. Whether resource personnel are experienced enough in providing the CME programmes.
7. Whether arrangements are available for keeping record of participants along with their registration no., Medical Council where registered, complete address and the no. of credit hours of participation.
8. Whether the organisation as a programme of evaluation of CME to indicate the benefits accrued to participants by way of updating of knowledge, upgrading their ability and benefit to the patients.
9. Accreditation shall be for a period of one year at a time subject to renewal for a further period or curtailing or canceling the accreditation for valid reasons.

10. The accredited organisation shall issue certificate in the followings performas:-

Name of the Organisation  
Complete address with Telephone No. Fax No., E-mail etc.

This is certify that Dr..... (Official Designation ..... ) (Organisation/Residential address}, has attended the CME Programme conducted by this organisation on ..... (date/s ) on the subject of ..... for ..... hours (Number of hours actual CME programme to be indicated).

Signature of the competent official

Name

### **Duties of Registered Medical Practitioners**

Each medical practitioner shall submit a statement before the 31<sup>st</sup> January, each year showing the following details to the Medical Council of India/State Medical Council, where he is registered, in respect of CME programme attended by him during the previous year from the (1<sup>st</sup> January, upto the 31<sup>st</sup> December)

- i) Name of the Medical practitioners
- ii) Speciality –
- iii) Post held/whether a private practitioner
- iv) Official address
- v) Residential Address
- vi) Registration No. & Date
- vii) Medical Council with which registered
- viii) CME programme attended during the previous year (please indicate dates and hours)
- ix) Please attach copy of certificate of attendance of CME
- x) Briefly indicate the knowledge/skill achieved.

### **Registers to be maintained by the Medical Councils.**

Every State Medical Council/Medical Council of India shall maintain a register (computer data based) showing the names of accredited organisations conducting CME programmes indicating the year for which the accreditation is valid and the names of registered medical practitioners with their registration No., Council with which registered, number of credit hours of CME attended by them (indicating the date/month/year} for the purpose of record so as to ensure that each medical practitioner fulfills the criteria of attending 30 credit hours in a period of 5 years.”

The Executive Committee also approved the recommendations of the Ethical Committee that keeping in view large volume of work to be handled by the Council in regard to approval of organisations conducting the CME

course, keeping record of CME programmes attended each year by registered medical practitioners and coordinating with State Medical Councils etc. a separate section may be created for the purpose.

18. **Decision by the Central Govt. as against the Council recommendations – Stand of MCI.**

Read : The matter with regard to decision taken by the Central Govt. against the recommendations of the Council for starting of new medical colleges/increase of seats u/s 10A of the I.M.C. Act, 1956.

The Executive Committee considered the matter where the Central Govt. has taken a decision against the recommendations of the Council sent to them for issuing LOI/LOP/Letter of Renewal of Permission for starting of new medical colleges/increase of seats u/s 10A of the I.M.C. Act, 1956 and decided that a delegation consisting of President, Vice-President, Dr. Ajay Kumar, Dr. D.K. Sharma and the Secretary, MCI should meet and take up the matter with the Hon'ble Minister for Health & F.W. and Secretary (Health) as early as possible preferably within 15 days. The outcome of this meeting may be reported to the Executive Committee.

19. **Issue of eligibility certificate to the candidates seeking admission in foreign medical institutions – Regarding.**

Read : The matter with regard to issue of eligibility certificate to the candidates seeking admission in foreign medical institutions.

The Executive Committee noted that the Central Govt. in exercise of powers conferred u/s 33 of the Indian Medical Council Act, 1956 have framed the Regulations known as Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002. As per these Regulations, a citizen of India who has passed the qualifying examination either from India or an equivalent examination from abroad and is desirous of joining an undergraduate medical course in any foreign medical institution on or after 15<sup>th</sup> March, 2002 has to approach the Council for issue of an eligibility certificate for that purpose.

The request for issue of Eligibility Certificate shall be made by the candidate in the proforma prescribed by the Council and shall be accompanied by the original certificate/mark-sheet (along with photostat copy) of the qualifying examination. The original certificate shall be returned to the candidate after verifying the same with the photostat copy which shall be retained by the Council. Request shall also be accompanied by a Demand Draft for the specified sum in favour of Secretary, Medical Council of India, New Delhi. The fee shall be fixed by the Council.

The Council shall be free to investigate on its own into the correctness of information furnished by the candidate in his/her application and/or call

for any further information in this regard from the candidate and in the event of any information furnished by the candidate being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and he/she shall stand debarred from appearing in the screening test prescribed in sub-section (4A) of section 13 of the Indian Medical Council Act, 1956 without any notice. The decision of the Council in this regard shall be final.

The Council shall consider the application for Eligibility Certificate and verify the following details as per the Regulations of the Council:-

- (i) Whether the candidate fulfils the age criterion prescribed by the Council?
- (ii) Whether the candidate fulfills the eligibility criteria for admission to MBBS course in India as prescribed in the Graduate Medical Education Regulations, 1997, i.e., minimum qualifying marks criteria in Physics, Chemistry, Biology and English, including relaxed criteria in case the candidate belongs to a reserved category?
- (iii) If the candidate belongs to SC/ST/OBC, whether he/she has produced a caste certificate from a Competent Authority?

After verification, as required, if the candidate is found to fulfill the eligibility criteria, the Council shall issue an Eligibility Certificate in the prescribed format to the candidate certifying that he/she is eligible to join a medical institution outside India to obtain a primary medical qualification. The certificate shall indicate that on return after obtaining the foreign primary medical qualification, the candidate shall have to undergo a screening test, subject to fulfillment of the conditions prescribed in the Screening Test Regulations, 2002, and that passing this test shall only entitle him to provisional/permanent registration by the Medical Council of India or the State Medical Councils.

The Committee also noted the office of the Council has received approximately 600 applications for issue of the eligibility certificate from the candidates who are desirous of getting admission in foreign medical institutions. To verify the eligibility requirements, letters have been sent by the office to the concerned Board(s) with the request to send the verification within 10-15 days so as to enable the Council to issue the eligibility certificate.

However, the candidates/parents who have sought for eligibility certificate have informed that the courses are likely to be started in foreign medical institutions by September and if the eligibility certificate is not issued to them they shall lose the opportunity of getting admitted to the institutions to which they have applied for in case the verification of the documents does not reach from the concerned Board within the time frame.

In view of above, the Committee decided to issue conditional eligibility certificate to the candidates who have applied.

This eligibility certificate shall be subject to condition that on verification of the documents if any of the documents/information is found to be incorrect/false the eligibility certificate thus issued shall stand cancelled immediately unilaterally. The intimation with regard to cancellation shall be sent to the candidate immediately and he/she shall also be informed that he/she shall not be eligible to sit for the screening test on return from abroad after obtaining the primary medical qualification.

20. **Establishment of National Instt. of Medical Sciences, & Research, Jaipur) by Indian Medical Trust, Jaipur – to ratify the action taken by the Administrator regarding carrying out the inspection of the college on 26/8/2002 in view of the Hon’ble High Court order dated 20/8/2002.**

The matter was considered by the Executive Committee at its meeting held on 28.08.2002.

21. **Kurnool Medical College, Kurnool - Renewal of permission for admission of 5<sup>th</sup> batch of students against the increased intake i.e.130 to 150.**

Read : The Council Inspectors report (23<sup>rd</sup> & 24<sup>th</sup> August, 2002) for renewal of permission for admission of 5<sup>th</sup> batch of students against the increased intake i.e. from 130 to 150 at Kurnool Medical College, Kurnool.

The Executive Committee considered the Council Inspectors report (23<sup>rd</sup> and 24<sup>th</sup> August, 2002) and noted the following:-

1. **Shortage of staff:**

Readers/Associate Professors – 7 (Phy.-1, Pharm.-1, Path.-1, Microbiology-1, TB & CD – 1, Psychiatry-1, Dentistry-1)

Lecturers/Asstt.Prof. – 7 (Phy.-1, Biophysics-1, Pharma.-1, Pathology-1, SPM-2, Epidemiologist-1)

Tutor – 1 (Anatomy-1)

Junior Residents – 4 (Psychiatry-2, Orthopaedics –2)

Total faculty staff shortage – 14

Total Residents staff shortage – 05

**Note:**

1. The deficiency of faculty staff is more than 5% (14 out of 145)
2. One Professor and two Asstt. Professors joined this institution in last three months after transfer from Gandhi Medical College, Hyderabad. One Asstt. Professor joined in this institution in August,2002 after transfer from Osmania Medical College, Hyderabad.

2. One lecture theatre of 400 seats, examination hall, students hostels, laundry, anatomy department, physiology department, pathology department and SPM department is under construction and is likely to be completed in 2 months to 1 year time.
3. Non-teaching staff is inadequate in most of the departments.
4. Central Unified Lab. has not been established in the teaching hospital.
5. There are no residential quarters in the campus for teaching and non-teaching staff except for accommodation for 2 -RMO and Hostel wardens. Nurses are not provided quarters in the campus.
6. Incinerator is not functional.
7. Though one washing machine, one dryer and one hydro-extractor has been installed but they are still not functional.
8. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Committee decided to recommend to the Central Government not to renew the permission for admission of 5<sup>th</sup> batch of students against the increase intake i.e. from 130 to 150 at Kurnool Medical College, Kurnool for the academic session 2002-03.

22. **Kakatiya Medical College, Warrangal - Renewal of permission for admission of 5<sup>th</sup> batch of students against the increased intake i.e.100 to 150.**

Read : The Council Inspectors report for renewal of permission for admission of 5<sup>th</sup> batch of students against the increased intake i.e. from 100 to 150 at Kakatiya Medical College, Warangal.

The Executive Committee considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> August,2002) and noted the following:-

1. **Shortage of staff:**

Assoc.Prof./Reader – 9 (Anatomy-2, Dentistry-1, Phy.-1,  
Pathology-2, SPM-1, TB & Chest-1,  
Psychiatry-1)

Asstt.Prof./Lecturer – 11 (Anatomy-2, Biophysics-1, Pharm.-3,  
SPM-2,Epidemiologist-1, Obst. &  
Gynae-2)

Tutor/Demonstrator – 1 (Dentistry –1)

Jr. Residents – 12 (Medicine-7,Psy.-2, Orthopaedics-3)

Total faculty shortage – 20

Residents shortage – 13

Note:

1. The faculty staff shortage is more than 5%.
2. Two Professors (one Anatomy & One Psychiatry) were transferred in June/July,2002, from other medical colleges of the state.
2. The college building is an very old construction. Maintenance of the building in general is very poor. The institutional authorities should make sincere efforts for proper upkeep, maintenance and repairs.  
  
Furniture in the college and the pre and para clinical departments particularly students laboratory is very old and requires replacement phasewise.
3. There is acute shortage of water supply in the college as well as in the hostels which also requires urgent attention.
4. The general sanitation and maintenance of the hospital is required to be improved. Furniture in OPDs, wards and other areas of the hospital particularly the areas which are directly connected with active patient care are required to be replaced in phases and modernized.
5. The CKM Maternity Hospital which is more than 100 years old building is in a dilapidated building which requires demolition and new construction. The operation theatres though renovated are still in a cramped situation. The condition of GMH Maternity Hospital is also more or less the same as above. There is a need to plan the buildings of both these hospitals in a comprehensive manner.
6. Though a new laundry with two washing machines and two dryers has been constructed however, it is yet to become functional. There is shortage of space as it needs to provide space for press, collection of dirty linen, storage and supply of clean linen. A metalled approach road needs to be constructed from the hospital upto the laundry.
7. Medical record department is not computerised.
8. There is no proper layout area for the activities of a proper CSSD (Central Sterilisation Supply Department). More equipment in the form of sterilizers is required to be added. The CSSD in such a big teaching hospital need to have the provision of an ethylene oxide sterilizer and cold sterilization.
9. There is shortage of nursing staff in the hospital and specially in both the Maternity hospitals. The nursing staff need to be provided as per Indian Nursing Council norms.
10. There is shortage of residential quarters for all categories of staff.
11. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee decided to recommend to the Central Government not to renew the permission for admission of 5<sup>th</sup> batch of students against the increased intake i.e. from 100 to 150 at Kakatiya Medical College, Warangal for the academic session 2002-03.

23. **M.R. Medical College, Gulbarga - Renewal of permission for admission of 2<sup>nd</sup> batch of students against the increased intake i.e.100 to 150.**

Read : The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> August,2002) for renewal of permission for admission of 2<sup>nd</sup> batch of students against the increased intake i.e. from 100 to 150 at M.R. Medical College, Gulbarga.

The Executive Committee considered the Council Inspectors report (20<sup>th</sup> and 21<sup>st</sup> August, 2002) and decided to recommend to the Central Government to renew the permission for admission of 2<sup>nd</sup> batch of students against the increased intake i.e. 100 to 150 at MR Medical College, Gulbarga for the academic session 2002-2003.

24. **Khaja Banda Nawaz Instt. of Medical Sciences, Gulbarga - Renewal of permission for admission of 3<sup>rd</sup> batch of students.**

Read : The Council Inspectors report (22<sup>nd</sup> & 23<sup>rd</sup> August,2002) for renewal of permission for admission of 3<sup>rd</sup> batch of students at Khaja Banda Nawaz Instt. of Medical Sciences, Gulbarga.

The Executive Committee considered the Council Inspectors report (22<sup>nd</sup> and 23<sup>rd</sup> August, 2002) and noted the following:-

1. Overall space provided for OPD is inadequate. There is overcrowding of patients. Waiting area for the patients is not sufficient. There are no separate cubicles to examine the patients, hence, there is no privacy in most of the speciality OPDs.

There are no separate areas for injection, for male and female patients, dressing room, procedure room, ECG room, dark room, immunization room, antenatal clinical, family welfare clinic, cancer clinic etc.

For Orthopaedic, the space and entry provided is not proper so as to take the stretcher/trolley inside the plaster room.

The audiometry room is not soundproof.

The OPD(s) are functioning as makeshift arrangement which requires rearrangement as per Council norms. It should be shifted as early as possible to the new hospital.

2. In most of the wards space between two beds is not sufficient to take the clinical rounds and for shifting of the patient. In some of the wards proper nursing station, duty doctor rooms, duty nurse room, examination/treatment room, teaching area and side laboratory have not been provided. Sanitary facilities are not satisfactory.

3. There is no kitchen in the hospital.
4. There is no blood bank in the hospital.
5. Record Section is not computerized.
6. There is no central oxygen supply and vacuum in Operation theatre, ICCU, ICU and Casualty.
7. There is no modern electric/diesel fired incinerator.
8. No hostel has been provided for resident doctors.
9. There is no exhaust fan in the dissection room.
10. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Committee decided to recommend to the Central Government not to renew the permission for admission of 3<sup>rd</sup> batch of students at Khaja Banda Nawaz Instt. of Medical Sciences, Gulbarga for the academic session 2002-03.

**25. Establishment of Pushpagiri Instt. of Medical Sciences & Research Centre at Tiruvalla, Kerala by Pushpagiri Medical Society, Tiruvalla.**

Read : The Council Inspectors report (26<sup>th</sup> August,2002) for grant of LOP for establishment of Pushpagiri Instt. of Medical Sciences & Research Centre at Tiruvalla, Kerala by Pushpagiri Medical Society, Tiruvalla.

The matter was considered by the Executive Committee at its meeting held on 28.08.2002.

**26. MBBS (Rajiv Gandhi University of Health Sciences) – Continuance of recognition in respect of students being trained at Bangalore Medical College, Bangalore.**

Read: the compliance report on rectification of the deficiencies pointed out in the inspection report (Nov.2001)

The Executive Committee considered the compliance report on rectification of the deficiencies pointed out in the inspector report of November, 2001 and decided to verify the same by way of an inspection.

The Committee appointed following inspectors for carrying out the compliance verification inspection:-

1. Dr. G. Sujathan, Prof. of Forensic Medicine, Trivandrum.
2. Dr. S. Rao, Prof. of Surgery, Hyderabad.
3. Dr. R.D. Bansal, Inspector, MCI

27. **Inspectors to be appointed for carrying out the compliance verification inspection for recognition of M.S.(ENT) qualification at Rangaraya Medical College, Kakinada.**

The Executive Committee appointed Dr. R.S. Pagare, Prof. of ENT, Bhopal for carrying out the above inspection.

28. **Extension to Dr. R.D. Bansal, Inspector, MCI on consolidated salary.**

Read: the matter with regard to extension of the services of Dr. R.D. Bansal on consolidated salary.

The Executive Committee noted that the process for filling up the post of Whole Time Inspector is in progress. However, taking into consideration the work load of the inspections, the Committee decided to grant extension of services to Dr. R.D. Bansal, as Inspector, MCI on a consolidated salary w.e.f. 01.10.2002 for a further period of six months.

**Additional Agenda:**

1. **Silchar Medical College, Silchar – Increase of MBBS seats from 65 to 100 - application received u/s 10A of the IMC Act, 1956.**

Read : The Council Inspectors report (29<sup>th</sup> & 30<sup>th</sup> August, 2002) for increase of MBBS seats from 65 to 100 at Silchar Medical College, Silchar.

The Executive Committee considered the Council Inspectors report (29<sup>th</sup> & 30<sup>th</sup> August, 2002) and noted the following:-

1. **Buildings:**

The maintenance of the buildings specially of the basic science block, Anatomy department, Forensic Medicine department residential quarters, boys and girls hostels, the roofs of all the buildings is extremely poor. The heat and humidity in the departments is too much. There is no false roofing/air conditioning/ any other arrangement.

2. **Lecture Theatres:**

Lecture theatres are of level type functioning as makeshift arrangement with poor quality furniture. Gallery type lecture theatres with the required capacity need to be made available.

3. **Central Library :**

The posts of Deputy Librarian, Documentalist, Cataloguer are lying vacant. The number of Journals subscribed both Indian and Foreign are grossly inadequate. The facilities of computerisation, medlar,

internet and TV, VCR & Xerox need to be provided in the library. The total space for the Library is grossly inadequate.

4. Hostels:

The maintenance of the hostels specially the boys hostel is in a pathetic condition. They need to be renovated immediately including the toilets and the mess. Cooking is done with firewood instead of gas.

5. OPD Facilities:

The OPD of TB & Chest, Dermatology and Orthopaedics need to function daily instead of 3 –4 days per week for adequate patient service, teaching training.

6. Medical Record Department is not computerised.

7. Central Clinical Lab:

There is no concept in the Institution of a central, unified and comprehensive lab running round the clock. The Institution needs to develop immediately a central lab consisting of various sections under one roof near the OPD/Casualty/Indoor. The respective HODs of Bio-Chemistry, Pathology and Microbiology need to take the technical and professional control of these labs so that the quality of the lab tests is standardised and maintained.

The Department of Pathology should stop doing the work of Bio-Chemistry. There is a need to pool all the equipments and technical staff so that the lab can function round the clock and not during the day time. A faculty member of the rank of Assistant Professor along with the Resident of the respective departments need to be posted on at least six monthly rotation in the lab. Thyroid function tests and Blood Gas Analysis etc. need to be added in the lab Tests. There is a need to increase the workload of the lab.

8. Intensive care areas:

There is a need to develop an ICCU. Number of beds in ICU need to be increased along with the required space, equipments and staff. An intensive care unit for burn cases also need to be developed.

9. Central Laundry is not mechanised.

10. In the Hospital Kitchen cooking is done with fire-wood instead of cooking gas.

11. Shortage of teaching staff:

Associate Professor – 9 (Anatomy–1,Phy. – 1,Pharmacology – 1, Path. –1, PSM – 1, Paed. – 1, TB & Chest–1, Anaes. – 2)

Assistant Professor – 16 (Anatomy –1,Phy.– 1,Bio-Physics – 1, Pharm.–1, Forensic Medicine – 1, PSM –2) Epidemiologist – 1, Medicine – 2, Paediatrics –1, Skin & STD -1, Orthopaedics –1 Anaesthesia – 2, Dentistry- 1)

Tutor/Senior Resident – 5 (Phy.–1,Pharm.– 1, Micro. –1, PSM –2)

Junior Resident – 21 (Medicine –4, Paediatrics – 5, TB& Chest –2, Skin & STD –3, Psy. – 1, Orthopaedics –6 )

Pharma Chemist – 1

Total Faculty staff shortage - 25

Total Resident staff shortage – 26

Note :

1. The staff shortage is much more than 5%.
2. 6 Professors, 9 Assistant Professors and 18 Sr.Residents/Demonstrators joined in August 2002 one week before the inspection on transfer from other medical colleges of the state, but mostly from Guwahati.

12. In the Clinical Departments following equipments need to be added:

Tread Mill, Holter, Pulmonary Function Test, Dialysis Machines, EEG, Flexible Endoscopes, Laparoscope, Head Injury Equipments, CT scan. For OTs more anaesthesia Equipments like Pulse Oximeters, Bedside monitors, Capnograph, Ventilators.

- One of the surgical OTs which is not functional need to be made functional immediately. The department of Othopaedics need to be given one independent Operation Theatre.

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

In view of the above recorded deficiencies, the Executive Committee decided to recommend to the Central Govt. not to increase the MBBS seats from 65 to 100 at Silchar Medical College, Silchar u/s 10A of the I.M.C. Act,1956.

2. **Co-operative Medical College, Kochi – To consider the inspection report carried out in compliance of the order dt. 13/8/2002 passed by the Hon’ble High Court of Kerala.**

Read : The Council Inspectors report (2<sup>nd</sup> & 3<sup>rd</sup> September, 2002) carried out in compliance of the order dt. 13/8/2002 passed by the Hon’ble High Court of Kerala.

The Executive Committee noted that inspection of Co-operative Medical College, Kochi was carried out in compliance of the order passed by the Hon’ble High Court of Kerala on 13/8/2002 in O.P. Nos.16142,

19937 & 20865 of 2002 & W.A. No.1839 of 2002 which is reproduced as under:-

“Srikrishna, C.J.

As directed by us, the 7<sup>th</sup> respondent has filed an affidavit dated 8<sup>th</sup> August, 2002 enumerating the facilities for clinical education that would be made available by the 7<sup>th</sup> respondent college with effect from 17<sup>th</sup> August, 2002. If these facilities are really made available, then, perhaps, it may be possible for the students in the 2<sup>nd</sup> year MBBS course to continue with their medical education subject to confirmation by the Medical Council. Petitioners, however, took a rigid stand that, even if the several facilities mentioned in the affidavit made available, the continuance of clinical education in the 7<sup>th</sup> respondent college would be totally useless and that this court should make an order forthwith directing them to be absorbed in other colleges. We are unable to accept this extreme stand of the petitioners, at least at this stage. We would prefer to explore all possible alternatives before considering the option put forward by the petitioners.

We direct the 7<sup>th</sup> respondent through its Principal to forward a report to the 6<sup>th</sup> respondent (Medical Council of India) on or before 24<sup>th</sup> August, 2002 enumerating all the steps taken subsequent to 4<sup>th</sup> March, 2002 to rectify the deficiencies highlighted by the Medical Council of India pursuant to inspection carried out in November, 2001. We also direct the Medical Council of India to depute their inspector to inspect the facilities available in the 7<sup>th</sup> respondent college by carrying out an inspection at any time after 26<sup>th</sup> August, 2002. The report shall also include the conclusion of the Medical Council as to whether inspite of marginal deviations it would be possible to continue medical education in the 7<sup>th</sup> respondent college provided the deficiencies are cured within a stipulated period of time. Such a report shall be filed in this court by the Medical Council of India not later than 9<sup>th</sup> September, 2002.

All these petitions shall be posted on 10<sup>th</sup> September, 2002 for consideration of the report and for further order.

Hand over copy of the college to all counsel concerned today itself.”

The Committee also noted that the compliance report submitted by the college authorities on rectification of the deficiencies pointed out in the MCI inspection report of Nov., 2001 has been forwarded by the Central Govt. vide its letter dated 31<sup>st</sup> July, 2002 with the request to verify the same and submit the recommendations of the Council for renewal of permission for the academic session 2002-2003 at Co-operative Medical College, Kochi.

The inspection of this College was carried out while keeping in focus the specific directions issued by the Hon'ble High Court and also to evaluate the over all infrastructural, teachings and other facilities available at this college. The college authorities are seeking to state that the inspection team could not have evaluated the infrascstructural, teachings and other facilities for the teaching and training of the students for the 3<sup>rd</sup> and subsequent years of the MBBS course. Since the Hon'ble High Court is desirous to find out whether the students can pursue their MBBS studies in this college, the contention of the college raised in their letter dated 4.9.2002 is misdirected. It was incumbent upon the inspection team of the MCI to have the over all

evaluation of the infrastructural, teachings and other facilities available at this college.

The Executive Committee considered the Council Inspectors report dated 2<sup>nd</sup> & 3<sup>rd</sup> Sept.,2002 along with the status noted annexed with the agenda item and noted the following from the inspection report:-

1. College/Hospital Buildings:-

The basic para-clinical departments administrative block and the examination hall, lecture theatres, and the engineering wing are located as a make shift arrangement in the Jawaharlal Nehru International stadium complex. The departments of Anatomy, Biochemistry and Physiology were shifted from Indira Gandhi Co-operative Hospital in March 2002 to JNI stadium Complex.

As per the time bound programme given in the project report which was submitted by the applicant under Section 10A to the Central Govt. and as per the undertaking given by the Director of the applicant, during the November 2001 inspection, that the entire construction for the college building will be fully completed in 12 months from November 2001 and the college will be fully shifted to the permanent site in 13-14 months from November 2001. Now the Director CAPE vide his letter 3/9/2001 addressed to secretary medical council of India has explained the reasons for the delay in completion of the college building. **He has given a revised undertaking that the buildings are scheduled to be completed in 12-18 Months from September 2002. So far no construction activity has started in the proposed College Campus.**

2. Teaching Hospital:-

The hospitals with the Medical College are Indira Gandhi Co-operative Hospital with 200 teaching beds and recently attached some portion/facilities of the General Hospital, Ernakulam with 209 beds.

From the previous inspection reports it was noted that only Indira Gandhi Co-operative Hospital was shown to be attached with the medical college having adequate beds as per MCI norms i.e. 314 beds on the basis of which Ist permission was granted by the Central Govt. vide its letter dated 22/10/2000.

At the first renewal inspection i.e. for admission of 2<sup>nd</sup> batch of students was carried out in May, 2001. At this time, the Indira Gandhi Co-operative Hospital was again shown as attached hospital with 350 beds. Now as per the present inspection report Indira Gandhi Co-operative Hospital beds have been reduced to 200 only.

The Principal of the Medical College is not the overall in-charge of the General Hospital. Most of the functional beds in this hospital are paid beds. These beds are being managed by non-teaching consultants/ honoraries. The operation Theatres, Labs, Intensive care areas & OPD functioning are under the control of non teaching

consultants. In the space vacated by shifting the basic departments & other facilities to Jawaharlal Nehru Stadium, more than 115 teaching beds have been placed for various departments in the top floor of the hospital with a tin roof which is not very conducive for patient care & teaching along with some offices for the clinical staff, two demonstration rooms and two lecture halls. There is over crowding of beds, and there are no bed side lockers. None of these beds have yet become functional. Though on paper units have been shown, however in practice in the wards it has not been implemented. The Division of the beds as per the specialty is also not there completely.

In the General Hospital, Ernakulam for which the Secretary, Govt. of Kerala vide his order dated 24/7/2002 have accorded sanction to Co-operative Medical College, Kochi the authorities have started the establishment of casualty, OPDs, Pharmacy, wards with 209 beds, Operation Theatres, Labour room & some teaching areas in this hospital. The OPD started functioning about a week back and the average attendance in the OPD is about 15 Patients in all the departments per day. The space provided for casualty, OPDs and the wards is grossly inadequate. In view of this, the teaching hospital within the civil hospital, with the conditions laid down in the above mentioned Govt. Order and the space available etc will not be able to function as a teaching hospital for the proper teaching and training of the students. The college authorities have also not worked out the details of the staff, equipment, space and the working arrangements required to make this hospital functional.

### 3. Shortage of staff for 100 admission for third batch permission

Professor-	4	(Physiology-1,Medicine-2, Psychiatry-1,)
Associate-Professor	- 11	(Anatomy-2, Physiology-1, Biochem.-1, Pharmacology-1,Pathology-1,ophthalmology-1,Anaesthesia-2, Radio Diagonosis-1, Dentistry-1)
Assistant-Professor	- 14	(Anatomy -2, Physiology -2, Biophysics -1, Pharmacology -1, Forensic-medicine -1, Anaesthesia -2, Radio-diagnosis -1, P.S.M -3, Epidemiologist cum Lecturer -1)
Tutor/Senior Resident		Nil
Junior Residents	- 13	(Medicine -1, Pediatrics -2, TB & chest -1, Psychiatry -1, Ophthalmology -3, ENT -1, Ob&.Gy-2, Radio-diagnosis -2)
Total Faculty Staff Shortage	-29	
Total Resident Staff shortage	-13	

#### Note:

1. The faculty staff deficiency is 33% ( 29 out of 88).

2. 10 assistant professors and 3 tutors are working as visiting faculty ie the non-teaching consultants of Indira Gandhi hospital have been given teaching designation of assistant professor by the college authorities and are paid honorarium for the same. If these staff members are also not counted as regular teachers then the deficiency of the staff will become still more.

3. Seven professors,2 Associate professors,13 Assistant professors,26 Tutors/Senior residents and 18 junior residents joined in August 2002.Nearly 70% of these joined from 2 – 7 days before the inspection.

4. Two professors and 1 Assistant professors were transferred from Pariyaram Medical college-Kannur and they joined this institution in August 2002.

4. Beds & Units/clinical material:

The units in most of the departments are not as per MCI requirements in terms of beds and staff .

The bed occupancy of teaching beds in Indira Gandhi hospital is 19%

The bed occupancy of teaching hospital in the civil hospital is 0% as these beds have not yet become functional.

There is a shortage of 13 beds.

Clinical Material is not adequate: The bed occupancy at the Indira Gandhi Hospital has been found to be 19% against the requirement of 80%.

5. Teaching & Other Facilities :-

O.P.D. – runs daily in all specialties except Eye, ENT, Skin, Psychiatry & orthopaedics which run on alternate days in Indira Gandhi hospital & teaching Hospital in the civil Hospital. All these OPDs need to run daily in both the hospitals. OPD space is inadequate. Each specialty is provided only 1 or 2 chambers for consultants to seat and examine patients. Some of the chambers are not having adequate space for students to stand during clinics. In certain chambers there is no privacy for patients as they are examined in the presence of other patients. The Audiometry room is not air-conditioned and sound proof.

6. Other deficiencies:

- The common rooms for boys and girls are yet to be furnished.

- In central library the number of Indian journal is less than required.

- There are no mess facilities in the boys hostel. The cleanliness and maintenance of the boys hostel needs improvement.
- Residential quarters have been not provided to any category of staff. Medical record section needs to be fully computerized.
- There is a need to increase the work load of the central clinical lab. Space is inadequate specially of microbiology section.
- There is no central sterilization department.

7. Deficiencies in basic and para clinical departments

Department of Anatomy

- Office accommodation for staff is inadequate
- The dissection hall space is less.
- Cold room / Cooling cabinet needs to be provided.

Department of Physiology

- All practical laboratories need to have sixty seats.
- Office accommodation for staff is inadequate.

Department of biochemistry

- Staff accommodation is inadequate

Department of Pathology

- Museum space is inadequate

8. Other deficiencies/observations made in the inspection report.

It is necessary to place the inspection report before the Hon'ble High Court for its kind perusal. The Executive Committee is of the opinion that no further admissions would be permissible in this college. In view of the deficiencies and failure of the applicant to meet the minimum requirements as per their project scheme under Section 10A, it is not entitled for any further renewal by the Central Govt. under Section 10A of the Act and the Regulations made thereunder.

This college is having approximately 150 students. They are pursuing teaching and training of 1<sup>st</sup> MBBS professional and 2<sup>nd</sup> MBBS professional respectively. As per the statutory scheme if any applicant college, in any given year, fails to fulfill the minimum infrastructural, teachings and other facilities, the mandatory statutory regulations require that the further admissions in such a college are stopped so that no prejudice is caused to any further students.

It becomes the responsibility of the State Govt. in every case and specially where the State itself is seeking to establish a new medical college,

to provide the minimum teaching and other facilities so that the students already admitted in the college are able to sail through in their MBBS course.

The provision of Section 10A also stipulates that there cannot be any increase in the annual intake capacity fixed by the MCI for any college. The increase can only be permitted upon providing increased proportionate infrastructure, teachings and other facilities for every additional seat.

While the Executive Committee, on the basis of the inspection report, is clearly of the opinion that no further students deserve to be allocated to this college, the students already admitted in this college cannot be transferred to any other medical college which would inevitably result in the increase in the annual intake capacity fixed for those colleges. It would be for the State Govt. to provide the minimum necessary resources for augmentation of infrastructural, teachings and other facilities in this college so that the students already admitted are able to complete their MBBS course.

The above observations/views of the Executive Committee be sent immediately to the Ld. Counsel of the MCI in this case for the kind consideration of the Hon'ble High Court.

The minutes under this item were read out and confirmed in the meeting itself for taking further necessary action.

3. **Establishment of National Instt. of Medical Sciences & Research, Jaipur by Indian Medical Trust, Jaipur – to ratify the action taken by the Administrator regarding carrying out the inspection of the college on 26/8/2002 in view of the Hon'ble High Court order dated 20/8/2002.**

Read : The report of the Monitoring Committee and the legal opinion obtained from Shri Kirit N. Raval, Additional Solicitor General as per decision of the Executive Committee in the above matter.

The Executive Committee considered the report of the Monitoring Committee and the legal opinion obtained from Shri Kirit N. Rawal, Additional Solicitor General.

The members felt aghast by the criminal conduct of the management of the National Institute of Medical Sciences at Jaipur in assaulting Prof. Achal Gulati, an eminent ENT Prof., who was discharging his duty as an Inspector of the MCI for conducting an inspection pursuant to the order dated 20.8.2002 passed by the Hon'ble High Court. The members expressed serious concern on the happening of such an event and also on the registration of false FIR by the local police against Prof. Achal Gulati.

The members of the Executive Committee were also informed that Shri Bharat Vyas, the Standing Counsel for the Union of India who is also appearing for the MCI before the Hon'ble Jaipur High Court, has advised initiation of contempt proceedings against the college management for their criminal misconduct.

Upon consideration of the facts and specially the background of this case where the management of this college has indulged in making false allegation against the MCI and the Central Govt., the Executive Committee decided as under:-

- a) Keeping in mind that earlier also the college management had made misleading and false declaration regarding the employment of medical faculty when some of the teachers whose employment was claimed by the management were actually working elsewhere and also taking note of a news advertisement in Rajasthan Patrika dated 24.8.2002 where this management had advertised various free facilities in its hospital only upto 28.8.2002, it was decided that it is imperative that inspection without intimation of this college be conducted for ascertaining the true position.
- b) As advised by the learned Addl. Solicitor General that even though the MCI is fully empowered to carry out inspection of any college at any time, it would be desirable to file an application before the Hon'ble High Court for seeking its approval for the decision of the MCI to conduct an inspection of this college without any intimation. Such an application should be filed on behalf of MCI as early as possible.
- c) An application for contempt for criminal misconduct of the management against Prof. Achal Gulati be also filed before the Hon'ble High Court.

The institution has already admitted 150 students in the MBBS course in the academic session 2001-2002 and all these admissions have been done under NRI quota. These admissions are against the Hon'ble Supreme Court judgement in the Unnikrishnan case. The judgement of the learned Single Judge who applied Section 10A(5) of the Act for conferring deemed permission and which was stayed by the Hon'ble Division Bench of the Hon'ble High Court in an appeal preferred by the MCI, is also not sustainable being contrary to the judgement of the Hon'ble Supreme Court in the case of Azamgarh Medical College.

Further as per the advise of learned Addl. Solicitor General of India the Executive Committee considered the report of the inspection team prepared on the basis of the inspection conducted pursuant to the order dated 20.8.2002 passed by the Hon'ble High Court. The following deficiencies were found:-

1. Shortage of teaching staff for 150 admissions at the time of inception:-

Professor – 1 (Obst. & Gynae.)

Associate Professor/Reader – 3 (Physio-1, Biochem.-1, Ortho.-1)

Asstt.Prof./Lecturers – 1 (Biophysics-1)

## Tutors/Demonstrators/Registrars – 1 (Biochem-1)

### Note:

1. The faculty staff shortage is more than 5% (5 out of 46)
2. 15 Professors, 1 Assoc. Prof., 15 Lecturers, 30 Tutors/Sr.Residents and 29 Jr. Residents joined in August,2002. Out of these most of the staff joined 2-5 days before inspection.
3. 114 staff members joined in June/July,2002.
2. Quarters for non-teaching staff not provided so far in the campus.
3. There is a shortage of non-teaching staff in basic departments of Anatomy, Physiology and Biochemistry and other facilities/departments.
4. The department of Microbiology has not yet been shifted to the college building.
5. The unit in Department of Orthopaedics and in Obst. & Gynae. is not headed by Associate Professor/Professor.
6. Bed occupancy is not adequate.
7. Number of normal deliveries is grossly inadequate.
8. The lab. Investigations specially Histopathology & Cytopathology are inadequate.
9. The audio-metry room is not air-conditioned.
10. The office accommodation for clinical staff is inadequate and not properly furnished and utilised.
11. One more 300 MA x-ray machine is required to be installed.
12. A mechanised laundry as per MCI norms has not been provided.
13. Nursing staff is grossly inadequate.
14. A proper medical record department needs to be developed specially for indoor patients and operation theatres.
15. Other observations/deficiencies pointed out in the inspection report.

The Executive Committee noted with great concern that matter of such importance particularly when the institution had played fraud with the Council on an earlier occasion, the matter should have been brought before the Executive Committee at its meeting held on 28.08.2002 for detailed discussions for taking stock of the order of the Hon'ble High Court of Rajasthan and to decide future recourse in this matter.

The Administrator has been appointed by the Hon'ble Delhi High Court to act as the President of the Council. He is stationed at Delhi. The Executive Committee decided to request and require the Administrator to undertake and carry out the following on behalf of the Council:

- a) To take all such necessary steps by meeting all the concerned authorities and functionaries of the State of Rajasthan for ensuring that the false FIR registered at Jaipur against Prof. Achal Gulati is withdrawn;
- b) To take all necessary immediate steps by personally meeting the concerned State authorities for ensuring that suitable required action including registration of a criminal case etc. against all those of this institution including Dr. Tomar and his son named by Prof. Achal Gulati, who had indulged in the criminal assault on him;
- c) To personally coordinate with Mr. Bharat Vyas, Ld. Senior counsel at Jaipur appearing for the MCI for filing an appropriate contempt petition against Dr. Tomar, his son and all those who were involved in committing the criminal assault on Prof. Achal Gulati and prohibited him from discharging his official duties and that to in compliance with the order dated 20.8.2002 passed by the Hon'ble Rajasthan High Court.

The Executive Committee hopes that the Administrator would be able to place an action taken report in the next meeting of the Executive Committee.

The Executive Committee further decided that the next date before the Hon'ble High Court is 16.9.2002. If the advocate for the MCI before the Hon'ble Jaipur High Court is able to obtain appropriate order for conducting an inspection without intimation prior to 16.9.2002 then the Executive Committee would like to examine the inspection report and place its observations before the Hon'ble High Court for its consideration. However, if the same does not become possible before 16.9.2002 then the present observation of the Executive Committee be placed before the Hon'ble High Court along with the inspection report and the communication of Prof. Achal Gulati for the consideration by the Hon'ble High Court.

The minutes under this item were read out and confirmed in the meeting itself for taking further necessary action.

4. **CWP No.788/2002 in the matter of Dr. Ram Prakash Bhayana Vs. Union of India & Ors in the Hon'ble Delhi High Court.**

Read : The report of the Monitoring Committee in the matter of CWP No.788/2002 filed by Dr. Ram Prakash Bhayana vs. Union of India & Ors.

The Committee accepted the report of the Monitoring Committee and after taking a serious note of grave lapse that has occurred resulting in stricture being passed against the Council, decided to form a Sub-

Committee consisting of following members to look into the matter and fixation of the responsibility on the defaulter, if any:-

1. Dr. V.K. Puri
2. Dr. Ajay Kumar

The Committee further accepted the recommendation of the Monitoring Committee to hand over the case to Advocate Ms. Kavita Wadia.

5. **W.P. No.15876/2002 filed by Prathima Educational Society vs. Union of India and Medical Council of India.**

Read : The report of the Monitoring Committee in W.P. No.15876/2002 filed by Prathima Educational Society vs. Union of India and Medical Council of India.

Under Sections 9 and 10 of the Act, the Executive Committee of the MCI is constituted which comprises of President, Vice President as ex-officio members and not less than 7 and not more than 10 other members to be elected by the Council from amongst its members.

It is the Executive Committee who is empowered to make recommendations to the Central Government for grant or non-grant of initial permission and/or annual renewals to any applicant who had made an application to the Central Government for establishment of a medical college under Section 10A of the Act. In accordance with the provisions of the Act and the statutory regulations made thereunder, the Executive Committee is obliged to work on the 'majority' principle. It is the recommendations of the majority of the Executive Committee members which becomes the recommendations to be sent to the Central Government for passing appropriate orders under Section 10A of the Act and the regulations made thereunder.

It is only the Executive Committee who can make recommendations to the Central Government under Section 10A of the Act and the regulations made thereunder. No individual member including the President or Vice President have any right whatsoever to send any communication individually, much less a recommendation, to the Central Government. It is only "**the recommendation**" by the Executive Committee which deserves consideration by the Central Government for discharging its statutory duties under Section 10A of the Act.

No communication by any individual member of the Executive Committee in relation to an application of any applicant who is seeking permission to establish a medical college under Section 10A of the Act, can ever be described as the recommendation for the Central Government to pass an appropriate order under Section 10A of the Act. In other words, any such individual communication by any individual member of the Executive Committee to the Central Government which is not permitted under the provisions of the Act and the regulations made thereunder is not only

without jurisdiction, contrary to law, it is most respectfully submitted, is null and void ab initio having no existence in the eyes of law.

It has been submitted before the Hon'ble Supreme Court in the appeals against the judgement of the Hon'ble Delhi High Court pending before it, that the Administrator appointed by the Hon'ble Delhi High Court is misreading the impugned judgment whereunder the Administrator was appointed to act as the President of the Council and to preside over the meetings of the Executive Committee and the General Body of the Council. On the other hand, and contrary to the stipulations laid down in the impugned judgment of the Hon'ble Delhi High Court dated 23.11.2001, the Administrator sought to assume a much larger jurisdiction than what is permissible to the elected President of the Council. Contrary to the impugned judgment of the Hon'ble Delhi High Court dated 23.11.2001. The Govt. of India who is also one of the appellants before the Hon'ble Supreme Court has submitted that no non-medical person could have been appointed as the Administrator to act as the President of the Council.

The Administrator appointed by the Hon'ble Delhi High Court was not permitting the members of the Executive Committee to hold its meetings and to discharge its statutory obligations and when it was specifically observed by the Hon'ble Delhi High Court that the Administrator has been appointed for ensuring the smooth functioning of the Council.

Under these circumstances, the Hon'ble Supreme Court was required to pass appropriate orders. It is submitted that the members of the Executive Committee, on one of the occasions earlier, had fixed its meetings on 24.4.2002 but the Administrator appointed by the Hon'ble Delhi High Court was not inclined for this meeting. The Hon'ble Supreme Court on 22.4.2002 passed the following order:-

*“ Heard the learned counsel for the parties. We direct that the Executive Committee of the Medical Council of India shall hold its meeting on 24<sup>th</sup> April, 2002 at 11.00 A.M sharp and would decide all pending applications, including applications for approval, recognition, renewal of permission and letters of intent, etc. for running of the medical colleges.*

*The General Body of the Medical Council of India is also directed to hold its meeting on or before 1<sup>st</sup> of May, 2002....”*

The Hon'ble Supreme Court directed the Executive Committee to decide all the pending applications for grant of permission, approval, renewal etc. and not the Administrator to send any communication to the Central Govt. contrary to the recommendation of the Executive Committee. Sending of any such communication by the Administrator to the Central Govt. contrary to the recommendation of the Executive Committee, would be contrary to the above-mentioned order dated 22.4.2002 passed by the Hon'ble Supreme Court.

Subsequently, need had arisen to hold the elections for the members of the Executive Committee of the Council as the term of the erstwhile members was coming to an end. Similarly, elections to three memberships

of the Post Graduate Medical Education Committee under Section 20 of the Act were required to be held by the members of the Council from amongst themselves in its General Body meeting.

The Council had decided to hold the elections to the memberships of the Executive Committee of the Post Graduate Medical Education Committee and for certain other bodies in its General Body meeting to be held on 3.6.02. The Administrator appointed by the Hon'ble Delhi High Court was of the view that he would not permit the holding of these elections as according to him these elections cannot be held before all the vacancies in the Medical Council of India are filled up.

Since non holding of meetings by the Post Graduate Medical Education Committee and non holding of elections for the members of the Executive Committee was a matter of deep concern for the Central Government who is obliged to take necessary decisions under the Act, the Ld. Solicitor General of India advised the Central Government that there is no prohibition/impediment in the General Body of the Council holding elections for the memberships of the Executive Committee and of the Post Graduate Medical Education Committee etc. In the light of the prevalent facts and also the order dated 24.4.2002 passed by the Hon'ble Supreme Court, it was advised that not only it is permissible but imperative for the General Body of the Council to hold its elections for the members of the Executive Committee and members of the Post Graduate Medical Education Committee etc.

When the elections were scheduled to be held on 3.6.2002 in a so-called Public Interest Litigation a restraint order against holding the elections from Hon'ble Delhi High Court was obtained. The said order passed by the Hon'ble Delhi High Court was challenged before the Hon'ble Supreme Court by the Vice President of the Medical Council of India. The Hon'ble Supreme Court on 15.7.02 passed the following order:-

*“...Heard the learned counsel for the parties.*

*Further proceedings before the High Court in this or other connected matters are stayed. If any aggrieved person is interested in obtaining any interim order, it would be open to such person to approach this Court in these proceedings.*

*Till further orders, order passed by this Court on 22.4.2002 shall operate.*

*Meantime, election for post-graduate committee and other statutory committees shall be held. Such elections would be subject to further directions in these matters.*

*List after three weeks.”*

The Hon'ble Supreme Court once again emphasized its order dated 22.4.2002 that all the decisions for grant of permission, approval, renewal etc. shall be taken by the Executive Committee of the Council.

**In accordance with the above-mentioned orders passed by the Hon'ble Supreme Court dated 15.7.2002 the elections for the members of the Executive Committee and the Post-Graduate Committee of the Council were held in the General Body meeting of the Council.**

Coming back to the issue involved in the present case, it is respectfully submitted that, as stated above, the meeting of the Executive Committee was scheduled to be held on 24.6.2002. The Administrator was aware of this date in advance and much prior in time. The Administrator was to preside over this meeting. It was entirely on his personal reason that he decided to go out of Delhi and not to attend the meeting of the Executive Committee scheduled to be held on 24.6.2002.

As per the binding and mandatory regulations of the MCI the application under Section 10A for establishment of a medical college can be made only, either for 50 or 100 or 150 admissions annually. The maximum limit is 150 admissions annually. Another set of separate statutory regulations provided for minimum infrastructural, teachings and other facilities which are required to be provided by the applicant for the application under Section 10A for 50, 100 and 150 admissions annually.

The inspection report of the petitioner college was considered in the meeting of the Executive Committee held on 31.1.2002. The Executive Committee of the Council, on account of various deficiencies, did not recommend the Central Government for issuance of LOI to this college.

The decision of the Executive Committee of the Council was communicated to the Central Government vide a MCI letter dated 4.3.2002. The Central Govt. along with its letter dated 20.3.2002 forwarded to the MCI a copy of the compliance report submitted by the college informing that according to them, they have removed the deficiencies which were pointed out.

As per the procedure in this regard the compliance verification inspection by the Council inspector was conducted on 29/30.5.2002. The inspection report was considered by the Executive Committee in its meeting held on 24.6.2002. The Administrator had decided to go out of Delhi (Srinagar in Kashmir) for some personal reasons and had thus decided not to preside over this meeting of the Executive Committee. The Executive Committee considered the compliance verification report. The Executive Committee on consideration of the compliance verification report came to the conclusion that the college is not fully compliant for 150 admissions annually. However, the infrastructural, teachings and other facilities are provided by them would be adequate and sufficient for 100 admissions annually. On the basis of their assessment the Executive Committee recommended to the Central Govt. to issue a letter of intent to this applicant for establishment of a medical college with annual intake of 100 admissions. The recommendations of the Executive Committee was conveyed to the Central Govt. vide its letter dated 3.7.2002.

It was incorporated in the inspection report that there was a sudden increase in the OPD attendance. The increase in the OPD attendance did not appear to be regular OPD attendance. The number of deliveries were also found to be inadequate and was not corresponding to the increase in OPD figures shown by the college authority. The number of sterilization during the period of 5 months were nil. The investigations carried out in various labs were also not correspondence with the increase in OPD figures.

The staff room and offices in the clinical department needs to be provided and furnished though the college had made the space available for them. Certain other facilities were also required to be augmented. The average attendance in the casualty was found to be 15 patients per day which was very less and also did not correspond with the OPD figure etc.

The annual targets for hospital facility and clinical material etc. in the subsequent year for 150 admissions annually are proportionately higher and tough to be achieved. When the college in the present case was still deficient for fulfilling the minimum norms for 150 admissions annually, grant of initial permission now and then reaching a possible situation in subsequent years for issuance of a direction to stop admissions, as it has been seen and experienced in certain other cases in the past by the MCI, is neither in the interest of the college nor its management and in fact it causes serious and irreversible prejudice to the students who get admitted in such colleges.

Since the members of the Executive Committee had recorded their decision on the item placed before them on 24.6.2002 the recording and confirmation of the minutes was completed on the same day and there was no requirement for circulation of the minutes.

Under these circumstances, there was neither any occasion nor was it permissible for the Administrator to send any communication to the Central Govt. on 3.7.2002 contrary to the recommendation of the Executive Committee and which in fact would also be contrary to the orders passed by the Hon'ble Supreme Court on 22.4.2002 and 15.7.2002. The decision of the Executive Committee in relation to this College on 24.6.2002 was unanimous. The Administrator had chosen not to attend this meeting for his personal reasons. Neither under any provisions of the Act nor any regulations made thereunder he was empowered to send any communication to the Central Govt. The communication dated 3.7.2002 sent by the Administrator, while acting as the President of the MCI, to the Central Govt. can never be treated as recommendations on behalf of the MCI to the Central Govt. for passing any order under Section 10A of the Act. Such an impermissible communication has no existence in the eyes of law.

The Secretary of the Council is directed to ensure that the above-mentioned is duly incorporated in the affidavit of the Council along with all other relevant submissions and judgements on its behalf. The Secretary is also directed that for complying the directions of the Hon'ble High Court that the records of this college be produced before it, she should personally carry these records and all other relevant papers for the perusal of the Hon'ble High Court.

The minutes under this item were read out and confirmed in the meeting itself for taking further necessary action.

6. **Increase of MBBS seats from 65 to 100 at Indira Gandhi Medical College, Shimla u/s 10A of the IMC Act, 1956 – Appointment of Inspectors.**

Read : The matter with regard to appointment of Inspectors on the proposal received u/s 10A of the IMC Act, 1956 for increase of MBBS seats from 65 to 100 at Indira Gandhi Medical College, Shimla.

The Executive Committee appointed following inspectors for carrying out inspection for increase of MBBS seats from 65 to 100 at Indira Gandhi Medical College, Shimla:-

1. Prof. A.M. Nagar, A-1, Shastri Nagar, Meerut
2. Dr. Sadhna Joshi
3. Dr. R.D. Bansal, Inspector, MCI

7. **Medical College at Eluru, West Godavari Distt. By Alluri Sitarama Raju Educational Society - renewal of permission for admission of 3<sup>rd</sup> batch of students.**

Read : The compliance report received from the authorities of Medical College, Eluru on the deficiencies pointed out in the inspection report (July, 2002).

The Executive Committee considered the compliance report received from the authorities of Medical College, Eluru on the deficiencies pointed out in the inspection report (July,2002) and decided to verify the same by way of an inspection. The Committee appointed following inspectors for carrying out the compliance verification inspection:-

1. Dr. Davere, Aurangabad
2. Dr. Kalpana Sulhain, Miraj
3. Dr. C.A. Desai, Ahmedabad

8. **S.R.T.R. Medical College, Ambajogai – appointment of inspectors regarding.**

Read : The matter with regard to appointment of Inspectors for carrying out the inspection of SRTR Medical College, Ambajogai in compliance of the order passed by the Hon'ble High Court at Aurangabad.

The Executive Committee appointed the following inspectors for carrying out the inspection of SRTR Medical College, Ambajogai as per direction of the Hon'ble High Court of Bombay, Bench at Aurangabad:-

1. Dr. Naresh Bhatia, Prof & Head of ENT, K.G.M.C., Lucknow
2. Dr. S.K. Agarwal, Director Prof. & Head, Deptt. of Medicine, MAMC, New Delhi
3. Dr. R.D. Bansal, Inspector, MCI

**9. Graduate Medical Education Regulations, 1997 – Migration Rules – Modification.**

Read : The matter with regard to amendment in the Regulations of Graduate Medical Education, 1997 pertaining to Migration Rules as referred by the Migration Sub-Committee.

The Executive Committee considered the following recommendations of the Migration Sub-Committee:-

“In the meeting of the Migration Sub-Committee held on 26<sup>th</sup> August, 2002 before the Agenda was taken up one of the members pointed out that the Regulations on Migration as contained in Graduate Medical Education, 1997 prescribe among other things, that:-

*“(4) The applicant candidate submits his application for migration, complete in all respects, to all authorities concerned within a period of one month of passing (declaration of results) the first professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination.”*

The member further informed that in his experience and as per feedback received from various quarters the candidates or their parents find it difficult to obtain No Objection Certificate etc. from all the places in such a short time and they are unable to submit their application within the stipulated time of one month. The member also pointed out that there are certain matters which are put up by the office beyond the stipulated period. While the matter was being deliberated it was informed to the Committee that the candidates submit their incomplete applications within the stipulated period but only when they submit complete documents, the matter is placed before the Migration Committee for consideration as per earlier instructions. That is how it appears that matters are put up beyond one month's time. The Committee was also apprised that the time limit of one month has been condoned in case where death of supporting guardian takes place later on but after admission in a medical college. In such a situation the time limit of one month has been waived on sympathetic consideration while still adhering to further clause that candidate will be allowed to appear in IInd Prof. University Examination only after completion of 18 months study in transferee medical college.

In view of the detailed discussions held, the Committee decided to resolve and to recommend to the Executive Committee of the Council for its consideration that the time limit of 1 month in submitting the applications for migration from one recognized to another recognized medical college should be waived of, as this period is too short for candidates to obtain all the connected documents for making complete applications. The Committee also feels that in view of the undertaking given by the candidates by way of an affidavit that they would complete full 18 months of second professional course in the transferee medical college before appearing in the second

professional university examination, it would be impractical to insist on limited time period of making an application within one month of passing the 1<sup>st</sup> professional university examination.

The Committee therefore decided to recommend to the Executive Committee that the candidates should be allowed to submit their applications for migration in terms of regulations, as soon as possible after passing the first professional university examination but not later than 6 months of passing.”

The Executive Committee approved the above recommendations of the Migration Sub-Committee and decided to refer the same to the General Body of the Council for its approval.

#### **10. Appointment of Inspectors for carrying out the Postgraduate Inspections.**

The Executive Committee appointed the following inspectors for carrying out the inspection in the following subjects for consideration of recognition of qualification as mentioned against each:

1. Vijaynagar Instt. of Medical Sciences, Bellary – Recognition u/s 11(2)  
MD (Derm.Ven.& Leprosy) & DVD - Dr. Hema Jaya Rajni.
2. Rajah Muthiah Medical College, Annamalainagar – Recognition u/s11(2)
  - D.O. - Dr. Lav Shetwar
  - D. Ortho. – Dr. Pankaj Patel
  - D.A. – Dr. Kiran Mehrotra, Kanpur.
  - D.C.H. – Dr. Noyel Narainan, Trivandrum
  - D.G.O. – Dr. Davar
  - D.M.R.D. – Dr. Suresh Shah
3. Adichunchanigiri Instt. of Medical Sciences, Bellur-Recognition u/s 11(2)
  - M.D.(Gen.Medicine) – Dr. Asha Shah
4. JLN Medical College, Ajmer – Recognition u/s 11(2)
  - M.D.(Obst.& Gynae) – Dr. Bakul Leuva
  - M.S. (ENT) – Dr. Anup Rai Chopra
5. JJM Medical College, Davangere – Recognition u/s 11(2)
  - MD (Psychiatry) & DPM – Dr. Hitendra Gandhi.
6. Vivekananda Instt. of Medical Sciences, Calcutta – Recognition u/s 11(2)
  - MD (Paed.) & DCH – Dr. Rajiv Soren, Allahabad.
  - MD (Obst.& Gynae) & DGO – Dr. R. Idnani, Meerut
  - MS (Ophthalmology) & DO – Dr. Sandeep Mittal, Meerut.
  - MS (ENT) & DLO – Dr. Vikas Sinha
7. Malar Hospital Ltd., Adyar,

Housemanship & Internship - Dr. Mathew Thomas, Prof. of Medicine, Trivandrum

8. Rangaraya Medical College, Kakinada – Recognition u/s 11(2)D.V. – Dr. S.R. Shukla.
11. **To consider the matter with regard to carrying out inspection of the medical colleges where the Central Govt. has granted permission for admission of the students for the academic year 2001-2002 on the dates mentioned against each subject to the condition that there should be 240 teaching days between two batches before they conduct the examination.**

The Executive Committee noted that the Central Govt. for. Aarupadai Veedu Medical College, Pondicherry, renewed the permission for admission of 2<sup>nd</sup> batch of students on 04.06.2002 and further for Mahatma Gandhi Medical College and Research Instt., Pondicherry, and for MNR Medical College Sangareddy granted permission for establishment of the medical college on 18.03.2002 and 19.3.2002 respectively for the academic year 2001-2002 subject to the condition that 85 students are admitted to the college through the competent authority of the State Govt. and there should be 240 teaching days between 2 batches before they conduct the examination.

The Executive Committee further noted that the recommendations of the EC for renewal of permission for Aarupadai Veedu Medical College and letter of permission for Mahatma Gandhi Medical College & Research Instt., Pondicherry and MNR Medical College, Sangareddy were for the academic session 2002-03.

The Executive Committee noting the conditions laid down in the Central Govt.'s letter for the above mentioned medical colleges, decided to arrange inspection for these medical colleges only after completion of 240 days from the date of the admission made by the concerned authorities into these medical colleges. The date of admission may therefore be obtained by the office.

The EC noted that inspectors have already been appointed by it for the MNR Medical College, Sangareddy and for the remaining two medical colleges the inspectors will be appointed at a later date.

12. **To note the Letter of Intent/Renewal of permission for establishment of medical college/increase of seats issued by the Central Govt.**

The Executive Committee noted the letter of Intent/letter of Permission/Renewal of permission for establishment of medical college/ Increase of seats issued by the Central Govt. as under:-

<u>Name of the Medical College</u>	<u>Date of LOI/LOP/ Renewal of permission</u>
1. A.J.Instt. of Medical Sciences, Mangalore	LOP dt. 14 <sup>th</sup> August,2002 for 100 students during 2002-03.

- |    |   |   |
|----|---|---|
| 2. | Vedhi Instt. of Medical Sciences, Bangalore | LOP dt. 08 <sup>th</sup> August,2002 for 100 students during 2002-03.   |
| 3. | Govt. Medical College, Surat                | The Central Govt. vide letter dt.14 <sup>th</sup> August,2002 disapproved the scheme with regard to increase of MBBS seats from 120 to 150 at Govt. Medical Col.,Surat and also withdraw LOI issued by the Central Govt. vide its letter dated 8.3.2000 for the said increase of seats as the college authorities were not able to finalise the dates of inspection for carrying out the inspection for grant of LOP. |

13. **To consider the letter dated 5/9/2002 of Dr. R.D. Bansal, Inspector in the office of the Council enclosing therewith his inspection programme.**

The Executive Committee noted the letter dated 5/9/2002 of Dr. R.D. Bansal, Inspector in the office of the Council enclosing therewith his inspection programme.

14. **SVS Medical College, Mahboobnagar – Renewal of permission for admission of 4<sup>th</sup> batch of students.**

Read : The compliance verification inspection report (5<sup>th</sup> Sept., 2002) for renewal of permission for admission of 4<sup>th</sup> batch of students at SVS Medical College, Mahboobnagar.

The Executive Committee considered the compliance verification inspection report (5<sup>th</sup> September, 2002) and decided to recommend to the Central Government to renew the permission for admission of 4<sup>th</sup> batch of students at SVS Medical College, Mahboobnagar for the academic session 2002-2003.

15. **Establishment of Medical College at Guntur, A.P. by Vignan Educational Foundation, Bangalore u/s 10A of the IMC Act, 1956.**

Read : The Council Inspectors report (3<sup>rd</sup> & 4<sup>th</sup> Sept., 2002) for establishment of Medical College at Guntur, A.P. by Vignan Educational Foundation, Bangalore u/s 10A of the IMC Act, 1956.

The Executive Committee considered the Council Inspectors report (3<sup>rd</sup> and 4<sup>th</sup> September, 2002) and decided to recommend to the Central Government to issue Letter of Permission for establishment of Medical

College at Guntur, AP by Vignan Education Foundation, Bangalore u/s 10A of the IMC Act, 1956 with an annual intake of 100 students from the academic session 2002-2003.

16. **Regarding relaxation in age limit for admission to MBBS course in the State of Gujrat.**

Read : The letter dated 10<sup>th</sup> July, 2002 for relaxation in age limit by 12 days for admission to MBBS course in the medical college in Gujarat.

The Executive Committee considered the letter of Ms. Jigar D. Kapadia and noted that the candidate was born on 12.1.1986 and will complete the age of 17 years on 12.1.2003. The Committee also noted that as per Regulations of the Council on Graduate Medical Education Regulations, 1997 the candidate for admission to MBBS course shall complete the age of 17 years on or before 31<sup>st</sup> December of the year of admission to the MBBS course.

The Committee upon consideration of all the facts narrated in the letter did not find itself in a position to agree to relax the age limit as prescribed in the Regulations which are duly notified by the Central Govt.

17. The Executive Committee noted its resolution with regard to the panel of the lawyers which was decided by the Sub-Committee consisting of Dr. P.C.Kesavankutty Nayar, Dr. Ved Prakash Mishra and Dr. D.K. Sharma which stands already approved by the Executive Committee at its meeting held on 28.08.2002.

The Committee further unanimously decided to add name of Ms. Kavita Wadia in the list of lawyers and also names of Ms. Indira Jaisingh and Mr. H.L.Tikku in the list of Senior Advocates.

It also decided that for appointment of Advocates outside Delhi the Advocates on-record in Delhi and members of the Council representing the State Government/University in that area may be consulted.

In emergency situation if none of the Advocate on record is available, the Monitoring Committee is empowered to appoint the advocate.

18. The Executive Committee noted that in I.A.No.5-6 in CA Dr. Ketan Desai Vs. Dr. Harish Bhalla & Ors SLP No.5354-5358/2002-Dr.P.C.Kesavankutty Nayar Vs.Dr.K.P.Agarwal, and CWP No. 3976/2002 – Dr.R.S.Kumar Vs. Sh.S.P. Jhingon, Maj.Gen.Retd.the bills were raised and approved by the Administrator for payment. It also noted that the bills have not been paid so far.

The Executive Committee further unanimously resolved that the bills pertaining to these cases shall not be paid by the office till further directions by the Executive Committee.

19. **Date and Venue of the next meeting of the Executive Committee.**

The next meeting of the Executive Committee shall be held on 17<sup>th</sup> October,2002 at 11.00 a.m. in the Council office, Aiwan-E-Galib Marg, Kotla Road, New Delhi-2.

**(Dr. M. Sachdeva)**  
**Secretary**

**New Delhi, dated the**  
**9<sup>th</sup> Sept.,2002**

**A P P R O V E D**

**(Dr. P.C.Kesavankutty Nayar)**  
**Vice-President**

