

Steno2/word/Minutes/ECMN1710/October 17, 2002

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

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on Thursday the 17th October, 2002 at 11.00 A.M. in the Council office, New Delhi.

Present

Major General (Retd.) SP Jhingon, Kirti Chakra, VSM	Administrator
Dr. P.C. Kesvankutty Nayar	
Dr. P.M. Jadhav	
Dr. D.K. Sharma	
Dr. Ajay Kumar	
Dr. Mukesh Kumar Sharma	
Dr. B.P. Dubey	
Dr. V.K. Puri	
Dr. F.U. Ahmed	
Dr. Nitin S. Vora	

Dr. M. Sachdeva	Secretary
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At the outset Administrator informed the members of the Executive Committee that an item pertaining to Report of the Department related Parliamentary Standing Committee on Human Resource Development – Hundred Twelfth Report on Medical Education needs to be considered in addition to the items pertaining to Section 10A. He further informed that all available inspection reports pertaining to Section 10A till date have been placed before the Executive Committee for its consideration in today's meeting.

1. **Minutes of the meeting(s) of the Executive Committee held on 28th August, 2002 and 9th September, 2002 – Confirmation of**

Dr. PM Jadhav informed that he had sent his leave of absence for the Executive Committee meeting held on 28th August, 2002, however, the leave of absence has not been recorded in the minutes. The Secretary apologized for this inadvertent error and informed that the necessary correction will be made.

While confirming the minutes of the meeting of the Executive Committee held on 28th August, 2002, Dr. VK Puri made an observation on the recording of the minutes under item no.20. The minutes recorded under this item i.e. “**Establishment of National Instt. of Medical Sciences & Research, Jaipur**”, in 2nd para, 4th line on page 1 reads as : “.....hence was any matter discussed pertaining to this college in any of the Executive Committee held during the period 23rd April to 15th July, 2002.....”. The sentence does not convey proper meaning and it should be corrected as under:

“.....hence why this matter was not discussed pertaining to this college in any of the Executive Committee held during the period 23rd April to 15th July, 2002.....”.

With the above correction on this item and incorporating name of Dr. PM Jadhav in leave of absence, the minutes of the meeting of Executive Committee held on 28th August, 2002 were confirmed.

The minutes of the Executive Committee meeting held on 9th September, 2002 were then taken up and confirmed.

2. **Minutes of the meeting(s) of the Executive Committee held on 28th August, 2002 and 9th September, 2002 – Action taken thereon.**

The Executive Committee noted the action taken by the office on the minutes of the Executive Committee held on 28/8/2002.

On the action taken report of the Executive Committee meeting held on 9th September, 2002, the members made the following observation:-

1. That on page no.2 against para 3 reading as ‘The Executive Committee passed a unanimous resolution..... decisions taken by the Executive Committee in majority’ – against the action taken it has been recorded as “noted for compliance in future”.

In light of this unanimous resolution of the Executive Committee and that the office is required to comply with the same, the members questioned the Secretary as to why a note regarding the functioning of the Monitoring Committee was circulated in the General Body of the Council on 16.10.2002 and an item pertaining to this circulation has not been brought before the Executive Committee for its consideration/information. The members further informed the Secretary that she is duty bound to place before the Executive Committee any matter which is decided against the resolutions passed by either the General Body or the Executive Committee or is against any rules and regulations of the Act. The members further opined that any resolution passed by the Executive Committee unanimously is binding on the office for execution of the same.

The Secretary replied that if the members desire an item pertaining to Monitoring Committee can be placed in today’s meeting for its consideration.

After much deliberations it was decided that the action taken against para 3 on page no.2 i.e. “Noted for compliance in future” the following be also added:

“However, on the directions of the Administrator, a note on the appointment and functioning of the Monitoring Committee was circulated in the General Body meeting yesterday i.e. 16.10.02. After much deliberations the note circulated on the directions of the Administrator was withdrawn by the Administrator and the contents thereof were annulled.”

2. On page No.2, para No.7 under point No.3 i.e “the Committee decided that the Administrator is required to submit the report of his visit to the different institutions. legal opinion may be obtained in this regard”....

The members desired that the Administrator should submit the report to the Executive Committee regarding his visit made to certain of the institution in Mangalore and Pondicherry. After a prolonged discussion on this visit and the expenditure incurred by the Council in the TA/DA for this visit of the Administrator, the matter was concluded as under:

That the Executive Committee feels that the visits made by the Administrator to the private institutions without any substantial report having been submitted is without any aim or objective and the same is not only detrimental to the reputation of the Medical Council of India but is also a wasteful financial expenditure to the exchequer which will create a dent on the finances of the Medical Council of India. The Administrator’s feeling that he can continue to do this in his own right to discharge administrative duty and he is quite entitled to do so, is not agreeable to the Executive Committee. The Executive Committee resolved that this is a complete violation of financial and administrative norms and further resolved that in future no wasteful expenditure will be incurred by the Administrator on such visits which are without any purpose.

The Administrator informed that his visit to all the colleges whether private or government or other institution is a part of his duty and Administrator would continue to visit whenever time is available to him.

The Executive Committee in response to the Administrator’s above observation further decided that they unanimously feel that whatever visits are done by the Administrator as a part of his duty at the expense of the MCI, he has to submit a report to the Executive Committee on the same and in case where the report is not submitted the finances paid be withdrawn.

3. Under the action taken report on page no.15, under item 18 i.e. “Decision by the Central Govt. as against the Council recommendations – Stand of the MCI” it has been recorded that the matter is under process. The members desired to know further action under this item.

Administrator informed he has written a letter to Health Secretary to this effect and reply from Health Secretary is awaited. It was decided to send a reminder for seeking an early appointment.

4. On page no.27 under item no.3 of the action taken report on the additional agenda pertaining to “Estt. of National Instt. of Medical Sciences & Research, Jaipur by Indian medical Trust, Jaipur”, the members desired to know the latest position when the attention of the members were drawn to the following corrigendum circulated on the latest position which was noted:

“a) As per instructions by Administrator on file, Secretary was advised to go to Jaipur. For that a letter dated 29/9/2002 was sent to obtain appointment from Secretary to the Govt. of Rajasthan, I.G./D.G. Police and Secretary, (Health) to the Govt. of Rajasthan.

In the absence of response from any of the authorities, Director General of Police Shri A.K. Jain, IPS, was contacted telephonically on 8/10/2002 and as a result Secretary along with Dr. Achal Gulati was supposed to go to Jaipur on 9/10/2002 to meet Additional I.G. Police (Law and Order) Shri N.N. Meena. The visit did not materialize as Dr. Gulati had some commitments on 9th & 10th Oct., 2002. However, the Secretary discussed the matter telephonically with the concerned S.H.O. incharge of the case Shri Bhagwan Das who has informed that the report has been submitted to the S.P. (Rural) Shri Liyaquat Ali.

b) A contempt petition was filed by Shri Bharat Vyas, Council Advocate and as informed by him telephonically notices were issued to the opposite party by the Hon'ble Court.

c) The observations of the Executive Committee were placed before the Hon'ble High Court through the Council Advocate. The D.B. of the Hon'ble High Court at Rajasthan after hearing the case in details has delivered his judgement on 01/10/2002 received by fax on 03/10/2002. The operative part of the judgement is as under:-

“(i) This case is not fit for deemed permission.

(ii) The Central Govt. should take steps to grant permission to Indian Medical Trust and final decision be taken by 21st Oct., 2002.

iii) The State Govt. is directed to prepare a list of 150 students to allot those students to Indian Medical Trust. List be prepared before cut out date.

iv) The Central Govt. also take decision regarding the fate of students who were admitted by Indian Medical Trust under the impression of deemed permission.

In the result, in the light of the above directions, all the six appeals are disposed of.”

The Council Advocate at Jaipur had also sent his observations which were considered along with the judgement and it was decided to file an SLP before the Hon'ble Supreme Court through Shri Maninder Singh Advocate with a request to engage Shri Arun Jaitley, Senior Advocate to defend the matter on behalf of the Council. Accordingly matter has been handed over to Shri Maninder Singh on 04/10/2002.”

While discussing the action taken, matter regarding non-receipt of the letter of Dr. Amitabh Varma dt. 27th September, 02 addressed to the Administrator was also taken up when the Administrator again informed that neither he nor his PS has received the letter till date. It was inquired from the Administrator that as per decision of the General Body taken at its meeting held yesterday i.e. 16.10.2002 whether he has inquired into the matter or not as

the Administrator was to submit a report to this effect to the Executive Committee in its today's meeting. The members were informed that the messenger through whom the letter was sent by the receipt clerk to the PS is still on leave.

After much deliberation it was decided to form an Inquiry Committee consisting of Dr. D.K. Sharma and Dr. K.K. Arora, Joint Secretary to investigate into the matter and submit its report for taking further action.

It was further decided that the scope of the Sub-Committee constituted by the Executive Committee at its meeting held on 9.9.2002 consisting of Dr. VK Puri and Dr. Ajay Kumar to inquire into the matter for fixation of the responsibility on the defaulter in CWP No. 788/2002 where strictures were passed by the Hon'ble Court against the Council be enlarged and the matter with regard to the note prepared by the Joint Secretary pertaining to migration cases be also inquired into by this Committee.

5. On page no. 30 under item no.5 "WP No. 15876/2002 filed by Prathima Educational Society Vs. UOI& MCI" – the members raised the issue regarding the letters sent to the Central Govt. by the Administrator over & above the letters sent by the office communicating the decisions taken by the Executive Committee. The members then informed the Administrator that the Executive Committee had taken a decision in recommending the LOI for 100 admissions after taking into consideration all the facts as given in the inspection report in which meeting the Administrator was not present. Lot of discussions took place on the communication sent by the Administrator and the members desired the Administrator to withdraw the letter to which Administrator declined stating that this letter forms a part of the court proceedings and he cannot touch even a word.

The members then decided to put it on record that the decision of the Administrator not to withdraw the letter is creating an impasse in the conduct of the business of the Executive Committee and they felt that they are totally helpless in continuing the business of the Executive Committee.

On this the Administrator informed that the impasse is being created by the members of the Executive Committee and not by him and they should continue to conduct the business of the House as decisions are required to be taken on the agenda items pertaining to Section 10A etc.

The members then again asked Administrator to withdraw the letter which according to him was written on the advise of the Advisor to which the Administrator again declined and informed that he has done nothing wrong in sending the letter. The members then informed that they can proceed with the agenda only after the Administrator withdraws the letter as they feel that the unanimous decision taken by the Executive Committee are being over ruled by the Administrator which is proved by this action i.e. sending a separate letter.

The Administrator then informed that they are welcome not to proceed with the agenda, however, the two letters sent by him to the Govt. i.e. for Kuppam and Karimnagar cannot be withdrawn.

The members of the Executive Committee then informed that they are working under grave physiological trauma and pressure by the unanimous decisions taken by them being over-ruled.

To this Administrator replied that since the Hon'ble Andhra High Court now wants the Executive Committee to review its decision in these matters, he will not come in the way of the decisions which will be taken in today's meeting by the Executive Committee.

The Executive Committee members felt that they have been deciding the matters keeping in view the provisions of the Act and rules & regulations framed thereunder and they also requested the Administrator to work according to the rules & regulations of the MCI, hence requested the Administrator again to withdraw the two letters to which Administrator again informed that he is sorry but he cannot withdraw the letters and requested the members to proceed with the agenda.

The Executive Committee members felt that the Administrator does not have faith in the decisions taken by them, hence there is no point in proceeding with the agenda particularly when he is not ready to withdraw the letters sent contrary to the decision taken by the Executive Committee.

The Executive Committee members then decided to put on record that the Administrator is the one who is creating an impasse in the conduct of the business of the Executive Committee meeting being held today as he is sticking to his views which are quite contrary to the unanimous views of the Executive Committee and he is responsible for the impasse and under these circumstances the Executive Committee is totally helpless in continuing with the business of the Executive Committee and so they decided to take leave.

The Administrator then informed that he is pleading and requesting the members for the last two hours to conduct the business of the House because there are many important matters pertaining to Section 10A but unfortunately an impasse has been created because the members wants the Administrator to withdraw the letter regarding Karimnagar and the Administrator has humbly informed them that he cannot withdraw this letter. In addition, this letter is a part of the court proceedings before the Andhra pradesh High Court at Hyderabad. This impasse has been created by the members on account of these letters and the Executive Committee has not been able to transit any business.

The members of the Executive Committee then informed that they are deeply pained and hurt at the continuance and repeated statement by the Administrator that he will not withdraw the letters which were quite contradictory to the unanimous decisions of the Executive Committee, more so the letters were sent violating the norms and regulations. The members then informed that they repeatedly and most humbly requested the Administrator that due to this error of the Administrator, a situation has been created in which MCI had to unfortunately file an affidavit even against the letter of its own Administrator. This is a very sorry state of affairs where the Administrator is being identified as an individual in his own capacity by his prolonged and continuous stubborn attitude and the Executive Committee has to abide by the regulations and the decisions which have taken place unanimously in the past. The Executive Committee members felt that for the last 6 hours they have been repeatedly and politely requesting the Administrator advising him that the Committee is morally, legally and officially bound to cooperate in conducting the business provided he promises to appreciate and act according to the statute of the IMC Act

but his repeated stubborn and fixed attitude in refusing the Committee to take decision which is contradictory to the resolution of the General Body makes the members feel totally helpless and hence unanimously feel that they have lost confidence in Administrator in conducting the business of the House. This impasse has totally been created by the Administrator's action which is arbitrary, one sided and against the Act of the MCI. The members felt very helpless. However, they will conduct the business pertaining to the court cases which were important in the honour of the court directives but for routine cases they are totally helpless due to the impasse by the Administrator.

On this the Administrator once again requested the members to kindly go through the agenda because it is under section 10A and is likely to draw the legal action against the Council which must be avoided. In addition, the withdrawal of the letters cannot be done because it's a part of the court proceedings.

Further to the comments of the Administrator that his request to the Executive Committee members to take up the 10 A cases which comes under section 10A of the Act where he feels that the MCI may be taken to court, the Executive Committee reminded him that due to his irresponsible, stubborn attitude and also going against the regulations of the MCI and writing a letter against the decision of the Executive Committee, he has already put the members in trouble and they are already in court of law at Hyderabad. They feel that the Administrator should be more responsible in future so that the MCI is not put into such legal trouble.

Dr. DK Sharma pointed out that he fails to understand that the Administrator has written a letter to Govt. of India casting aspersions on the ability of the Executive Committee's functioning and that the highest institution i.e. Medical Council of India's Executive Committee has been castigated by him by saying that the Executive Committee was working contrary to rules & regulations.

The Administrator informed that it may be recorded that the impediment in the conduct of the business will be at the risk of contempt of the court to which the members responded that the sole responsibility of this action will lie with the Administrator as he has been consistently refusing to work as per the regulations of the MCI.

The Administrator once again requested the members to kindly reconsider their decision because he feels that if the Committee did not cover the agenda and even there is any delay by a day or two to consider the cases which are there in the agenda there may be more legal problems for the MCI.

The members once again requested the Administrator to kindly withdraw his remarks against the Executive Committee and the letters sent by him to the Central Govt. so as to allow the Committee to function as per the Regulations of the Medical Council of India.

The Executive Committee directed the Secretary to send a copy of the resolution which was adopted and duly signed by all the members of the Executive Committee to the Central Govt., Ministry of Health & FW immediately.

The Administrator then adjourned the meeting. However, the matters pertaining to court cases were taken up as under:-

4. **Establishment of new Medical College “Malankara Orthodox Syrian Church Medical College & Hospital at Kolencherry, Kerala by Malankara Orthodox Syrian Church Medical Mission, Kolencherry – Grant of letter of Permission.**

Read: the inspection report (16th & 17th Sept., 2002) for grant of letter of permission for establishment of new Medical College “Malankara Orthodox Syrian Church Medical College & Hospital” at Kolencherry, Kerala by Malankara Orthodox Syrian Church Medical Mission, Kolencherry.

The Executive Committee considered the Council Inspectors report (16th & 17th Sept., 2002) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of Medical College, Malankara Orthodox Syrian Church Medical College & Hospital at Kolencherry, Kerala by Malankara Orthodox Syrian Church Medical Mission, Kolencherry u/s 10A of the IMC Act, 1956 with an annual intake of 100 students for the academic session 2002-2003.

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

Read: the decision taken by the Executive Committee at its meeting held on 24/4/2002 recommending to issue LOI for establishment of Prathima Instt. of Medical Sciences, Nagannur by Prathima Education Society with an annual intake of 100 students in compliance of the order passed by the Hon’ble High Court at A.P.

The Executive Committee noted that the inspection report of Prathima Instt. of Medical Sciences, Nagunnur, carried out in Oct.,2001 was considered by the Executive Committee of the Council in its meeting held on 31.1.2002. On account of deficiencies existing in the infrastructural, teachings and other facilities it was decided by the Executive Committee to recommend to the Central Govt. not to issue Letter of Intent in favour of this college. This decision of the Executive Committee was informed to the Central Govt. by a communication dated 4.3.2002. By a letter dated 5.3.2002, the Govt. of India called upon the college authorities to rectify the defects.

The removal of the defects and deficiencies was claimed by the applicant. The inspection team of the Council inspected the college on 29/30.5.2002. The case of the college was considered by the Executive Committee in its meeting held on 24.6.2002 when the Administrator appointed by the Hon’ble High Court to act as a President of the Council was away to Srinagar and could not attend this meeting of the Executive Committee.

The compliance verification inspection report dated 29/30.5.2002 was considered by the Executive Committee of the Council when on account of, inter alia, the following reasons it could not find itself in a position to recommend to the Central Govt. to issue a letter of permission to this college.

Shortage of Clinical Material:

The 300 bedded teaching hospital of the said institution was not functional during the 30th/31st October,2001 and in the action taken/compliance by the institution dated 20.3.2002, they informed that now the hospital has started functioning since January,2002.

As per the compliance verification inspection report of May,2002, the average daily OPD attendance and bed occupancy is as under:-

Average Daily OPD attendance and bed occupancy

	OPD			Bed Occupancy
	New	Old	Total	
Jan.,02	219	171	390	73%
Feb.,02	251	218	469	80%
March,02	263	191	454	82%
April,02	503	408	911	83%
May,02	806	562	1368	80%
(28.5.02) On the day of inspection (29.5.2002)	741	357	1098	66%

The OPD attendance during the months Jan.,02 to March,02 has been varying between 390 to 469. However, in the month of April it has increased to 911 and in the month of May,02 it has gone upto 1368. The college authorities explained the increase due to holding of various camps in the peripheral villages.

The sudden increase in the OPD attendance from April/May,2002 to January/March,2002 cannot be relied upon in view of the explanation of the college authorities that this increase is due to holding of various camps in the peripheral villages. The increase in the OPD due to camps is not taken as regular OPD attendance and in view of the starting of the hospital in January,2002 and average figure of OPD attendance from 390 to 454 is inadequate for 150 annual admissions.

Deliveries:

The number of deliveries from January,2002 to 28.5.2002 is 134. The number of deliveries is also inadequate and it does not correspond to the increased OPD figure shown by the college authorities. The number of sterilization is nil during these five months.

Lab Services per day:

Biochemistry	-	343
Clinical Pathology	-	297
Microbiology	-	107

The number of investigations carried out in various labs also does not correspond at all to the increase in the OPD figures.

Staff Rooms & offices:

The staff rooms and offices in the clinical departments need to be provided and furnished, though the space for the same is available. It shows that the clinical staff is not attending to their offices and working space for them is not available to sit and work.

The toilet facilities for the patients with the wards also need to be augmented, as there is a need to provide one latrine for 6-7 patients. Similarly, bathrooms also need to be increased.

Casualty Services:

The average attendance in the casualty is 15 patients per day. The number of patients attending the casualty is very less and it does not correspond with the OPD figure at all.

Laundry: *Still, there is no mechanized laundry.*

In brief, as clinical material is one of the very important parameters in permitting the institution for a particular number of students to be admitted every year and in view of the shortage of clinical material and some other facilities, the institution does not have the facilities for the 150 students.

The necessary permission for making the blood bank functional had not been received by the hospital of this institute.

For making the Radio Diagnostic Department functional the necessary BARC (Bhaba Atomic Research Centre) permission was still not received by this institute.

The required minimum hostel facilities for the boys has still not been provided and the institute was found to be using the sarai building meant for the attendants of the patients, as the hostel facilities for the boys.

In relation to requirement of accommodation for teaching staff in the OPDs it was found that the staff rooms and offices in the clinical departments are to be provided and are still required to be furnished.

The space for teaching facilities in the OPD as well as indoors needs to be augmented. Similarly, it was found that the toilet facilities for the patients with the wards are also required to be augmented.

Upon consideration of the various deficiencies still persisting in this college the Executive Committee had recorded the following decision:-

“The Executive Committee considered the compliance verification inspection report (29th & 30th May, 2002) and considering the overall infrastructural facilities, clinical material and other facilities, decided to

recommend to the Central Govt. to issue Letter of Intent for establishment of new medical college at Nagannur by Prathima Instt. of Medical Sciences, Nagannur with an annual intake of 100 (hundred) students for the academic session 2002-2003 in view of the facilities available at the institution u/s 10A of the I.M.C. Act, 1956.

The Committee further decided to draw the attention of the authorities concerned for rectification of deficiencies/observations made in the inspection report and the compliance report shall be verified before considering the issuance of Letter of Permission.”

After this meeting of the Executive Committee its abovementioned decision was communicated to the Central Govt. by the Secretary of the Council through a communication dated 3.7.2002. However, it subsequently transpired that the Administrator, who had not attended the meeting, 24.6.2002, had sent a communication dated 3.7.2002 to the Central Govt. stating that in his view the college should be issued a LOI and LOP for 150 admissions annually. This was contrary to the recommendations of the Executive Committee wherein it was recommended to the Central Govt. that the college be given a Letter of Intent with 100 admissions annually.

The Executive Committee observes that the Central Govt. had issued a LOI dated 19.7.2002. It has also come on record that the college already had clearly accepted the issuance of letter of intent with 100 admissions annually by the Central Govt. and thereafter it was neither permissible nor open to the college to raise a claim to the contrary. The Executive Committee also noted that the Letter of Permission with 100 admissions annually was granted to this college by the Central Govt. by a letter dated 12.8.2002. The college authorities then filed a writ petition before the Hon'ble Andhra Pradesh High Court being Writ Petition No.15876/2002. A detailed reply affidavit on behalf of the MCI was filed in this case. The contents of the said affidavit, it is decided, be considered as part of the discussions today including the fact that the recommendations on behalf of the Council to the Central Govt. can only be “the recommendations” on the basis of majority decision. No individual member including the President of the Council can make their separate communications to the Central Govt. This position clearly comes out from the provision of Section 8 of the Act read with Regulation 28 of the Medical Council of India Regulations, 2000.

The judgement of the Hon'ble Court dated 25.9.2002 and the communication dated 4.10.2002 of the Central Govt. in this regard were perused. The perusal of the judgement of the Hon'ble High Court reveals that it was only on account of variance in the communication dated 3.7.2002 sent by the Secretary informing the Central Govt. the unanimous decision of the Executive Committee and the communication dated 3.7.2002 sent by the Administrator to the Central Govt. that the college had based its claim for 150 admissions when it had already accepted the issuance of Letter of Intent with 100 admissions annually granted by the Central Govt.

That however as desired by the Hon'ble High Court, the matter was considered afresh by the Executive Committee.

The inspection team constituted by the MCI, no doubt consists of highly eminent medicine professional, yet they are required to report the physical existence of infrastructural, teaching and other facilities of the college being inspected by them. The narration of physical existence of these facilities by them in their inspection report is then required to be considered by the Executive Committee of the Council which also comprises of most eminent medicine professional of the country who have been elected the members from amongst themselves under the provision of Sections 9 and 10 of the Indian Medical Council Act, 1956. As per the statutory scheme it is only within the purview and jurisdiction of the Executive Committee of the Council to not only consider physical existence of the infrastructural teachings and other facilities by the inspection team but also to have the objective consideration and critical analysis of the same with reference to the minimum requirements laid down under the rules and regulations which is to be carried out by the members of the Executive Committee. It is the Executive Committee of the Council who is empowered to then arrive at the final conclusions for making recommendations in accordance with law.

Upon fresh objective consideration and assessment of the inspection report of this college and keeping in mind that it is in the interests of the students who are admitted in newly established colleges that there must be strict enforcement of the minimum requirements from the threshold itself.

The MCI has observed in the recent past in a couple of cases where the colleges, after making admissions for the 1st batch on account of initial permission by the Central Govt. failed to provide the proportionate infrastructural, teachings and other facilities for the subsequent years of the MBBS course whereby they were declined the annual renewals by the Central Govt. and further admissions were stopped. This position causes an irreparable prejudice to the students who are already admitted in such colleges. The Committee is also conscious of the following observations of the Hon'ble Supreme Court in the case of MCI Vs. State of Karnataka – (1998) 6 SCC 131:

“...A medical student requires grueling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study....”

Under these circumstances, the Executive Committee unanimously decided that though on 24.6.2002 it was permissible for the Executive Committee to recommend to the Central Govt. an action under Section 10A(4) of the Act for disapproval of the scheme and giving liberty to the college to apply afresh for the permission by the Central Govt., it had decided to recommend to the Central Govt. to grant LOI with 100 admissions annually, which this college had accepted before the Central Govt. After detailed deliberations the Executive Committee presided over by the Administrator unanimously decide to reiterate its decision, which had been taken on 24.6.2002.

20. **To consider the inspection report - SRTR Medical College, Ambajogai carried out in compliance of the order passed by the Hon'ble High Court of Bombay.**

Read: the Council Inspectors report (19th Sept., 2002) of SRTR Medical College, Ambajogai carried out in compliance of the order passed by the Hon'ble High Court of Bombay.

The Executive Committee considered the Council Inspectors report (19th Sept., 2002) carried out in compliance of the order passed by the Hon'ble High Court of Bombay Bench at Aurangabad on 10/4/2002 in W.P. No.4046/2000 and noted the following:-

1. Inspection of Swami Ramanand Teerth Rural Medical College, Ambajogai was carried out vis-à-vis the revised norms the Medical Council of India has adopted. The college is admitting 50 MBBS students per year as per the sanctioned intake capacity by the MCI.
2. The institution is also having postgraduate course in almost all the departments except Forensic Medicine, Orthopaedics, T.B. & Chest, Dermatology and Psychiatry. The institution is also conducting M.Sc., in Biochemistry & Pharmacology. None of the postgraduate courses are recognised by Medical Council of India so far.
3. **Shortage of staff for 50 admissions per year including PG requirements is as under:**

Professor-1	(Ortho-1)
Assoc.Professor-6	(Gen.Surgery.-1, Ortho-1, Paed – 1, T.B. & Chest-1, Psy-1, Radio-Diagnosis-1)
Lecturers-4	(Paediatrics-1, Psychiary-1, Radio-Diagnosis-1, Dentistry-1)
Sr.Residents	Nil
Jr.Residents-14	(TB&Chest-1, Skin & STD-2, Psych-2, Paediatrics-3, Ortho.-6)
Total Faculty shortage:	11
PG Requirements :	03
Total	14

Note :

- The deficiency of staff is nearly 19 % (14 out of 75)
- 1 Associate professor and 1 Lecturer of Skin & STD joined on the day of inspection and 1 lecturer in TB & Chest joined on 18.9.2002 i.e. one day before the inspection after transfer from other medical colleges of the State.
- **Staff appointed for 360 days:**

	Without Break	With Break	Total
(A) Professor	1*	4	5
(B) Assoc. Professor	-	9	9
Total	01	13	14

• **Staff appointed for 120 days:**

	Without Break	With Break	Total
(A) Professor	-	-	-
(B) Assoc. Professor	-	1	1
(C) Lecturer	28*	12	40
(D) Asst. Lecturer/Tutor	10*	-	10
Total	38	13	51

* - **Staffs continued with Hon'ble Court Order.**

All the vacant posts need to be filled immediately. The system of appointments for 120 days and 360 days with or without break and with or without court orders which is going on for most of staff members for a pretty long time, needs to be stopped. Regular appointments need to be made for the system to work properly and efficiently and for the staff to gain service benefits.

Some of the posts of non-teaching staff in basic, para-clinical and clinical departments are lying vacant, which also need to be filled immediately.

4. Unit staff in T.B. & Chest, Psychiatry and Orthopedics is not as per the requirements. There is no faculty member in Psychiatry. This is being managed by Department of Medicine.
5. Adequate space and examination facilities need to be provided in the O.P.D. for consultants to sit, work and examine the patients in all the departments. Adequate teaching areas also need to be provided in all the O.P.D. Adequate staff rooms also need to be provided to all clinical staff wherever not provided.
6. Following deficiencies as pointed out in the inspection report are also need to be removed by the Institution:-
 - i/ There is no separate examination hall.
 - ii/ **Common room for boys and girls** – the present rooms are too small with very little furniture. Adequate common rooms for boys and girls need to be provided as per the Council norms.
 - iii/ **Central Library** –Vacant posts in the library need to be filled.
 - iv/ **Health Centres:**

There is only one transport available with the Department of P.S.M. for carrying out the various field activities. There is a need to provide one more vehicle for teaching/training activities and field programmes of Urban and Rural Health Centres.

The institution needs to take up with the concerned authorities, so that interns are posted regularly in their rural and urban health centres and a suitable urban health centre needs to be established.

v/ **Interns hostel:** As there is no interns hostel, an interns hostel needs to be provided for 50 interns.

vi/ **Registration & Medical record department:**

The staff of the department is not trained in Medical Record Technology. Hence, the staff needs to be trained. The medical record department needs to be computerised and the staff of the medical record department also needs to be appointed as per MCI norms.

vii/ **Operation theatres:** The operation theatres which are not air-conditioned need to be air-conditioned. More equipments like Capnograph, Fibro-optic Laryngoscope, Electronic Blood Pressure Apparatus, Bedside Monitor and Ventilator need to be added in the O.Ts. as per requirements of the each operation theatre. The operation theatres, other Intensive care areas and some areas in the wards and casualty need to be provided with central Gas supply and Central suction.

viii/ **Intensive care areas:**

There is a need to establish separate ICU for surgical, burn and paediatric cases with adequate equipment staff and space.

ix/ **Repair of the out of order equipments:**

Certain equipments like central monitor, bedside monitor, ventilator, X-ray machines, dialysis machine etc. are not functional. These need to be made functional immediately for use of the patients.

x/ **Central Sterilisation Department:** At moment there is no separate central sterilisation department. The same needs to be provided with adequate space, sterilisers, equipments and staff.

xi/ **Central laundry :** There is no mechanised laundry which needs to be provided.

xii/ **Biochemistry department:** There is a need to provide at least 50% medical faculty in the department of Biochemistry.

xiii/ **Audiometry room** is not air-conditioned and sound proof.

xvi/ **Other observations/ deficiencies** pointed out in the inspection report.

The Committee decided to communicate the above deficiencies as pointed out in the inspection report to the Council Advocate to apprise the Hon'ble Court accordingly.

43. **Migration of Mr. Manoj Kumar Sharma from Universal College of Medical Sciences, Bhairahawa, Nepal to any medical college in India.**

Read: the matter with regard to Migration of Mr. Manoj Kumar Sharma from Universal College of Medical Sciences, Nepal to any medical college in India.

The Committee noted from the Regulations on “Graduate Medical Education, 1997” that the Migration rules are as under:-

Migration

- [1] *Migration from one medical college to other is not a right of a student. However, migration of students from one medical college to another medical college in India may be considered by the Medical Council of India. Only in exceptional cases on extreme compassionate grounds*, provided following criteria are fulfilled. Routine migrations on other grounds shall not be allowed.*
- [2] *Both the colleges, i.e. one at which the student is studying at present and one to which migration is sought, are recognised by the Medical Council of India.*
- [3] *The applicant candidate should have passed first professional MBBS examination.*
- [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.*
- [5] *The applicant candidate must submit an affidavit stating that he/she will pursue 18 months of prescribed study before appearing at the first professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination at the transferee medical college, which should be duly certified by the Registrar of the concerned University in which he/she is seeking transfer. The transfer will be applicable only after receipt of the affidavit.*

Note 1:

- [i] *Migration during clinical course of study shall not be allowed on any ground.*
- [ii] *All applications for migration shall be referred to Medical Council of India by college authorities. No institution/University shall allow migrations directly without the approval of the Council.*
- [iii] *Council reserves the right, not to entertain any application which is not under the prescribed compassionate grounds and also to take independent decisions where applicant has been allowed to migrate without referring the same to the Council.*

Note 2: Compassionate grounds criteria:*

[i] Death of a supporting guardian.

[ii] Illness of the candidate causing disability

[iii] Disturbed conditions as declared by Government in the Medical College area.

The Regulations framed by the MCI under Section 33 with the prior approval of the Central Govt. are statutory, binding and mandatory. This position has been held and reiterated by the Hon'ble Supreme Court through its various pronouncements. Some of the recent cases in which the above-mentioned position have been affirmed by the Hon'ble Supreme Court are:-

a) MCI Vs. State of Karnataka – (1998) 6 SCC 131;

b) Dr. Preeti Srivastava & Anr. Vs. State of M.P. & Ors. – (1999) 7 SCC 120.

The regulation framed by the MCI providing for certain conditions for considering the application requesting migration has also been held to be binding and mandatory. It was way back in 1993 the Hon'ble Supreme Court in the case of Shirish Govind Prabhudesai Vs. State of Maharashtra & Ors (1993) 1 SCC 211, has accepted the validity of the conditions relating to migration laid down by the MCI and have been held to be mandatory. This position in relation to the migration conditions was again considered by the Hon'ble Supreme Court in the case of Medical Council of India Vs. Diparani P. Deshmukh and Anr. – (2000) 9 SCC 163 wherein reiterated the binding nature of conditions of migration as laid down in the regulations framed by MCI.

In the case of Medical Council of India Vs. Sarang & Ors. (2001) 8 SCC 427 held that in terms of Regulation 6(5) requiring the applicant to pursue 18 months of prescribed study before appearing at 2nd professional MBBS examination at the transferee college is a valid condition. The Hon'ble Supreme Court while setting aside the judgement of the Hon'ble High Court held that the insistence in the condition of migration regulations that the candidate must undergo 18th months of teaching and training in the 2nd MBBS professional is valid and legal.

The perusal of the conditions of migration laid down in the statutory regulations and the interpretation rendered by the Hon'ble Supreme Court in its various judgements clearly laid down that:-

- A) Each application for migration should be made by a candidate studying in a recognized medical college in India immediately on completion of its 1st MBBS professional;
- B) A candidate fulfills all the conditions of the migration and his/her case clearly falls within the compassionate criteria;
- C) A candidate found eligible to be fulfilling all the conditions under the regulations including his/her case falling in the compassionate criteria and his/her application for migration in allowed the candidate is obliged to undergo the complete training and teaching in the 2nd MBBS professional in the transferee college.

In the present case the petitioner does not fulfill the basic and mandatory eligibility criteria for migration. He is admittedly studying in a medical college in Nepal. He claims to have passed 1st and 2nd year of MBBS course and had also appeared in the 3rd year examination on 10/7/2001. He alleged that he was kidnapped from a train and he and his father are getting threatening phone calls from the kidnappers gang. He has asked for migration and the places reliance on an order passed by the Hon'ble Delhi High Court dated 20/8/2002 in which his submissions have been recorded that the authorities in Nepal are amenable to migration from one medical college at Kathmandu to a medical college in India. On this submission of the petitioner the Hon'ble Delhi High Court had ordered that his representation dated 03/11/2001 be considered within a period of 6 weeks, in accordance with law.

Upon consideration of his case in the light of the statutory regulations and the judgement of the Hon'ble Delhi Court, it is apparent that the case of the petitioner does not fall within the purview of statutory regulations for consideration of a case for migration from one recognized to another recognized medical college in India.

The regulations of MCI do not provide for consideration of any application from a medical college outside India to a recognized medical college in India. It only provides for consideration of any such application for migration from a candidate studying in a recognized medical college in India to another recognized medical college in India. As such, the submissions of the candidate before the Hon'ble Delhi High Court is not correct. Since he is not a candidate of recognized medical college in India, his application does not fulfill the first basic condition of the migration regulations and, therefore, does not deserve consideration by the MCI.

This decision also gets full support and sanctity by the judgement dated 14/9/99 in CWP 1222/99 passed by Hon'ble Delhi High Court in the case of Divya Nigam Vs. UOI & others. This candidate had sought migration from foreign medical institution to i.e. Odessa State Medical University Ukraine to a recognized medical college in India.

The Hon'ble Delhi High Court, while accepting the contentions of MCI, dismissed the writ petition of the candidate by Holding that Regulation 6 does not empower the Medical Council of India to entertain any application for migration of a student from a foreign University to any of the Institutions in India.

Without prejudice to the above, it is seen that even if it is presumed for the sake of arguments that the candidate was studying in a recognized medical college in India, his application even otherwise could not have been considered as the mandatory regulation provides that the migration is from one recognized medical college to another medical college in India is permissible only after passing of the 1st MBBS professional course and any such candidate who is allowed migration is obliged to undergo complete teaching and training from the 2nd year of the MBBS course in the transferee college. So apart from the fact that the candidate is not studying in any recognized medical college in India, even otherwise his application does not fulfill any of the conditions provided in the statutory regulations for migration and, therefore, the

representation of the applicant for permitting migration from a medical college outside India to a recognized medical college in India is without any merit and being contrary to the statutory regulations, is rejected.

62. **W.P.No.19320/2002 filed by PES Institute of Medical Sciences Vs. Govt. of India, Health & F.W. Deptt. and another.**

Read: the W.P.No.19320/2002 filed by PES Institute of Medical Sciences Vs. Govt. of India, Health & F.W. Deptt. and another alongwith the interim directions of the Hon'ble High Court of Judicature of Andhra Pradesh at Hyderabad.

The Executive Committee noted that PES Institute of Medical Sciences and Research had made an application to the Central Govt. under section 10A for seeking its prior permission for establishing a medical college at Kupam, Chittoor District, Andhra Pradesh with 150 admissions annually. The inspection report dated 10/11.12.2001 was considered by the Executive Committee of the Council in its meeting held on 31/1/2002. On account of deficiencies existing in the infrastructural, teachings and other facilities it was decided by the Executive Committee to recommend to the Central Govt. not to issue Letter of Intent in favour of this college.

The removal of the defects and deficiencies was claimed by the applicant. The inspection team of the Council inspected the college on 11/12.6.2002. the case of the college was considered by the Executive Committee in its meeting held on 24/6/2002 when the Administrator appointed by the Hon'ble High Court to act as a President of the Council was away to Srinagar and could not attend this meeting of the Executive Committee.

The compliance verification inspection report dated 11/12/6.2002 was considered by the Executive Committee of the Council when on account of the available facilities at the college it could only recommend to the Central Govt. to issue a letter of permission to this college with an annual intake of 100 students and from the academic session 2002-2003.

It was also decided by the Committee that attention of the authorities be drawn to improve the clinical material particularly the deliveries of Obst. & Gynae. and also for the surgical procedures and send a compliance to that effect to the Council within 3 months in view of the following statement given in the inspection report:-

“There is a steep rise in the O.P.D. attendance and bed occupancy after last inspection Work load for major surgeries, minor surgeries, deliveries, major gynae operation, minor gynae operation, X-Ray, ultrasound, CT Scan, special investigation biochemistry investigation and casualty cases is less as compared to number of O.P.D. attendance and bed occupancy. Normally with increase in OPD attendance and bed occupancy corresponding increase in other clinical work is expected. Data provided by hospital authority do not show proportionate increase in other clinical work with high number of O.P.D. attendance and bed occupancy. In short volume of clinical work i.e. OPD attendance and bed occupancy do not corroborate with the volume of work load in the

operation theatres and investigative laboratory. (Radiology and laboratory investigation).”

After this meeting of the Executive Committee its above mentioned decision was communicated to the Central Govt. by the Secretary of the Council through a communication dated 2/7/2002. However, it subsequently transpired that the Administrator, who had not attended the meeting, 24/6/2002 had also chosen to send a communication dated 2/7/2002 to the Central Govt. stating that in his view the college should not be issued a LOP. This was contrary to the recommendations of the Executive Committee wherein it was recommended to the Central Govt. that the college be given a Letter of Permission with 100 admissions annually.

The Executive Committee observes that the Central Govt. had issued a LOP dated 6/8/2002 with 100 admissions annually. It appears that the college authorities had accepted the issuance of LOI by the Central Govt. with 100 admissions annually and thus thereafter it was neither permissible nor open to the college to raise a claim to the contrary. The Executive Committee also noted that the Letter of Permission with 100 admissions annually was granted to this college by the Central Govt. by a letter dated 6/8/2002.

The college authorities then filed a writ petition before the Hon’ble Andhra Pradesh High Court being W.P. No.19320/2002. The EC observed that the recommendations on behalf of the Council to the Central Govt. can only be “the recommendations” on the basis of majority decision. No individual member including the President of the Council can make their separate communications to the Central Govt. This position clearly comes out from the provision of Section 8 of the Act read with Regulation 28 of the Medical Council of India Regulations, 2000.

The order dated 10/10/2002 of the Hon’ble High Court was perused. In accordance with the said order the Committee considered the case of this college afresh. Upon fresh objective consideration and assessment of the inspection report of this college and keeping in mind that it is in the interests of the students who are admitted in newly established colleges that there must be strict enforcement of the minimum requirements from the threshold itself. The MCI has observed in the recent past in a couple of cases where the colleges, after making admissions for the 1st batch on account of initial permission by the Central Govt., failed to provide the proportionate infrastructural, teachings and other facilities for the subsequent years of the MBBS course whereby they were declined the annual renewals by the Central Govt. and further admissions were stopped. This position causes an irreparable prejudice to the students who are already admitted in such colleges. The Committee is also conscious of the following observations of the Hon’ble Supreme Court in the case of MCI Vs. State of Karnataka – (1998) 6 SCC 131:

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

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

Under these circumstances, the Executive Committee unanimously decided that though on 24/6/2002 it was permissible for the Executive Committee to recommend to the Central Govt. an action under section 10A(4) of the Act for disapproval of the scheme and giving liberty to the college to apply afresh for the permission by the Central Govt., it had decided to recommend to the Central Govt. to grant LOP with 100 admissions annually. The Executive Committee presided over by the Administrator unanimously decides to reiterate its decision which had taken on 24/6/2002.

64. **Establishment of National Institute of Medical Sciences & Research, Jaipur by Indian Medical Trust.**

Read: Judgment dated 1.10.2002 passed by the Division Bench of the Hon'ble High Court of Rajasthan at Jaipur Bench in D.B. Special Appeal No. 586/2002 - Medical Council of India Vs. Indian Medical Trust & Ors. and 5 other connected appeal.

The Secretary of the Council placed before the Executive Committee a letter dt. 16.10.02 received by the office of the Council from the Govt. of India. This letter referred to the judgment dt. 1.10.02 passed by the Division Bench of the Hon'ble Court of Rajasthan at Jaipur in D.B. Special No. 486/2002 - Medical Council of India Vs. Indian Medical Trust & Ors. and filed other connected appeals.

The Central Government through this communication has requested the MCI to furnish, without prejudice, a copy of the inspection report dt. 26.8.02 alongwith its recommendations to the Central Government. It has been further requested to furnish the details of claim of employment of various teachers along with verification reports, if any, received by the Council. The Council has been requested to furnish the entire material available with it to the Central Government for processing the case of Indian Medical Trust in pursuance with the order of the Division Bench of the High Court of Rajasthan at Jaipur dated 1.10.02.

The Executive Committee was also informed of the fact that the Medical Council of India has already filed a Special Leave Petition on 12.10.02 challenging the judgment of the Hon'ble High Court of Rajasthan at Jaipur dated 1.10.02 in relation to the case of Indian Medical Trust.

The Executive Committee, at the threshold, issued a direction to the office of the Council to make available to the Central Government a copy of the inspection report dated 26.8.02, the copy of the communication dated 27.8.02 addressed by Professor Achal Gulati to the MCI, copies of the communication addressed to the concerned authorities of State Government of Rajasthan sent on behalf of the MCI also be sent immediately. The copies of the verification reports, if received from respective medical colleges/institutions in relation to incorrect claims of employment of medicine teachers made by the trust be also sent to the Central Government.

As desired by the Central Government the members of the Executive Committee perused the opinion dated 4.9.02 given by Mr. Kirit Raval, Ld. Additional Solicitor General of India in relation to order dated 26.8.02 which had been passed earlier by the Division Bench of the Hon'ble Rajasthan High Court at Jaipur, and made its observations and recommendations which are as under:-

- (i) As per the statutory regulations of the MCI, any person who can make an application under Section 10A of the Indian Medical Council Act, 1956 for grant of permission by the Central Government for establishing a medical college, can make the application for either 50,100 or 150 admissions annually. The each applicant is required to meticulously comply with the statutory pre-conditions laid down in the qualifying criteria of the 1999 regulations framed by the Medical Council of India with the prior approval of the Central Government.
- (ii) The MCI with the prior approval of Central Government has also laid down and provided the minimum teaching, Infrastructural and other facilities which are required to be provided for establishing medical colleges for either 50,100 or 150 admissions annually. The maximum limit/ceiling as provided by law is 150 admissions annually.
- (iii) As per the statutory scheme and with a view to achieve a balance between the requirement and opening of new medical colleges on one hand and the continuous monitoring with regard to availability of the required minimum Infrastructural teaching and other facilities on the other hand, an exhaustive statutory scheme under Section 10A has been provided by framing the 1999 regulations (earlier regulations were framed in 1993 under section 10A) read with Section 33 of the Act.
- (iv) As per the statutory scheme, each applicant is required to submit a project report setting out in its annual targets to be achieved each year and for ensuring that all the necessary Infrastructural teaching and other facilities which are required at the threshold itself and then in each successive year has been clearly laid down.
- (v) If any applicant, after obtaining the initial permission under section 10A of the Act fails to fulfil and provide the minimum teaching Infrastructural and other facilities as per the project report, the MCI is under a statutory obligation to immediately an order stopping of admissions. This has happened in a couple of cases where MCI had observed that wherever the admissions were directed to be stopped, it caused prejudice to the students who had already been admitted in those colleges. Thus, over a period of time and while observing the implementation of the provisions of Section 10A and the regulations made thereunder, a necessity has always been felt to enforce the regulation strictly and seek meticulous compliance at the threshold itself so that the possibility of any college reaching a stage of stoppage of admission is minimized and/or eliminating to the extent possible.
- (vi) Apart from providing the building, class rooms, theatre etc., the continuous availability of teaching and non-teaching staff, clinical material (number of patient) are the most significant pre-conditions which are required to be fulfilled before the initial permission is granted by the Central Government enabling a college to start admissions in

accordance with annual intake capacity so fixed by the Central Government on the recommendations of the Medical Council of India.

- (vii) It has also been usual experience with the inspection teams of the Council to observe that in most of the cases teachers and the other non-teaching staff are appointed just before the date of inspections. Make belief figures and data are generated for attempting to establish the fulfillment of minimum requirements in relation to number of patients, admissions, clinical investigations, deliveries, surgeries etc.etc.
- (viii) Thus, while working in such an atmosphere, the inspection teams and the Council have to act carefully in making the recommendations to the Central Government. A lot of care is required to be taken for granting permissions for establishment of college and it has always been found to be useful that strict enforcement of the minimum requirement is adhered to from the threshold itself. This serves the purpose for eliminating the possibility of ordering stoppage of admissions in due course in the medical colleges which are granted permission enabling them to start admissions.
- (ix) In the present case, the inspection team on 26.8.02 has found that against the minimum requirement of almost 109 medical teaching staff (out of 109; 46 have to be faculty members i.e. professors, associate professors and lecturers) – 15 professors, one associate professor and 15 lectures had joined in August 2002 and out of which a number of them joined only 2 to 5 days before the date of inspection on 26.8.02. It was further observed that 30 tutors and 29 junior residents had also joined only in August 2002. Thus, out of the requirement of 109 teaching staff, 90 persons of this category joined only in August 2002. This college claims to be teaching the first batch of 150 students for last one year which is absolutely impossible even to make a claim in this regard.
- (x) It is further observed that each department of the hospital requires a particular number of minimum teaching and non teaching staff is required to be there continuously and not only on the date of inspection. There is deficiency of teaching and non-teaching staff in most of the departments which is also more than the permissible limit of 5%. This position is despite the fact that in the circumstances of this case the most of the teachers have shown their joining in this institution only in August 2002 when the college is claiming to be teaching a batch of 150 students for last one year.
- (xi) The inspection team found that on the day of inspection the bed occupancy in the hospital was 66.18%. There was no admission register available on the day of inspection. Most of the indoor patients were admitted a day before or on the day of inspection. No records of any kind of these patients was available. Most of the patients admitted did not require admission as they were suffering from minor ailments like backache, pain abdomen and arthritis etc. The staff nurses who were present are not maintaining the ward census register. It was therefore not possible for the inspection team to accept the claim of the college that its bed occupancy is between 90-95% when there was no record available.
- (xii) The inspection team observed that the OPD attendance which was being claimed was also not being satisfactory as the patients are brought to the hospital from peripheral villages and that the colleges holding camps. The inspection team found this to be neither satisfactory nor acceptable.

- (xiii) The inspection team also found significant deficiency in number of nursing staff i.e. in three shifts there were shown to be 54 staff nurses. This means 18 nurses in one shift in the entire hospital of 300 beds including casualty, operation theatres, intensive areas, OPDs, and other departments and laboratories etc. The nursing staff less than 150 in three shifts of a 300 bed hospital is the bare minimum requirement as per the Nursing Council norms. With this nursing staff, it is next to impossible to run a hospital with all the facilities with 300 beds. The necessary accommodation for the nursing staff was found to be inadequate.
- (xiv) The number of lab investigations is inadequate in almost all the laboratories as indicated in the report. This further establishes that the figures of OPD and bed occupancy shown by the institution cannot be relied upon with such disproportionately low lab investigations.
- (xv) The number of deliveries in this hospital was found to be only 33 from March 2001 to February 2002 and from March 2002 to 25.8.02, the number was only 14. This number is easily achievable even in a small nursing home and is highly inadequate and almost negligible for 300 beds medical college hospital requiring 150 students to be trained in each year.
- (xvi) The Principal of the college initially did not participate in the inspection and subsequently when came was not knowing much about the institute as he could not give required information and reply to the various questions.
- (xvii) The accommodation for resident doctors has been found to be insufficient and inadequate.
- (xviii) There are deficiencies of non teaching staff in almost all the departments and the staff accommodation for them, which is required to be provided in the campus itself at threshold, has not been provided.
- (xix) The clinical staff accommodation has been found to be inadequate, also not found to be furnished and not utilized.
- (xx) It is also found that the facilities for central sterilization department are required to be created with more facilities.
- (xxi) The required mechanized laundry has not been provided. The institution still requires to develop a proper medical record department of the indoor patients and operation theatres.

The entire report of the inspectors was taken into consideration. The Executive Committee also expressed regret on the complaint made by the independent inspector – Professor Achal Gulati of Maulana Azad Medical College, New Delhi and whose report dated 27.8.2002 is also annexed with the inspection report dated 26.8.02. It is really sad and unfortunate that such an eminent doctor who had accepted the responsibility of conducting an inspection as an independent inspector, was not only badly beaten up but criminal case has also been registered against him on the false allegation.

The Executive Committee also noted that this college has made 150 admissions on its own as management seats without the prior statutory permission from the Central Government and all these admissions are completely illegal being in violation of Section 10A and also in clear violation of the judgments and orders of the Hon'ble Supreme Court passed from time to time restricting the management quota only to 15% of the total intake of any

medical college and when such a college has been granted permission by the Central Government under Section 10A to start admissions.

The Executive Committee, as required by the Central Government by its letter dated 16.10.02, observes that the college has not fulfilled the minimum requirements for teaching infrastructural and other facilities to be provided for 150 admissions annually. It is not yet ready for the same. At this stage, i.e., as per the inspection report dated 26.8.02, in the opinion of the Committee, the college is not entitled for grant of Letter of Intent or Letter of Permission with 150 admissions annually in accordance with the provisions of Section 10A and the regulations of 1999 made thereunder. The case of this college clearly falls within the purview of Section 10A (4) and deserves further suitable action by the Central Government in accordance therewith.

(DR. M. SACHDEVA)
SECRETARY

New Delhi dated the
17th Oct., 2002.

A P P R O V E D

(Major General (Retd.) SP Jhingon)
Chairman