

**No.MCI-5(3)/2007-Med./**  
**MEDICAL COUNCIL OF INDIA**  
**EXECUTIVE COMMITTEE**

**20<sup>th</sup> September, 2007**

Minutes of the meeting of the Executive Committee held on Thursday, the 20<sup>th</sup> September, 2007 at 11.00 a.m. in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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**Present:**

Dr.P.C. Kesavankutty Nayar	] President (Acting), ] Former Dean, ] Govt. Medical College, ] Trivandrum.
Prof. P.N.Tandon	] Former Prof. & Head of Neuro- ] Surgery, A.I.I.M.S, New Delhi and ] Member, Adhoc Committee ] appointed by the Hon'ble Supreme Court.
Dr. (Mrs.) S. Kantha	] Former Vice-Chancellor, ] Rajiv Gandhi University of Health ] Sciences, Bangalore and ] Member, Adhoc Committee ] appointed by the Hon'ble Supreme ] Court.
Dr. Ketan D. Desai	] Prof. & Head, Deptt. of Urology, ] BJ Medical College, Ahmedabad.
Dr. K.P. Mathur	] Former Medical Superintendent, ] Dr. Ram Manohar Lohia Hospital, ] New Delhi, ] 77, Chitra Vihar, ] Delhi-110092.
Dr. Mukesh Kr. Sharma	] Deptt. of General Surgery, ] S.M.S. Medical College, ] Jaipur.
Dr. Bhanu Prakash Dubey	] Prof. & Head of department of ]Forensic Medicine, Gandhi ]Medical College, Bhopal.
Dr. .S.D. Dalvi	] Prof. & Head, Department of PSM, ] Govt. Medical College, ] Nanded (Maharashtra).
Dr. V.N. Jindal	] Dean, ] Goa Medical College, ] Bombolim – 403202 (Goa).
Dr. G.K. Thakur	] Head of the Department of Radiology, ] S.K. Medical College, ] Muzaffarpur – 842004 (Bihar).
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	] Secretary, MCI.

The apology for absence was received from Dr. P.K. Das.

1. **Minutes of the Executive Committee Meeting held on 24<sup>th</sup> August, 2007- Confirmation of.**

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the Executive Committee meeting held on 24<sup>th</sup> August, 2007.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the Executive Committee meeting held on 24<sup>th</sup> August, 2007.

3. **Pending items arising out of the decisions taken by the Executive Committee.**

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the list of pending items arising out of the decisions taken by the Executive Committee.

4. **Inspection of K.V.G. Medical College & Hospital, Sullia to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.**

Read : The Council Inspectors report(30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at K.V.G. Medical College & Hospital, Sullia.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) and the letter dated 20.09.2007 received from the institute withdrawing their applications for postgraduate degree/diploma courses in clinical departments and decided that the Council should process the applications for starting of postgraduate courses in pre and para clinical departments for further necessary action.

5. **Inspection of Dr. S. Nijalingappa Medical College & Hospital, Bagalkot to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.**

Read : The Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at Dr. S. Nijalingappa Medical College & Hospital, Bagalkot.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) and observed as under:-

- Bed occupancy as claimed by the Medical Superintendent is 90% on the day of inspection. However, on physical verification, it was found that 30-35% of the admitted patients in the various wards did not require any hospitalization. Many patients did not have complete case sheets and they did not have treatment orders as well as any instructions for the Radiological/Biochemical investigations on the first day of the inspection.
- The OPD attendance as seen in the computer was 1007 on the day of inspection. However, it was found that the overcrowding in the OPD was not of genuine patients. Each patient was accompanied by 2-3 attendants whose names were also included in the OPD attendance.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to conduct another

inspection of the institute to verify the available facilities before processing the applications for postgraduate courses.

**6. Establishment of New medical college at Beed by Aditya Education Trust, Beed u/s 10A of the IMC Act, 1956 – Compliance verification inspection thereof.**

Read : The inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) for establishment of new medical college at Beed by Aditya Education Trust, Beed u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) and noted the following:-

1. The shortage of teaching faculty is as under:-
  - (a) The shortage of teaching faculty is 27.77 % ( 15 out of 54) as under:-
    - i) Professor - 03 (Biochemistry 1, Gen. Medicine 1, Gen. Surgery 1)
    - ii) Associate Professor - 08 ( Anatomy 1, Physiology 2, Biochemistry 1, Paediatrics 1, Orthopaedics 1, OBG 1, Radiodiagnosis 1 )
    - iii) Assistant Professor - 04 ( Lecturer Biophysics 1, Physiology 1, Forensic Medicine 1, Community Medicine 1 )
    - iv) Tutor Nil
  - (b) The shortage of Residents is 28.57 % ( 12 out of 42) as under :-
    - i) Sr. Resident - 11 ( Gen Medicine 3, Gen. Surgery 2, Orthopaedics 1, ENT 1, OBG 2, Radiodiagnosis 2 )
    - ii) Jr. Resident 01 ( Ophthalmology 1)
  - © Most of the teaching staff has been issued appointment orders with no reference numbers.
  - (d) The staff members are being paid salary in cash and the record of which is not maintained in the accounts department of the office.
  - (e) 90% of faculty members did not possess any proof of residence.
  - (f) Fifty teaching staff members came to the college for the head count between 11.45 a.m. to 12.30 p.m. as they were telephonically contacted by the management.

2. Clinical Material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	340		233	
Bed occupancy%	35 %		15	
<u>Operative work</u>				
Number of major surgical operations	1 / month		1	
Number of minor surgical operations	8/ month		2	
Number of normal deliveries	8 / month		nil	
Number of caesarian Sections	1 / month		nil	
<u>Radiological Investigations</u>				
	O.P.	I.P.	O.P.	I.P.
X-ray	30	10	15	nil
Ultrasonography	nil	nil	nil	nil
Special Investigations	nil	nil	nil	nil
<u>Laboratory Investigations</u>				
Biochemistry	10	12	5	8
Microbiology	Facility not available		-	-
Serology	Facility not available		-	-
Parasitology	Facility not available		5	12

Haematology	9	15	-	-
Histopathology	Facility not available		-	-
Cytopathology	Facility not available		-	Nil
Others	Nil			

Remarks:-

The only x- Ray machine available (300 mA) in the hospital was found to be non – functional at 2 p.m on the first day of inspection. The only ultra sound machine available in the hospital is non –functional since last five months. There are no facilities available for doing special radiological investigations. In the central clinical laboratory only basic investigations namely TLC, DLC, ESR, Hb, Blood glucose, Urea, Creatinine & Bilirubin) are being done. There are no microbiological tests being carried out in the hospital / college. No Histopathology/Cytopathology investigations are being carried out in the hospital/college.

3. Distribution of beds is as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency (if any)
<b>Medicine &amp; Allied Specialities</b>			
General Medicine			Common Medical Ward for both Male and Female Patients
Paediatrics			
TB & Chest	80	80	
Skin & VD	30	30	
Psychiatry	--	--	
Total	--	--	
	110	110	
<b>Surgery &amp; Allied Specialities</b>			
General Surgery			Common Gen. Surgery, Orthopaedics, Ophthalmology and ENT wards for both male & female patients
Orthopaedics	90	90	
Ophthalmology	30	30	
ENT	10	10	
Total	10	10	
	140	140	
<b>Obstetrics &amp; Gynaecology</b>			
Obstetrics & ANC			
Gynaecology	30	30	
Total	20	20	
	50	50	
<b>Grand Total</b>	<b>300</b>	<b>300</b>	

No separate units in the department of Medicine, Surgery, Paediatrics, Orthopaedics and OBGY are available.

There are no separate male and female wards in the departments of Gen. Medicine, Gen. Surgery, Orthopaedics, Ophthalmology and ENT. The male and female patients are put together in the same ward.

4. The library is not functional. Total number of books are 750 against the requirement of 1400. Total number of journals subscribed are nil. Internet and medlar facilities are not available. The number of computer terminals available in the library are Nil. The number of journals with back numbers is Nil. The reading tables are not partitioned.

5. Hostel : All the hostels are inadequately furnished since there are no ward robes/almirahs available in any room. There are no recreation room in all the hostels. There are no boundary wall provided in any hostel. All the approach roads in the college and hostels are kutcha roads. The exterior of all the buildings including the hostels has not been plastered. The mess facilities are not available in any hostel.
6. The hostel for resident doctors is under construction.
7. Residential Quarters: Total 30 quarters are under construction within the campus for the teaching faculty.
8. In OPD, there is only one registration counter common for male, female, new and old patients and indoor patients. OPD is located on the ground floor of the hospital building in one hall. This hall has been sub divided into different cubicles by glass partition for different OPD's. In the same hall there is OPD & IPD registration counter, Casualty, CMOs Office, non-functional plaster room, non-functional immunization room and non-functional plaster cutting room. Teaching facilities like patient couch, stools, x-ray, view box, examination tray are not provided in each room. No teaching areas are provided in any specialty. The dressing room, plaster room, plaster cutting room, E.C.G. room are neither equipped nor furnished (non-functional). Audiometry room is not available. Immunization room, Family welfare clinic not functional. Dark room & Refraction room is not available. Minor O.T in the OPD is not available. No entry of OPD patients record in the respective OPDs.
9. Wards : No ward is provided with duty doctor room, nurse duty room, nursing station, pantry, examination / procedure room, teaching area and side laboratory. No clinical demonstration areas have been provided in the wards. There is no seminar hall in the major departments. There are no separate Male & female wards in all the clinical specialties. They are accommodated in the same wards in all the departments. There is no record of admission/discharges of the patients in the respective wards. Patients admitted in the wards were found to be of no clinical significance. In the OBGY ward, admitted patients were accompanied by children (1-2). No Biochemical or Radiological tests were recommended for any of the admitted patients in the wards.
10. Registration and Medical Record Section: Separate Indoor registration counter is not available. There is a no medical records department. Follow up service is not available.
11. Central Casualty Service: There are 20 beds in the central causality without any specialized emergency equipment. Central oxygen supply, central suction is not functional. Defibrillator, pulse oximeter, disaster trolley etc. are not available. There are no Casualty OT. Emergency theatre is not available. No casualty services are available in the Casualty.
12. Clinical Laboratories: The central clinical laboratory has an area of 10 x 20 feet with inadequate equipment & staff. Clinical Pathology and Biochemistry sections; each section is not having required equipment. Technical staff is inadequate. There is only one colorimeter & 1 centrifuge machine. There are no automated hematology cell counters or automated biochemistry analyzers.
13. Operation Theatre : All the O.Ts are inadequately equipped. Only one non-functional Boyle's apparatus is available in General Surgery O.T. OT.Lights are Non-functional in all the theatres. The Central Oxygen, Central Suction & Central Nitrous Oxide are not functional. There are no separate Post –Operative ward. The ENT & Ophthalmic OTs have not been used till date.  
There are no C-Arm in the Orhtopaedic OT. No record of operations performed was available in the operation theatre. No anaesthesia register was available in the OT.
14. ICUs are inadequately equipped. Central Oxygen & Central Suction was not functioning. No qualified specialists were available in the ICUs. Septic Labour room & Eclampsia room are not functional.

15. Radio-diagnosis : Protective measures as per BARC specification are not provided. The Radiology department is located in a small room (10ft x 20ft.) and it does not have any safety measures for the protection of the staff from radiation.
16. Central sterilization department: It works twice a week. There is 01 Horizontal autoclave. The receiving and distribution points are not separate. CSSD facilities and staff are inadequate.
17. Intercom facility is not available.
18. Central laundry not available.
19. Kitchen is not available. Canteen is also not available.
20. Incinerator: not available.
21. Para medical staff is grossly inadequate as under:-
 

Laboratory Technicians:	05
Laboratory Assistants:	06
Laboratory Attendants:	05
22. Nursing Staff is grossly inadequate as under:-
 

Nursing Superintendent	:	01
Deputy Nursing Superintendent	:	Nil
Matron	:	01
Asstt. Nursing Superintendent	:	01
Nursing Sisters	:	05
Staff nurses	:	30
23. Most of the technical staff and nursing staff was found to be unqualified having a degree of B.A. or 12<sup>th</sup> pass. The Radiographer was found to have a degree of B.A.
24. Anatomy Department: Inadequate Offices are available for teaching staff and no space is available for non-teaching staff. Departmental library cum seminar room is having 04 seats and nil books. Dissection hall has no seats, 15 big and nil small dissection tables. It has adequate exhaust, light, water supply and no drainage facilities. There is nil cadaver. There is no cooling cabinet for storing the bodies. There is no embalming room. There is no Band saw. Histology practical laboratory has 20 workplaces with 60 student microscopes. Provision for artificial light is not available. Preparation room is not available. Museum is divided in nil parts. It has no mounted specimens, 50 models, 200 charts and 12 bone sets. MRI, CT and X- rays are not displayed. Nil catalogues are available. There is an unfurnished research laboratory.
25. Physiology Department - Inadequate Offices are available for teaching staff and no space is available for non-teaching staff. There is Amphibian experimental physiology laboratory, Mammalian experimental laboratory, Haematology laboratory and Clinical Physiology laboratory. Each laboratory has 20 workplaces. All laboratories are not having preparation rooms. Haematolgy laboratory has 60 microscopes and with no provision for artificial light. Departmental library cum seminar room has 06 seats and nil books. There is a research laboratory which is situated inside a common room meant for the teaching staff. The labs are non functional as there are no working tables and no washing areas.
26. Biochemistry Department: Inadequate Offices are available for teaching staff and no space is available for non-teaching staff. The practical laboratory has 50 workplaces. It has no preparation room. The Departmental library cum seminar room has nil seats and nil books. There is a research laboratory which is being used as a store for the chemicals as well as the preparation room. The department does not participate in hospital work.

27. Offices are not available for teaching and non-teaching staff in the following departments. The HODs rooms in the wards are being used as stores for storing the condemned furniture and mattresses:-

Pharmacology Department, Pathology Department, Microbiology Department, Forensic Medicine Department, Community Medicine Department

28. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision of the Executive Committee taken at its meeting held on 13<sup>th</sup> & 14<sup>th</sup> June, 2007 and return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Beed by Aditya Education Trust, Beed u/s 10A of the I.M.C. Act, 1956.

**7. Establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956 – Compliance verification inspection thereof.**

Read : The inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) along with letter dated 12.09.2007 received from the Principal, K.P.C. Medical College & Hospital, Jadavapur for establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) along with letter dated 12.9.2007 received from the Principal, K.P.C. Medical College & Hospital, Jadavapur and noted the following:-

1. The shortage of teaching staff is as under:-
  - a) The following faculty members and residents cannot be considered due to following reasons:-
    - (i) Dr. Sudharattwa Das – Asst. Prof. Department of Medicine (Cardiology). As he is working as Cardiologist, he cannot be considered as a teacher in the department of Medicine.
    - (ii) Dr. Ujjwal Pattanayak – Asst. Prof. Dept. of Community Medicine – He is not having 3 years teaching experience as Resident required for the post of Asst. Prof.
    - (iii) Dr.(Mrs.) Sadhana Saha – Asst. Prof. of Anaesthesia - She is not having 3 years teaching experience as Resident required for the post of Asst. Prof.
    - (iv) Dr. Sandip Ray – Asst. Prof. of General Surgery - He is not having 3 years teaching experience as Resident required for the post of Asst. Prof.
    - (v) Dr. Biman Kumar Banerjee – Sr. Resident of General Surgery – he cannot be considered, as he is not having 3 years residency experience for the post of Sr. Resident.
    - (vi) Dr. Adity Chakraborty – Senior Resident of ENT – cannot be considered, as she is not having 3 years residency experience for the post of Sr. Resident.
  - b) In view of above, the shortage of teaching faculty is 19.69% as under:
    - i) Professor 2 (Anatomy –1, Biochemistry –1)
    - ii) Associate Professor 4 (Anatomy –1, Physiology –1, Biochemistry –1, Radio-Diagnosis-1)
    - iii) Assistant Professor 6 (General Medicine –2, Anaesthesia –2, Community Medicine –1, General Surgery -1)

- iv) Tutor 1 (Anatomy-1)
- (c) The shortage of Residents is 20.9% as under:-
- i) Sr. Resident - 6 (General Surgery –2, Anaesthesia –2, ENT –1, Radio-Diagnosis-1)
- ii) Jr. Resident –3 (General Medicine –2, General Surgery –1)
- (d) Even if the contentions in the letter of the Dean dated 12.9.2007 are accepted, the deficiency of teaching faculty and residents work out as under:
- I) Teaching faculty 15.15% (10 out of 66)
- (i) Professor : 1 (Anatomy –1)
- (ii) Associate Professor : 2 (Anatomy-1,Physio-1)
- (iii) Assistant Profesor : 6 (Gen. Med.-2, Anaes.-2, Community Medicine-1, Gen. Surgery-1)
- (iv) Tutor : 1 (Anatomy-1)
- II) Residents: 16.27% ( 7 out of 43)
- (i) Sr. Residents : 4 (Gen. Surg.-2, Anaes.-1, ENT-1)
- (ii) Jr. Residents : 3 (Gen. Medicine-2, Gen. Surg.-1)
2. Clinical material is grossly inadequate as under:-

	Day of Inspection	
	OP	IP
OPD attendance	310	
Bed occupancy %	58%	
Operative work		
Number of major surgical operations.	00	
Number of minor surgical operations	00	
No. of normal deliveries.	00	
Number of caesarian sections.	00	
Radiological Investigations	OP	IP
X-ray	46	16
Ultrasonography	14	02
Special Investigations	03	02
Laboratory Investigations	OP	IP
Biochemistry		
Microbiology	126	96
Serology	01	08
Parasitology	03	10
Haematology		
Histopathology	105	72
Cytopathology	00	00
Others (Pathology)	02	01

Remarks:-

- (i) Major & Minor Surgeries performed taking together in General Surgery, Orthopaedics, Ophthalmology & E.N.T. are in June 2007 – 54 & 02, July 2007 – 90 & 11, Aug 07 – 108 & 15, and upto 11<sup>th</sup> Sept' 07 are 04 & 03 respectively.
- (ii) Major, Minor Surgeries & LSCS performed in Gynae & Obst. Deptt., is in June 2007 – 10, 08, 0 , July 2007 – 31, 12, 11, Aug 07 – 30, 07, 08 and upto 11<sup>th</sup> Sept' 07 are 00, 00, 00 respectively.
- (iii) Only one normal delivery in June, 2007 and no delivery thereafter till date.



3. Hostels:- Accommodation is available for 122 students against the requirement of 150. The Girls Hostel (B) is having double Decker beds. The Boys Hostel (B) rooms are having inbuilt cupboards without proper facilities. In all hostels rooms are small and can accommodate only 2 beds and table & chair. There is hardly any space to move inside.
4. Residents hostel: 22 rooms of old TB Hospital are temporarily converted as residents hostel to provide accommodation for 44 resident doctors. However, there is no facility for canteen. Status qua remains.
5. CSSD is located in the back of 2 O.T.s on the ground floor having 1 horizontal and 1 small vertical autoclaves. 1 E.T.O. is available and functional. The receiving and distribution ends are yet to be made. CSSD facilities are inadequate.
6. The following deficiencies pointed out in the inspection report of 29<sup>th</sup> & 30<sup>th</sup> May' 2007 have been rectified partially to the extent indicated hereunder :
  - a. Hostels and dinning hall.
  - b. Audiometry room.
  - c. Medical Record Department.
7. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision of the Executive Committee taken at its meeting held on 13<sup>th</sup> & 14<sup>th</sup> June, 2007 and return the application to the Central Govt. recommending disapproval of the scheme received in the year 2005 for Establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956.

**8. Increase of seats in Ist MBBS Course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur- Compliance verification inspection thereof.**

Read : The inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) for Increase of seats in Ist MBBS Course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (11<sup>th</sup> & 12<sup>th</sup> September, 2007) and noted the following:-

1. The shortage of teaching staff is as under:-
  - (a) The shortage of teaching faculty is 28.4% (i.e. 48 out of 169) as under:-
 

(i)	Professor	03	Biochemistry -1, Forensic medicine 1, Orthopedics -1
(ii)	Associate Professor	09	(Anatomy 1, Physiology 2, Biochemistry -1, Pathology- 1, Microbiology -1, Pharmacology -1, Forensic Medicine -1, TB & Chest 1)
(iii)	Assistant Professor	14	(Anatomy 1, Physiology 2, Pharmacology 2, Forensic Medicine 1, Community Medicine -3, Gen Med 3, Pediatrics 1, General Surgery 1)
(iv)	Tutor	22	Anatomy -5, Physiology -7, Biochemistry -2, Pathology -1, Forensic Medicine -2, Community Medicine -5)
  - (b) The shortage of Residents is 15.2%(i.e. 13 out of 85) as under :-
 

(i)	Sr. Resident	13	(General Medicine -4, Psychiatry -1, Paediatrics -1, Radio-Diagnosis -3, Anaesthesia -4)
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2. The following faculty were not counted while computing faculty deficiency as they were not present at the time of faculty verification but reported late between 12.30 p.m. and 6.00 p.m.

S.N	Name	Designation	Department
1.	Swati N Thaore	Tutor	Anatomy
2.	Sachin R Gulhane	Tutor	- do -
3.	Mrs.R.K.Deshpande	Asst. Lecturer	- do -
4.	Jai Prakash Sinha	Tutor	- do -
5.	Mrs Anjali G Lampure	Asst.Lect	Microbiology
6.	Ms.Neelam Jaitley	Associate Prof	- do -
7.	Errol Braganza	Associate Prof	Community Med
8.	Jaydeep Nayse	Lecturer-statistics	- do -
9.	Yogesh Sabde	Lecturer	- do -
10.	Mohammad S Khan	Lecturer	- do -
11.	Joshi M Pandurangrao	Lecturer	- do -
12.	Shalaka Jahagirdhar	Asst. Lecturer	- do -
13.	Anne Wilkinson	Associate Prof	- do -
14.	Raj Kumar Rathi	Lecturer	- do -
15.	Bhupendra Singh	Asst. Lecturer	- do -
16.	Neetu Sambyal	Asst. Lecturer	- do -
17.	Vinod Jasras	Pharma Chemist	Pharmacology
18.	Riyaz A Siddiqui	Lecturer	- do -
19.	Rupesh T Badwik	Lecturer	- do -
20.	Prashant Devidas Khuje	Asst.Lecturer	Forensic Med
21.	Pradeep Shinde	Asst.Lecturer	- do -
22.	Aniruddh Deoskar	Professor	- do -
23.	Madhav Raje	Prof & HOD	- do -
24.	Vijay Kumar Gajbe	Lecturer	Anaesthesia
25.	Shishir Sonkusale	Lecturer	- do -
26.	Sachin jambhurkar	Lecturer	- do -
27.	Ujwal Atit Parikh	Asst..Lecturer	- do -
28.	Sandeep Meshram	Asst .Lecturer	- do -
29.	Kamalakar	Asst.Lecturer	- do -
30.	Vikram Alsi	Asst. Lecturer	- do - (doesn't have 3 yrs)
31.	Rajendra Jikar	Asst.Lecturer	- do -
32.	A V Golhar	Prof & HOD	Orthopedics
33.	Ashish Kailash	Lecturer	- do -
34.	Swanand E Chaudhary	Associate Prof	Surgery
35.	Ravinder Sarnaik	Prof & HOD	TB & Chest
36.	Rajesh Ballal	Sr.Res	- do -
37.	Rajender Tidke	Lecturer	Paediatrics
38.	Rishikesh Ghadekar	Sr.Res	- do -
39.	Prashant Sapate	Sr.Res	- do -
40.	Amit Arora	Sr.Res	- do -
41.	Sudhir Bhawe	Professor	Psychiatry
42.	Ashwin Bhattad	Sr.Res	- do -
43.	Dnyaneshwar Katyarmal	Lecturer	Medicine
44.	Pradeep Goyal	Tutor	Biochemistry
45.	Pramod Bhoyar	Tutor	- do -
46.	Narender Dange	Lecturer	- do -
47.	Smita Nasad	lercturer	- do -

48.	Govind G Verma	Prof & HOD	- do –
49.	Suresh Chari	Professor	- do –
50.	sunanda Satishswle	Professor	Physiology
51.	Shalaka Karanjkar	Lecturer	- do –
52.	Pompy Devraj	Asst.Lecturer	- do –
53.	Anjali Date	Asst.Professor	- do –
54.	Rakhee Tirpude	Lecturer	- do –
55.	Anagha Sahasrabuddha	Asst.Lecturer	- do –
56.	Madhvi Walulkar	Asst.Lecturer	- do –
57.	S S Mahawadiwan	Asst.Lecturer	- do –
58.	Ayub Shekh	Asst,Lecturer	- do –
59.	Kanchan Dhade	Asst.Lecturer	- do –
60.	Nishant Wathore	Lecturer	- do –
61.	Ajay Kulkarni	Lecturer	Ophthalmology
62.	Anupama Srivastava	Tutor	PSM
63.	Shamkumar Burongale	Tutor	PSM
64.	Sumit Rawat	Asst.Lecturer	Microbiology
65.	Sonali Rhode	Asst.Lecturer	Pharmacology
66.	Kanakanchi Bhavani	Asst,Lecturer	Pathology
67.	Moreswar Shende	Professor	Anatomy
68.	R K Deshpande	Asst.Lecturer	Anatomy
69.	Jai Prakash Sinha	Tutor	Anatomy
70.	Hemlata Chimne	Tutor	Anatomy

3. The following faculty were not counted while computing faculty deficiency for reasons given as under :-

#	Name	Department	Designation	Reasons
1	Dr. Nirmal M. Patle	Surgery	Sr.Resident	Does not have the requisite 3 yrs residency experience. Not counted.
2	Dr. Divish D.Kumar	Surgery	Sr.Resident	Residency experience incorrectly reflected which does not match with the date of passing MS. Not counted
3	Dr. Muhammad Yunus	Surgery	Sr.Resident	Discrepancy in date of joining and the appointment order. Not counted
4	Dr. Abhay Choudhary	Surgery	Lecturer	Appointed as Sr. Resident on 11.6.07 and as Lecturer on 6.7.07. Joining report is of Sr.Resident only. There is no joining report of lecturer . Not counted.
5	Dr. Varsha P. Rangakar	Radiology	Lecturer	There s no experience certificate of residency experience shown in the Declaration Form . Not counted
6	Dr. Mustafa A. Biviji	Radiology	Assoc.Prof.	Does not have the prescribed qualifications . Not counted
7	Dr. Swati D. Paldiwar	Radiology	Tutor	Does not have the requisite 3 yrs residency experience. Not counted
8	Dr. Deepa Taori	Radiology	Tutor	Does not have the requisite 3 yrs residency experience. Not counted
9	Dr. Madhusudan R.S.	Radiology	Asst.Prof	Appointment order is undated. Discrepancy in date of joining and date reflected in experience shown in the declaration form Not counted

10	Dr. Kuldeep Deshpande	Orthopaedics	Asst.Prof.	Does not have the requisite 3 yrs residency experience. Not counted
11	Dr. A.Q.Ali	Medicine	Sr.Resident	D.C.H. qualification but working as Sr.Resident in Medicine. Does not have the requisite 3 yrs experience in the department. Not counted
12	Dr. Jayesh Timane	Medicine	Sr.Resident	Does not have the requisite 3 yrs residency experience. Not counted
13	Dr. Prashant G.	Medicine	Sr.Resident	Does not have the requisite 3 yrs residency experience. Not counted
14	Dr. Juhi Kawale	Medicine	Sr.Resident	Does not have the requisite 3 yrs residency experience. Not counted

4. Available clinical material is grossly inadequate as under:-

	Daily Average		Day of Inspection					
O.P.D. attendance	921		250					
Casualty attendance	38		02					
Bed occupancy%	80%		38%					
<u>Operative work</u>								
Number of major surgical operations	21		08					
Number of minor surgical operations	67		--					
Number of normal deliveries	3		01					
Number of caesarian Sections	3		--					
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.				
X-ray	73	58	10	06				
Ultrasonography	29	22	07	04				
Special Investigations	7	--	--	--				
C.T. Scan	3	7	01	--				
<u>Laboratory Investigations</u>								
Biochemistry	398	383	56	42				
Microbiology	}	}	}	}				
Serology					60	59	04	--
Parasitology								
Haematology	595	472	82	46				
Histopathology	5	15	--	--				
Cytopathology	26	9	--	--				
Others	--	--	--	--				

- The clinical material was low in terms of OPD attendance (250) and bed occupancy (38%) on the day of the inspection.
- There were only 3 samples for Biochemistry, 5 for Haematology and nil for Microbiology till 12 noon in the Central Laboratory on the day of the inspection.
- There was a common register for all the laboratory investigations wherein it was difficult to ascertain the laboratory investigations done in each respective department of Biochemistry, Microbiology and Clinical Pathology.
- The operative and radiological work load was low as shown in the table above.

Other deficiencies observed were as under:-

- No plaster room is available in Ortho OPD. Application of plaster and plaster cutting is being done in the OPD gallery
- OPD teaching room in all major departments are small and inadequate and can accommodate 15 students only
- Admission and discharge registers in the respective wards were either incomplete or not available.
- Most wards did not have doctors duty room and functional side laboratories. Many side laboratories are shown to have one bed as doctor's duty room.
- Many patients in Medicine, Pediatrics, surgery and Ortho department did not warrant admission. Many case sheets were not written. No OPD slips were attached to the case sheets.

- There was an obvious mismatch between surgery OT register and Anesthesia register as under:

MONTH	SURG REG	ANES REG
July	183	89
August	145	101

Clinical Material is inadequate in terms of Microbiology, Serology & Parasitology investigations are low as detailed in the later part of the report.

There was overcrowding of beds in all the departments as deficiency of beds seen in the last inspection was corrected without a corresponding increase in space allocation in the respective departments.

Bed occupancy on the day of inspection was 38%.

#### 5. Bed occupancy of departments on the day of inspection

DEPARTMENT	No. OF BEDS	OCCUPANCY
General Medicine	132	53
Pediatrics	66	15
TB & Chest	22	04
Skin & VD	11	01
Psychiatry	11	01
General Surgery	132	66
Orthopedics	66	28
Ophthalmology	30	05
ENT	30	04
Obstetrics	40	28
Gynecology	26	18
TOTAL	566	215

- Overall bed occupancy is 38%
- More than 15 children from Shanti Vidya Bhavan School were made to lie down in the Pediatrics ward.
- There was overcrowding of beds in most wards. The earlier bed deficiency has been corrected by adding more beds without a corresponding increase in space.

#### 6. Discrepancy observed between Central OPD Registration and OPD Registers available in respective OPD's on randomly chosen dates is as under:

DEPARTMENT	01.08.07 C R	01.08.07 OPD R	10.09.07 C R	10.09.07 OPD R
TB & Chest	39	16	39	19
Surgery	-	-	92	38
Psychiatry	35	17	30	16
Pediatrics	88	58	89	66
Ophthalmology	74	51	89	66
Medicine	-	-	210	161

- CR = Computerized OPD Record
- OPD R = OPD Register

#### 7. Separate registers are not being maintained for Serology, Bacteriology, Parasitology, Immunology, Mycology investigations and the number of investigations performed are low. There were only 3 samples in Biochemistry, 5 in Haematology and none in Microbiology till 12 noon on the day of inspection.

#### 8. Examination Hall: there is no separate examination hall for 250 students. The Auditorium is shown to be used as examination hall with a capacity of 250 students. Deficiency not rectified.

9. Lecture theatres: position is status quo. Deficiency not rectified.
10. RHTC, Hingana is under the control of Govt. of Maharashtra and it is not under the control of the Dean of the Medical College, which is not as per Regulations. The college has leased Rachana Hospital building located at Butibori at a distance of 28 km from the college for 5 years as its RHTC. It is under the administrative control of the college. It is in the process of being made functional. Position is status quo.
11. Hostels: The mess facilities with dining room and attached kitchen are available in the newly constructed boys and girls hostel but are not yet functional. Deficiency partially rectified.
12. No mess facility is available in the Residents & Interns hostels. Nurses hostel has a dining hall but no kitchen is available. Position is status quo. Deficiency not rectified.
13. Residential quarters - 1 Bungalow for Dean, 12 two bed rooms flats and 16 single bed room flats are available for teaching staff (29) against the requirement of 59 quarters at this stage. Deficiency partially rectified.
14. OPD space has been provided in the departments of TB & Chest, Psychiatry and Skin-VD by taking space from Physiotherapy department. Small class students are provided in these departments. No Audio-Visual aids have been provided. Deficiency partially rectified.
15. There is overcrowding of beds in all the wards as the deficiency of beds has been corrected without a corresponding increase in space allocation. The mess facilities with dining room and attached kitchen have been made available in the newly constructed boys and girls hostel but are not yet functional. 14 single room residential flats for the faculty are under construction.
16. Medical Record Officer is not available. Deficiency not rectified.
17. The back portion of the animal house building is shown as the Mortuary. 1 large room has been partitioned into two cubicles; one cubicle has an autopsy table but there is no students gallery, exhaust fan and lights. The other cubicle has a cold chamber for two bodies but is not functional. Deficiency not rectified.
18. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 13<sup>th</sup> & 14<sup>th</sup> June, 2007 to return the application to the Central Govt. recommending disapproval of the scheme submitted in the year 2006 for increase of seats in Ist MBBS course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur u/s 10A of the I.M.C. Act, 1956.

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

**9. Establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956.**

Read : The fax letter dated 12.9.2007 received from the President, Career Institute of Medical Sciences & Hospital, Sitapur with the request to cancel the inspection schedule for 13<sup>th</sup> & 14<sup>th</sup> September, 2007 and also for 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 12.9.2007 from the President, Career Institute of Medical Sciences & Hospital, Sitapur and decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956 as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

**10. Establishment of a new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar.**

Read : The fax letter dated 11.9.2007 received from the President, Deo Mangal Memorial Trust, Bihar with the request to arrange the inspection of the deficiencies as mentioned in the MCI inspection report (8<sup>th</sup> & 9<sup>th</sup> June, 2007) as and when MCI deem fit.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 11.9.2007 from the President, Deo Mangal Memorial Trust, Bihar and decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of a new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar u/s 10A of the IMC Act, 1956 as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

**11. Increase of seats in Ist MBBS Course from 60 to 100 at Katihar Medical College, Katihar.**

Read : The fax letter dated 11.9.2007 received from the Principal, Katihar Medical College, Katihar with the request to consider the compliance report for the session 2008-2009.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 11.9.2007 from the Principal, Katihar Medical College, Katihar and decided to return the application to the Central Govt. recommending disapproval of the scheme for Increase of seats in Ist MBBS Course from 60 to 100 at Katihar Medical College, Katihar u/s 10A of the IMC Act, 1956 as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009 .

**12. Establishment of new medical college at Kanpur, U.P. by Rama Educational Trust, Kanpur.**

Read : The Central Govt. letter dated 7.9.2007 along with the copy of Essentiality Certificate dated 21.6.2007 issued by the Govt. of U.P. for Establishment of new medical college at Kanpur, U.P. by Rama Educational Trust, Kanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 07.09.2007 and observed that the Essentiality Certificate granted by the Govt. of U.P. is different than the format prescribed in Form-2 of Establishment of New Medical College Regulations, 1999 in as much as the sentence in para 1 of page 3 of the Essentiality Certificate – viz **“If the applicant violates these directions the State Govt. will be free to cancel this Essentiality Certificate”** and decided to inform the State Govt. that the Essentiality Certificate in the present form in which the conditions made by the State Govt. of U.P. pertaining to cancellation of the Essentiality Certificate are included in the Essentiality Certificate itself cannot be accepted.

**13. Appeal under Regulation 8.8 of the Indian Medical Council(Professional Conduct, Etiquette and Ethic(Amendment) Regulations, 2004 against final impugned Order dated 19.12.2006 passed by the Delhi Medical Council.**

Read : The Appeal under Regulation 8.8 of the Indian Medical Council(Professional Conduct, Etiquette and Ethic(Amendment) Regulations, 2004 against final impugned Order dated 19.12.2006 passed by the Delhi Medical Council along with the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee:-

“On perusal of IMR data, Dr. Praveen Chandra is registered with different State Medical Councils.

The matter was considered by the Ethics Committee at its meeting held on 19.3. 2007 which reads as under:-

*“The Ethics Committee considered the appeal of Dr. Praveen Chandra under Regulation 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics (Amendment) Regulations, 2004 against final order dated 19.12.06 passed by Delhi Medical Council and decided that Dr. Praveen Chandra may be asked to appear before the Ethics Committee in its second next meeting at 12.00 noon.*

*The Ethics Committee further decided that Delhi Medical Council may be requested to send all the relevant documents in this particular case at the earliest, informing that this case has been taken as an appeal case and further decided that expert opinion be obtained from Dr. Balram Bhargava, Prof. of Cardiology, All India Institute of Medical Sciences, New Delhi and Dr. H.K. Bali, Prof. of Cardiology, PGI, Chandigarh.”*

As per above decision, Dr. Praveen Chandra was requested to appear before the Ethics Committee on 15<sup>th</sup> May, 2007 at 12.00 Noon vide Council's letter dated 26.04.2007.

Another letter dated 26.04.2007 was sent to Delhi Medical Council to provide all the relevant document pertain to this case. The reply is still awaited.

Another letters dated 26.04.2007 was sent to Dr. Balram Bhargava and Dr. H.K. Bali to provide their expert opinion.

The matter was considered by the Ethics Committee at its meeting held on 14<sup>th</sup> & 15<sup>th</sup> May, 2007 which reads as under:-

*“Dr.Praveen Chandra appeared before the Ethics Committee on 15.5.2007 and his statement is as follows:*

STATEMENT OF DR.PRAVEEN CHANDRA

*I, Dr.Praveen Chandra did my MBBS in the year 1985 and MD(Medicine) in the year 1989 and DM (Cardiology) in the year 1991 from K.G. Medical College, Lucknow.My registration number is 6614 from Delhi Medical Council. My date of birth is 15.3.1963.*

*I want to state that there is no negligence on my part in treating the patient Shri Kapoor Chand Mittal as the patient was admitted at Escorts Heart Institute on 2<sup>nd</sup> October, 2004 while I was away from the city and the patient contacted me on phone when I informed him that I am out of town and will be back only in the late evening of 3<sup>rd</sup> after 8.00 p.m., which he himself states in his own initial complaint.*

*I saw the patient for the very first time on 3<sup>rd</sup> evening when I returned. I examined the patient and the records and found out that the patient was critically ill, suffering from left ventricular failure, arrhythmic instability and unstable angina and washaving fluctuating blood pressure despite Inotropic support and intraaortic balloon support. Ventilator was managing his respiratory support. In view of this condition, we decided to continue and stabilise him further before taking him for further intervention. Despite continuous life support systems the patient still did not show any significant positive response and hence on 4<sup>th</sup> October it was decided to take him up for urgent coronary angiography and intervention as a desperate measure. The patient was sent back to the I.C.U. for further management after angioplasty and stent implantation.*



*The Ethics Committee put some questions which are as under:-*

- Q. What do you say that angiography should have been undertaken on the day of admission?*
- A. The patient was first seen by me on 3<sup>rd</sup> October i.e. the 2<sup>nd</sup> day and not on the day of admission. The patient was being managed by consultant on duty and they did not decide to do the angiography on the same day as the patient was in severe left ventricular failure.*
- Q. Was the patient admitted under you first?*
- A. No. He came in emergency of Escorts Hospital on 2<sup>nd</sup> October for the first time and got admitted on the same day.*
- Q. When you are not present in the hospital how the patient admitted in your hospital?*
- A. I do not know how and why he decided to get admitted under me, however, the patient has the right to choose his consultant on admission at Escorts Hospital.*
- Q. If that is so then the treating doctors are they fit to take any decision to be required to be taken in absence of you?*
- A. Yes. There is team of doctors headed by a consultant cardiologist 24 hrs. on duty who are capable and authorized to take decision for any patient in the hospital.*
- Q. Once the patient had been admitted in Escorts hospital under you, have the hospital authorities contacted you and informed regarding this patient's admission?*
- A. I had already informed about my non-availability till 3<sup>rd</sup> October.*
- Q. Who was the consultant Cardiology to examine the patient first?*
- A. The patient was examined by sr. residents on duty and consultant Dr.Ashok Omar and Dr.Sunil Agarwal in the hospital in ICU.*
- Q. Did the consultant Cardiology who examined the patient advise any intervention in this patient?*
- A. No.*
- Q. Why did you go to Court why not to MCI?*
- A. As soon as I received the notice on 24<sup>th</sup> of December,2006 I took full cognizance of the DMC order which states that my registration is under suspension with immediate effect. There were 20 patients admitted under me including critical patients and a number of OPD patients were given appointment for consultation. Since there was no immediate remedy, I approached the High Court for interim relief and I also stated in my petition that I will be going to next appellate authority i.e. the MCI.*

*Sd/-*

*(Dr.Praveen Chandra)*

*The Ethics Committee discussed the oral submission of Dr.Praveen Chandra and also the documents supplied to it as well as the opinion of Dr.Balram Bhargava of AIIMS, New Delhi sent to him to assist the Ethics Committee in this case.*

*The Ethics Committee noted that Dr.Balram Bhargava has sent his opinion and found that "best medical treatment was provided to the patient with no evidence of carelessness, neglect or lack of knowledge whatsoever."*

*The Ethics Committee felt that the opinion of Dr. H.K. Bali, Prof. of Cardiology, PGI, Chandigarh is still awaited which will further help the Ethics Committee in arriving at a final decision. Therefore, the Ethics Committee decided to defer the case and to send a reminder to Dr.Bali for his early reply urgently."*

*In this context, Dr. H.K. Bali vide his letter dated 14.05.2007 in which it is stated as under :-*

*"I have gone through the clinical records of this case and I have the following observations to make :*

- 1. The patient was a case of Coronary Artery Disease (CAD) and was admitted with acute coronary syndrome Left Ventricular Failure (LVF)*

2. *He was promptly started on management to control his acute coronary syndrome and left ventricular failure.*
3. *He was put on Intra Aortic Ballon Pump ( IABP) to decrease myocardial oxygen consumption and improve coronary perfusion. He was also put on Ventilatory support. This is the most effective line of management to stabilise the patient hemodynamically and decrease the potential risk of coronary angiography.*
4. *His coronary angiogram revealed very severe disease which was treated with a drug eluting stent ( DES) in view of his Left main coronary disease. Further, his hemodynamic status did not allow coronary artery bypass surgery (CABG). Left main coronary stenting is now a well established procedure in such patients.*
5. *His prognosis because of severe triple vessel disease, left main stem disease, acute coronary syndrome and acute left ventricular failure was very poor. Worldwide the experience with such patients has not been very gratifying and these patients carry a significant mortality. Unfortunately this patient died despite optimum therapy and the adverse prognosis was because of severe coronary artery disease and intractable left ventricular failure.*

*I am of the considered opinion that as an expert in this field that this patient received the best medical treatment and there is no evidence of carelessness, neglect or lack of knowledge whatsoever.”*

The matter was considered by the Ethics Committee at its meeting held on 18.06. 2007 which reads as under:-

*“The Ethics Committee considered the matter with regard to appeal dated nil appeal under Regulation 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics (Amendment) Regulations, 2004 against final impugned Order dated 19.12.2006 passed by the Delhi Medical Council. The Ethics Committee went through all the available records pertaining to the case and examined all the case sheet and other material and also has called to Dr. Praveen Chandra to appear before the Ethics Committee at 12.00 noon on 15.05.2007 and he do so. The Ethics Committee again gone through the statement of Dr. Praveen Chandra and the Hon’ble Members of the Ethics Committee of the Council also question at length regarding the case & treatment given to the patient.*

*The Ethics Committee had also requested to Dr. Balram Bhargava of AIIMS, New Delhi and Dr. H.K. Bali. Prof. of Cardiology, PGI, Chandigarh to assist it in its investigation by examining all the case documents and gave their professional advise and opinion.*

*After considering all the documents including the statement of Dr. Praveen Chandra and going through the opinion of the 2 senior cardiologists of the country obtained by the MCI, the Ethics Committee was of the view that no negligence can be substantiated on the part of Dr. Praveen Chandra in this particular case. Therefore, the Ethics Committee decided to overrule the removal of impugned six weeks from State Medical Register of Delhi Medical Council from the date of order dated 19.12.2006 passed by the Delhi Medical Council. No entry shall be made in the IMR against the name of Dr. Praveen Chandra. This may be brought to the notice of the Secretary and Executive Committee and also may be communicated to Dr. Praveen Chandra and Registrar, Delhi Medical Council.”*

The office was further directed that henceforth only those cases in which the Ethics Committee has overruled the decision of the State Medical Council and imposed any penalty or those cases in which the Ethics Committee of the Council has decided the cases directly should be placed before the Executive Committee for approval.

**14. To change the name of General Hospital, Chandigarh to Govt. Multi Speciality Hospital, Chandigarh.**

Read : The letter dated 6.8.2007 received from the Medical Superintendent-cum-Joint Director Health Services, Govt. Multi Speciality Hospital, Chandigarh with regard to change the

name of General Hospital, Chandigarh to Govt. Multi Speciality Hospital, Chandigarh vide Notification No.GH-III –2006/18459-72, dated 19.7.2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 06.08.2007 and decided to approve the change of name from General Hospital, Chandigarh to Govt. Multi Speciality Hospital, Chandigarh.

**15. Nomination of Selection Committee members for the post of Deputy Secretary(Medical).**

Read : The matter with regard to nomination of Selection Committee members for the post of Deputy Secretary(Medical).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Prof. S.C. Mohapatra, Director of Medical Education & Training, Govt. of Orissa and Dr. G.B. Gupta, Prof. & Head, Department of Medicine, Pt.JNM Medical College, Raipur on the Selection Committee for the post of Deputy Secretary (Medical).

**16. Engagement of staff on contract basis.**

Read : The matter with regard to Engagement of staff on contract basis.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to engagement of staff on contract basis and opined that the Council office should complete the regular recruitment process and further directed the office to conduct the interviews within one month from the date of approval of the minutes.

**17. Establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society u/s 10A of the I.M.C. Act, 1956 – Compliance verification inspection thereof.**

Read : The inspection report (12<sup>th</sup> & 13<sup>th</sup> September, 2007) for establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report( 12<sup>th</sup> & 13<sup>th</sup> September, 2007) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society with an annual intake of 100 (one hundred) MBBS students for the academic session 2007-08 u/s 10A of the I.M.C. Act,1956.

**18. Establishment of new medical college at Gram Morodhat, Distt. Indore, Madhya Pradesh by Mavank Welfare Society u/s 10A of the I.M.C. Act, 1956 – Compliance verification inspection thereof.**

Read : The inspection report (12<sup>th</sup> & 13<sup>th</sup> September, 2007) for establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (12<sup>th</sup> & 13<sup>th</sup> September, 2007) alongwith letter dated 18.9.2007 received from the Chairman, Index Medical College Hospital & Research Centre, Indore and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society with an annual intake of 150 (one hundred fifty) MBBS students for the academic session 2007-08 u/s 10A of the I.M.C. Act,1956.

**19. Establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh- Compliance verification inspection thereof.**

Read : The inspection reports (12<sup>th</sup> & 13<sup>th</sup> September, 2007 and 19<sup>th</sup> Sept.,2007) along with letter dated 19.09.2007 received from Dr. T. Laxmi Rama Devi, Original Trustee for establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection reports (12<sup>th</sup> & 13<sup>th</sup> Sept. and 19<sup>th</sup> Sept., 2007) along with letter dated 19.9.2007 received from Dr. T. Laxmi Rama Devi, Original Trustee and noted the following:-

1. a) The shortage of teaching faculty is 71% (39 out of 55) as under:-

- i) Professor -3 (Anatomy-1, Physiology-1, Biochemistry-1)
- ii) Assoc.Prof. -12 (Anatomy-2, Physiology-2, Biochem.-1, Pharmacology-1, Pathology-1, Microbiology-1, Paediatrics-1, Orthopaedics-1, OBGY-1, Radio-Diag.-1)
- iii) Asstt.Prof. -9 (Anatomy-1,Physio-1,For.Med.-1, Gen.Med.-2,Gen.Surg.-1, ENT -1, Ophthal-1, Radio-diag.-1)
- iv) Tutor -15 (Anatomy-4, Physio-4, Biochem.-2, Pharmacology-1, Patho-1, Microbio-1, For.Med.-1, PSM-1)

b) The shortage of Residents is 81% (34 out of 42)

- i) Sr.Resident -11 (Gen.Med.-3,Gen.Surg.-3, Orthopaed.-1, OBGY-2, Radio-diag.-2)
- ii) Jr.Resident -23 (Gen.Med.-8, Gen.Surg.-8, Paed.-1, Ortho-2,ENT-1,Ophthal-1, OBGY-1,Dentistry-1)

2. The following observations were made while on a round of the college at 10.30 a.m.

- There was no faculty member or Dean or any staff present in the college. There was only one clerk and one sweeper, who arrived at 10 a.m.
- All departments were locked.
- An attendance register was found on the Dean's table which showed the regular attendance with effect from 1<sup>st</sup> September, 2007 in respect of faculty mentioned as under:-

1.	Dr.Pankajkumar Bhima	Asstt.Prof.	Anatomy
2.	Dr.Anita Vijaykumar	Asstt.Prof.	Physiology
3.	Dr.K.Prashanth	Asstt.Prof.	Biochemistry
4.	Dr.Prashanth Solanki	Asstt.Prof.	PSM
5.	Dr.G.Ramachandra	Asstt.Prof.	Anatomy
6.	Dr.Samudrala Y. Rao	Tutor	PSM

All mentioned faculty arrived at between 10.15 a.m and 11 a.m. All other faculty were found to be continuously absent as seen in the attendance register available in the Dean's office. They were also found to be absent on the day of inspection.

Dr.Indira Narayanan, Medical Superintendent, Medicare Hospital arrived at 10.30 a.m. and the Dean has arrived till 10.45 a.m.

Following faculty came between 11.00 a.m. to 12.00 noon. However, all faculty mentioned above and below have been counted while computing faculty deficiency. No other faculty member presented for inspection.

1.	Dr.S.Yamuna	Asst. Prof.	OBGY
2.	Dr.Rajitha Reddy	Jr.Resident	OBGY

3.	Dr.Sona Sridhar	Asstt.Prof.	ENT
4.	Dr.Nanda Kishore	Asstt.Prof.	Pathology
5.	Dr.C.A. Reddy	Sr.Resident	Ophthalmology
6.	Dr.G.Laxminarayan	Prof. & HOD	Gen.Surgery
7.	Dr.Rajaram Reddy	Asstt.Prof.	Gen.Surgery
8.	Dr.Venkatram Reddy	Asstt.Prof.	Gen.Surgery
9.	Dr.G.Sarangan	Sr.Resident	Gen.Surgery
10.	Dr.G.Venkat Rajan	Prof. HOD	Gen.Med.
11.	Dr.Shiva Subramaniam	Asstt.Prof.	Gen.Med.
12.	Dr.T.Suman	Sr.Resident	Gen.Med.
13.	Dr.Thirupathi Reddy	Sr.Resident	Paediatrics
14.	Dr.Satyapai Reddy	Jr.Resident	Paediatrics
15.	Dr.Vidyasagar Rao	Prof.HOD	Anaesthesiology
16.	Dr.Venu P.	Asstt.Prof.	Anaesthesiology
17.	Dr.G.L. Balakrishna	Sr.Resident	Anaesthesiology
18.	Dr.Raja Reddy K.	Sr.Resident	Anaesthesiology
19.	Dr.Sudha Madhuri V	Sr.Resident	Anaesthesiology
20.	Dr.K.Rajiv Reddy	Asstt.Prof.	Dentistry.

3. Clinical Material is grossly inadequate as under:-

	Daily Average		Day of Inspection
O.P.D. attendance	NA		20
Casualty attendance	NA		3
Bed occupancy%	NA		5%
<u>Operative work</u>			
Number of major surgical operations	NA		-
Number of minor surgical operations	NA		-
Number of normal deliveries	NA		-
Number of caesarian Sections	NA		-
<u>Radiological Investigations</u>			
	O.P.	I.P.	OP+IP
X-ray	NA		5
Ultrasonography	NA		-
Special Investigations	NA		-
	NA		-
<u>Laboratory Investigations</u>			
Biochemistry	NA		-
Microbiology	NA		16(18.9.07)
Serology	NA		-
Parasitology	NA		Nil(19.9.07)
Haematology	NA		-
Histopathology	NA		-
Cytopathology	NA		74(18.9.07)
Others	NA		13(19.9.07)

\*Round of the hospital showed that there was no doctor in the entire hospital at 10.00 a.m.

\*All the wards were empty. There were a total of 15 in-patients in entire hospital.

\*There were no OPD patients at 10 a.m. However, by 11 a.m. there were 20 patients in OPD. No OPD registers were found to be kept in respective OPDs.

\*The operation theatre and labour room were found to be locked. There was no OT list put up on the notice board and there was no OT staff.

\*A total of 8-10 nurses were present in the entire hospital. Only sweepers were found to be cleaning the hospital.

\*The radiology department had no technicians or staff.

4. Distribution of beds is as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency (if any)
<b>Medicine &amp; Allied Specialities</b>			
General Medicine	80	70	10
Paediatrics	30	25	05
TB & Chest	--	--	
Skin & VD	--	--	
Psychiatry	--	--	
Total	110	95	15
<b>Surgery &amp; Allied Specialities</b>			
General Surgery	90	75	15
Orthopaedics	30	20	10
Ophthalmology	10	10	
ENT	10	10	
Total	140	115	25
<b>Obstetrics &amp; Gynaecology</b>			
Obstetrics & ANC			
Gynaecology	30	20	10
	20	15	05
Total	50	35	15
<b>Grand Total</b>	<b>300</b>	<b>245</b>	<b>55</b>

1. 55 beds did not have any mattress and sheets on them as shown in the table above. The mattresses were kept aside in one corner of each ward. These beds were considered as non-functional.
2. Most of the wards were empty and some of them were locked.
3. Bed occupancy is 5% on the day of inspection. There were only a total of 15 patients in the entire hospital viz. Gen.Surgery-3, Orthopaedics-2, Gen.Med.-4, OBGY-6, Paediatrics-Nil.
4. Casualty had only three patients.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the applicant has failed to fulfil the mandatory and statutory precondition at Sr. No. 2(5) of the Qualifying Criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to reiterate its earlier decision taken at its meeting held on 13<sup>th</sup> & 14<sup>th</sup> June, 2007 to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Andhra Pradesh requesting to intimate as to how the Essentiality Certificate vide letter dated 27.08.2002 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, has been given, when on inspection it has been found that the hospital is having only 245 functional beds.

**20. Inspection of A.J. Institute of Medical Sciences, Mangalore to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.**

Read : The Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at A.J. Institute of Medical Sciences, Mangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) and observed as under:-

- Clinical material in respect of OPD attendance, normal deliveries and caesarian sections is inadequate.
- It was observed that 25-30% of the patients did not have any clinical or teaching value and had been admitted only on the day of inspection. Bed occupancy of genuine patients was 65%.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to conduct another inspection of the institute to verify the available facilities before processing the applications for postgraduate courses.

**21. Inspection of Vydehi Instt. of Medical Sciences & Research Centre, Bangalore to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.**

Read : The Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities available at Vydehi Instt. of Medical Sciences & Research Centre, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30<sup>th</sup> Aug. & 1<sup>st</sup> Sept., 07) and observed as under:-

- Clinical Material : It was observed that Many patients (approx.25%) were of little clinical importance and had been admitted only on the day of inspection. OPD attendance of genuine patients was observed to be approximately 650 and bed occupancy of genuine patients was approximately 63%.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to conduct another inspection of the institute to verify the available facilities before processing the applications for postgraduate courses.

**22. To note the letters of Intent/ Permission/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in Ist MBBS course for the academic session 2007-2008.**

Read : The Letters of Intent/Letter of Permission/renewal of permission for establishment of new Medical Colleges/increase of seats in 1<sup>st</sup> MBBS course for the academic session 2007-2008 issued by the Govt. of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following LOI/LOP/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in 1<sup>st</sup> MBBS course for the academic session 2007-2008:-

Name of the College	Date of issue of Letter of Intent/Permission/Renewal of Permission.
Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala, Tripura.	Letter dated 13.7.2007 for renewal of permission for admission of 2 <sup>nd</sup> batch

	of 100 MBBS students for the year 2007-2008.
Guru Ram Rai Institute of Medical Sciences, Dehradun	The Central Govt. vide letter dt. 13.7.2007 renewed the permission for admission of 2 <sup>nd</sup> batch of 100 students for the year 2007-2008.
Rohilkhand Medical College & Hospital, Philibhit	Letter dated 17.8.07 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Dr. D.Y. Patil Medical College, Navi Mumbai	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of students against the increased intake from 100 to 150 for the year 2007-2008.
Prathima Institute of Medical Sciences, Nagunur, Karimnagar.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 6 <sup>th</sup> batch of 150 MBBS students for the year 2007-2008.
Sree Gokulam Medical College & Research Foundation, Trivandrum.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 3 <sup>rd</sup> batch of 50 MBBS students for the year 2007-2008.
Konaseema Institute of Medical Sciences & Research Foundation, Amlapuram.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 3 <sup>rd</sup> batch of 100 MBBS students for the year 2007-2008.
Santosh Medical College, Ghaziabad.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 3 <sup>rd</sup> batch of students against the increased intake from 50 to 100 for the year 2007-2008.
Sree Mookambika Institute of Medical Sciences, Kulasekharam.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Kannur Medical College, Kannur.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Sree Uthradom Thirunal Academy of Medical Sciences, Trivandrum.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Meenakshi Medical College and Research Institute, Enathur.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 5 <sup>th</sup> batch of 100 MBBS students for the year 2007-2008.
National Institute of Medical Sciences & Research Jaipur.	Letter dated 6 <sup>th</sup> September, 2007 for renewal of permission for admission of 4 <sup>th</sup> batch of 50 MBBS students for the year 2007-2008.
Basveshwara Medical College, Chitradurga, Karnataka.	Letter dated 7 <sup>th</sup> September, 2007 for renewal of permission for admission of fresh batch of 100 MBBS students for the year 2007-2008.
S.B.K.S. Medical Institute and Research Centre, Piparia, Vadodara.	Letter dated 7 <sup>th</sup> September, 2007 for renewal of permission for admission of 5 <sup>th</sup> batch of 50 MBBS students for the year 2007-2008.
Karuna Medical College, Palakkad.	Letter dated 6 <sup>th</sup> September, 2007 for



	renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Indira Gandhi Medical College, Nagpur.	Letter dated 30 <sup>th</sup> August, 2007 for renewal of permission for admission of MBBS students against the increased intake from 60 to 100 for the year 2007-2008.
Medicity Institute of Medical Sciences, Ghanpur.	Letter dated 7 <sup>th</sup> September, 2007 for renewal of permission for admission of fresh batch of 100 MBBS students for the year 2007-2008.
Muzaffarnagar Medical College, Muzaffarnagar.	Letter dated 7 <sup>th</sup> September, 2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Shri Ram Murti Smark Institute of Medical Sciences, Bareilly.	Letter dated 7 <sup>th</sup> September, 2007 for renewal of permission for admission of 3 <sup>rd</sup> batch of 100 MBBS students for the year 2007-2008.
M.N.R. Medical College, Hyderabad.	Letter dated 8 <sup>th</sup> September, 2007 for renewal of permission for admission of fresh batch of 100 MBBS students for the year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in respect of following 2(two) institutions, the letter of renewal of permission has been issued by the Central Govt. contrary to the recommendations of the Adhoc Committee/Executive Committee:-

Name of the College	Date of issue of Letter of Intent/Permission/Renewal of Permission.
Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala, Tripura.	Letter dated 13.7.2007 for renewal of permission for admission of 2 <sup>nd</sup> batch of 100 MBBS students for the year 2007-2008.
Guru Ram Rai Institute of Medical Sciences, Dehradun	The Central Govt. vide letter dt. 13.7.2007 renewed the permission for admission of 2 <sup>nd</sup> batch of 100 students for the year 2007-2008.

**23. Deletion of Rule 24A from Aircraft Rules –Kaw Committee recommendations.**

Read : The matter with regard to Deletion of Rule 24A from Aircraft Rules –Kaw Committee recommendations along with the report of the Sub-Committee.

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

“Report of the Sub-Committee meeting held on 10.9.2007 with regards to deletion of Rule No.24 A from Aircraft Rules-Kaw Committee Recommendation.

**The text of the matter in Section 24 A in Part III of General Safety Conditions under the Aircraft Rules, 1937 is as follows:-**

*“24A. Carriage of persons suffering from mental disorders or epilepsy in aircraft – No person shall knowingly carry or permit to be carried or connive at the carriage of, a person suffering from any mental disorder or epilepsy in any aircraft:*

*Provided that this prohibition shall not apply if the person to be carried is certified by a registered medical practitioner to be fit to travel by air without being a risk to other passengers or to the aircraft, and in addition :-*

- (a) has not taken or used any alcoholic drink or preparation within twelve hours of the commencement of the flight;*
- (b) is kept under proper sedative, if in a state of excitement during the flight and stops en route; and*
- (c) is accompanied by an attendant, provided that in case he has been in a state of excitement requiring sedation within the two weeks preceding the date of commencement of the flight, he shall be accompanied by a registered medical practitioner and adequate escort who shall individually and collectively be responsible for ensuring that no alcoholic drink or preparation is taken by the person in their charge and that such person is kept suitably sedated during the flight and stops en route.”*

The Sub-Committee recommends that the above mentioned paras are to be deleted and the Committee further recommends the following:-

Persons with epilepsy and suffering from mental illness will be allowed to travel so long as they self report about their illness along with medical reports and ensure that they have taken treatment regularly including the dose on the date of travel.

In addition, with regard to other provisions of Section 24A, mentioned below have to be followed in toto:-

- (a) the person has not taken or used any alcoholic drink or preparation within twelve hours of the commencement of his/her flight;*
- (b) and is kept under proper sedative and is accompanied by a person who will be responsible for the patient care during his/her flight and stops enroute.”*

**24. Undertaking given by Dr. Madhao G. Raje for working in more than one medical college – Action to be taken in view of Code of Medical Ethics.**

Read : The matter with regard to Undertaking given by Dr. Madhao G. Raje for working in more than one medical college along with the recommendation of Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee:-

“Statement of Dr. Madhao G. Raje

*I, Dr. Madhao G. Raje did my MBBS from Indira Gandhi Medical College, Nagpur in the year 1983 and I have done my M.D. in FMT from Indira Gandhi Medical College, Nagpur in the year 1987. My registration No. is 54178 with Maharashtra Medical Council and my date of birth is 17.02.1961.*

*In reply to the allegations against me, I have already submitted my explanation in writing to the Council office and a copy of which I am submitting again which clearly shows that I have not attended any inspection on 25.02.2005 at D.Y. Patil Medical College, Pimpri, Pune. In fact I have resigned from the college on 15.02.2005 and have joined N.K.P. Salve Medical College, Nagpur on 23.02.2005 and I am still working there. In support of my physical presence at Nagpur on 25.02.2005 I am submitting recently received fax cum certificate from Dean, N.K.P. Salve Medical College, Nagpur. These facts clearly prove that I had not worked simultaneously at two medical colleges. It also proves that on 25.02.2005 I was present at Nagpur.*

*Sd/- Dr. Madhao G. Raje*

**3.1.12 Dr.Madhao G.Raje**

*Dr. Madhao G. Raje was asked to be present before the Ethics Committee and he has presented himself before the Ethics Committee on 9.7.2007 and has given his deposition as well as written statement which is reproduced below.*

Written statement

“Having read your letter & review in copies of declaration forms attached with your letter, I would like to bring following facts to your notice. (1) Declaration form submitted by NKP Salve medical college is signed by me on 24.2.05. The same is signed by Dean NKP SIMS on 17.03.05, day of MCI inspection. (2) Declaration form submitted by D Y Patil Medical College, Pimpri, Pune is signed by me on 15.12.04 (as per your letter MCI has inspected college on 25.02.05). So these two declaration forms ‘don’t’ reveal that I had worked simultaneously in these two medical colleges. To proceed one step ahead I would like to re-draw the same table of your letter in this way.

<b>Name of the College</b>	<b>Date of joining</b>	<b>Date of Resignation</b>	<b>Date of Inspection</b>
NKP Salve Instt. of Medical Sciences, Nagpur	23.02.05	Not yet	17.03.05
D Y Patil Pratishthan; MC of Women, Pimpri, Pune	18.03.04	15.02.05	25.02.05

I infer/conclude from all this, that there is ‘error’ in judgment. However to support that I had not worked simultaneously, I’m forwarding attested copies of experience certificate & relieving certificate from DY Patil College, which is adequate to confirm the same. Please re-view & kindly acquit me from the charge. With regards, Truly yours, Dr. Madhu G Raje, Prof. & HOD Dept. of Forensic Medicine, NKP Salve Medical College, Nagpur – 19”.

He has further submitted the experience certificate from the Dean, N.K.P. Salve Instt. of Medical Sciences & Research Centre & Lata Mangeshkar Hospital certifying that he is full time faculty at the Department of FMT in the said college w.e.f. 25.2.2005. However, on examination of declaration form, it has been seen that the MCI Inspector during inspection of D.Y. Patil Medical College has accepted him as Assoc. Prof. of Forensic Medicine Deptt. and has sent the form as such thereby. Dr. Madhao.G.Raje was present physically during the inspection of D.Y. Patil Medical College. Therefore a charge of working simultaneously in two medical colleges is tenable in this case.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council, were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

*Upon consideration of the case of Dr. Madhao G. Raje, the Ethics Committee noted that explanation /clarification has not been found to be satisfactory and the misconduct of making mis-declaration/misstatement in Declaration Form having been found to be established.*

*The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-*

*“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.*

*The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows:-*

*“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.*

*Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.*

*The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.*

*Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.*

*Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.*

*This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council.*

*Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.*

*This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.*

*The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.*

*The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”*

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

*Section 1.1.1.*

*A Physician shall uphold the dignity and honour of his profession.*

*Section 1.1.2.*

*The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.*

*The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. Madhao G. Raje constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.*

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

*“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION*

*“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do*

*not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”*

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

**25. Complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh.**

Read : The matter with regard to Complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh along with the recommendation of Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee:-

“The matter was considered by the Ethics Committee at its meeting held on 5.01.2007 and it was decided as under :-

*“The Ethics Committee considered the matter with regard to Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh and decided to call Mr. Puran Singh complainant before the Ethics Committee in its next meeting at 3.30 p.m.”*

As per above decision, Mr. Puran Singh was requested to appear before the Ethics Committee on 19.02.2007 at 3.30 p.m vide Council's letter dated 29.01.2007.

The matter was considered by the Ethics Committee at its meeting held on 19.02.2007 which reads as under :-

*“The Ethics Committee considered the complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh and noted that Mr. Puran Singh appeared before the Ethics Committee on 19.2.2007 at 3.30 p.m. and explained before the Hon'ble members of the Ethics Committee. The reason for his complaint and also categorically stated that Dr. Anil K. Sagar has issued false medical certificate to Shri N.K. Singh who happens to his Brother-in-law in the letter head of Sagar Nursing Home, Laxmi Nagar, Delhi-92 which does not exist at all and never existed. In favour of that the local police of PS Preet Vihar has submitted relevant documents from Director Health Services, Govt. of NCT, Delhi.*

*In view of above, Ethics Committee decided to call Dr. Anil Kumar Sagar in its next meeting at 12.00 noon.*

As per above decision, Dr. Anil Kumar Sagar was requested to appear before the Ethics Committee on 19.03.2007 at 12.00 Noon vide Council's letter dated 26.02.2007.

In response to above, Dr. Anil Kumar Sagar has sent a letter dated 16.03.2007.

The matter was considered by the Ethics Committee at its meeting held on 19.03.2007 which reads as under :-

*“The Ethics Committee considered the matter with regard to complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh and noted that Dr. Anil Kumar Sagar was requested to appear before the Ethics Committee on 19.03.2007 at 12.00 noon but he did not appear.*

*In view of the above, the Ethics Committee decided to ask him to appear before the Ethics Committee in its second next meeting at 3.00 p.m. alongwith all the relevant papers, failing which the Ethics Committee will be constrained to take ex-parte decision in this particular case.”*

As per above decision, Dr. Anil Kumar Sagar was requested to appear before the Ethics Committee on 14.05.2007 at 3.00 p.m vide Council's letter dated 23.04.2007.

The matter was considered by the Ethics Committee at its meeting held on 14<sup>th</sup> & 15<sup>th</sup> May, 2007 which reads as under :-

*"The Ethics Committee considered the matter with regard to complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh and decided that Dr. Anil Kumar Sagar should be given a last chance to appear before the Ethics Committee in its next meeting, failing which the Ethics Committee will be constrained to take ex-parte decision in this case."*

As per above decision, Dr. Anil Kumar Sagar was requested to appear before the Ethics Committee on 18.06.2007 at 10.30 a.m failing which the Ethics Committee will be constrained to take ex-part decision vide Council's letter dated 9.06.2007.

The matter was considered by the Ethics Committee at its meeting held on 18.06.2007 which reads as under :-

*"The Ethics Committee considered the matter with regard to complaint against Dr. Anil Kumar Sagar as alleged by Mr. Puran Singh and noted that Dr. Anil Kumar Sagar has appeared before the Ethics Committee and his statement is as under:-*

STATEMENT OF DR. ANIL KUMAR SAGAR

*I Dr. Anil Kumar Sagar did my MBBS from University College of Medical Sciences, Delhi in the year 1992 and M.D. (Community Health Administration) from National Institute of Health & F.W., Munirka, New Delhi in the year 2002. My Date of Birth is 12.2.1970. My registration number is 11582 of MCI.*

*Regarding this case, I would like to submit a written statement which explains my position. This is just a false case to harass me and I am not a party to any of the case.*

*Q. Is this certificate given by you?*

*Ans. Yes Sir.*

*Q. Is your nursing home was existing at that time?*

*Ans. It was existing and started on trial basis.*

*Q. How you have given the certificate?*

*Ans. He was diagnosed earlier and he was under my supervision.*

*Q. How did you arrive at the diagnosis lumber spondilytes?*

*Ans. He was diagnosed earlier from another nursing home in a different city i.e. Agra for lumber spondilytes.*

*Q. Have you got the records?*

*Ans. The records are with Mr. N.K. Singh.*

*Q. It appears that you have issued a certificate using the letter head of a nursing home which was not registered at that time and the certificate was also not in the proper format. Further, the nursing home did not obtained registration at any point of time and thus subsequently closed. Further you have been unable to provide any medical records pertaining to the diagnosis of Mr. N.K. Singh to whom you have issued the certificate. What are your final comments to this?*

*Ans. I am harassed for whatever I have done and I assure that such thing will not occur in the future. Regarding non-availability of medical records I wanted to put on records that all the medical records have been taken from my brother in-law by Mr. Puran Singh, the complainant.*

*Sd/-  
(DR. ANIL KUMAR SAGAR)*

*18<sup>th</sup> June, 2007*

*The Ethics Committee went through all the documents pertaining to this complaint. The Committee also gone through the statement given by Dr. Anil Kumar Sagar and observed that Dr. Anil Kumar Sagar issued a certificate using the letter-head of Sagar Nursing Home which was neither registered at that time nor registration was obtained subsequently. Moreover, he has given a certificate in an incorrect format. Dr. Sagar has failed to provide any medical record or documentary proof in support of diagnosis given in the certificate. He has however, given some reasons for not being doing so.*

*Considering the above facts, the Ethics Committee after thorough discussion has decided unanimously to issue a warning to Dr. Anil Kumar Sagar not to issue such certificates in future and to strictly follow the guidelines/provisions laid down in Indian Medical Council (Professional Conduct, Etiquette & Ethics) Regulations, 2004. This fact may be recorded in the Indian Medical Register and the matter be placed before the Executive Committee for necessary action.”*

**26. Report on attending the meeting of the National Committee on Foreign Medical Education and Accreditation(NCFMEA), USA on September 10, 2007 at Washington(DC), USA.**

Read : The report of the Committee attending the meeting of the National Committee on Foreign Medical Education and Accreditation(NCFMEA), USA on September 10, 2007 at Washington(DC), USA.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the nominees of the Council who visited Washington (DC) for attending the meeting of the National Committee on Foreign Medical Education and Accreditation(NCFMEA), USA on September 10, 2007 which reads as under:-

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

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

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

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

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



- (f) Enable the student to qualify for the award of any recognized medical college.

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

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

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

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

Accordingly, the Committee was informed as under:-

**Current status of medical schools:**

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

**Overview of the Recognition Process:**

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

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

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

students advance to the final MBBS (Bachelor of Medicine and Bachelor of Surgery) examination.

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

**Phase Two: Achieving Recognition Status**

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

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

**Phase Three: Continuance of Recognition**

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

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

**Overview of inspection and accreditation activities:**

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

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

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

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

For the 2007 and 2008 academic year, the Council reports that 13 colleges have been recommended for withdrawal from recognition until certain deficiencies found during the

inspections process have been corrected. Additionally, a total of 28 medical colleges have not been recommended for renewal until a request to increase their admissions capacity has been reviewed and approved.

**Laws and Regulations:**

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

**Standards:**

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

**Processes and procedures:**

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

**Schedule of upcoming recognition/inspection/accreditation activities:**

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

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

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

In regard to the twinning agreement the letter which was sent to the Committee by the Secretary of the Council dated 31.08.2007 was read out, wherein it is categorically brought out that the twinning agreement that has been entered into by Kasturba Medical Colleges is not to the knowledge of the Council nor it has its approval. As of now, the Council as a matter of policy has not accorded any of the medical schools in the country

any permission in regard to have twinning agreement, because the same would be permissible only upon the required policy decision by the competent authorities in the Council and the Govt. of India so as to have a regulatory effect. As of now, the twinning agreement undertaken by Kasturba Medical Colleges is unauthorized in view of no policy regulation having been made till date and as such the same does not have any validity whatsoever.

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

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

The Committee was thanked for the unanimous decision.”

**27. W.P.(C) No.343/2007-Indian Medical Trust – Vs. – Union of India & Anr. and other connected matters before the Hon’ble Supreme Court of India – payment of the bills of Sr. Advocate.**

Read : The matter with regard to W.P.(C) No.343/2007-Indian Medical Trust – Vs. – Union of India & Anr. and other connected matters before the Hon’ble Supreme Court of India – payment of the bills of Sr. Advocate.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted that the issue for which the appearance of Shri Harish Salve was sought as Senior Counsel before Hon’ble Supreme Court was very important as it related to matters pertaining to the Establishment of Medical College Regulations, 1999 and adherence to the time schedule prescribed therein. They further noted that the Council had strictly followed the guidelines prescribed by the Hon'ble Supreme Court in Mridul Dhar's case for strict adherence to the time schedule prescribed in the Regulations till date.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided that it was very important for the Council to defend its stand of following the directives of the Hon'ble Supreme Court and strictly adhering to the time schedule and the Regulations and therefore it was essential for the Council for the appearance of Shri Harish Salve as Sr. Advocate in the matter.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further decided to pay the bills of Shri Harish Salve Senior Advocate in these matters under these circumstances as and when they are presented.

**28. Removal of name of Dr. Lal Chand from the Indian Medical Register.**

Read : The letter dt. 06.09.2007 received from the Registrar, Punjab Medical Council, Mohali with regard to removal of name of Dr. Lal Chand from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the letter dated 06.09.2007 received from the Registrar, Punjab Medical Council, Mohali intimating that Dr. Lal Chand bearing Regn. No. 31068, dated 21.7.1999 had expired and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

**29. Revision of syllabus for AIPMT-2008 examination.**

Read : The letter dated 27.07.2007 received from the Deputy Secretary, CBSE, Delhi with regard to revision of syllabus for AIPMT – 2008 examination.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 27.07.2007 received from the Deputy Secretary, Central Board of Secondary Education (CBSE), Delhi with regard to revision of syllabus for AIPMT – 2008 examination and approved the revised syllabi based on the advise of the Subject Expert of CBSE as regards the exclusion of "Nuclear Biochemistry" from the class XII Chemistry Book published by NCERT and viz a viz from the syllabus of AIPMT-2008 and AIEEE-2008.

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

**New Delhi, dated the**  
**20<sup>th</sup> September, 2007**

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

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